

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 757,620

VETERAN Edwin Laffin

RANK Private

SERVICE Co-A-133 Inf. Dept.

CAN No. 15482

INPLI NO. 52

Act of June 27, 1890.

526

3-402.

Certificate No. 757620  
Name, Edwin Coffin  
Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

R. C. Rice,

U. S. Pension Agent,

Columbus, Ohio.

McKay Brand

Commissioner.

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

Answer. Yes Mary Elizabeth Coffin formerly Mary Elizabeth Scott

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

Answer. Sept 15<sup>th</sup> 1868 at Richmond Ind. by Rev. L. W. Chapman

Third. What record of marriage exists?

Answer. Certificate is lost but have plenty of witnesses was a church wedding

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. No

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Three living, Edna Anna born April 11<sup>th</sup> 1870 Florence Emily born Nov 2<sup>nd</sup> 1875 - Howard Scott born April 4<sup>th</sup> 1884

Date of reply, June 4, 1898

Edwin Coffin

(Signature.)



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

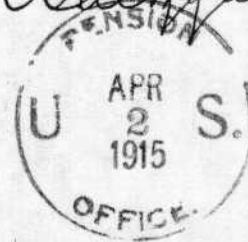
WASHINGTON, D. C., January 2, 1915.

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

Very respectfully,

EDWIN COFFIN,  
TOLEDO, OHIO  
757620 ACT MAY  
2263 HOLLYWOOD ST.

*G. M. Saetzger*



Commissioner.

- No. 1. Date and place of birth? *Answer. April 22- 1845 Martinsville Clinton Co Ohio*  
The name of organizations in which you served? *Answer. Company A 133 Indiana Nat. Inf*
- No. 2. What was your post office at enlistment? *Answer. Richmond Indiana*
- No. 3. State your wife's full name and her maiden name. *Answer. Mary Elizabeth Coffin Scott*
- No. 4. When, where, and by whom were you married? *Answer. Rev. G. W. Chapman*  
*Married Sept. 15<sup>th</sup> 1868 at Richmond Ind*
- No. 5. Is there any official or church record of your marriage? *There should be*  
If so, where? *Answer. First Presbyterian church of Richmond Indiana*
- 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. No*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer. No*
- No. 8. Are you now living with your wife, or has there been a separation? *Answer. My wife died August 29<sup>th</sup> 1903*
- No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Edna Anna now wife of Sterling G. Souder born April 11<sup>th</sup> 1870  
Florence Emily, now wife of Fredrick B. Price of Richmond Ind. born Nov 2<sup>nd</sup> 1875  
Howard Scott Coffin, born April 4, 1884 who died May 7<sup>th</sup> 1906*

Date *March 24 1915*

(Signature) *Edwin Coffin*

# Declaration for an Original Disability Pension

Under Act of Congress approved June.....1890.

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

State of Ohio County of Lucas, SS:

On this 11<sup>th</sup> day of July A. D. one thousand eight hundred and ninety one, personally appeared before me a Notary Public

of the ~~COURT OF RECORD~~ within and for the county and State afore-said Edwin Coffin aged 46 years, who, being duly sworn according to law, declares that he is the identical Edwin

Coffin who was ENROLLED as a private on the 28<sup>th</sup> day of April 1864, in Company A of the 133<sup>d</sup> Regiment of

Ind<sup>a</sup> Inf Vols commanded by Capt. Mounts and was honorably DISCHARGED at Indianapolis, Ind<sup>a</sup> on the 5<sup>th</sup>

day of Sept<sup>r</sup>, 1864, that his personal description is as follows: age 19 years; height 5 feet 7 1/2 inches; complexion light; hair brown

eyes hazel. That he is suffering from the following disability which is of a permanent character, viz:

"Total deafness right ear"  
(Here state the name or nature of the disease or injury which disables you from performing manual labor. If an injury, state the exact location.)  
and slight in left ear.

That the disability is not the result of any vicious habits of the claimant, and it (disability or disabilities) (it or they)

incapacitate S him from the performance of manual labor in such a degree as to render him unable to earn a support, by reason of such defective hearing.

That he is not receiving an invalid pension of \$ 0 per month under certificate No. 0 (is or is not) (rate of pension) (Give cert No.)

for 0 Here state the exact disability for which you are pensioned, copying it word for word from your certificate.

and that he hereby renounces said pension to date from the allowance of a higher rate if granted under this application. That he has not been employed in the military or naval service otherwise than stated above ✓

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the 5<sup>th</sup> day of Sept<sup>r</sup> 1864, and that his occupation (Give date of your last discharge.)

has been that of a clerk. That he is now partly disabled from obtaining his subsistence by manual labor or by reason of disability above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the Act of Congress of June 27 1890. He hereby appoints, with full power of substitution and revocation M. LOENSHAL, of Toledo, Ohio, his true and lawful attorney to prosecute

his claim. That he has not heretofore applied for a pension, but his claim has not been (If you have a claim for pension pending under the old law give number of the claim.)

allowed, the No. of the claim being No. 0; that his residence is Toledo Lucas Co. Ohio and that his postoffice address is 928 Oakwood av

Edwin Coffin  
Signature of Claimant.



Two witnesses who can write, sign here.



Also, personally appeared W. L. Hopkins residing at Toledo  
this and Joseph Beck residing at Toledo, Ohio

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 Edwin

Officer 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.

W. L. Hopkins  
Joseph A Beck  
Signature of Affiants.

Sworn to and subscribed before me this 11th day of July A. D. 18 91  
and I hereby certify that the contents of the above declaration, 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.]

Joseph M Johnson  
County Public  
Clerk of the

0055

ORIGINAL  
ISABILITY CLAIM  
FOR  
PENSION

Under Act of Congress, June 27, 1890.

Miss Coffey Applicant.  
1339 Reg't  
Indiana Inf Vols.  
11.28 18 64  
9.6 18 64

FILED BY  
M. LOENSHIAL.  
TOLEDO, OHIO.

# DECLARATION FOR PENSION

Act of May 1, 1920

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

Read Carefully the Instructions on the Reverse Hereof

State of Indiana County of Wayne, SS:

On this 28 day of May, 1925, before me, the undersigned, personally appeared

Edwin Coffin, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920:

That he is 30 years of age; that he was born April 22, 1845 at Clinton, County, Ohio.

That he is the identical Edwin Coffin who ENLISTED April 28, 1864 at Richmond Indiana

Edwin Coffin in Co. A. 133 Ind. Inf. Vol. (Here state company and regiment, if in the Army; or vessel, if in the Navy.)

DISCHARGED Sept. 5, 1864 at Indianapolis, Ind and was honorably

the United States in the Civil War. (State name of war, Civil or Mexican.)

That he also served nothing but State service. (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 7 1/2 feet light color of eyes Hazel; color of hair Brown; that his occupation was Clerk

That since leaving the service he has resided at Wayne County, Ind, and Toledo, Ohio.

and his occupation has been Railroadway mail Clerk.

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since Since 1919

on account of the following disabilities: Soccer statement inclosed. (State in this space the nature of any and all disabilities.)

That he did not served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period.

That did not member of his family served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period. (If any member of claimant's family were in the military or naval service during the period mentioned, state the full name under which each member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has applied for pension under Original No. 757-820; that he is a pensioner under Certificate No. 757-820

(1) G. F. Scott (Signature of first witness) Edwin Coffin (Claimant's signature in full)

Nationa Road East, Richmond Ind (Address of first witness) R. R. C. Box 209. (Claimant's address in full)

(2) Charles Hodges (Signature of second witness) Richmond Ind.

110 North 20th St. Richmond, Ind. (Address of second witness.)

Subscribed and sworn to before me this 28 day of May, 1925, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Mary D. Way (Signature.)

[L. S.] Notary Public. (Official character.)

Richmond Ind. (Post office address of officer.)

My commission expires Dec. 29, 1925.

Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, L&W Div.



BE SURE TO STATE THE DATE FROM WHICH REGULAR AID AND ATTENDANCE HAS BEEN REQUIRED.

QUESTIONS ON THE BACK OF THIS DECLARATION.



Claimant should answer fully the following:

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

Wife deceased.

No. 2. When, where, and by whom were you married to your present wife? Answer: .....

No. 3. What record of your marriage to her exists? Answer: .....

No. 4. Were you previously married? Answer: ..... If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: .....

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. Answer: .....

(Signature of claimant.)

Compliance with these instructions will expedite the adjudication of the claim.

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

Under the law a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans Bureau covering the same period of time. That part of the declaration referring to service between April 6, 1917, and February 9, 1922, should show whether the claimant or any member of his family rendered any service in the Army, Navy, or Marine Corps of the United States during said period, and if so, the full name under which each such member served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge.

READ CAREFULLY.

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement—

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

INSTRUCTIONS.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

Act Approved May 1, 1920.

Approved May 1, 1920.

Pension for Pension.

620

n. Coffin.

il.

be used by or in behalf of one original pension or under of May 1, 1920, because he re- rsonal aid and attendance of testimony in support thereof before some officer authorized r general purposes.

PRINT SHOP

ADJUTANT GENERAL'S OFFICE

NO 26942777 1907

WAR DEPARTMENT

ACT OF FEBRUARY 6, 1907.  
Wash Div. No. 5. Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Dec 3, 1907

The Adjutant General,  
War Department:

For use in the claim indicated below, you are respectfully requested to furnish this Bureau with a full military history and personal description, including birth-place and occupation, of Chas. E. Cohn Loggin who, it is alleged, entered the service April 28, 1864 as a Private in Co. H, 133 Regt. Ind. Inf. and was discharged April 5, 1864

Recd. 12/5/07  
EST. DIV.

Off. No. 757.628

D. J. Sawyer  
Commissioner.

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Chas. E. Cohn Loggin Inf Co. H, 133 Regt the records show the following:

Age 19 years, height 5 feet 7 inches,  
complexion tan, eyes blue, hair black,  
place of birth Loggin,  
occupation Private,  
enrolled Apr. 28, 1864,  
and March 5, 1864  
as Private

and the rolls on file for that period do not show him absent without leave or in desertion, except as follows:

DEC 5 1907  
OFFICE

W. H. Mearns  
The Adjutant General.

Washington, D. C.,

DEC 5 1907

(Commissioner of Pensions.)



100

EDWIN COFFIN  
928 OAKWOOD AVE  
757620 JULY 26  
TOLEDO OHIO  
8-1081

**DROP REPORT—PENSIONER**

..... Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class ACT OF JUNE 9, 1930 (C.W.)

**RECORD DIVISION**

....., 192  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
....., 19.....

*Chief, Record Division.*

**FINANCE DIVISION**

JUL 13 1931

....., 192  
The name of the above-described pensioner who  
was last paid at the rate of \$ <sup>100</sup>..... per month  
to JUN 4 1931, 19....., has this day  
been dropped from the roll because of Death

June 3 1931

O. J. RANDALL

*Chief, Finance Division.*