SC 593 334

Doc #1

VETERANS ADMINISTRATION
Pension Form 5036
Rev. Mar., 1932

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Oklahoma
COUNTY OF Harper } ss.:

On this 8th day of September, A. D. 19 33, before me, the undersigned, personally appeared Glen Barber, aged 29 years, a resident of Laverne, Oklahoma, County of Harper, State of Oklahoma, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of James K.P. Vanfleet, who was a pensioner of the United States by certificate No. 593 334, and who DIED December 28th, 1932, at May, Oklahoma and was buried at McClung Cemetry, May, Oklahoma.

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? James Knox Polk Vanfleet

2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Soldier Co.C. Ist Iowa Cavalry

3. If decedent was pensioned as a soldier or sailor—
   (a) Was he ever married? (Answer yes or no.) Yes
   (b) How many times, and to whom? One (1)
   Mary Matilda B****** McNeil -- Vanfleet
   (c) If married, did his wife survive him? (Answer yes or no.) No
   (d) If so, is she still living? (Answer yes or no.) No
   (e) If not living, give full names and dates of death of all wives Mary Matilda Vanfleet
   Died November 15th, 1915.
   (f) Was he ever divorced? (Answer yes or no.) No.
   (g) If so, is the divorced wife still living? (Answer yes or no.) 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 None.

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 None.
9. Who was the beneficiary named in each policy? None.
10. What was the relation of each beneficiary to the pensioner? None.
11. Were the premiums paid by the deceased pensioner? None.
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account None.

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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 None.

16. What was the assessed value (last assessment) of the real estate? None.

17. How was the pensioner's property disposed of? None.

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No. Last check returned by P.O.Dept

19. What was your relation to the deceased pensioner? ~~NONE Last Pension Check Returned By Post Office Dept.~~

20. Are you married? (Answer yes or no.) No.

21. What was the cause of pensioner's death? Senility.

22. When did the pensioner's last sickness begin? About December 15th. 1932.

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? About December 15th 1932.

24. Give the name and post office address of each physician who attended the pensioner during last sickness Dr. H. K. Hill Laverne, Oklahoma.

25. State the names of the persons by whom the pensioner was nursed during the last sickness Mrs Gracie E. Crouch. May, Oklahoma. (Grand-daughter-in-law)

26. Where did the pensioner live during last sickness? Home of Mrs Gracie E. Crouch, May, Oklahoma.

27. 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.

28. Has there been or will there be an application filed in the Veterans Administration for a burial allowance? This is only application filed for Burial Allowance.

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(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. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
Dr. H. K. Hill	Physician	Unpaid	$ 3.00
May Drug Store	Medicine	Unpaid	$2.50
Mrs Gracie E. Crouch.	Nursing and care	Unpaid	$14.00
Laverne Mortuary. (Glen Barber)	Undertaker	Unpaid	clmt. $262.50
None	Livery		
None	Cemetery		
	Other expenses and their nature:		
None			
		TOTAL	$282.00

281.90

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items: I have guaranteed payment of all above items.

Glen Barber.
(Claimant's signature in full)
Laverne, Okla.
(P. O. address)
Undertaker

(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.)

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Also appeared W. J. Fanning and L. & H. Wasson who, being duly sworn, make the following statement, each for himself, 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? No.
2. When did the pensioner die? December 28th, 1932.
3. Did pensioner leave any property? If so, state its character and value None.
4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 10 years and 10 years.

Name W J Fanning
P. O. Address May, Okla.

Name L H Wasson
P. O. Address May Okla.

Subscribed and sworn to before me, this 12th day of Sept A. D. 1933; 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 Good.

[L. S.]

O. M. Maddox
(Signature)
Notary Public
(Official character)
May, Okla.
(P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full James K.P. Vanfleet
Give date of commencement of pensioner's last sickness December 15th, 1932. (About)
Give date of pensioner's death December 28th 1932.
From what date did the pensioner require the regular and daily attendance of another person constantly until death? December 15th, 1932.
During what period did you attend the pensioner? Xmas Day
State nature of disease from which pensioner died Senility

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? No.
Has your bill been paid; if so, by whom? No.

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement: Mrs Gracie E. Crouch. May, Oklahoma.

I certify that the foregoing statement is correct.

9-11-, 1933.

H. K. Hill M.D.
Attending Physician.

, 19

Attending Physician.

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NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue ior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disa- ities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.

2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.

3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.

4. Application for reimbursement should be accompanied by the following evidence:

(a) *Bills of all expenses of last sickness and burial.*—If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.

Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.

All claims should be presented in the name of one person.

Bills which are forwarded become a part of the records of the Veterans Administration and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.

(b) *The pension certificate which was issued in the name of the pensioner.*—If such certificate is not in posession of the claimant a statement showing its whereabouts or final disposition should be made.

5. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested creditable witnesses who have ersonal knowledge of the facts.

15—502 U. S. GOVERNMENT PRINTING OFFICE: 1929

Flagler

April 20th - 1891

In Answer to Call #3 the Claimant James K.P. Vanfleet. No 846.758 did not Serve in Military or Naval Service Since Feb 15th 1866 and while in Service he was in Company C first Iowa Cav Regt Vet Vol 1/11

Very Respectfully

Jas K P Vanfleet

State of Iowa }
Marion County } ss

Sworn and subscribed to by the above named Jas. K. P. Vanfleet before me a Notary Public in and for Marion County Iowa this 20th day of April A. D. 1891

James Bunting

Notary Public

3--614.

ACT OF FEBRUARY 6, 1907.

Doc #2

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Oklahoma, }
County of Harper } *ss.*

On this 19th. day of January, A. D. one thousand nine hundred and Eleven, personally appeared before me, a ~~James K.P.Vanfleet~~ Notary Public within and for the county and State aforesaid, James K.P.Vanfleet, who, being duly sworn according to law, declares that he is 65 years of age, and a resident of near May, county of Harper, State of Oklahoma; and that he is the identical person who was ENROLLED at Des Moins, Iowa, under the name of _____, on the 25th. day of February, 18 64, as a private, in Company(C) first Regiment, of Iowa, Cavalry,
(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 Austin , Texas., on the 15th. day of February, 1866
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, five feet 7½ inches; complexion, fair; color of eyes, grey; color of hair, brown; that his occupation was farmer; that he was born Nov. 6th., 18 45, at Washington County, Ohio.

That his several places of residence since leaving the service have been as follows: Marion and Warren Counties, Iowa, and at present in Harper County, Oklahoma,
(State date of each change, as nearly as possible.)
left Iowa June 1902 for Okla. and have been in Harper County, Okla. ever Since

That he is _____ a pensioner. That he has _____ heretofore applied for pension No593334
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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 February 6, 1907.

That his post-office address is May, county of Harper, State of Oklahoma.

Attest: (1) J. M. Flemming James K. P. Vanfleet
(Claimant's signature in full.)
(2) _____

Also personally appeared Oscar L.Lewis, residing in May, Okla. and David E.Hartman, residing in May, Okla., 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 James K.P.Vanfleet, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 8 years and 7 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted as to execution
S. A. Cuddy,
Chief, Law Division.
ECP

David E Hartman
Oscar L. Lewis
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 19th. day of January, A. D. 1911, 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 James K.P. Vanfleet, erased, and the words Notary Public, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

PENSION OFFICE U.S. JAN 23 1911

J. M. Flemming
(Signature.)
Notary Public,
(Official character.)

6—803 My Commission expires Sept, 7th. 1912

37
435

3–402.

Certificate No. 593334

Name James K P Vanfleet

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,

H Clay Evans

Commissioner of Pensions.

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

Answer. Yes. Mary M. Vanfleet x Mary M. McNeal

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

Answer. July 5th 1869 Palmyra Warren Co Iowa David Craig

Third. What record of marriage exists?

Answer. Four Children

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. John W. Vanfleet Feb 1st 1870 Francis E. Vanfleet Jan 27th 1872 Charles W. Vanfleet March 24 1876 Lulu E. Vanfleet Feb 22 1878

Date of reply, July 18th, 1898.

James K P Vanfleet
(Signature.)

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3—389

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 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,

G. M. Saltzgaber
Commissioner.

JAMES K.P.VANFLEET,
MAY OKLA
593334

PENSION OFFICE U. S. MAR 15 1915

No. 1. Date and place of birth? *Answer.* Washington Co Ohio Nov 6 1845

The name of organizations in which you served? *Answer.* Co C. 1st Iowa Cav. 7th Army Corps.

No. 2. What was your post office at enlistment? *Answer.* Chariton, Lucas Co. Iowa

No. 3. State your wife's full name and her maiden name. *Answer.* Mary M. Vanfleet (Mary M. McNeal

No. 4. When, where, and by whom were you married? *Answer.* Palmyra Warren Co Iowa by David Craig on July 8. 1869

No. 5. Is there any official or church record of your marriage? No

If so, where? *Answer.* E

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 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.* Never married before She Married James K P Vanfleet

No. 8. Are you now living with your wife, or has there been a separation? *Answer.* We are living togather

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

John W Vanfleet, Born Feb 1st 1870, Living
Francis E Vanfleet " Jan 27 1872, "
Charles W Vanfleet " Mar 24 1876, "
Lulu E Vanfleet " Feb 22 1878, "

Date Mar 11. 1915

James K. P. Vanfleet
(Signature)

0 0—272

Doc #3

ACT OF MAY 11, 1912.

DECLARATION FOR INVALID PENSION.

The Pension Certificate Should not be Forwarded With the Application.

State of Oklahoma, County of Harper, ss:

On this 15th day of June A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and state aforesaid, James K. P. Vanfleet, who, being duly sworn according to law declares that he is 66 years of age, and a resident of May, Okla.; and that he is the identical person who was ENROLLED at Des moines, State of Iowa. under the name of James K. P. Vanfleet, on the 25th day of February 1864 as a Private, in Co. C. 1st Regiment Iowa Cavalry Volunteers
(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 Austin, State of Texas, on the 15th day of February, 1866

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, Five feet Seven 1/2 inches; complexion, Fair; color of eyes, Grey; color of hair, Brown; that his occupation was Farmer Boy; that he was born November 6th, 1845 at Washington County, Ohio.

That his several places of residence since leaving the service have been as follows: Marion County, State of Iowa, and Palmyra, Warren County, Iowa, & since in Woodward & Harper Counties Okla.

That he is a pensioner. That he has heretofore applied for pension Pention Certificate No. 593334
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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.

I HEREBY APPOINT AND EMPOWER WITH FULL POWER OF SUBSTITUTION,

J. B. CRALLE & CO.,

PENSION ATTORNEYS, CRALLE BUILDING, 108 C ST. N. W., WASHINGTON, D. C.

(their successors or legal representatives)

my true and lawful attorneys to prosecute my claim.

That my Post Office address is May,
(Fill in Post office address here. If in a city, give street and number.)

County of Harper (County here) State of Oklahoma (State here.)

Attest two witnesses { F. M. Sumpter, Charles W. Pile } James K. P. Vanfleet (Claimants Signature)

Also personally appeared F. M. Sumpter, residing in May, Okla. and Charles W. Pile residing in May, 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 James K. P. Vanfleet, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 10 years and 10 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

F. M. Sumpter
Charles W. Pile
(Signature of witnesses)

SUBSCRIBED and sworn to before me this 15th day of June A. D., 1912 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.

(L. S.) ....., erased,

and the words ....., added,

and that I have no interest, direct or indirect in the prosecution of this claim.

J. M. Fleming
(Signature)

Notary Public
(Official Character.)

My Comm. Expires Sept 7-1912

JUN 27 1912 U. S. OFFICE

Also personally appeared Henry Booth residing at Flagler

and Ed F. Duffy residing at Flagler, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James K. P. Vanfleet, the claimant, sign his name (or 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 for 14 years and 3 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Henry Booth

Ed F. Duffy

(Signatures of Witnesses.)

Sworn to and subscribed before me this 23rd day of July, A. D. 189 0.

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.

James Bunting

(Official Signature.)

Notary Public

(Official Character.)

[L. S.]

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from $6 to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

SOLDIER'S APPLICATION.

Act of June, 27, 1890.

Name Jas. K. P. Vanfleet

Service Co. "C" 1st Fla. Cav.

Address

Date of Execution

Filed by

PENSION OFFICE JUL 26 1890

Printed and for sale by J. H. SOULÉ, Washington, D. C.

Declaration for Invalid Pension.

Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Iowa, County of Marion, ss:

ON THIS 23rd day of July, A. D. one thousand eight hundred and ninety 1890 personally appeared before me, a Notary Public within and for the County and State aforesaid, James K. P. Vanfleet aged 44 years, a resident of the Town of Flagler County of Marion, State of Iowa, who, being duly sworn according to law, declares that he is the identical James K. P. Vanfleet who was ENROLLED on the 25th day of February, 1864 in Co. C. Private (Here state rank, company and regiment, in Military service, or vessel, if in the Navy.) First Regiment of Iowa Cavalry Volunteers

.....in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Austin Texas, on the 15th day of February, 1866 That he is unable to earn a support by reason of Rheumatism and general disability (Here name the disease or injuries from which disabled.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has not applied for pension under application No. .... That he is a pensioner under Certificate No. (If a pensioner, Certificate only need be given. If not, give the number of the former application if one was made.)

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 June 27, 1890. He hereby appoints James K. P. Vanfleet of Marion County Iowa his true and lawful attorney to prosecute his claim.

That his POST OFFICE ADDRESS is Flagler County of Marion State of Iowa

Henry Booth James K. P. Vanfleet
(Signature of Claimant.)
Ed F. Duffy
(Two Witnesses who can write, sign here.)

3—026

Act Approved May 1, 1920

DECLARATION FOR PENSION

Number _____

Claimant _____

Service _____

GOVERNMENT PRINTING OFFICE
6—0172

Act Approved May 1, 1920

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 the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of $72 per month.

INSTRUCTIONS

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

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:

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—

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.

READ CAREFULLY

This form is only to be used by or in behalf of one who desires to claim original pension under the act of May 1, 1920, or because he requires the regular personal aid and attendance of another person.

The declaration and testimony must be executed before some officer authorized to administer oaths for general purposes.

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, except that the receipt of compensation by a widow, child, or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person. That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of his family rendered any service in the Army, Navy, Marine Corps, or Coast Guard 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.

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 into service.

(Signature of claimant.)

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:*

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:*

WINFIELD SCOTT, Commissioner of Pen;

(Over)

The act of July 3, 1926, provides a pension of $90 per month in the case of one entitled to Civil War service pension, if he is now, or hereafter may become, totally helpless or blind. You are now in receipt of $72 per month for the degree of helplessness or blindness prescribed by the act of May 1, 1920.

If you are totally helpless or blind so as to entitle you to the $90 rate, immediately notify the Pension Bureau so that your case may be taken up for consideration under this new law. For this purpose you may use the form on the other side of this slip.

at Wisconsin

That he is the identical James K. P. Vanfleet who

ENLISTED Feb. 25, 1864, at Mt. Vernon, Iowa, under the name of James K. P. Vanfleet, in Co. E, Iowa 32nd Regiment of Iowa Infantry, Civil War, and was honorably

(Here state company and regiment, if in the Army; or vessel, if in the Navy.)

DISCHARGED Feb. 15th, 1866, at Austin, Texas, having served

the United States in the Civil War.

(State name of war, Civil or Mexican.)

That he also served

(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 5 feet 7½ inches; complexion Fair color of eyes Gray; color of hair Brown; that his occupation was Farmer

That since leaving the service he has resided at Iowa and Oklahoma

and his occupation has been Farming and Teaming

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since 1914 on account of the following disabilities:

Heart Trouble and Prostration

(State in this space the nature of any and all disabilities.)

That he did serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.

(Did or did not.)

That — member of his family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period None.

(A or no.)

(If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such 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. 543,334; that he is — a pensioner under Certificate No. 543,334

Two attesting witnesses:

(1) John Wood
(Signature of first witness.)
Chillicothe Ills
(Address of first witness.)

(2) H. J. Bundah
(Signature of second witness.)
Chillicothe Ills
(Address of second witness.)

James K. P. Vanfleet
(Claimant's signature in full.)
Chillicothe Ills
(Claimant's address in full.)

Subscribed and sworn to before me this 22 day of November, 1926 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.

[L. S.]

H. J. Williams
(Signature.)
Notary Public
(Official character.)
Chillicothe Ills
(Post office address of officer.)

6—6172

Chief, Record Division.

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

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.

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 Illinois, County of Peoria, ss:

The Commissioner of Pensions: _____ 1926.

Believing my condition is such that I am entitled to the $90 rate provided by the act of July 3, 1926, for those who are totally helpless or blind, I request that my case be taken up for consideration to determine my right to increase to $90 per month.

Name James K. P. Vanfleet

Address Chillicothe, Ill.

Inv. Cert. No. _____

Witness: H. J. Williams
Justice of the Peace
Chillicothe Ill

_____ employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 7½ inches; complexion Fair; color of eyes Gray; color of hair Brown; that his occupation was Farmer

That since leaving the service he has resided at Iowa and Oklahoma

and his occupation has been Carpenter and Farming

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since 1919 on account of the following disabilities:

Heart Troubles and Decomposition
(State in this space the nature of any and all disabilities.)

That he did serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.
(Did or did not.)

That _____ member of his family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period None
(A or no.) (If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such 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. 543,334; that he is _____ a pensioner under Certificate No. 543,334

Two attesting witnesses:

(1) John Wood
(Signature of first witness.)
Chillicothe Ill
(Address of first witness.)

(2) H. J. Swindah
(Signature of second witness.)
Chillicothe Ill
(Address of second witness.)

James K. P. Vanfleet
(Claimant's signature in full.)
Chillicothe Ill
(Claimant's address in full.)

Subscribed and sworn to before me this 22 day of November, 1926 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.

[L. S.]

H. J. Williams
(Signature.)
Justice of the Peace
(Official character.)
Chillicothe Ill
(Post office address of officer.)

6—6172

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS FORM AND SIGN ON THE DATE FROM WHICH REGULAR AID AND ATTENDANCE IS CLAIMED.

Received
Pension
Chief, Record Division.

ADJUTANT GENERAL'S OFFICE
MAR 13 2730108 1908
WAR DEPARTMENT

FEB 11 164330 1891

Write nothing above this line.

(3—060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

James K. P. Van Fleet

Sergt. M Div.
C S N. Ex'r.
No. 246758

Bureau of Pensions,
Feb. 9, 1891

SIR:

It is alleged that the above-named man enlisted Feb. 25, 1864, and served as a Sgt. in Co. C, 1 Reg't La Cav also as a _____ in Co. _____, _____ Reg't _____, and was discharged at Austin Texas on Feb. 15, 1866.

No. of prior claim _____

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

Geo. B. Ruth
Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

0—4

War Department,

Record and Pension Division,

FEB 11 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that James K. P. Van Fleet mentioned in the preceding indorsement, was enrolled Feb. 25, 1864, and mus. with Co., Feb. 15, 1866

PENSION OFFICE U S FEB 12 1891

BY AUTHORITY OF THE SECRETARY OF WAR:

H. Arnold
Captain and Ass't Surgeon, U. S. Army.

Per

Doc #4

3—335.

ACT OF FEBRUARY 6, 1907.

Weslern Div. Cm Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Mch 11, 1908

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

James R. P. Vanfleet

who, it is alleged, entered the service Feby 25/64 *as a* private *in Co.* K, 1 *Reg't* Ia. Vet. Cav *and was discharged* Feby 15/66

REC'D MAR 14 ... ST. DIV.

Inv Ctf No. 5733

[illegible]

Commissioner.

6—842

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

James K. P. Vanfleet

Co. C, 1 *Reg't* Ia. Cav.

the records show the following:

Age 18, *height* 5 *feet* 7½ *inches,*

complexion fair

eyes grey, *hair* brown

place of birth [illegible], Ohio

occupation farmer.

enrolled Feb. 25, 18[illegible]

and [illegible] Feb. 15, 1866

as [illegible]

[illegible] K. P.

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

MAR 14 1908 ...FFICE

F. C. Ainsworth

The Adjutant General.

Per /

Washington, D. C., MAR 1[illegible]

(Commissioner of Pensions.)

Doc#5

V. S. No. 2
WRITE PLAINLY WITH UNFADING INK— THIS ISA PERMANENT RECORD (This Margin Reserved for Binding)
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See list of causes of death furnished by local registrar.

Copy of Original Filed in State Bureau of ...

CERTIFICATE OF DEATH

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Okla.

SC 593334

Registration Dist. No. 2025-1
Primary Dist. No. See

Register No. 94

1. PLACE OF DEATH
County Harper
Township
or
Village May
or
City ____ No. ____ Street ____ Ward ____
(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed" James K. P. Vanfleet

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race, as white, or black, mulatto (or other negro descent), Indian, Chinese, Japanese or other: White
5. Single, Married, Widowed or Divorced (Write the word): Widowed
6. DATE BIRTH: Nov (Month) 6 (Day) 1845 (Year)
7. AGE: 87 yrs. 1 mos. 22 days. If less than one day ____ hrs. or ____ mins.
8. OCCUPATION (a) Trade profession or particular kind or work (b) General nature of industry, business or establishment in which employed (or employer): Retired Farmer
9. BIRTH PLACE At least state or foreign country if known: Illinois

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER At least state or foreign country if known: Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTH PLACE OF MOTHER At least state or foreign country if known: Unknown
14. The above is true to the best of my knowledge.
Informant O. E. Crouch
Address May Okla
15. Filed 1-2-30 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 28 (Month) (Day) 1932 (Year)
17. I HEREBY CERTIFY that I attended deceased, From Dec. 25, 1932, to Dec 25 1932, that I saw him alive on Dec. 25 1932, and that death occurred on the date stated above at ____ m.
THE CAUSE OF DEATH *Was as follows:
Senility
(Duration) ____ yrs. ____ mos. ____ days
Contributory ____ (Secondary) ____
(Duration) ____ yrs. ____ mos. ____ days
(Signed) [illegible] M. D.
Dec 29. 1932 (Address) Lavern Okla.
*State the disease causing death, or, in deaths from violent causes, state (1) means of injury, and (2) whether accidental, suicidal, or homicidal state whether attributed to dangerous or insanitary conditions of employment.
18. LENGTH OF RESIDENCE (for Hospitals, Institutions, transient or recent Residents)
At place of death ____ yrs. ____ mos. ____ days — Moved at Residence May OK.
In the State ____ yrs. ____ mos. ____ days
Where was disease contracted, if not at place of death?
Former or usual residence
19. PLACE OF BURIAL OR REMOVAL: McClung Cemetery — Date of Burial 12-30 1932
20. UNDERTAKER: ... & Baker — Address La...

3—014.

ACT OF FEBRUARY 6, 1907.

Doc#6

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Oklahoma }
County of Harper } ss.

On this 22 day of February, A. D. one thousand nine hundred and Eight, personally appeared before me, a Notary Public within and for the county and State aforesaid, James K P Vanfleet May, who, being duly sworn according to law, declares that he is 62 years of age, and a resident of Harper ~~county of~~, State of Oklahoma; and that he is the identical person who was ENROLLED at Des Moines Iowa. under the name of James K P Vanfleet, on the 25 day of February, 1864, as a Private, in Company C First Iowa Val Cav.
(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 Austin Tex, on the 15 day of February, 1866
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 7 1/2 inches; complexion, Fair; color of eyes, Gray; color of hair, Brown; that his occupation was Farmer; that he was born Nov. 6th ——, 1840, at Washington Co. Ohio

That his several places of residence since leaving the service have been as follows:
Marion Co. Flagler Ty Warren Co. Palmyra Both in Iowa
(Give date of each change, as nearly as possible.)

That he is ——— a pensioner. That he has ——— heretofore applied for pension
No. of Certificate 593334
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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 February 6, 1907.

That his post-office address is May, county of Harper, State of Oklahoma.

James K. P. Vanfleet
(Claimant's signature in full.)

Attest: (1) Presley J. Russell
(2) John Stephens

Also personally appeared John Stephens, residing in Mars Okla. and Presley J. Russell, residing in Mars Okla., 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 James K P Vanfleet, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 5 years and 5 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

PENSION BUREAU FEB 25 1908 OFFICE

V. Duffy accepted
S. A. Cuddy,
Chief, Law Division.
Jan 2 27 08

Presley J. Russell
John Stephens
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 22 day of February, A. D. 1908, 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.

[L. S.]

L C Emlon
(Signature.)
Notary Public
(Official character.)

My Com Expires 04-26-1908

6—8113

DROP REPORT—PENSIONER

Cert. No. 3-93334

Pensioner
Soldier
Service
Class JS WW

Remarks

1/12/33

ACCOUNTING DIVISION

1-12, 1933

The name of the above-described pensioner who was last paid at the rate of $ 75- per month to 12-4, 1932, has this day been dropped from the roll because of Death 12-28-32

E O Nally
Chief Accounting Division.

Vet. Adm.
Fin. Form 1411

ATION
515
eneral U. S.

March 23, 1932

PUBLIC VOUCHER

Doc #7

File No. ~~XC~~ 5933334
War Civil
Voucher No. _____

DECISION OF QUESTION OF FACT AND LAW—AWARD BRIEF FACE

For Burial, Funeral, and Transportation of Body of Deceased Veteran

PAID BY

(FOR USE OF PAYING OFFICE)

propriation: _____

E UNITED STATES, Dr., To Lucerne Mortuary
(Payee)

lress: Lucerne, Ohio

ject: BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN.

(Name of deceased veteran) (Place of death) (Date of death)
e address of deceased Mary, Ohio Did death occur before or after discharge or resignation from
ce? after (Yes or no) Was deceased a war veteran not dishonorably discharged from the last period of war service? Yes (Yes or no) Name
ar of which deceased was a veteran Civil Did deceased die while receiving from the Veterans Adminis-
on: Compensation? _____ (Yes or no), emergency officers' retirement pay? _____ (Yes or no), medical, surgical, or hospital treatment? _____ (Yes or no),
tional training? _____ (Yes or no), or while traveling under orders of the Veterans Administration _____ (Yes or no), or in a Veterans Adminis-
on Home? _____ (Yes or no) Was the deceased veteran a nonadministration beneficiary? No (Yes or no) If so, did his net assets, after
ctions have been made in accordance with the regulations of the Veterans Administration, exceed $3,000? No (Yes or no) Is itemized
r statement of account covering expenses on file with the Veterans Administration? Yes (Yes or no) If claim is for reimbursement, did
ıant pay, from his personal funds, as much as the amount herein to be allowed, and is bill or statement of account receipted? _____ (Yes or no)
t, see explanation in "Remarks." Has full payment or reimbursement previously been received by claimant? No (Yes or no) If pay-
is to a fiduciary, name court and date of appointment _____

ARKS:

Pursuant to the above facts the above-named payee is entitled to the award of $ 100.00, under the provisions of section 1) of Title II of the World War Veterans' Act, 1924, as amended.

itted Dec. 27, 1933

M. K. Ramsey
Reimbursement Claims Adjudicator.

, the undersigned, an officer of the Veterans Administration, duly authorized under the provisions of section 5 of the World War ans' Act, 1924, as amended, to make decisions of questions of fact and law affecting any claimant to the benefits of section 201 (1) tle II of the World War Veterans' Act, 1924, as amended, do hereby constitute, in pursuance of such authority, the foregoing nents as my decision of fact and law.

DEC 28 1933

oved _____, 193

A. H. Clement
Reimbursement Claims Authorizer.

OTHER CLAIMS PREVIOUSLY ALLOWED

NAME OF PAYEE	AMOUNT	PAYMENT INFORMATION		
		Disbursing Officer Symbol No.	Voucher No.	Date

Examined and approved for $_____, payable from the appropriation stated above.

SIGN ORIGINAL ONLY]

(Name) (Title)

d by check No. _____, dated _____, 193 , for $_____, on Treasurer of the United States, or of payee named above.

15—561 U. S. GOVERNMENT PRINTING OFFICE: 1933

December 27, 1933.

Laverne Mortuary,
Laverne,
Oklahoma.

VANFLEET, James K. P.
S.C. 593 334
Civil War.

Sirs:

you in the amount of $100.00.

E. W. MORGAN,
Director, Widows' and Dependents'
Claims Service.

MK:is

Doc#8

(3—111 c.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Act of June 27 1890 [State above whether for original, increase, or restoration.] Pension Claim No. 593334

Name and rank of claimant. James K. P. Van Fleet, Rank, Private

Company C, 1st Reg't Ia Cav — Knoxville Ia State, [Post-office address of the Board.]

Claimant's post-office address. Palmyra Iowa — June 27 [Date of examination.], 1894.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: rheumatism and disease of heart

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Eight dollars per month.

He makes the following statement upon which he bases his claim for Act [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. I have rheumatism and heart disease It affects me more or less all over, but more particularly in the arms and hips It is gradually getting worse.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98¼; height, 5 feet 8½ inches; weight, 135 pounds; age, 48 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Tongue red and furred throat moderately red stomach liver and spleen normal. Lungs normal Chest measurements forced Expiration 32 inches, at rest 34 forced inspiration 35½ Apex beat of the heart in the sixth intercostal space at about the mammillary line Apex impulse not evident to inspection, but is to palpation There is a strong visible pulsation in the Epigastric region There is a murmur with the first sound, heard most distinctly at the apex Area of dullness increased. There is no oedema nor cyanosis applicant claims dyspnoea after brisk exercise no. of beats after brisk exercise 120 but no other change. Applicant claims that he has muscular Rheumatism, affecting chiefly the muscles of the arms and shoulders. There is at this time no tenderness of muscles. There is no tenderness nor Enlargement of any of the Joints. Occupation farmer. Palms Considerably Calloused Body fairly well nourished There is no Evidence of vicious habits

The actual and probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

W. E. Wright, Pres. C. C. Conrad, Sec'y. J. V. Brown, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(14167—15,000.) 6—809

Doc #9

(3—111.)

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original act June 27, 90 [State above whether for original, increase, or restoration.] Pension Claim No. 847708

Name and rank of claimant. James [illegible] Vanteest, Rank, private

Company E, 1st Reg't Iowa Cav.

Claimant's post-office address. [illegible] Iowa | Knoxville Iowa [Post-office address of the Board.] State,

February 25 [Date of examination.], 1891.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Rheumatism and General Debility

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of ______ dollars per month.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Rheumatism [illegible] and General Debility

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 16; temperature, 98½; height, 5 feet 9 inches; weight, 130 pounds; age, 45 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Tongue red at edge [illegible] [illegible] [illegible] [illegible] [illegible] skin [illegible] and [illegible] the lungs [illegible] normal. percussion sounds normal respiratory murmur free and easy. the heart is enlarged and [illegible] the area of dulness is increased. the apex beat is not visible on inspection. there is anemic murmur [illegible] over the heart. there is no swelling of the joints or muscles and no limitation of motion. there is tenderness along the course of the sciatic nerves and [illegible] he has attacks of muscular rheumatism and from his appearance and our acquaintance we believe his statement. his body is poorly nourished he is at this time suffering from poor nutrition we believe the enlarged heart caused by rheumatism. we think [illegible] disease not caused or in any way aggravated by vicious habits No other disability is found to exist

Rate for EACH cause of disability. rating for the disability caused by Rheumatism. He is, in our opinion, entitled to a 4/18 by Disease of Heart, and 4/18 for that caused ______ for that caused by ______

J. T. French, Pres. J. W. [illegible], Sec'y. [illegible], Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(632— M.) 6—552

Doc #10

(3—145 a.)

593,334
Des M

Act of June 27, 1890.

INVALID PENSION.

Claimant, James K. P. Vanfleet,

P.O., Flagler, Rank, Private

County, Marion, Company, "G"

State, Iowa, Regiment, 1 Ia Vol Cav.

Rate, $ 8, per month, commencing July 26 1890,

Disabled by Rheumatism & dis. of heart

RECOGNIZED ATTORNEY.

Name, Claimt

P.O.,

Fee, $ Agent to pay.

Articles filed, , 189 .

APPROVALS.

Submitted for Admission, Apl 29, 1891, C. S. Hanson, Examiner.

Approved for Admission

White
Legal Reviewer.

May 15, 1891.

Approved for Rheumatism and disease of heart $8. No other ratable degree of disability shown. Off.

A. S. Hellm A.M.E.
Medical Referee.

June 11, 1891.

Not now pensioned under other laws. Last paid to , 189 , at $

Pensioned from , 18 , at $, for

SERVICE SHOWN BY RECORD.

Enlisted Feb. 25, 1864, honorably discharged Feb. 15, 1866

Re-enlisted , 18 , honorably discharged , 18

Declaration filed July 26, 1890 alleges permanent disability, not due to vicious habits, from Rheumatism and general disability,

6—687

Claimt. writes. No M. C.

3982—100 m

LAW: .....

Reissue to .....

Claimant, James K. P. Van Fleet

P. O. .....

County, ...

State, ...

Rank, Private

Company, G.

Regiment, Iowa Vol. Cav.

Rate, $ ..... per month, commencing .....

ACT OF JUNE 27, 1890.

Revision under Departmental Decision of May 27, 1893, and Office Orders (No. 225) of June 9, 1893. and (No. 240) of August 26, 1893.

Respectfully referred to the Medical Referee for his opinion whether, under the above decisions, ~~the~~ pensioner is entitled to his present rate of $ 8 ?

(Call attention to any pending claim for increase, former pension and rate under another law, or other essential fact.)

April 26, 1894 W. W. Schwierkardt Exmr.

NOTE.—If the present rate is .....

The pensioner is entitled to .....

for .....

in my opinion the rate of $ 8 should be continued.

Rudolph W. Schwierkardt Exmr.

Oct 1 1894

13 Ven Om

Doc #11

3—364.

Original No.

Certificate No. 593 334

Reissue. ACT OF FEBRUARY 6, 1907.

Claimant, James K P. Vanfleet
P. O., May — Rank, Private
County, Harper — Company, 6
State, Oklahoma — Regiment, 1 Iowa Vol. Cav.
Rate, $ 12 per month, commencing February 25, 1908.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,
P. O.,

APPROVAL.

Submitted for Ad March 14, 1908, L. Matthews, Examiner.
Approved for Admission.

Age over 62.

Rate $12. per month.

Reissue to allow under act of February 6, 1907. Deduct subsequent payments and drop name from rolls under act of June 27, 1890.

March 16, 1908, August Donath, Legal Reviewer. March 18, 1908, F. K. [illegible], Re-Reviewer.

Enlisted Feby 25, 1867 honorably discharged Feby 15, 1866
Enlisted , 18 ; honorably discharged , 18
Enlisted , 18 ; honorably discharged , 18
Pensioned at $ 8. per month, under Act of June 27 1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed February 25, 1908
Date of birth alleged, Nov 6 1845
Age shown by evidence 62 years.
Claimant does write.

6—810

No 6 R, M. C.
J.A.A

Doc # 12

3—364.

Original No. .....

Certificate No. 593334

Increase **ACT OF FEBRUARY 6, 1907.**

Claimant, James K P Vanfleet (Vanfleet)

P. O., May

County, Harper

State, Oklahoma

Rank, Private

Company, C

Regiment, 1 Iowa Vol. Cav.

Rate, $..... per month, commencing ~~January 23, 1911~~

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ...

P. O., ...

Feb 3—11

APPROVAL.

Submitted for Rej, Jan 28, 1911, L E Rogers, Examiner.

Approved for Rejection as it appears from claimants alleged age (as born Nov. 6 1845 as of 65 years) that he was not 70 years old at the execution of his pending claim for increase of pension under the act of February 6, 1907; & hence a higher rate than he is now receiving under said act is not allowable.

Jany 31, 1911, J. H. Renton, Legal Reviewer. Jany 31, 1911, A. A. Japniwell, Re-Reviewer.

Enlisted Feb 25, 1864; honorably discharged Feb 16, 1866

Enlisted ....., 18 ; honorably discharged ....., 18

Enlisted ....., 18 ; honorably discharged ....., 18

Pensioned at $12 per month, under act Feb 6—07

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed Jan 23, 1911.

Date of birth alleged, Nov 6 1845

Age shown by evidence 65 years.

Claimant does ..... write.

6—810

....., M. C.

Left Mr.

3-364

Reissue

Doc #13

ACT OF MAY 11, 1912.

Cert. No. 593334

As amended by Act of March 4, 1913.

Claimant, James K. P. Vanfleet

P. O., May

County, Harper

State, Oklahoma

Rank, Private

Service, Company C

1st Iowa Cavalry

Rate, $16.50 per month, commencing June 21, 1912.

$24.50 commencing November 6, 1915

$27 commencing November 6, 1920

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

Fee, $; Agent to pay Exr.

Articles filed 19 Rev.

Approved for Increase
$ 38 from June 10, 1918
$ from 19
Act of June 10, 1918
AUG 8 1918

APPROVAL.

Submitted for Adm., Mar. 20, 1913. A. Jeannette Baker Examiner.

Approved for Admission Rate $16.50 per month; age 66 years.

Reissue from Act of February 6, 1907.

Date of birth November 6, 1845

Length of pensionable service: 1 years, 11 months, 21 days.

Deductions in service from any cause: None years, months, days,

on account of

April 28, 1913, A. B. Renick Legal Reviewer. May 1, 1913, J. M. Sales Re-Reviewer.

Enlisted February 25, 1864; honorably discharged February 15, 1866

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 1 years, 11 months, 21 days.

Pensioned at $12 per month, under Act of February 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 21, 1912

Age shown by evidence 66 years; date of birth ~~about~~ November 6, 1845

Claimant does not write.

No, M. C.

6-3317

Office County Superintendent
of Public Health

Doc #14

Drs. Newman & Davis
Physicians and Surgeons
Shattuck, Oklahoma

Vanfleet, James K.P.
#593 334

9-27-30

This is to certify I have personally examined James K.P. Vanfleet Today & have had him under observation and treatment -

His condition is such that he needs the attendance of another person and unable to care personally for his general wants and necessities. The constant care of others this case condition has existed since May 5th 1930

Very truly
O. Newman M.D.

Office County Supt...tendent
of Public Health

Drs. Newman & Davis
Physicians and Surgeons
Shattuck, Oklahoma

Sept. 5, 1930

To Civil War Veterans Bureau:

Mr. James K. P. Vanfleet, a Civil war veteran age 84 years of May, Oklahoma and now getting Pension Voucher # 593334 is very infirm and entitiled to physical examination to determine whether or not his pension should be raised. A physical examination blank should be sent for this purpose.

Respectfully,
C. C. Newman M. D.

M. C. GARBER
8TH DIST. OKLAHOMA

MEMBER OF COMMITTEE ON
INTERSTATE AND FOREIGN COMMERCE

Congress of the United States
House of Representatives
Washington, D. C.

Enid, Okla., Sept. 29, 1930.

U.S.Pension Bureau
Washington, D.C.

Gentlemen:

Enclosed herewith find statement of Dr. [redacted] C.Newman of Shattuck, Oklahoma, in support of the claim of James K.P.Vanfleet, 593 334, for increased pension on account of requiring regular aid and attendance of another person.

Kindly give the case prompt consideration and advise us in the premises.

Yours truly,

MCG:VW

M C. Garber

Soldier Division

September 22, 1930.

Hon. M. C. Garber
Enid, Oklahoma.

My dear Mr. Garber:

Your letter and the communication of Dr. C. C. Newman, relative to the case S. C. 593334 of James K. P. Vanfleet, have been received.

If Mr. Vanfleet's condition is such as to need the regular personal aid and attendance of another person, he is at liberty to furnish the evidence indicated in the enclosed circular letter, and in the event such evidence is filed prompt consideration will be given thereto.

Very truly yours,

E. W. MORGAN
Acting Commissioner.

ZP gr

Soldier Division

Oct. 14, 1930

Hon. L. T. Garber
Enid, Oklahoma.

My dear Mr. Garber:

Your letter and the statement of Dr. C. C. Newman relative to the claim for increase under the act of June 9, 1930, C. C. 595734 of James F. P. Vanfleet, May, Oklahoma, have been received.

The evidence necessary in support of the claim is indicated in the enclosed circular letter, called for this day in a similar circular letter addressed to Mr. Vanfleet.

Very truly yours,

W. S. HAGAN
Acting Commissioner.

CAJ hm

McG

February 3, 1911.

Civil War Division.
Ctf. No. 593,334,
James K. P. Van Fleet,
Co. C, 1 Iowa Vol. Cav.

Mr. James K. P. Van Fleet,

May, Oklahoma.

Sir:

Your claim for increase of pension under the act of February 6, 1907, filed January 23, 1911, is rejected on the ground that the evidence does not show, and according to your allegation that you were born November 6, 1845, you had not reached an age at the date of executing your declaration, at which you are entitled to an increase under said act.

Very respectfully,

Commissioner.

refer to
Civil War Division
Inv. Cert. 593334
James K. P. Vanfleet
Co. C, 1st Iowa Cav.

JWD*SER

November 27, 1918.

Mr. James K. P. Vanfleet,

May, Oklahoma.

Sir:

In reply to your letter you are advised that it appears from your prior allegations and the report from the War Department, that you were discharged from the military service February 15, 1866, and not in March, 1866, as you now allege, according to which the length of your service was one year, eleven months and twenty-one days.

If you have a certificate from the War Department showing that you were discharged in March, 1866, and will forward same to this Bureau, your case will receive further consideration.

Very respectfully,

E. M. SALTZGABER.

Commissioner.

Invalid Division.
I.C.593334
James K.P.Vanfleet
C, 1 Iowa Cav.

Dec. 10,1926.

Mr. James K.P.Vanfleet
Chillicothe, Illinois.

Sir:

In your claims for increase under section 2 of the act of May 1,1920, and section 1 of the act of July 3, 1926, there should be furnished the sworn statement of a physician, preferably that of your attending or family physician, showing clearly whether you need the regular personal aid and attendance of another person, and, if so, the date as definitely as possible from which such aid and attendance have been needed, how frequently, and in what particular acts; especially whether you are able to dress, undress, feed or bathe yourself, attend to the calls of nature unaided, or go about without assistance, or, if unable to furnish the sworn statement of a physician, your statement giving the reasons why, and the sworn statement of your attendant, covering the points indicated.

I have further to advise you that the physician's affidavit should also set forth whether you are totally helpless or blind, and if so, the date from which such condition has existed.

Respectfully,

Winfield Scott

WINFIELD SCOTT
Commissioner.

CWW-maf

Invalid Division.

December 10,1926.

Hon. William E. Hull
House of Representatives.

My dear Mr. Hull:

In response to your letter relative to the claim for increase under section 2 of the act of May 1,1920, and section 1 of the act of July 3,1926, I.C.593334,of James K. P. Vanfleet, whose address is Chillicothe,Ill., and who served in Co. C, 1 Iowa Cav., I have to advise you that the claims require the sworn statement of a physician, preferably that of the attending or family physician showing clearly whether the claimant needs the regular personal aid and attendance of another person, and, if so, the date as definitely as possible from which such aid and attendance have been needed, how frequently, and in what particular acts; especially whether he is able to dress, undress, feed or bathe himself, attend to the calls of nature unaided, or go about without assistance, or, if unable to furnish the sworn statement of a physician, his statement giving the reasons why and the sworn statement of his attendant, covering the points indicated.

I have further to advise you that the physician's affidavit should set forth whether the claimant is totally helpless or blind, and if so, the date from which such condition has existed, a call for which has this day been made on the claimant.

Upon receipt of the above-indicated statement the claim will be given further prompt consideration.

Very truly yours,

WINFIELD SCOTT
Commissioner.

CWW-maf

M. C. GARBER
8TH DIST. OKLAH

MEMBER OF COMMITTEE ON
INTERSTATE AND FOREIGN COMMERCE

Congress of the United States
House of Representatives
Washington, D. C.

Enid, Okla., September 10, 1930.

U.S.Pension Bureau,
Washington, D.C.

Gentlemen:

Enclosed herewith find statement of Dr. O.C.Newman in regard to the condition of James K.P.Vanfleet, Civil War veteran, May, Oklahoma, # 593 334. Kindly give his case prompt consideration with view to increasing his pension, advising me in the premises.

Yours very truly,

M.C. Garber

MCG:VW

WILLIAM E. HULL
16TH DIST. ILLINOIS

Congress of the United States
House of Representatives
Washington, D. C.

November 24, 1926.

Hon. Winfield Scott,
Commissioner of Pensions
Washington, D. C.

Dear Mr. Scott:

I beg to hand you, enclosed herein, an application for increase of pension which I wish to file in behalf of my constituent, James K. Vanfleet, Chillicothe, Illinois, who served in Co. C., 1st Iowa Vol. Cav., Civil War, and who is now pensioned under certificate 593334.

Trusting you may be able to give this application favorable consideration, I am

Yours very truly,

Wm. E. Hull, M. C.

CONFIDENTIAL

3-1647

Act. of May 1, 1920

and July 3, 1926

Cert. 593334

Name, James K P Vanfleet

Application filed Nov 26, 1926

Service, C. I. Salcar

Dec. 19, 1920 - Clmt. (E.)

for med. E. ... Hon.

Mrs E. Hullodnar ...

Walker Ex.

ABANDONED

O-2

Veterans Administration
Finance Form 1317
Rev. Oct. 1933

IDENTIFICATION AND DATA SLIP

Payee ...

Claim Number, or
Pension Cert. Number 593334

War

Rate $ ... Code
Classification ...

Date 5/... Clerk, M. & P. I. Unit ...

Data for Correspondence or Disposition
(Use reverse side if additional space is required)

C1
2/21/34

N. A. M.

Date 3/6/34 Clerk

VETERANS ADMINISTRATION
Form 3230
Rev. Jan., 1932

REFERENCE SLIP

Referred to– Accounting Div.

For approval Att Mr Brooks

attention

comment

correction

follow-up

recommendation

report

To call me ... see me

indicate changes

note and file

note and return

prepare reply

rewrite

send literature

When necessary to identify papers to which this form is attached, write subject, date, author, etc., here

Remarks: The attached letter is referred to you for necessary attention. Records of this office show that accrued of $62.50 covering acc pension was founded for payment 12/15/33

Date 3/1/34 From Rush Sub

 15—520

R 430

3-1647.

6/8

Act of Feb. 6, 1907.

Cert. 593334

Name, James R. P. Vanfleet
May. Harper Co.
Okla

Application filed Feb. 25, 1908

Service, C. 1" Iowa Car.

A Dr report returned

May, Oklahoma
February 23, 1934

George E. Brown
Washington D.C.

Dear Sir,

In regard to your letter of December 15, 1933 in regard to the payment of 62.50 to be made to Glen Barber for the claim of Veteran Vanfleet, James K.P. SC 593 334 this was accrued pension and not been received yet and we would like to get this straightened up as just how much is allowable on the total expenses and if this amount has been sent and not been received or if it has just been overlooked

Trusting you will give this attention and thanks for all past favors

Respectfully

3-1647.

Act of Feb. 6, 1907.

Cert. 593.334

Name, James K.P. Vanfleet

Application filed Jan 23, 1911

Service, C / Iowa Car

May Okla 10 Nov 14th 1918

To

Commiser of Pensions

Washington D C

Dear Sir

I Recived my Pension Check on the Tenth of October if I read the Pension Law that was last Past I am Entitled to 40 a month I was Hurt 12 years when the Law was Passed I Believed I Co Co First Iowa Vol Cav May Pension Certificate Number is 573834 I Draw my Pension from Des Moines Iowa

[3—216 a.]

C.S. Hanson Extr.

No. 846758

Act of June 27, 1890.

James K. P. Vanfleet.

P. O. Flagler,

Marion Co., Iowa.

Service: Pvt. C, 1 Io. Cav.

Enlisted: Feb. 25, 1864

Discharged: Feb. 15, 1866

Application filed: July 26, 1890.

Alleges:

Any other Claim filed: no.

Numerical No. 222596.

6/8.

Attorney: Claimant.

P. O.

Act of June 9, 1930 ✓

Congressional

3-1638

INCREASE

James K. P. Vanfleet

Cert. No. 593334

P. O.,

County,

State,

Application filed Oct. 2, 1930

Service,

Oct. 1930 Cent. Cir. for
addl. evidence [illegible]
Hon. M. C. Garber [illegible]
[illegible]

Attorney,

P. O.,

County, State,

Cert. No. 59334

Name

Rank ; Service

Original Roll

Agency { Transf'd , 18 , to
" , 18 , to

Issued , 18

Mailed , 18

Rate and Period, $, from , 18

Action complete by Board of Revision

Rev.

Issue. Class

Entered

Disability

Deductions

Issued , 18

Mailed

Rate and Period, $

Issue. Class

Entered

Disability

Deductions

ACT OF MAY 11, 1912

Mailed MAY 5 1913 , 18

Rate and Period, $, from , 18

Issue. Class

Entered

Disability

Deductions

INDORSEMENTS.

RECEIVED
REINED
ALLOWED
DISALLOWED
DEC 15 1933
ABANDONED

Doc #6

Form 3229
15—465

VETERANS ADMINISTRATION

MEMORANDUM

From Chief, Accounting Division,
To Chief, Adjudicating Division,
Subject Voucher in favor of Laverne Mortuary in the amount of $100.00.

Date JAN 9 1934

DAA-G
VANFLEET, James K. P.
SC-593,334

The above described voucher covering claim for Government burial allowance due in the case of James K. P. Vanfleet who died December 28, 1932, is returned since it appears that application Form 531-A was not received in this Administration until December 12, 1933. Information is requested as to whether this claim was filed prior to September 17, 1933.

1 Enc.

Wm. H. Holmes

WM. H. HOLMES.

Laverne Okla.
January 14, 1

Dear Sir:—

In reply to letter of 9th in reference to Claim # MCC-CB. James K. P. Vaughan, S.C. 593,334, please find statement of burial allowance signed by Mrs Gracie. E. Crouch, Mary, Oklahoma also Form 5.31-A in duplicate;

Veterans Administration
Compensation Form 531-A

DUPLICATE CLAIM
FOR COMPTROLLER GENERAL'S FILES

S C Number 593,334

War

Date

VANFLEET, James K.P.

Claim is hereby made for any benefits under Section 201 (1), World War Veterans' Act, 1924, as amended, to which it may be found that I am, or have been, entitled. I have not* previously made application for these benefits.

Laverne Mortuary
Glen Burbee
(Full name of claimant)

By Glen Burbee
(Name of person who claims for undertaking firm)

Owner.
(Official Capacity)

(* If you have previously made application by letter or form strike out word "not.")

December 9, 1933

MCC-Cb

Mr. Glen Barber,
Undertaker,
Laverne, Oklahoma.

VANFLEET, James K. P.
S.C. 593,334

Dear Sir:

This is in reference to your claims for the statutory allowance and for the accrued pension due James K. P. Vanfleet.

To complete your claim for the burial allowance it is necessary that you furnish a statement over the signature of Mrs. Gracie E. Crouch who authorized you to render services for this man showing whether your bill as rendered in the amount of $263.50 is just, reasonable and unpaid.

The inclosed form 531-A should be signed in duplicate in the name of the Laverne Mortuary by an authorized person whose signature and official connection with that firm must be shown.

All future communications relative to this case should show the pensioner's name and refer to the number S.C. 593,334.

Respectfully,

GEORGE E. BROWN,
Director of Compensation.

Inc.

GOR/gl

March 20, 1933.

S.C. 593,334
VANFLEET, James K. P.

Mr. Orva A. Crouch, Postmaster,
May,
Oklahoma.

Dear Sir:

February 27, 1933.

MDB/lgw
Form 557

FOURTH CLASS

OFFICE NO. 63017

United States Postoffice

Orva A. Crouch, Postmaster

May, Oklahoma
February 27th, 1933.

SC 593-33 4 3-6

Veterans Administration Bureau,
Washington, D. C.
My Dear Sir;

On Jan. 6th, 1933, I mailed to your office a copy of the death certificate of James K.P. Vanfleet, a civil war veteran for an applicatsonfor a adjustment on his funeral expenses.

Did you recieve same, if not please advise me Please.

Yours truly,

Orva A. Crouch.

Orva A. Crouch. May, Oklahoma.

APPLICATION FOR BURIAL FLAG

NO RECORD

The undersigned, residing at Laverne, Okla. (full address)
SC 593334
hereby makes application for a regulation burial flag to drape the casket of

Jas. K. P. Vanfleet, "C" No. 593334 (or if "C" number is not available) whose rank and organization in the active service was Priv., Vol., Co. C, 1st. Iowa Calv.

On Pension Paper.

NO RECORD

who died at ~ (number) (street) May, Okla. (City) (State)

on Dec. 28th. 1932. (month) (date) (year) and who will be buried at May-Okla. (indicate by "X") shipped to ~

May, Oklahoma (City and State) on Dec - 30, 1932 ~~193~~ at 1: P.M. (date and month) (hour of day, if known)

The deceased was a veteran of the Civil War war or wars and was NOT DISHONORABLY DISCHARGED from his last period of ~~war~~ service. I am the Undertaker (See paragraph 1 of Instructions)

I agree, if flag is issued, to comply with Par. 2 of Instructions on this form.

I certify that to the best of my knowledge and belief the statements made above are correct and true; that a flag has not been previously applied for or furnished for the above deceased veteran; that I have carefully read Paragraphs 1 to 3, of the Instructions and that this application is not submitted in violation of Section 35 of the Criminal Code, which provides a fine of not more than ten thousand dollars, or imprisonment for not more than ten years, or both, for presenting any claim against the Government of the United States, knowing said claim to be false and with intent to defraud.

Dec. - 30, 1932. (Month) (Date) (Year) Calloway & Barker (signature) J. F. Barker

RECEIVED JAN 5 1933 U.S. Veteran's Bureau Regional Office Okla. City, Okla.

RECORD OF ACTION TAKEN

(Show action taken by letter "X")

Yes Approved for issue: ~ Disapproved, flag not issued.

A. H. Roberts (Signature of Issuing official) Buffalo- Okla. (City) (State) Dec 30 (Date) 1932. (Year)

Post-Master (Title of Issuing official) P.O. (Title of Issuing office)

FILE FEB 1 1933 BR SUPPLY DIVISION

RECEIPT OF FLAG ACKNOWLEDGED: Calloway & Barker (Applicant). J. F. Barker

Veterans Administration
Compensation Form 549
Rev. Nov. 1931

REPORT OF FLAG FURNISHED FROM STOCK

C-No. No record

Veterans' Administration, Okla. City, Okla.
(Name and location of Field Station)

January 5, 1933

A flag was furnished ~~from stock~~ on December 30, 1932, to be used in the burial of Jas. K. P. Vanfleet SC 693334
(Name of veteran)

who served in the Civil War
(Name of War, Occupation, or Expedition)

(*)
as Pvt., Vol. Co. C, 1st Iowa Calv. (Pension No. 593 334)
(Rank and Organization)

(*) In those cases in which the deceased veteran had a C-number, it will not be necessary to indicate "rank and organization".

Wm P. Lively

WM. P. LIVELY,
Supply Officer.

Issued by Postmaster, Buffalo, Okla;
replacement flag mailed 1/5/33.

October 2, 1933

MCC-Cb
VANFLEET, James K. P.
S.C. 593 334

Mr. Glen Barber,
Undertaker,
Laverne, Oklahoma.

Dear Sir:

Before consideration may be given your claim for reimbursement in the case of the above named deceased pensioner, a statement over your signature must be furnished showing how you became identified with the case, whether as a friend of the pensioner at the request of a member of his family or by direction of the public authorities. To complete your claim, the enclosed certificate Form 5328 should be signed by Dr. H. K. Hill, a member of the May Drug Store and Gracie E. Crouch.

If it is desired, a claim may also be made for the statutory burial allowance. There is enclosed affidavit Form P-91 for that purpose which should be executed in accordance with instructions printed thereon and returned to this office with a certified copy of the public record of the veteran's death.

The law provides that a claim for this benefit must be filed in this office within one year from the date of the veteran's death and that evidence in support of claims must be furnished within six months from the date of request therefor or payment cannot be made.

All future communications relative to this case should bear the pensioner's name and refer to the number S.C. 593 334.

Respectfully,

GEORGE E. BROWN,
Director of Compensation.

Enc: 5328
P-91

MJ:uj

August 29, 1933

Mr. Orva A.Crouch,
Postmaster,
May, Oklahoma.

VANFLEET, James K. P.
SC 593 334

Dear Sir:

recent date.

form 5354 mdb:rp

April 5, 1933.

Mr. James W. Shields,
Adjutant General, G. A. R.
Boise,
Idaho.

MCC-cb
S.C. 593,334
VANFLEET, James K. P.

Dear Sir:

This is in reply to your letter of March 8, 1933.

A report from the War Department shows that James K. P. Vanfleet, Co. C, 1 Iowa Cavalry, was enrolled February 25, 1864, and was mustered out February 15, 1866, a private.

All future communications relative to this claim should bear the pensioner's name and refer to the number W. C. 593,334.

Respectfully,

JGB/acl.

George E. Brown,
Director of Compensation.

HEADQUARTERS

Grand Army of the Republic

DEPARTMENT OF IDAHO

STATE HOUSE

cannot identify

Inv 4
SC 59334
died Boise 28-32
3-14-0

Boise, Idaho, March 8 1933

Bureau of Pensions:
Washington D.C.

Will you kindly send me the military Record of James Van Fleet residing in Oklahoma - and is a Civil War Pensioner.

An early reply will be appreciated.

Baker

Respy
James W Shields
A. adj. Gen

Dec. 15,1933

Glen Barber,
Laverne,Okla.

VANFLEET,James K.P.
SC 593 334

Sir:

xxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx accrued pension.

you in the amount of $62.50.

OR/1
Form 610

als

Dec.15,1933

Mrs. Gracie E. Crouch,
May,Okla.

Cb
VANFLEET,James K.P.
SC 593 334

Dear Madam:

$62.50, in favor of Glen Barber,covering accrued pension.

GCR/ls
Form026

Clerk

VETERANS ADMINISTRATION
PENSION SERVICE
WASHINGTON

In reply refer to: MBAB

DEC 15 1933

Disbursing Clerk,

Through Director of Finance.

Sir:

You are hereby directed to pay $ 62.50 pension accrued in the case of James K. P. Vanfleet June 9, 1920

pensioned by Cert. No. C-573334 Section E, who died Dec. 28, 1932

to Allen Barber,
Laverne, Oklahoma

as reimbursement of the expenses of the pensioner's last sickness and burial.

Respectfully,

A. H. STEIWER
Director of Pensions.

VETERANS ADMINISTRATION
Pension Form 5055

No. [illegible]

REIMBURSEMENT

Claimant [illegible]	Pensioner [illegible]
Street and No. [illegible]	Class [illegible]
P. O. [illegible]	Law [illegible]
State [illegible]	Section [illegible]

Rate, $ [illegible] Last paid to [illegible] at $ [illegible]

Last illness commenced [illegible] Date of death [illegible] Accrued pension, $ [illegible]

Amounts claimed			Charges approved		Deductions		
Physician's bills	$		$		State aid	$	
Medicine					Assets		
Board					Insurance		
Nursing and care					Amount waived		
Rent							
Living expenses for pensioner							
Undertaker's bill							
Livery							
Cemetery charges					Total		
Other expenses					Summary		
					Charges approved	$	
					Deductions		
					Amount approved		
Totals							

Approved for [illegible]

[illegible], 1933, [illegible]
Examiner.

DEC 15 1933, [illegible]
Reviewer.

U. S. GOVERNMENT PRINTING OFFICE: 1933 15—369

TRATION

Rev. April 1933

File No. .....

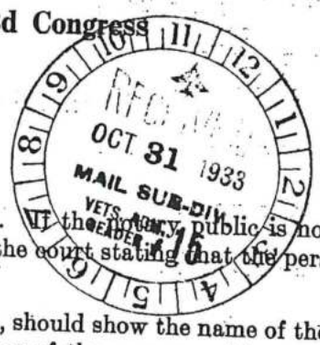
Pension No. SC-593 334

War .....

VANFLEET, James K. P.

CLAIM FOR BURIAL EXPENSES

Under Title I, Public Act No. 2, 73d Congress



INSTRUCTIONS

1. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court under seal of the court stating that the person signing as notary is the officer he professes to be.

2. Bills should be stated on the business billhead of the undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who receives the money.

3. The claimant must sign on both lines provided under (A) and (B), page 4, due to the fact that the perforated duplicate claim is forwarded to the Comptroller General for his files.

4. In answering questions under section 3, part I, state only the property of deceased veteran.

PENALTIES PROVIDED IN PUBLIC ACT NO. 2, 73D CONGRESS

SECTION 12. "That whoever in any claim for benefits under this title or by regulations issued pursuant to this title, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than $5,000 or by imprisonment for not more than two years, or both."

SECTION 13. "That if any person entitled to payment of pension under this title, whose right to such payment under this title or under any regulation issued under this title, ceases upon the happening of any contingency, thereafter fraudulently accepts any such payment, he shall be punished by a fine of not more than $2,000 or by imprisonment for not more than one year, or both."

SECTION 14. "That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than $2,000, or by imprisonment for not more than one year, or both."

SECTION 15. "Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $1,000 or imprisonment for not more than one year, or both."

SECTION 16. "Every guardian, curator, conservator, committee, or person legally vested with the responsibility of a claimant or his estate, having charge and custody in a fiduciary capacity of money paid, under provisions of this title, for the benefit of any minor or incompetent claimant, who shall embezzle same in violation of his trust, or convert the same to his own use, shall be punished by a fine not exceeding $2,000 or imprisonment at hard labor for a term not exceeding five years, or both."

GOVERNMENT PRINTING OFFICE: 1933 15—622

PART I.—AFFIDAVIT SUPPORTING BURIAL CLAIM, TO BE EXECUTED BY NEXT OF KIN, OR OTHER NEAR RELATIVE, OR FRIEND OF DECEASED

1. (a) Full name of deceased veteran Vanfleet (Last) James (First) K.P. (Middle)

(b) Rank and organization or Rating and station } Co. C. 1st Iowa Cavalry

(c) Date of enlistment Civil War. (d) Date of discharge

(If dates of service cannot be furnished, state war in which veteran served)

(e) Date of death December 28 1933 Place of death May, Oklahoma.

(Forward death certificate if not already furnished)

(f) Date of burial December 30 1933 Place of burial McClung Cemetery

(g) Name and address of undertaker Glen Barber, Laverne Okla. May Okla.

2. Was deceased single, married, widowed, or divorced? Widowed

3. (a) Total of all cash money left by deceased None

(b) All amounts due and collectible from solvent debtors at date of death, including accrued salary, commission, or other earning sources None. Last pension salary check Retd.

(c) Nature and value of all other personal property left by deceased veteran none

(d) All real property owned by deceased at date of death none

(e) Actual value thereof at date of death none

(If actual value cannot be given, state assessed value)

(f) Total encumbrances thereon none

4. (a) State total amount of all debts owed by the deceased at date of death, exclusive of encumbrances on real property shown in 3 (f) above none

(b) Were the expenses of funeral and transportation of the deceased entirely, or in part, paid by a State, county, or other political subdivision, lodge, union, fraternal organization, society, or beneficial organization, insurance company, Workmen's Compensation Commission, State Industrial Accident Board, or employer? no

(c) If so, what amount was allowed? none

(d) By whom? none

(e) What was the actual cost of burial, including funeral and transportation? $262.50

5. What is your relationship to the deceased? none

see signature of Gracie R. Crouch

15—622

PART II.—CLAIM FOR BURIAL EXPENSES UNDER TITLE I, PUBLIC ACT NO. 2, 73D CONGRESS

We } Glenn Barber
I }
(Full name of person who paid expenses, or of undertaker or undertaking firm if expenses have not been paid)

of ____ (Number) ____ (Street) Lawton (City or town) Okla. (State)

on oath depose and say that James K. P. Hamfleet
(Full name of deceased veteran)

died after discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 362.50

If claim is made by person who paid the expenses, fill in below:

That of the foregoing amount $____ has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $____ received by me as reimbursement for burial and funeral expenses from

____
(Here state fully the source from which reimbursement has been received by the person making claim)

15—622

If claim is made by undertaker, fill in below:

That the foregoing amount is a correct and just charge made by {~~this firm~~ / me} for all services rendered as authorized by Gracie E. Couch
(Name)
Granddaughter-in-law
(Relationship to deceased veteran)

of ____ (Number) ____ (Street) Mary (City or town) Okla. (State)

and no payment for such services has been received except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the Veterans Administration on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

Gracie E. Couch

(A) Wherefore claim is hereby made for such amount as may be allowed under existing law, and in support thereof, completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(NOTE.—Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known, and the addresses of such witnesses must be shown.)

(1) _____ (Name)

_____ (Address)

(2) _____ (Name)

_____ (Address)

Glen Barber
(Signature of claimant)

By Laverne Mortenay Glen Barber
(Name of person who executes affidavit for undertaking firm)

Owner.
(Official capacity)

STATE OF Oklahoma
COUNTY OF Harper } ss:

Subscribed and sworn to before me at Laverne, Okla

this 26th day of October, 1933

[SEAL]

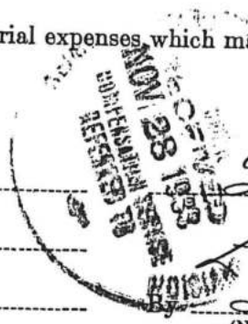
My Commission Expires 10-19-1934

L. H. Taylor
Notary Public.

(B) **EVERY CLAIMANT MUST FILL OUT THE FOLLOWING FOR COMPTROLLER GENERAL'S FILES**

XC _____
Pension No. SC-593 334
War Widow

I hereby make formal claim for any burial expenses which may be found to be due me under Public Act No. 2, 73d Congress.



Witnesses to signature by mark:

(1) _____ (Name)

_____ (Address)

(2) _____ (Name)

_____ (Address)

Glen Barber
(Signature of claimant)

By Laverne Mortenay Glen Barber
(Name of person who executes affidavit for undertaking firm)

Owner.
(Official capacity)

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STATEMENT

December 30 1933

Mr. James K.P. Vaughan
Muskogee, Okla.

TO Lawrence Martin DR

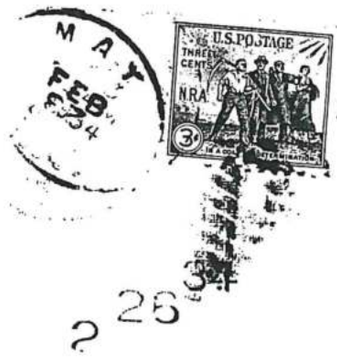
TERMS: Glen Rabbit

Yankee Statement № 1015

Cash Sent	$210 00
Exhibiting	25 00
Expenses Attended	15 00
Expenses Attended	10 00
Grave Covers	2 50
	$362 50

Lawrence Martin
Glen Rabbit

Gracie E. Crouch,
May, Oklahoma.



2 25 34

2 25 34

Mr Goerge E. Brown,
Director of Compensation,
Washington,
D.C.

Return this Statement for Correction in Case of Error

Dec. 30 1932

To Gracie E Crouch.
May, Okla.

To James K. P. Vanfleet Dr.
MADE IN U. S. A. May, Okla.

Nursing Services to
James K. P Vanfleet
From

Dec. 14/1932 to Dec 28th 14.00

Return this Statement for Correction in Case of Error

December 30 1932

To Ay Drug Store
May, Okla.

To James K. P. Vanfleet Dr.
MADE IN U. S. A. May, Okla.

12-30 32	Syrup Pep	$1.00
	Pain Byne	35
	Castor Oil	25
	Cough Syrup	60
		2.40

Laverne, Okla., 12-30 1932

Mr. James K. P. Vanfleet
May Okla.

In Account With

H. K. HILL, M. D.

Med. Att.	$3.00

H K Hill

VETERANS ADMINISTRATION

WASHINGTON

In reply refer to: MCC-Cb

REIMBURSEMENT WAIVER

I certify that I hold Glen Barber

responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of James K. P. Vanfleet

late a pensioner under certificate No. S.C. 593 334

(This need not be sworn to.)

Hazel Fleming May Ding

Gracie E. Crouch

H K Hill M.D.

Pension Form 5328
Rev. Dec. 1932