3-044

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 michigan 88:
COUNTY OF Catori
On this day of December, A. D. one thousand nine hundred and ughlern
personally appeared before me, a word of the Proce within and for the County and State aforesaid,
I ohn levere , aged fifty two years, a resident of
County of Enton , State of
michigan, 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
Ensila & Fordham now Creare, who was a pensioner of the United States by
certificate No. 33,189, on account of the service of Abert fordham
in Private to D 7 Regt Meligan Tolimstein Country (Describe service by company and regiment, sto., if in the Army, or by the words U. S. Navy, if it the Navy.)
That pension was last paid to
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? Emula A Fordham now Creore
1. What was the full name of the deceased pensioner?
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
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.)
(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.)
5. Is any such child still living? (Answer yes or no.)
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid No.
o. Were any sick of death benefits paid on pensioner a december 22 20, g. v. amazo a control pensioner paid on pensioner a december 22 20, g. v. amazo a control pensioner paid on pensioner a december 22 20, g. v. amazo a control pensioner paid on pensioner a december 22 20, g. v. amazo a control pensioner paid on pensioner a december 22 20, g. v. amazo a control pensioner paid on pensioner pensioner and pensioner
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or 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?

COUNTY OF Coators
On this day of De establish , A. D. one thousand nine hundred and ughleen
personally appeared before me, a June co of the Proce within and for the County and State aforesaid,
John brove aged fifty we years, a resident of
County of Color , State of
, 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 Constant of Torcham now Create , who was a pensioner of the United States by certificate No. 331389 , on account of the service of Abbert Torcham
in Private La D 7 Regt Melingan Volumbers (Name of soldier or sailor.) (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.) That pension was last paid to Sept 4, 1918
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? Enuila A Fordham mow Crewl
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(a) Was he ever married? (Answer yes or no.)
(b) How many times, and to whom?
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(g) If so, is the divorced wife still living? (Answer yes or no.)
(h) If not living, give her full name and the date of her death
No.
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)
5. Is any such child still living? (Answer yes or 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.) 46. 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
GENSION CHA ON 1918
136-1572
U DEC S.) DEL DEL

Adjutant General's Office,

Washington D 6	
Washington, D. C., In 1860	
Dellember 8 4 1860	5.
Sind:	
I have the honor to acknowledge the receipt from your Off	ice
of application for Pension No. 33.280, and to return i	ito
herewith, with such information as is furnished by the files of the	his
Office?	
	1
There is no evidence on file in this Office that Alles Office that Offic	········
Co. D, "The Regiment of Mechigan Caral	
Volunteers. But on the Muster Roll of Co. D of in	rat
Regiment, for the months of July & august	
1863, there is the following evidence of services He is reported	ed
Culy 37 1863"	
Quelif 3 = 1863"	
Sam, Sir, very respectfully,	
Your obedient servant	
Lan Treck	
· · · · · · · · · · · · · · · · · · ·)
Assistant Adjutant Gene	erat.
To the Commissioner of Pensions,	
· Washington, D. C.	
Memoranda 1	
Name of applicant, Emila A Fordham Moderness, Brockfield, Caton la Mich.	
Address & Brookfield Caton a. Mich.	

Me.

3-1081

3

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Certificate No. 33.189	
Class - P 1 1 T 1 May 9	
Pension Quila A Fortham Eg	
Soldier Colling Tordham	
The Commissioner of Pensions.	
The Commissioner of Pensions.	
Sir:	
I have the honor to report that the name of	
the above-described pensioner who was last	
paid at \$ 25, to Sept 4, 1918	
has this day been dropped from the roll be-	./
EMILA A.CREORE, A	
CHARLOTTE MICH	
3-3-1-8-9	
306 W SHAW ST	
Very respectfully,	
world to the total filled and	
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.

6-2249



→={BURMYUOM2MYSIONS}+=<

It is hereby certified That in conformity with the laws of the United States Emila A. Fordham breve formerly Widow of Albert Fordham who was a Private Go. D. 7 Regt. Michigan Tolunteer Garalry is entitled to a pension at the rate of Twelve dollars per month, to commence on the twenty-fourth day of May 1901, 18 and to continue during her widowhood!

Renewal under Act March 3,1901

Given at the Department of the Interior this and of the Independence of the United States of America the one hundred and Twenty-sift Ethan Whiteheark. Secretary of the Interior.

Countersigned.

H. Chay Evan & Commissioner of Pensions.

Declaration of a Widow for Restoration of Pension.

Act of March 3, 1901, Amending Section 4706, Revised Statutes.

State of Michigan, Country of Callioner, 51
ON this 22 day of clay, A. D. one thousand nine hundred and Oue
personally appeared before me, a notary Public within and for the County and Sta
aforesaid, Emila a lereore, aged 70 years, a reside
of Brooffield, County of Ealow, Sta
of Much , who, being duly sworn according to law, makes the following declarati
for the purpose of having her name restored to the Pension Roll under the Act of March 3, 1901, amending section 4708, F
vised Statutes:
That she was formerly pensioned as widow of West-Tord Law
who died hely 3 d 1863, by reason of wound or injury received or disease contracted wh
serving as Puvali in Co"D" 7th much Cauly, in the w
Name the war in which he served. That she was his lawful wife during the period of his service in said w
and that also remained his lauful wife to the date of his double
That her pension was paid by the United States pension agent at. School Succh
and that the number of her Pension Certificate was han forgotten han That she never received any other pension from
the United States nor made any other application for pension. Wo ollow Obblication If she was ever pensioned or made a claim for pension on account of any oth
soldier, his name, service, and relationship should be stated.
0.110- \(\tau \)
That her pension terminated because of her marriage to Millou, L. Lereore
That said marriage took place Och 15 lli., , 1865, at Charlotte, huch,
That said husband died Och 7th , 1884, at Brotefield , need
(or) That she was divorced from said husband, upon her own application and without fault on her part, on the
of, 18, at
husband didserve in the Army or Navy of the United States.
A full statement of his service, if any, should be given.
That she did US marry again after the death of the soldier except to Nillon, Likewore
named above. If she contracted any other marriage after the death of the soldier, the name of the husband, the date and place of the marriage, and the date at
manner of the dissolution of the marriage should be stated.
That she is without other means of support than her daily labor and an actual net income not exceeding two hundred and fi
dollars per year. She hereby appoints, with full power of substitution and revocation,
Not This.

	afor	esaid, Elila a	lereore	#*************************************	, aged. 70 y	ears, a resident
	of	BrootGirld	, C	ounty of Eal	ow	, State
· ·	of	hueli	, who, bei	ng duly sworn according	to law, makes the follow	wing declaration
	for	the purpose of having her name rest				
	vise	ed Statutes:		, b.	0	
		That she was formerly pensioned as	widow of	ber Tord	hour	,
	wh	o died hely 3 d	18.6.3, by	as Getteys bus	qury received or disease	contracted while
	ser	D'O	0	1. 11	mich Carly	
		Name the war in which he served.		vas his lawful wife during	g the period of his serv	ice in said war,
	and	I that she remained his lawful wife t	o the date of his dea	1/41.1	5 much	
		That her pension was paid by the Ur		gent at		,
		that, the number of her Pension Ce		- 11	ne never received any oth	ner pension from
	the	United States nor made any other a	pplication for pension	If she was ever pensioned	or made a claim for pension on a	account of any other
	sol	dier, his name, service, and relationship should be	stated.	`	-	
		That her pension terminated because	of her marriage to	Willow . X.	Cuore	
	Th	at said marriage took place Oct			lotte. me	ich,
				, 1884, at Bu	oolchield.	muil,
) That she was divorced from said hus			V	day
	of	, 18	3, at			
		sband didserve in the Arm				
			A full statement of his se	ervice, if any, should be given.		
				r		
		That she did WM marry again aft	ter the death of the so	ldier except to	Ellou, L, be	eou
	na	med above. If she contracted any other m	arriage after the death of the	soldier, the name of the husband,	the date and place of the marris	ige, and the date and
	1112	anner of the dissolution of the marriage should be s That she is without other means of su		abor and an actual net inco	ome not exceeding two h	undred and fifty
and the	dol	llars per year. She hereby appoints, w				
	1)	N. T. Thirte	•	of allio	a mich	PEN
phane	he	r true and lawful attorney to prosecu	te the above claim.		7	11 400
Q		That her Post-Office address is	Brookfi	th		2/1/2
Dame	C	Cal		State of	ook !	A 10 1
		TTEST:	1	B	1 11 1	CE.
	1	(i) Garah ff	mobses	Clm	Signature of claimant	ore
		(2) D, Zah	ee			
	1000					