

1999

GW

NATIONAL ARCHIVES ORDER FOR COPIES OF VETERANS RECORDS

(See instructions page before completing this form)

**INDICATE BELOW THE TYPE OF FILE DESIRED.**

1. FILE TO BE SEARCHED (Check one box only)  PENSION  BOUNTY-LAND WARRANT APPLICATION (Service before 1856 only)  MILITARY

**REQUIRED MINIMUM IDENTIFICATION OF VETERAN - MUST BE COMPLETED OR YOUR ORDER CANNOT BE SERVICED**

2. VETERAN (Give last, first, and middle names) Rawles, Marcellus

3. BRANCH OF SERVICE IN WHICH HE SERVED  ARMY  NAVY  MARINE CORPS

4. STATE FROM WHICH HE SERVED Indiana

5. WAR IN WHICH, OR DATES BETWEEN WHICH, HE SERVED Civil War

6. IF SERVICE WAS CIVIL WAR,  UNION  CONFEDERATE

**PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION, IF KNOWN**

7. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc. name of ship) C 72 Indiana

8. IF SERVICE WAS ARMY, ARM IN WHICH HE SERVED  INFANTRY  CAVALRY  ARTILLERY *if other, specify:*

Rank  OFFICER  ENLISTED

9. KIND OF SERVICE  VOLUNTEERS  REGULARS

10. PENSION/BOUNTY-LAND FILE NO.

11. IF VETERAN LIVED IN A HOME FOR SOLDIERS, GIVE LOCATION (City and State)

12. PLACE(S) VETERAN LIVED AFTER SERVICE Indiana

13. DATE OF BIRTH 21 Nov 1841

14. PLACE OF BIRTH (City, County, State, etc.) Indiana

17. NAME OF WIDOW OR OTHER CLAIMANT Sarah J. Rawles

15. DATE OF DEATH ? 29 Nov 1914

16. PLACE OF DEATH (City, County, State, etc.) Indiana?

*Invalid app # 854106 cert # 581,775  
Widow # 1030693 cert # 785,064*

**THIS SPACE IS FOR OUR REPLY TO YOU**

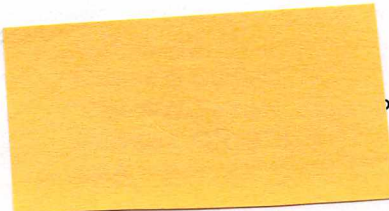
NO--We were unable to locate the file you requested above. No payment is required.

YES--We located the file you requested above. We have made copies from the file for you. The cost for these copies is \$40.

- NO--We were unable to locate the file you requested above. No payment is required.
- See the attached form, leaflet, or information sheet.
- A search was made but there are several soldiers with the same name who served from the same State. We are unable to determine which of them is your subject using the information that you provided. If you can provide the name and/or number of the specific unit in which the soldier served, we will be pleased to search again.
- A search was made but there are several soldiers with the same or very similar names serving in the same unit. We are unable to determine which of them is your subject using the information that you provided. The military service records do not normally contain personal information about a soldier or his family. In such cases, we suggest that you visit the National Archives and examine the various files or hire a professional researcher to examine the files for you.
- We did not locate a file which matches exactly the information that you provided, however, we did locate a compiled military service record for a soldier named \_\_\_\_\_, who served in the \_\_\_\_\_ war in unit \_\_\_\_\_ at \_\_\_\_\_. He enlisted \_\_\_\_\_ at \_\_\_\_\_. He discharged \_\_\_\_\_ at \_\_\_\_\_. He died \_\_\_\_\_ at \_\_\_\_\_. If this is your subject, please fill out the enclosed form NATF 80 and resubmit.
- We did not locate a file which matches exactly the information that you provided, however, we did locate a pension application file \_\_\_\_\_ for a soldier named \_\_\_\_\_ who served in \_\_\_\_\_ for the \_\_\_\_\_ war. He was born \_\_\_\_\_ at \_\_\_\_\_ and died \_\_\_\_\_ at \_\_\_\_\_. His widow was \_\_\_\_\_. If this is your subject, please fill out the enclosed form NATF 80 and resubmit.
- The file that you requested (C or XC \_\_\_\_\_) is not among the records in the National Archives. You must request the file from the Department of Veterans' Affairs. Attached is a list of the VA offices including the one in your region.

DATE SEARCHED	SEARCHER	FILE DESIGNATION
10-18-00	JM	Marcellus Rawles WC-780-064

PP001134  
00 SEP 29 AM 8:15



NWCTB

**Order Information (NARA use only):**

Master Number: 180703

SOP Number: OFF0000000035342

Order Date: 9/5/00

Image ID: 39426

Site ID: NWCTB



# Indiana State Board of Health. CERTIFICATE OF DEATH.

This is a reprint copy of the original death certificate. It is not valid for legal purposes. All rights reserved by the State of Indiana.

PLACE OF DEATH  
 County of Tippecanoe  
 Township of \_\_\_\_\_

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

Town of \_\_\_\_\_  
 or City of Lafayette (No. Home Hospital St.; \_\_\_\_\_ Ward)

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

Full Name Marcellus Rawles

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>
MARRIAGE STATUS <u>Married</u>	
NAME OF HUSBAND OR WIFE (or deceased) <u>Sarah Jane Rawles</u>	
DATE OF BIRTH (of deceased) <u>Nov. 21 1891</u> (Month) (Day) (Year)	
AGE <u>72</u> years, <u>7</u> months, <u>8</u> days If LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION <u>Retired farmer</u>	
BIRTHPLACE OF DECEASED (State or country) <u>Indiana</u>	
NAME OF FATHER <u>John Rawles</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>	
MAIDEN NAME OF MOTHER <u>Mathilda Howell</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>June 29 1914</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, That I attended deceased from <u>June 24 1914</u> to <u>June 28 1914</u> that I last saw him <u>alive</u> on <u>June 28 1914</u> and that death occurred, on the date stated above, at <u>9:30 AM</u> .	
The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
Contributory <u>Fall from cherry tree</u>	
Signed <u>H. B. Clouston</u> , M. D. <u>6-30-1914</u> (Address <u>Lafayette</u> )	
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death: _____ yrs. _____ mos. _____ ds. If not at place of death: Where was disease contracted? Former or Usual Residence: <u>128 1/2 St. West Lafayette</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Frank M. Rawles  
 (Address) Monticore Ave, Ind.

DEATH PERMIT ISSUED W. McClelland  
 Name and Address of Health Officer or Deputy  
 Filed 7-1 1914 Lafayette Ind.

PLACE OF BURIAL OR CREMATION Grand View Cem DATE OF BURIAL July 1 1914

UNDERTAKER Frankson WAS THE BODY EMBALMED? yes

ADDRESS Lafayette Ind. EMBALMER'S LICENSE NO. 129

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 A DEAD BODY BURIED WITHOUT PERMIT SHALL BE DISINTERRED AND INQUEST HELD.  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Two "Special Information" for deaths away from home should be given in every instance.

Certificate No. 589775

Department of the Interior,  
Name, *Marcellus Rawles*  
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,

*J. D. Leighty,*

U. S. Pension Agent.

*Indianapolis, Ind**McClay Brand*

Commissioner.

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

Answer. *Yes Sarah Jane Rawles Sarah Jane Fulker*

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

Answer. *Oct 3<sup>d</sup> 1861 Near La Fayette Jeff. Co. Ind George W. Hamilton*

Third. What record of marriage exists?

Answer. *Clerks Office*

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

Answer. *No*

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

Answer. *Yes Two Frank M. Rawles Born June 27-1862*  
*and Florence M. " Born April 20 1866*

Date of reply, *May 7*, 189*8**Marcellus Rawles*

(Signature.)



affidavit was made, is a ..... duly authorized to administer  
oath, and that the above is his signature,

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this.....  
(L.S.) day of..... 190...

*Gen Lind*

Division .....

**GENERAL AFFIDAVIT.**

*Ine* ..... Pension Claim  
No. *589745*

**IN CASE OF**

*Marcellus Rawles*

Late *P* ..... Co *C* ..... *72* Reg'  
*Ind Int* ..... Vols.

**AFFIDAVIT OF**

*W.P. Yansley M D*  
*620 Columbia*  
*Lafayette Ind*

*Filed by*  
*J.B. Shaw*  
*Lafayette Ind*

Home Journal Press, LaFayette, Ind.

If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY, during his term of office, without authentication by Clerk of Court.

Such Certificate for each Department where any authentication are required will save much expense. Several papers executed before one J. P. on the same date, need County Clerk's Certificate on one only, if all are to be used in one case.

Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.



# GENERAL AFFIDAVIT.

This should be sworn to before a Clerk of Court, Notary Public, who has a seal. If sworn to before a Justice of the Peace, without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

State of Indiana County of Tippecanoe SS:

In the matter of the Pension Claim No. 589,745 of Marcellus Rawles  
late of Company C 72 Regiment Inf. Ind. Vol.

On this 2 day of June 1905, before me Quincy A. Carl  
Clerk Circuit Court within and for the County and State aforesaid

personally appeared D. W. P. Younk aged 58 years, whose postoffice address is 425 Columbia  
La Fayette County of Tippecanoe State of Indiana well known to me to be

reputable and entitled to credit, and who, being duly sworn according to law, upon his  
oath declares that He has been in the practice of medicine and  
Surgey for 27 years and that he is a graduate of  
a Medical College and that he has been acquainted  
with Marcellus Rawles for 11 years or more and I  
made an examination of said patient July June  
27, 1905 and find him suffering with Rheumatism of  
large joints - knee joints swollen sore and he  
walks with difficulty and he also has Hypertrophy  
with dilatation of the heart. Senses much rapid - unless  
fits thro' two diabetics are present and he is  
unable to perform any manual labor



and they have no interest on concern in this matter.

Attest by two witnesses who can write.

Two witnesses required when mark is made.

D. W. P. Younk  
Affiant's Signature.

Subscribed and sworn to before me, this 2 day of June 1905  
and I certify that the contents of the foregoing affidavit were duly read and fully made  
known to affiants before making oath to the same that affiants are reputable and credible  
and that I have no interest in this matter.

Official Signature Quincy A. Carl  
Official Character Clerk Tippecanoe Circuit Court

GENERAL AFFIDAVIT.

STATE OF Iudiana, COUNTY OF Peppinore, SS:

In the matter of the claim for pension No 854 106 of  
Marcellus Rawles Co C 72d Reg Indiana 2d

ON THIS 25 day of July A. D. 1881; personally appeared before me

Chas W. Gray in and for the aforesaid County duly authorized to administer oaths,

Marcellus Rawles aged 49 years, a resident of La Fayette

in the County of Peppinore and State of Indiana

whose Post Office address is La Fayette Indiana

~~aged \_\_\_\_\_ years, a resident of \_\_\_\_\_  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
whose Post Office address is \_\_\_\_\_~~

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 is the applicant in the above mentioned  
[Note—Affiants should state how they gain a knowledge of the facts to which they testify.]

Claim and that the fracture of left ankle  
for which he claims pension was caused  
by falling off a scaffold while building  
a house about five years ago. That  
the inflammation for which he claims pension also  
he attributes to exposure while in the service  
of the United States

He also declares he has not been in the military  
or naval service of the United States since  
July 24<sup>th</sup> 1865 until he has been  
prior to August 5<sup>th</sup> 1862

He has made application under act of  
June 27<sup>th</sup> 1870 for the reason little pay  
should be required of him

He further declares that he has no interest in said case and is not concerned in its prosecution.

Marcellus Rawles

if Affiant sign by mark, two persons who can write sign here.

(Signature of Affiants.)

STATE OF Indiana COUNTY OF DePue ss:

Sworn to and subscribed before me this day by the above named affiant and I certify that I read said affidavit to said affiant including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

David H. Flynn Walsh  
(Official Signature)  
DePue County, Indiana  
(Official Character.)

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County 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 commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_.

[L. 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.



ADDITIONAL EVIDENCE.

CLAIM OF

Wm. H. Rucker Co C 721

By DePue Co

No 8574 106

AFFIDAVIT OF

Clarence

DePue

Indiana

Filed by

**JOHN CONNOLLY,**

**ATTORNEY,**

Lafayette, - - Indiana.

Printed and for sale by I. Parsons, Lafayette, Ind.



# GENERAL AFFIDAVIT

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace, CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

State of Indiana, County of Tippelcrause, SS:

In the ~~matter~~ of Pension Claim No. \_\_\_\_\_, of Sarah J. Rawles  
wid Marcellus, late of Co. C, 1st Regt. Ind Inf Vols.

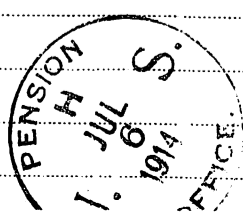
ON THIS 3 day of July, A. D. 1914, personally appeared before me, Olel Circuit Court, in and for the County and State aforesaid, duly authorized to administer oaths Alexander S Gulks aged 75 years, whose residence is 141 Pierce West Lafayette County of Tippelcrause, and State of Indiana

well known to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case, as follows: That he was personally acquainted with the above named soldier and claimant before they became of marriageable age and knew they were never married prior to their marriage to each other.

That they were never divorced but lived together as man and wife up to time of his death.

That said claimant has not remarried since the death of her said husband.

Alexander S Gulks



NEVER  
MAY I further declare that I have no interest in the case and am not concerned in its prosecution.

My postoffice address is .....

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

(Signature of Affiant.)

Sworn to and subscribed before me this 3 day of July A. D. 1914  
and I hereby certify that the contents of this declaration, etc., were fully made known and explained to the affiant before swearing, including the words .....  
erased, and the words ..... added, and that I have  
no interest, direct or indirect, in the prosecution of this claim; and .....

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

*William M Jackson*  
(Official Signature.)  
*Clerk Circuit Court*  
(Official Character.)

(L. S.)

I, ....., Clerk of the County Court in and for aforesaid  
County and State, do certify that .....  
who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, a  
..... in and 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.

Witness my hand and seal of office, this ..... day of ....., 191.....

(L. S.)

Clerk of the .....



Division.

# GENERAL AFFIDAVIT.

Pension Claim.

*Engel M's*

No.

IN CASE OF

*Sarah J. Rawles*  
*vs*  
*Marcellus*

Late of Co. C 72<sup>nd</sup> Regt.

*John Inf* Vols.

AFFIDAVIT OF

*Alexander S. Trucks*

*West Lafayette, Ind*

Filed by *J. J. Shantz*  
RECORDED  
JUL 8 1914  
W. B. Burford, Printer, Indianapolis.

# GENERAL AFFIDAVIT

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer who HAS A SEAL. If sworn to before a Justice of the Peace, CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

State of Indiana, County of Tippoeanae, SS:

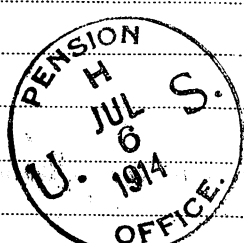
In the matter of Pension Claim No. \_\_\_\_\_, of Sarah J. Rawles  
wid. Marcellus, late of Co. C, 42 Regt. Ind. Inf. Vols.

ON THIS 3 day of July, A. D. 1914, personally appeared before me, Clerk Circuit Court, in and for the County and State aforesaid, duly authorized to administer oaths David N Reed aged 73 years, whose residence is 213 Sylvia West Lafayette County of Tippoeanae, and State of Indiana

well known to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case, as follows: That he was personally acquainted with the above named said decedent and claimant before they became of marriageable age and know they were never married prior to their marriage to each other.

That they were never divorced but lived together as man and wife up to time of his death.

That said claimant has not remarried since the death of her said husband.  
David N Reed





I further declare that I have no interest in the case and am not concerned in its prosecution.

My postoffice address is .....

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

(Signature of Affiant.)

Sworn to and subscribed before me this 3 day of July A. D. 1914 and I hereby certify that the contents of this declaration, etc., were fully made known and explained to the affiant before swearing, including the words ..... erased, and the words ..... added, and that I have no interest, direct or indirect, in the prosecution of this claim; and .....

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

William M Jackson (Official Signature.) Clerk Circuit Court (Official Character.)

(L. S.)

I, ....., Clerk of the County Court in and for aforesaid County and State, do certify that ..... who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, a ..... in and 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.

Witness my hand and seal of office, this ..... day of ....., 1914

(L. S.)

Clerk of the .....



Division.

GENERAL AFFIDAVIT.

Orig. No. Pension Claim.

No.

IN CASE OF

Sarah J Rawles vs. James Allen

Date 9 Co. C 42 Regt.

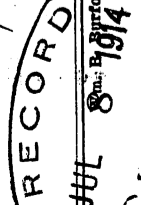
Ind Ind Vols.

AFFIDAVIT OF

David N. Reed

West Lafayette Ind

Filed by J.B. Khan RECORD JUL 8 1914



Printed, Indianapolis

THE NATIONAL ARCHIVES

CERT. NO. 780064

PENSIONER

Sarah J.

Widow of

VETERAN

Marcellus R. R. R.

60526

8ms  
M.

770.1030.093

3-1081

PENSIONER DROPPED

*Ampl*

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

JUL 1 1914, 191

Certificate No. 589 775

Class ACT OF MAY 11, 1912

Pensioner Marcellus Peables

Soldier

Service Co 72 Inf Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$ 24.<sup>00</sup>, to 4 May -, 1914  
has this day been dropped from the roll be-  
cause of death June 29, 1914

*Plate removed*

Very respectfully,

*[Signature]*

Chief, Finance Division.

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

G-2249



3-387.  
(Old No. 8-464aa.)

Western. Div., M. L., Exr.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. June 1, 1901

Respectfully referred to the Chief of the

Record and Pension Office, War Department,  
requesting a full military and medical his-

tory of the soldier and also age  
at enlistment

No other report on file.

Cert. No. 589 775

Name: Marcellus Rowles

Case No. 72 Regt. 2nd. Inf.

*Henry Brown*  
Commissioner.

Record and Pension Office,

WAR DEPARTMENT,

JUN 5 1901  
DIVISION OF PENSIONS,

Respectfully returned to the  
Commissioner of Pensions,

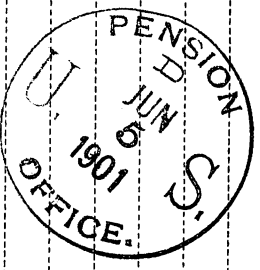
with the information that in the case of

Marcellus Rowles, age 20  
Co. E 72 Regt. 2nd. Inf.

the mil. records furnish  
nothing additional to  
previous report herewith.

The medical records show him treated as follows:

No record found at this  
date. Service record in  
report dated Mar. 20,  
1901.



BY AUTHORITY OF THE SECRETARY OF WAR:

*Arthur W. ...*

Chief, Record and Pension Office.

# Declaration for Widow's Pension.

ACT OF APRIL 19, 1908.

[To be executed before a court of record or some officer thereof having custody of its seal.]

State of Indiana County of Tippecanoe ss:

On this 3<sup>rd</sup> day of July, A. D. one thousand nine hundred and fourteen, personally appeared before me, a Clerk Circuit Court within and for the County and State aforesaid, Sarah J Rawles, aged 70 years, a resident of West Lafayette County of Tippecanoe State of Indiana who being duly sworn according to law, declares that she is the widow of Marcellus Rawles who enlisted under the name of Marcellus Rawles at Lafayette Ind on the 5 day of august A. D. 1862 in Private Co C 42<sup>nd</sup> Ind Inf [Here state rank, company and regiment if in military service, or vessel if in navy.]

and served at least ninety days in the late civil war, who was HONORABLY DISCHARGED July 6 1865, and died June 29<sup>th</sup> 1914 [The cause of death need not be stated.]

That she was married under the name of Sarah J. Fulska to said Marcellus Rawles on the 3 day of October 1861 by Lafayette Ind there being no legal barrier to said marriage; that she had not been previously married; that soldier had not been previously married.

[If there was a former marriage of claimant or her husband state here how dissolved.]

That she was not divorced from said Marcellus Rawles  
That she has not remarried since the death of said Marcellus Rawles [Name of soldier or sailor.]

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

born	1	born	1
born	1	born	1
born	1	born	1
born	1	born	1
born	1	born	1
born	1	born	1

That she has not heretofore applied for pension and the number of her application is \_\_\_\_\_ [Be careful to fill this part of the blank correctly.]

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of Congress approved April 19, 1908.

She hereby appoints J. B. Shaw of Lafayette State of Indiana her true and lawful attorneys, with power of substitution, to prosecute her claim. That her post-office address is 117 Sylva County of Tippecanoe State of Indiana

Sarah J Rawles [Claimant's signature]  
LAW DIVISION  
ATTORNEY FILED

Attest by two persons who can write.

Alexander S. Fulska

Florence M. Hodgson

Also personally appeared

West Lafayette Ind and Florence M Hodgson residing at West Lafayette Ind, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Sarah J Rawles the claimant, signing same (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 35 years and 35 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.



Alexander S Fulska  
Florence M. Hodgson  
[Signatures of Witnesses.]

DIVISION  
JUL 26 1914

Sworn to and subscribed before me, this 3rd day of July A. D. 1914

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.

*William M Jackson*  
[Signature.]  
*Chief Circuit Court*  
[Official Character.]

[L. S.]

Declaration accepted as a claim under the act of April 19, 1908. Power of attorney valid as to execution.

Chief, Law Division.  
Per *MDH*

ACT OF APRIL 19, 1908.

**WIDOW'S CLAIM**  
FOR PENSION.

No. 589775

Page

CLAIMANT

*Frank J. Rowles*

Soldier *Marcellus Rowles*

Service *Co. 1st Regt. 2nd Div.*

Address *112 Sylvia St.*

*West Lafayette Ind.*

Attorney *W. M. Jackson*

Address *Chief Circuit Court*

DIVISION  
JUL 26 1914

Date of Execution *July 3 1914*

The act of April 19, 1908, requires in 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 was married to soldier prior to June 27, 1890, date of the act.  
(4) That all pensions under this act are payable from date of receipt of application (executed after the passage of act) in Pension Bureau.

JUL 8 1914  
1M-4-27-08



DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Indiana, County of Tippecanoe, ss:

On this 17th day of May, A. D. one thousand nine hundred and 1912, personally appeared before me, a Clk Circuit Court within and for the county and State aforesaid, Marcellus Bowles who, being duly sworn according to law, declares that he is 70 years of age, and a resident of West Lafayette, county of Tippecanoe

State of Indiana, and that he is the identical person who was ENROLLED at Indianapolis Indiana, under the name of Marcellus Bowles

on the 5 day of August, 1862, as a Corporal, in Co. C. 72nd Indiana Volunteer Infantry  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED  
(State name of war, Civil or Mexican.)

at Indianapolis Indiana on the 6 day of July, 1865

That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 1/2 inches; complexion, Light; color of eyes, Blue; color of hair, Dark; that his occupation was a Farmer; that he was born November 29th, 1841, at or near west Lafayette Tippecanoe County Indiana

That his several places of residence since leaving the service have been as follows: Columbia Tennessee Three years from 1882 until 1885 The balance of the time  
(State date of each change, as nearly as possible.)  
In this County of Tippecanoe

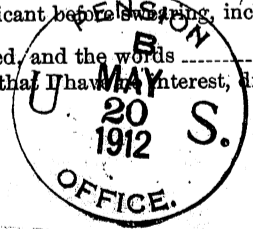
That he is a pensioner under certificate No. 589,775. That he has \_\_\_\_\_ applied for pension under original No. \_\_\_\_\_

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is 112 Sylara Street West Lafayette county of Tippecanoe State of Indiana

Attest: (1) Charles Jones Marcellus Bowles  
(2) D. N. Reed  
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 17th day of May, A. D. 1912 and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before signing, including the words \_\_\_\_\_, added; [L. s.] \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



William M Jackson  
Clk Circuit Court  
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

RECEIVED  
MAY 20 1912  
U. S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LANDS  
CHIEF, LAW DIVISION

ACT OF MAY 11, 1912.

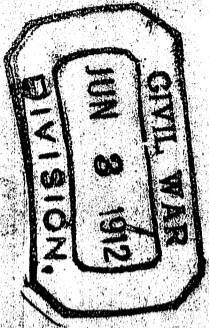
## CLAIM FOR PENSION.

Certificate No. 589775

Name, *Miscellaneous Receipt*Service, *Co. C - 72 Indiana**President**Secretary*

## INSTRUCTIONS.

This form may be used for original pension or increase of pension. It is to be filled out by the claimant or by 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 certificate has been filed in the Bureau of Pensions for general reference.



## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

THE STATE OF INDIANA, } ss.  
TIPPECANOE COUNTY,

Be it Remembered, That on the 1st day of October A. D., 1901

a MARRIAGE LICENSE issued to Marcellus Rawles

and Parah J. Gulks

in the words and figures following, to-wit:

State of Indiana, Tippecanoe County ss:

The State of Indiana to any Person Empowered by law to Solemnize Marriage, Greeting:

You are hereby authorized to join together as Husband and Wife,

Marcellus Rawles

and Parah J. Gulks

and of the same make due return within three months, according to the laws of the State of Indiana.

WITNESS, Wm R Ellis Clerk of our

Tippecanoe Circuit Court, and the Seal thereof, affixed at office in LaFayette on this 1st

day of October A. D., 1901

(SEAL)

William R Ellis Clerk.  
M D Ham Deputy.

And afterwards, to-wit: on the 3rd day of October A. D., 1901, the

following Certificate of the marriage of said parties was returned and filed, to-wit:

The State of Indiana, Tippecanoe County, ss:

I hereby certify, that on the 3rd day of October A. D., 1901

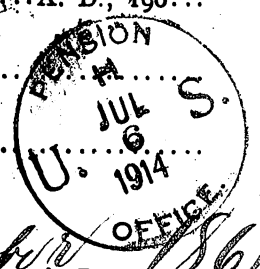
I joined Marcellus Rawles

and Parah J. Gulks

in marriage, according to the laws of the State of Indiana.

Given under my hand and Seal, this 4th day of October A. D., 1901

G W Hamilton (SEAL)



THE STATE OF INDIANA, } ss.  
TIPPECANOE COUNTY,

Wm M Jackson Clerk of the Tippecanoe Circuit Court, in the State of Indiana, certify the above and foregoing to be a full, true, and complete transcript of the Marriage License issued, and return thereon, as the same appears of record now remaining in my office.

WITNESS, My hand and the seal of said Court, affixed at

office in LaFayette, this 3rd day of

July A. D., 1901

William M Jackson Clerk.

Orig. No. Claim

#

Sarah J. Rawles  
Widow

Marcellus Rawles

Co. C. 42<sup>nd</sup> Ind Inf

Death Report

RECORD  
JUL 8 1914  
DIVISION  
Lafayette Ind

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age.

For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed.

As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia"); unqualified, is indefinite; Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of . . . . . (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds., Bronchopneumonia (secondary), 10 ds. Never report mere