

FAMILY GROUP No.

Husband's Full Name

MAXWELL, JAMES

This Information Obtained From:

- (1) CIVIL WAR PENSION APP.
- (2) WIDOWS APP. FOR PENSION
- (3) 1860 CENSUS ALLEN CO. OHIO
- (4)

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth	24	AUG	1835		JEFFERSON (?)	OHIO	
Chr'nd							
Mar.	30	DEC	1854	SPENCERVILLE	ALLEN	OHIO (2)	
Death	26	OCT	1889	MT. MORIAH	HARRISON	MISSOURI	
Burial					WIDOW HARRISON	MISSOURI	HAMILTON CEM.

Places of Residence

Occupation ^{BLACKSMITH &} FARMER Church Affiliation Military Rec. ^{CIVIL WAR UNION} ARMY, INFANTRY (OHIO)

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

NONE

His Father MAXWELL, ROBERT Mother's Maiden Name

MARY

Wife's Full Maiden Name

JACOBS, MARY ANN

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			ca 1836			PENN.	(3)
Chr'nd							
Death							
Burial							

Compiler RUTH C. McQUERRY Places of Residence

Address 2938 ROBERTA DR Occupation if other than Housewife Church Affiliation

City, State ORANGE CA Make separate sheet for each mar.

Date APRIL 1981 Her Father Mother's Maiden Name

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
(3) M	1 Full Name of Spouse* THOMAS	Birth			ca 1856		ALLEN	OHIO	
		Mar.							
		Death							
		Burial							
(3) M	2 Full Name of Spouse* WILLIAM	Birth			ca 1857		ALLEN	OHIO	
		Mar.							
		Death							
		Burial							
(3) F	3 Full Name of Spouse* MARY	Birth			1860		ALLEN	OHIO	
		Mar.							
		Death							
		Burial							
	4 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	5 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	6 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
(2) F	7 Full Name of Spouse* LILLY BELL	Birth	5	FEB	1875			OHIO	
		Mar.							
		Death							
		Burial							
	8 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	9 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	10 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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"A" Declaration for Original Invalid Pension. "A"

STATE OF Missouri
COUNTY OF Harrison } S. S.

On this 28 day of May A. D. one thousand eight hundred and Eighty three
personally appeared before me Clerk of the Cr Ct Clerk; the same being a Court
of Record of the County and State aforesaid James Daxwell
a resident of Mt. Moriah County of Harrison State of Missouri
who being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

"I am the identical James Daxwell who was enrolled on the
day of March 1865 in Company E of the 193^d Reg't of Ohio
Vol's., commanded by Captain Tom Myers and I was honorably discharged at
Camp Chase, Ohio on the 8th day of May 1865 and my age is
now 47 years. While in the service aforesaid, and in the line of my duty I received the following disability, to wit:

On or about in sixty five

I contracted Brights disease of the kidneys.
On or about was sick with rheumatism
when I came home the Bright percas soon after
I contracted loss of hearing.

On or about when at Camp Chase
from severe cold that settled in my head
I contracted rheumatism, from neither
of which have I ever recovered and upon
Brights disease of kidneys, loss of hearing,
and rheumatism, I claim a Pension.

I have never been employed in the Military or Naval Service of the United States otherwise than set forth above
Since leaving the Service, I have resided at Ohio and Missouri
and my occupation has been farming before my entry into the Service aforesaid I was of good
ound physical health, being at enrollment a blacksmith and I
am now partially disabled from obtaining my subsistence by manual labor by reason
of my disabilities above stated, received in the service of the United States, and I make this Declaration for the purpose
of being placed on the Invalid Pension Roll of the United States. I hereby appoint and empower, with full power of
substitution, N. W. FITZGERALD & CO., OF WASHINGTON, D. C. my true and lawful Attorney to prosecute
my claim. My Post Office address is Mt. Moriah County of
Harrison State of Missouri

James Maxwell
(Claimant's Signature.)

Attest:
Two Witnesses.

A B Purpitt
A Maxwell

GENERAL AFFIDAVIT.

State of Missouri

County of Harrison
Mt Moreau

SS:

In the matter of claim for pension of James Maxwell

B-175 - Child of Infantry, Vol
(Character and number of claim.)

(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Notary Public in and for

(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State, Harmon Maxwell
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)
Age 55 years Resident Mt Moreau Missouri

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

I have known the applicant James Maxwell all of his life. So far I was able to judge he was sound and hearty before he went into the United States Service under his father. He has had some complaint and ability to do more than half work since up to the present now I have been with him ever since he came out of the war. Except eight years, from 1871 until 1880 and from 1880 I have lived a near neighbor to him not more than 3/4 of a mile from him and he has also rheumatism and loss of hearing can't hear any in left ear.

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. _____
(Name of one witness to X mark.)
2. _____
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

Harmon Maxwell

(IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Missouri
COUNTY OF Keokuk } ss:
In the pension claim of James Maxwell
Company A 158 Reg OT
(Company and Regiment, or Vessel, or other organization or department.)
Personally came before me, a Notary Public in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
aforesaid County and State. W.A. Sawyer, a resident
(Name of Physician or Surgeon.)
of Keokuk
(City or Village.)
State of Missouri who, being duly sworn, declares in relation to the aforesaid case as follows:

(Here follow closely instructions in the margin. If space be not sufficient, the Physician should firmly attach a sheet of paper to this blank, and continue his statement.)
I have seen James Maxwell about
four months ago, and he was referred to
me because he was unable to work for two months, and
was suffering from a disease of the ear. I have treated
Mr. James Maxwell during the last of the year I have
known him. He stated to me that he was a
stated in a previous certificate to which some acid in
the ear with which he was as the triple phosphate
his hearing is left very defective.
In regard to claimant's incapacity for manual labor
I know very little, only that he performs very little
labor. It would be safe to say that he performs
little or no work of a kind that would be considered
as shown by my certificate granted by the board
of health.

W.A. Sawyer M.D.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

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

W.A. Sawyer M.D.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

Instructions:
The Affiant should state the facts in his own words, and not copy them from the facts list.
1. Length of time he has known the claimant.
2. Whether or not he knew the claimant as a soldier, sailor, or other person in the service.
3. If he treated the claimant, when and where, and for what disease, injury, or wound, and whether the disability is the result of a wound received, injury incurred, or disease contracted in the service.
4. If he has seen the claimant since he was discharged, and whether he has been able to do any manual labor since that time.
5. Very Important.—He will also state what has been THE DEGREE of the claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year, or about that proportion of a sound able-bodied man's work he has been able to perform.
6. Her 1/2, 3/4, 1, 3/2, 2, 3, 4, 5, or 6, or the case may have been

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Affidavit of Physician who Treated the Soldier in his Last Sickness,
Showing the Date and Cause of Death.

State of Missouri
 County of Harrison } SS:
 In the pension claim of Ann Maxwell widow of James Maxwell Co. E. 198 This.
(Name of claimant.)
(Company and Regiment, or Vessel, or other organization or department.)
 personally came before me, a Clerk County Court in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
 aforesaid County and State, A. L. Roseborough, a resident
(Name of Physician or Surgeon.)
 of Mt. Moriah of the County of Harrison,
(City or Village.)
 State of Missouri, who, being duly sworn, declares in relation to the aforesaid case as follows:

I was the attending physician at the time of the above-named soldier's death. He died on the 26 day of October, 1898. The immediate cause of his death was Perforation of Stomach.

Note.
 The physician will here state about what date he first treated the soldier; what his physical condition was at that time, giving a full description or diagnosis of his disability. If the death cause was a sequence of any other disease or injury, the pathological connection, if any, should be fully set forth by the witness.

I have been practicing medicine for 4 years. I first knew the soldier about March 1st, 1898. I first treated him professionally about April 12, 1898.
For Ulceration of Stomach. The patient claimed to have chronic Bright's disease & didn't know it. I never examined for albumin urine and know nothing about his having kidney disease further than his own statement.
Although there may be Pathological connection between the two diseases as one of the causes of Stomach ulcer is, various lowering measures or diseases.

My post-office address is Mt. Moriah Missouri
 And I further declare that I have no interest in said case, and am not concerned in its prosecution.
A. L. Roseborough M.D.
(Signature of physician or Surgeon. If ever in the Army, give rank and service.)

Treat. since 1897

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GENERAL AFFIDAVIT.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

State of Missouri
County of Harrison

SS:

In the matter of claim for Pension Mary Ann Maxwell
(Character and number of claim.)

widow James Maxwell "E" 198" Ohio Gols.
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Notary Public in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State, Harrison Maxwell, whose age is 59.
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

and Sarah J Maxwell whose age is 55, and whose Post Office address is Mount Meriah Mo.

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

That they have been intimately acquainted with the claimant Mary Ann Maxwell, for 39 and 33 years respectively and both affiants state that they personally knew of the marriage of James Maxwell and Mary Ann Maxwell and know that neither of them had been previously married and from their intimate acquaintance with the parties know that if there had been previous marriage by either the said claimant or her husband, Affiants would have known of it.

And further declare that they have no interest in said case, and are not concerned in its prosecution.

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

- Edd Maxwell
(Name of one witness to X mark.)
- Marietta Mullins
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

Harrison Maxwell
Sarah J Maxwell

Neither married before

Declaration for Original Pension of a Widow--Child or Children under Sixteen Years of Age Surviving

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Missouri }
 County of Harrison } SS.

On this 10 day of July, A. D. one thousand eight hundred and ninety
 personally appeared before me, a Notary Public
 within and for the County and State aforesaid Mary Ann Maxwell
(Name of Claimant.)
 aged 54 years, a resident of Harrison County
(Give City, Village or Town, County and State; and if you reside in a
Mount Meriah Missouri
City where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how

many miles from nearest Postoffice.)
 who, being duly sworn according to law, makes the following
 declaration in order to obtain the pension provided by act of Congress granting pensions to widows,
 approved June 27, 1890, to wit:

That she is the widow of James Maxwell who served during the late
(Name of soldier.)
 War of the Rebellion under the name of James Maxwell from
(Name under which he enlisted.)
 the day of A. D. 186 , to the day of A. D.
 186 , as a priv in Co E 198 Ohio don't recollect date
(Give rank.) (State company and regiment or other organization, if in the army, or name of vessel and his rank, if in the navy.)
 and who was HONORABLY DISCHARGED from the service at Cass's Chase
(Give date and place of discharge.)
 and who died of Kidney disease
(Give cause of death.)
 on the 26 day of October A. D. 1889, at near Mt Meriah
(State place of death, if known.)

that she is without other means of support than her daily labor; that she was married under the name of
Mary A Jacobs to said
(Name before marriage to said soldier.)
James Maxwell on the 30 day of
(Name of soldier.)
December A. D. 1854 by Mr Fryer Congman
(Name of clergyman or other person officiating.)
 at Spencer's Mill Ohio, there being no legal barrier to such marriage; that neither
(Place of marriage.)
 she nor her husband had been previously married.
(If either have been previously married, so state, and give date of death or
divorce of former spouse.)

that she has to the present date remained his widow; that the following are the names and dates of birth
 of all his legitimate children WHO ARE UNDER SIXTEEN YEARS OF AGE at the
 present time:

HIS BY YOURSELF.	HIS BY A FORMER MARRIAGE.
<u>Lilly Bell</u> , born <u>Feb 5th 1875</u>	born _____ 18_____
born _____ 18_____	born _____ 18_____
born _____ 18_____	born _____ 18_____
born _____ 18_____	born _____ 18_____
born _____ 18_____	born _____ 18_____
born _____ 18_____	born _____ 18_____

(If the husband left no children by the applicant, or by a former wife, the fact should be stated.)

That she has not in any manner been engaged in, aided or abetted the rebellion in the United States;
 that she has made application No 414593
(If prior application has been made or filed either by soldier or widow, so state, giving if possible the number assigned to it; if no application has
 been made, so state.

She hereby appoints, with full power of substitution and revocation,
GEORGE E. LEMON,
 of Washington, D. C., her true and lawful Attorney, to prosecute this claim. That her Post-office address is
(Give City or Village, County and State; if you reside in a city where streets are named and houses numbered, give name of street and number of house.)

Mary A Maxwell
(Signature of claimant.)

- * If claimant sign by X mark two persons who write their names MUST sign here as witnesses thereto.
- (1) _____
(Name of one witness to X mark.)
- (2) _____
(Name of other witness to X mark.)

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Obtained from: Military Service Records (NNCC)
 Washington, D.C. 20408
 April 1981

**Affidavit of Physician who Treated the Soldier in his Last Sickness,
Showing the Date and Cause of Death.**

43.

State of Missouri
County of Harrison } SS:

In the pension claim of Ann Maxwell widow of James Maxwell
(Name of claimant.)
Dec. 19 1898
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Clerk County Court in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
aforesaid County and State, A. L. Roseborough, a resident
(Name of Physician or Surgeon.)

of Mt. Moriah of the County of Harrison
(City or Village.)
State of Missouri, who, being duly sworn, declares in relation to the aforesaid

case as follows:

I was the attending physician at the time of the above-named soldier's death. He died on the
26 day of October, 1898. The immediate cause of his death was
Perforation of Stomach.

I have been practicing medicine for 4 years. I first knew the soldier about March 1st
1899. I first treated him professionally about April 12, 1899.

For Ulceration of Stomach. The patient
claimed to have chronic Bright's disease
I didn't treat him for that disease &
never examined his urine and
know nothing about his having kidney disease
besides than his own statement.
Although there may be Pathological
connection between the two diseases
as one of the causes of Stomach ulcer
is, various lowering measures or disease

The physician will here state about what date he first treated the soldier; what his physical condition was at that time, giving a full description or diagnosis of his disability. If the death cause was a sequence of any other disease or injury, the pathological connection, if any, should be fully set forth by the witness.

My post-office address is Mt. Moriah Missouri

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

A. L. Roseborough M.D.
(Signature of physician or Surgeon. If ever in the Army, give rank and service.)

Treat. since 189

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GENERAL AFFIDAVIT.

ALCOCK
1001
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State of Missouri
County of Harrison } 88:

In the matter of claim for Pension Mary Ann Maxwell
(Character and number of claim.)
widow James Maxwell "E" 198" Ohio Vols.
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Notary Public in and for

aforsaid County and State, Harrison Maxwell, whose age is 59.
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

and Sarah J Maxwell whose age is 55. And whose Post Office address is Mount Meriah Mo.

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

That they have been intimately acquainted with the claimant Mary Ann Maxwell for 39 and 33 years respectively and both affiants state that they personally knew of the woman of James Maxwell and Mary Ann Maxwell and know that neither of them had been previously married and from their intimate acquaintance with the parties know that if there had been previous marriage by either the said claimant or her husband, affiants would have known of it.

And further declare that they have no interest in said case, and are not concerned in its prosecution.

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 Edd Maxwell
(Name of one witness to X mark.)
2 Marista Mullins
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

Harrison Maxwell
Sarah J Maxwell

Neither married before

Declaration for Original Pension of a Widow--Child or Children under Sixteen Years of Age Surviving

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Missouri
 County of Harrison } SS.

On this 10 day of July, A. D. one thousand eight hundred and ninety personally appeared before me, a Katany Public within and for the County and State aforesaid Mary Ann Maxwell (Name of Claimant) aged 54 years, a resident of Harrison County (Give City, Village or Town, County and State; and if you reside in a City where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest Postoffice.)

Mount Moriah Missouri, who, being duly sworn according to law, makes the following declaration in order to obtain the pension provided by act of Congress granting pensions to widows, approved June 27, 1890, to wit:

That she is the widow of James Maxwell (Name of soldier.) who served during the late War of the Rebellion under the name of James Maxwell (Name under which he enlisted.) from the day of A. D. 186 , to the day of A. D. 186 , as a priv in Co E 198 Ohio (State company and regiment or other organization, if in the army, or name of vessel and his rank, if in the navy.) and who was HONORABLY DISCHARGED from the service at Cassin's Chace (Give date and place of discharge.) and who died of Kidney disease (Give cause of death.) on the 26 day of October A. D. 1889, at near Mt Moriah (State place of death, if known.)

that she is without other means of support than her daily labor; that she was married under the name of Abigail Jacobs (Name before marriage to said soldier.) to said James Maxwell (Name of soldier.) on the 30 day of December A. D. 1854 by Mr Fryer Clergman (Name of clergyman or other person officiating.) at Spencer's Mill Ohio (Place of marriage.) there being no legal barrier to such marriage; that neither she nor her husband had been previously married (If either have been previously married, so state, and give date of death or divorce of former spouse.)

that she has to the present date remained his widow; that the following are the names and dates of birth of all his legitimate children WHO ARE UNDER SIXTEEN YEARS OF AGE at the present time:

HIS BY YOURSELF.	HIS BY A FORMER MARRIAGE.
<u>Lilly Bell</u> , born <u>Feb 5th 1875</u>	born <u> </u> 18 <u> </u>
born <u> </u> 18 <u> </u>	born <u> </u> 18 <u> </u>
born <u> </u> 18 <u> </u>	born <u> </u> 18 <u> </u>
born <u> </u> 18 <u> </u>	born <u> </u> 18 <u> </u>
born <u> </u> 18 <u> </u>	born <u> </u> 18 <u> </u>
born <u> </u> 18 <u> </u>	born <u> </u> 18 <u> </u>

(If the husband left no children by the applicant, or by a former wife, the fact should be stated.)
 That she has not in any manner been engaged in, aided or abetted the rebellion in the United States; that she has made application No 414593 (If prior application has been made or filed either by soldier or widow, so state, giving if possible the number assigned to it; if no application has been made, so state.)

She hereby appoints, with full power of substitution and revocation, **GEORGE E. LEMON,** of Washington, D. C., her true and lawful Attorney, to prosecute this claim. That her Post-office address is (Give City or Village, County and State; if you reside in a city where streets are named and houses numbered, give name of street and number of house.)

Abigail A Maxwell (Signature of claimant)

If claimant sign by X mark two persons who write their names MUST sign here as witnesses thereto.
 (1) (Name of one witness to X mark.)
 (2) (Name of other witness to X mark.)

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Obtained from: Military Service Records (NMCC) Washington, D.C. 20408 April 1981

FAMILY GROUP No. _____

Husband's Full Name MILLER, ABRAHAM (JR)

This Information Obtained From:

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) 1860 CENSUS, HARRISON CO. MO. SUGAR CREEK TWP.	Birth	7	FEB	1824	DELAWARE	OHIO	
(2) 1870 Census, MERCER CO. MADISON TWP.	Mar.	26	SEPT	1852	ALLEN	OHIO	By ARCH. MARTIN, J.P.
(3) 1880 CENSUS, MERCER CO. MADISON TWP.	Death	9	MAR	1899	MERCER	MISSOURI	23y 1m 4d
(4) CIVIL WAR RECORDS	Burial				MERCER	MISSOURI	HAMILTON CEM.

Places of Residence

Occupation FARMER Church Affiliation _____ Military Rec. CIVIL WAR (PVT, BUGLER)

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father MILLER, ABRAHAM, (SR) Mother's Maiden Name CATHERINE

Wife's Full Maiden Name MAXWELL, DEBORAH

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
(1) 1850 ALLEN CO. OHIO	Birth		1829			OHIO	
(2) BRACE MILLER Underpool	Chr'nd						
(3) 17 OCT 1907	Death	17	OCT	1907	St Joseph	MISSOURI	HAMILTON CEM.
(4) OCT 1909	Burial		OCT	1909	MERCER	MO.	" "

Places of Residence

Occupation if other than Housewife _____ Church Affiliation _____

Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.

Her Father MAXWELL, ROBERT Mother's Maiden Name MARY

Compiler RUTH C. McQUERRY

Address 2938 ROBERTA DR City, State ORANGE, CALIF Date OCT 1977

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
	1	Birth			1851/2		ALLEN	OHIO	NO ISSUE
	Full Name of Spouse* <u>PLACE ALLEN</u>	Mar.	26	NOV	1878	GALLATIN	DAVISS	MISSOURI	By J.P.
	Full Name of Spouse* <u>SOPHRONIA MILLER</u>	Death			1926			MISSOURI	HAD GROCERY
F		Burial				GALLATIN	DAVISS	MISSOURI	BROWN CEM
	2) ?	Birth		FEB	1854		ALLEN (?)	OHIO	2 dau
	Full Name of Spouse* <u>GALPIN, SARAH (9 kids)</u>	Mar.							(2) 9 CHILDREN
	Full Name of Spouse* <u>JOAN KENRO (ORIG)</u>	Death			1926				(3) NO ISSUE
M		Burial			1926		MERCER	MISSOURI	HAMILTON CEM
	3	Birth	16	OCT	1855		HARRISON	MISSOURI	11 children
	Full Name of Spouse* <u>STEWART, HARRIET E.</u>	Mar.	8	NOV	1880		MERCER	MO	
	Full Name of Spouse* <u>ROBERT MILLER</u>	Death	5	DEC	1938	PRINCETON	MERCER	MO	
M		Burial	7	DEC	1938		MERCER	MISSOURI	TORSY CEM.
	4	Birth			1858			MISSOURI	6 CHILDREN
	Full Name of Spouse* <u>BUIS, (FRANK?)</u>	Mar.							
	Full Name of Spouse* <u>ADALINE MILLER</u>	Death			1923				
F		Burial			1923		MERCER	MISSOURI	HAMILTON CEM
	5	Birth	27	NOV	1863			MISSOURI	NO ISSUE
	Full Name of Spouse* <u>ALONE</u>	Mar.					NEVER MARRIED		
	Full Name of Spouse* <u>WILLIAM MILLER</u>	Death	19	JUL	1884				Died of appendicitis (age 21)
M		Burial					MERCER	MISSOURI	HAMILTON CEM
	6	Birth	21	NOV	1865		HARRISON (?)	MISSOURI	9 CHILDREN
	Full Name of Spouse* <u>GAY, MARY V.</u>	Mar.							
	Full Name of Spouse* <u>JOHN N MILLER</u>	Death	8	AUG	1935		GRUNDY	MISSOURI	
M		Burial			1935				
	7	Birth	31	OCT	1868	GOSHEN CITY	MERCER	MISSOURI	? CHILDREN
	Full Name of Spouse* <u>McQUERRY, MARION M.</u>	Mar.	22	NOV	1885		MERCER	MISSOURI	
	Full Name of Spouse* <u>MARTHA JANE</u>	Death	25	AUG	1911		HARRISON	MISSOURI	
F		Burial			1911		MERCER	MISSOURI	HAMILTON CEM.
	8	Birth	12	SEPT	1869		MERCER	MISSOURI	
	Full Name of Spouse* <u>ROBINSON, MAGGIE B.</u>	Mar.	22	NOV	1885				
	Full Name of Spouse* <u>CHARLES MILLER</u>	Death	25	AUG	1911		HARRISON	MISSOURI	
M		Burial					MERCER	MISSOURI	HAMILTON CEM.
	9	Birth	21	OCT	1869		MERCER	MISSOURI	(CORA COX)
	Full Name of Spouse* _____	Mar.	26	APR	1890				7 CHILDREN
	Full Name of Spouse* _____	Death	17	OCT	1951		MERCER	MISSOURI	
	Full Name of Spouse* _____	Burial					MERCER	MISSOURI	HAMILTON CEM.
	10	Birth							
	Full Name of Spouse* _____	Mar.							
	Full Name of Spouse* _____	Death							
	Full Name of Spouse* _____	Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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Went to MO 1855-56

Jacob Sellers }
 To Emily McDouel } License issued
 September 24th 1850

I solemnized the Marriage of Jacob Sellers and Emily McDouel on the 24th day of September A.D. 1850 - S.W. Wash. barn

Returned October 25th 1850 }
 Richard Methuany Clerk }

Abraham Miller } (Affidavit filed)
 To Deborah Maxwell } License issued
 September 24th 1850.

State of Ohio Allen County ss.
 I solemnized the Marriage of Abraham Miller with Deborah Maxwell on the 24th day of September A.D. 1850 - Archelaw Martin, J.P.

Returned November 12, 1851 }
 Richards Methuany Clerk }

Benjamin Griffiths } (Applied for by Evan Griffiths)
 To Julia Ann Umfresbaugh } License issued
 September 23th 1850

This is to certify that Benjamin Griffiths and Julia Ann Umfresbaugh were legally married by me on the 26th day of Sept. A.D. 1850. Joseph Griffiths J.P.

Returned December 27th 1850 }
 Richard Methuany Clerk }

LDS York St, Orange, Ca Sept 1993

Film 901, 412

Allen Co. Ohio Marriage records 1831-1852
p 33

FAMILY GROUP No. _____ **Husband's Full Name** Abraham B. MILLER

This Information Obtained From:	Husband's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. In
Mercer co. Mo	Birth			1826	Veda Hamilton-Overseas/census		Ohio	
probate M-20	Chr'nd							
Letter of adm. 27 May 1899	Mar.							
L. Veta Hamilton's father bible - March 1989	Death	9	March	1899		Mercer	MO	73 ylm4d
inf-Lillie Gray Eivoritt	Burial				Hamilton cem	Mercer	MO	

7 Oct 1989 = Maggie Robertson left here by parents as they were traveling through when she was a child.	Places of Residence	Occupation	farmer	Church Affiliation		Military Rec.	
	Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.	His Father		Mother's Maiden Name			
	Wife's Full Maiden Name	Deborah MAXWELL ^{1.}					

Compiler	Helen (Gray) Collings	Places of Residence	St Joseph asylum ca 20 years (obit)
Address	417 South Ballou	Occupation if other than Housewife	
City, State	Princeton, MO 64673	Church Affiliation	
Date	19 Jan 1989	Her Father	
		Mother's Maiden Name	

Form 11 (overprint) Issued by The American National Red Cross, 1215 15th St. N.W., Washington, D.C. 20004. For a free catalog with more and full descriptions of forms, go to page 30.

Sex	Children's Names in Full (Arrange in order of birth)	Children's Date	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. In
1	Sophrona Full Name of Spouse*	Birth						Ohio	
	Allen PLACE	Mar.				lived Daviess co.	MO		no iss
		Death							
		Burial							
2	Phillip Full Name of Spouse* Joan RENFRO	Birth			1853			Ohio	
1.		Mar.							
2.	Sarah	Death			1926				
		Burial				Hamilton cem	Mercer	MO	
3	Robert Full Name of Spouse*	Birth	16	Oct	1855		Harrison	MO	
	Harriet Elizabeth STEWART	Mar.			Nov 1880				
		Death			Dec 1939	Half Rock	Mercer	MO	
		Burial				Topsy cem	Mercer	MO	
4	'mind got bad' Adaline Full Name of Spouse*	Birth			1858			MO	
	Sam BUIS	Mar.							
		Death			1923				
		Burial				Hamilton cem	Mercer	MO	
5	William Full Name of Spouse*	Birth	27	Nov	1863			MO	
		Mar.							
		Death			19 July 1884				
		Burial				Hamilton cem	Mercer	MO	
6	John H. Full Name of Spouse*	Birth			1865			MO	
	Mary Villia GAY	Mar.	22	Dec	1888				
		Death			1935				
		Burial				Topsy cem	Mercer	MO	
7	Martha Jane MILLER Full Name of Spouse*	Birth	31	Oct	1868			MO	
	Marion Madison McQUERRY	Mar.							
		Death	25	Aug	1911	Bethany	Harrison	MO	
		Burial				Hamilton cem	Mercer	MO	
8	Charles Full Name of Spouse*	Birth	21	Oct	1869			MO	
	Maggie Belle ROBISON	Mar.	26	Apr	1890	Bethany	Harrison	MO	
		Death	17	Oct	1951	Spickard	Mercer	MO	
		Burial				Hamilton cem	Mercer	MO	
9		Birth	1870						
		Mar.							
		Death							
		Burial							
10		Birth							
		Mar.							
		Death							
		Burial							

1860 CENSUS OF UNITED STATES

Typed

State: MISSOURICounty HARRISON

Town

Township SUGAR CREEKPage 290

P.O. BOTTON

Dwelling No.	Names	Age	Sex	Color	Occupation, etc.	Value - Real Estate	Value - Pro- perty personal	Birthplace	Married in Year	School in Year	Can't Read or write	Remarks
1521	MILLER, ABRAHAM	39	M		FARMER	1049		OHIO				16 JULY
"	DOLBA (?)	^(?) 28	F					"				
"	SOPHRONIA	8	F					"				
"	PHILIP	6	M					"				
"	ROBERT	4	M					MISSOURI				
"	ADALINE	2	F					"				

Per Tombstone
data Abraham
Miller would
have been 34, not
39.

State: MISSOURICounty MERCER

Town

Township MADISONPage 48P.O. GOSHEN CITY

Dwelling No.	Names	Age	Sex	Color	Occupation, etc.	Value - Real Estate	Value - Pro- perty personal	Birthplace	Married in Year	School in Year	Can't Read or write	Remarks
331	MILLER, ABRAHAM	45	M	W	FARMER	1200	927	OHIO			/	20 AUG.
"	DEBORA	40	F	W	KEEPING HOUSE			"				
"	SOPHRONA	18	F	W				"		/		
"	PHILLIP	16	M	W	AT HOME			"		/		
"	ROBERT	15	M	W				MISSOURI		/		
"	ADALINE	12	F	W				"		/		
"	WILLIAM	6	M	W				"		/		
"	JOHN	4	M	W				"				
"	MARTHA J.	2	F	W				"				
"	CHARLES	11/12	M	W				"				born in Oct.

AUG 1976.

1880 CENSUS FOR UNITED STATES

Typed

State: MISSOURICounty: MERCERTown-City: MADISON TSP.Film No. T-9-703Page No. 4Enumeration Date 3 JUNE by A. EDWARDSLAGUNA NIGUEL CALIF (NATIONAL ARCHIVES)

Family No.	Names	Color	Sex	Age prior to June 1st	Month of birth if born in 1880	Relationship to head of house	Single	Married	Widowed	Divorced	Married in census year	Occupation	Misc. Info.	Cannot read or write	Place of birth	Place of birth of father	Place of birth of mother	Remarks
25	MILLER, ABRAHAM	W	M	54				1				Farmer			OHIO	OHIO	OHIO	
	D.	W	F	50		Wife		1				Keeping House			"	"	"	
	William	W	M	16		SON									MO	"	"	
	JOHN N	W	M	14		"									"	"	"	
	M. J.	W	F	11		DAU									"	"	"	
	CHARLES	W	M	10		SON									"	"	"	
	ROBERT	W	M	24		SON						FARMING			"	"	"	

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Abraham Miller a Private of Captain Murline C Henslee

Company, [A], of the Third B. Cavl, Regiment of United States

Missouri state militia, was enlisted by J Norris

the _____ Regiment of _____ at Chillicothe Missouri

on the fourth (4) day of April 1862 to serve during _____ years; he was born

in Delaware Co. in the State of Ohio, is Thirty five (35)

years of age, five (5) feet nine (9) inches high, Red, complexion, Blue eyes,

Brown hair, and by occupation when enlisted a Farmer. During the last two

months said soldier has been unfit for duty all the _____ time

Here consult directions on Form 12, p. 269, Medical Dep. Gen. Reg.

disability, severe pain in hip joint and great pain in urate area passing water.

STATION: Springfield Mo

DATE: November 1862

Capt. Murline C Henslee Commanding Company.

I CERTIFY, that I have carefully examined the said Abraham Miller a private of Captain M Henslee's Company, and find him incapable of performing the duties of a soldier because of *Chronic nephritis to such a degree as to prevent his performing the duties of a soldier for the last two months. I also find affected with chronic rheumatism, and now opinion is that he is incapable of performing the duties of a soldier, for cause of rheumatism.*

A W Liffingwell, M.D. Surgeon.
3rd Reg. Cav. Mo. Art.

DISCHARGED this 13th day of December 1862, at Springfield Mo.

B Crabb Col
Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town— County— State—

[DUPLICATES.]

M 145

CERTIFICATE OF DEBILITY FOR DISCHARGE

In the case of

John W. ...
Private Co. *H.*
Regt of Cav. *1st Regt*



Approved
Must. *W. H. ...*
Super
Must. *W. H. ...*

Head Qrs. Dept. of the Missouri
St Louis December 9th 1862

To be discharged
By order of Major Genl. *Curran*

W. H. Grant
Cap 24th Inf 1st Vol A. C.

Dup for *...*
A. G. Office
Feb 25/63

M. | 3 S. M. Cav. (1 Org.) | Mo.

Abraham Miller

Byler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for May & June, 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Pay due for use & risk of horse & Equip'ts from Enlistment to June 30.

FROM SECOND AUDITOR'S ROLL.

Book mark:

Daggett

Copyist.

M. | 3 S. M. Cav. (1 Org.) | Mo.

Abram Miller

Byler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for July & Aug., 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks:

Book mark:

Daggett

Copyist.

M. | 3 S. M. Cav. (1 Org.) | Mo.

Abraham Miller

Byler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for Sept. & Oct., 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Mounted on own horse & Equipments from 30th June to 31st Oct. 1862 pay due for use & risk of horse & Equipments from 30th June to 31st Oct. 1862

Book mark:

Daggett

Copyist.

M. | 3 S. M. Cav. (1 Org.) | Mo.

Abraham Miller

Co. D, Lt. Col. Nevill's Batt'n, Mo. State Militia,*

Age 35 years.

Appears on

Company Muster-in Roll

of the organization named above. Roll dated

Chillicothe, Apr. 5, 1862.

Muster-in to date

Apr. 5, 1862

Joined for duty and enrolled:

When April 4, 1862.

Where Chillicothe

Period For the war in Mo.

Valuation of horse, \$ 20.00

Valuation of horse equipments, \$ 100

Remarks: Mounted.

*This organization subsequently became Co. H, 3 Reg't Missouri State Militia Cavalry (1st Organization).

Book mark: 7590. A. (E. B.) 78.

Daggett

M. | 3 S. M. Cav. (1 Org.) | Mo.

Abraham Miller

Co. B, Co. H, 3 Reg't Mo. State Militia Cav. (1st Organization.)

Appears on

Company Muster Roll

from Apr. 5 to Apr. 30, 1862.

Present or absent Present.

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks:

Book mark:

Daggett

5192
See Enclosure
CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

R. L. [unclear]

Private Co. *62*

7 Reg't of Cavalry

Co. L. 7 Mo Cav S. M.

Approved
W. D. Miles
Inspector

S. J. C. Feb 18 1868.

The designation of this
Co was changed to Co
L. 7 Mo Cav S. M.
Feb 4th 1863.

Camp. [unclear]
Asst Adj Genl

S. J. C.

Head Qrs. Dept. of the Missouri
St. Louis December 9th 1862

To be discharged
By order of Major Genl Curtis

M. H. [unclear]

Capt 24th Inf Mo Vol Ad. Co.
Dup. Gen. Pen. Office

Jan 25/63
186

COMPARED WITH
AND CORRECTED BY
ROLLS.

Received (A. G. Office)

Entered on usually Roll

Mo. | S. M. Cav. (1 Org.) | Mo.

Abraham Miller

Priv., Co. H., 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for Nov. & Dec., 1862

Present or absent

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Discharged at
Springfield Mo. Dec. 17
1862 final statement
given

The 3 Missouri State Militia Cav. (1st Organization) was disbanded
Feb. 4, 1863, and men transferred to the 6 and 7 Regiments Missouri
State Militia Cav.

Book mark: Discharged at
(over)

Daggett
Copyist.

Mo. | 3rd Reg't of S. M. Cav. | Mo.

Abraham Miller

Sub., Co. G, 3 Reg't Mo. S. M. Cav.

NOTATION.

Book mark: 7590, A. 1878.

War Department,

Adjutant General's Office,

Washington, June 22, 1878.

Reduced to the ranks
from Bugler November 9
1862.

Fiegenbauer
Copyist.

CLAIM OF OFFICER AND SOLDIER FOR INVALID PENSION.

STATE OF Missouri

County of Merces } ss.

On this 11th day of August, A. D. 1876, personally appeared before me (1) Philander Stacy, Probate Judge ex officio clerk of the Probate Court

in and for the County and State aforesaid, Abraham Miller

who, being duly sworn according to law, declares: That he is aged 50 years; that he is the identical Abraham Miller, who enlisted under the name of Abraham Miller

in the (2) military service of the United States, at Merces Co, Mo, on the 4th day of April, in the year 1862,

in (3) Company B, 3rd Regiment of Missouri State Militia,

in the War of (4) 1861, and was honorably discharged on the 13th day of December, in the year 1862; that his personal description is as follows: Age 50 yrs,

height 5ft 9in, complexion ruddy, hair brown, eyes blue; that, while in the service aforesaid, and in the line of duty, he received the following (5) disability, which he

with disease of the kidneys near Springfield Missouri in the month of July 1862.

That he first took a cold and it settled in his left hip and on his kidneys. That he was never treated for his said disease in any General Hospital, but that he was discharged from said service

by reason of the same. That he is now nearly entirely disabled by reason of said disease, and that he has resided since discharge in Merces Co, Mo, occupation a farmer.

That he hereby appoints Orney D. Giles his Attorney to prosecute his claim; that he has never received or applied for pension; that his residence is at No. in street, in the of , County of Merces and State of Mo; and his Post Office address is Madama, Merces Co, Mo.

[Claimant's Signature] Abraham Miller

Also, personally appeared J. B. Ormsby, residing at No. in street, in Merces Co, and Harman Maxwell residing at No. in street, in Merces Co, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say: They were present and saw Abraham Miller, the claimant, (7) sign his name to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Signatures of Witnesses. { J. B. Ormsby
Harman Maxwell

Sworn and Subscribed before me, this 11th day of August, A. D. 1876, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the Applicant and Witness 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.

Philander Stacy
Judge and ex officio
clerk of the Probate
Court Merces Co,
Mo

DIVISION

Department of the Interior;

BUREAU OF PENSIONS,

Washington, D. C., Oct. 9th, 1894

Respectfully returned to the
Record and Pension Office
War Department for a full
military and medical history.

No other report on file.

Qty. No. 184615.
Abraham Miller.
Pri. Co. No. 3rd W. S. M. Cav.

J. A. Lochron

Commissioner.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Abraham Miller

Co. No. 3 Regt Mo S. M. Cav

was enrolled April 4, 1862,

and Dischd Dec 13, 1862,

as S. B. D.

The medical records show him treated as follows

No record found

From Enr, 1862, to Disch, 1862,

he held the rank of Private Bugler

& Co. H

and during that period the rolls show him present
except as follows

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Abraham Miller a Private of Captain Murline C. Henslee
 Company, [A], of the Third 3. Cav. Regiment of United States
Delaware State militia, was enlisted by J. Norris of
 the _____ Regiment of _____ at Chillicothe, Missouri
 on the fourth (11) day of April 1862 to serve during 17 years; he was born
 in Delaware Co. in the State of Ohio, is thirty five (35)
 years of age, five (5) feet nine (9) inches high, Red complexion, Blue eyes,
Brown hair, and by occupation when enlisted a Farmer. During the last two
 months said soldier has been unfit for duty all the time. Here consult directions on Form 12, p. 269. Medical Dep. Gen. Reg.

Disability, seven paces in left joint and grade paces
in arms are passing water.

STATION: Springfield Mo
 DATE: November 1862
Capt. Murline C. Henslee Commanding Company

I CERTIFY, that I have carefully examined the said Abraham Miller a private of
 Captain M. C. Henslee Company, and find him incapable of performing the duties of a soldier because of
Here consult par. 114, p. 245 and directions on Form 12, p. 269, Medical Dep. Gen. Reg. Chronic nephritis to such
a degree as to prevent his performing the duties of a soldier
for the last two months. He has also been affected with
Chronic glomerulonephritis, and now appears
incapable of performing the
duties of a soldier, as for cause of foregoing.

DISCHARGED this 13th day of December 1862, at Springfield Mo.
A. W. Jeffingwell 3rd Reg. Cav. Mo. State
Surgeon.
B. Crabb Col.
 Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
 NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town— County— State—
 [DUPLICATES.]

1145

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

John W. ...
... Co. *...*
... Reg't of *...*

Approved
...
...
...

Head Qrs. Dept of the Missouri
St Louis December 9th 1862

To be discharged
By order of Major Genl Curtis

...
...

Per ...
...
...

111. 3 S. M. Cav. (1 Org.) No.

Abraham Miller

Bayler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for May & June, 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Pay due for use & risk of horse & Equip'ts from enlistment to June 30.

FROM SECOND AUDITOR'S ROLL.

Book mark:

Daggett

111. 3 S. M. Cav. (1 Org.) No.

Abraham Miller

Bayler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for July & Aug., 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks:

Book mark:

Daggett

111. 3 S. M. Cav. (1 Org.) No.

Abraham Miller

Bayler, Co. H, 3 Reg't Mo. State Militia Cav.
(1st Organization.)

Appears on

Company Muster Roll

for Sept. & Oct., 1862.

Present or absent Present

Stoppage, \$ 100 for

Due Gov't, \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Mounted on own horse & Equipments from 30th June to 31st Oct. 1862. Pay due for use & risk of horse & Equipments from 30th June to 31st Oct. 1862.

Book mark:

Daggett

CLAIM OF OFFICER AND SOLDIER FOR INVALID PENSION

STATE OF Missouri

County of Mercer

On this 11th day of August, A. D. 1876, personally appeared before me, (1) Philander Stacy, Probate Judge & ex officio clerk of the Probate Court

in and for the County and State aforesaid, Abraham Miller

who, being duly sworn according to law, declares: That he is aged: 50 years; that he is the identical

Abraham Miller, who enlisted under the name of Abraham Miller, on the (2) military service of the United States, at Mercer Co. Mo.

on the 4th day of April, in the year 1862

in (3) Company H, 3rd Regiment of Missouri State militia

in the War of (4) 1861, and was honorably discharged on the 13th day of

December, in the year 1862; that his personal description is as follows: Age 50 yrs

height 5' 9 in; complexion swarthy; hair brunet; eyes blue; that, while in the service

aforesaid, and in the line of duty, he received the following (5) disability, was taken

with disease of the kidneys near Springfield

Missouri in the month of July 1862.

That he first took a cold and it settled in

his left hip and on his kidneys, that he was

never treated for his said disease in any General

Hospital, but that he was discharged from said service

by reason of the same. That he is now nearly entirely

disabled by reason of said disease and that he has

resided since discharge as herein by his occupation a farmer.

That he hereby appoints Osney D. Giles his Attorney to prosecute his

claim; that he has never received or applied for pension; that his residence is at No. _____ in _____

street, in the _____ of _____, County of Mercer and State of

Mo.; and his Post Office address is Madison, Mercer Co. Mo.

[Claimant's Signature,] Abraham Miller

Also, personally appeared J. B. Ormsby, residing at No. _____ in _____

street, in Mercer Co., and Harman Maxwell residing at

No. _____ in _____ street, in Mercer Co., persons whom I certify to be respectable and

entitled to credit, and who being by me duly sworn, say: They were present and saw Abraham

Miller, the claimant, (7) sign his name to the foregoing declaration; that

they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he

is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Signatures of Witnesses: { J. B. Ormsby
Harman Maxwell

Sworn and subscribed before me, this 11th day of August

fully made known and explained to the Applicant and Witness before swearing, including the words

1464
DIVISION: *D*

Department of the Interior;

BUREAU OF PENSIONS;

Washington, D. C., Oct. 9th, 1894

Respectfully returned to the
Record and Pension Office,
War Department for a full
military and medical history.

No other report on file.

Reg. No. 184615.

Abraham Miller
Priv. Co. No. 3rd Mo. S. M. Cav.

Wm. Lochness

Commissioner.

Address: "Chief of the Record and Pension Office
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Abraham Miller
Co. No. 3 Reg't Mo. S. M. Cav.
was enrolled April 4, 1862,
and Disch'd Dec 13, 1862,
as S. B. D.

From *Enl.*, 1862, to *Disch.*, 1862,
he held the rank of *Private*
Reg't

and during that period the rolls show him present
except as follows

The medical records show him treated as follows

No record found

Guardian's DECLARATION FOR WIDOW'S PENSION. (ACT OF JUNE 27, 1890.)

STATE OF Missouri, COUNTY OF Mercer, ss.

ON THIS Twenty Eighth day of September, 1899, personally appeared before me Fred W Brown

a Judge of the Probate Court in and for the County and State aforesaid,

Robert Miller, aged seventy years, a resident of Madison Sp., County of Mercer, State of Missouri,

who being duly sworn according to law, upon her oath declares that she is the widow

Abraham Miller, who enlisted under the name of Abraham Miller, on or about the fourth day of April, 1862, as a Private in company "No" 76 of the Third regiment of Missouri State Militia

Cavalry commanded by Capt Marline C. Hensler, and served at least ninety days in the late War of the Rebellion, who was Honorably Discharged at Springfield Mo. December 13 1862, and died March 7, 1899, in Mercer County Missouri.

That she was married under the name of Deborah Maxwell, to said Abraham Miller, on the 26th day of September, 1850, by Archibald Martin J.P., at Allen County, Ohio.

there being no legal barrier to said marriage. That neither said Deborah Miller, or Abraham Miller, had been previously married. That her husband Abraham Miller, died was a pensioner of the United States, Cert. No 184615, and was last paid to May 11, 1899.

That she has not remarried since the death of the said Abraham Miller. That said Deborah Miller, is now a person of unsound mind.

That she is without other means of support than her daily labor. That names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

Table with 3 columns: Name, Day of Birth, Year of Birth. Entry: None.

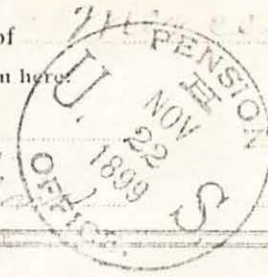
That she has not heretofore applied for pension and the number of her former application is

of said Robert Miller, Guardian of Deborah Miller. That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, C. H. Stewart, of Modena Mercer Co, Missouri, her true and lawful attorney

to prosecute her claim. That her Postoffice address is No. Topsy Street, City of Topsy, County of Mercer, State of Missouri.

Two witnesses to claimant's signature sign here. Truman Stewart, John Young, Robert Miller, Guardian of Deborah Miller, widow of Abraham Miller, died.



(copy)

LETTERS OF GUARDIANSHIP.

STATE OF MISSOURI, }
COUNTY OF MERCER. } ss. IN THE PROBATE COURT.

THE STATE OF MISSOURI,

To All Persons to Whom these Presents shall Come—GREETING:

KNOW YE, That Whereas, Mrs Deborah Miller
a person of unsound mind

minor heir of ^{widow} Abraham Miller deceased, has property, rights
and credits, in said County and elsewhere, that may be lost, destroyed or diminished in value if speedy
and proper care be not taken, of the same. To the end, therefore, that the Estate, rights and property, and
the person of said ^{Person of unsound mind} minor, be properly cared for and protected, we do hereby constitute and appoint
^{Person of unsound mind} Robert Miller Guardian and Curator of the Estate and
property of whatsoever kind that may appertain or belong to said ^{Person of unsound mind} minor, with full power and authority
to collect and dispose of any or all of the Estate belonging to said ^{Person of unsound mind} minor according to law, and in
general to do and perform all other acts and things which are, or hereafter may be, required of ^{him} by
law, or the decree of this or any other Court having jurisdiction.

IN TESTIMONY WHEREOF, I, Fred W. Brown

Judge of the Probate Court in and for said County, hereto place my name and
the seal of said Court, this 28th day of September 1899.

Seal

Fred W. Brown Judge.

OATH.

STATE OF MISSOURI, }
COUNTY OF MERCER. } ss. I, Robert Miller do solemnly
swear that I will faithfully and to the best of my ability discharge the duties of Guardian and Curator of the
Estate of Mrs Deborah Miller a Person of unsound mind
according to law.

Subscribed and sworn to before me, this 28th day of September 1899.

Robert Miller
Fred W. Brown Judge of Probate.



Seal

ALSO PERSONALLY APPEARED

Truman Stewart

residing at

Modena-Mercer County

, state of *Missouri*, and

John Yonickin

residing at

Modena-Mercer County

state of

Missouri

, 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

Robert Miller

the

claimant *Robert Miller*

Signature

to the foregoing declaration; that they have every reason to

believe from the appearance of said claimant and their acquaintance with her,

him

that she is the identical person

he represents *him* herself to be;

and that they have no interest in the prosecution of this claim.

Truman Stewart

John Yonickin

(Signature of affiants.)

(If affiants sign by mark two persons who can write sign here.)

SWORN TO AND SUBSCRIBED before me, this

18th

day of

September

18 *99*, 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.

Fred W. Coon Judge
of Mercer County, Mo. Probate Court

Copy and Certificate of Probation

GUARDIANSHIP.

ESTATE OF

Mrs Deborah Miller

a person of unsound mind

Widow of

Abraham Miller dec'd
late of Co H 3 Regt Mo. I. M.,
Cav. Vol's Minor—

LETTERS ISSUED TO

Robert Miller, Guardian

I DO HEREBY CERTIFY that the
within Letters of Guardianship are duly
recorded in Book..... at page.....

Judge of Probate.

claim No 708867
widow

Filed by
C. H. Stewart
atty for claimant
Mollena, Mercer
County Missouri

PENSIONER DROPPED.

DEPARTMENT OF THE INTERIOR
UNITED STATES PENSION AGENCY

Topeka, Kans.

APR 18 1911, 1911

Certificate No. 502,591

Class. Widow

Pensioner Deborah Miller

Soldier Abraham

Service Co. H 3 M. I. C.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid

at \$ 8, to 4 Aug, 1907,

has been dropped because of DEATH.

Very respectfully,

E. C. Miller

Acting United States Pension Agent.

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

184, 615-14
MEN COVER, PRINTER, QUINCY, ILL.

WIDOW'S PENSION CLAIM.

ACT OF JUNE 27, 1890.

DIVISION.

CLAIMANT.

Deborah Miller, 26.

SOLDIER.

Abraham Miller,

SERVICE.

26. 3. Mo Adl Car.
27 Mo. 1. mil. car.

ADDRESS.

Robert Miller,
Topsy, Mercer
County, Missouri,

FILED BY

C. H. Stewart
Atty for Claimant
Madison, Missouri,





Dapineau,

BETHANY,
MISSOURI



Dapineau,

BETHANY,
MISSOURI



Abraham Miller

JUN. 96 03503 NNN22



Heborah (Maxwell) Miller

JUN. 96 03363 ANN22

HAMILTON CEMETERY
Mercer County, MO



Abraham Miller
9 March 1899, 73 y, 1 mo 4 da

FAMILY GROUP NO.

Husband's Full Name

Allen Place

This information Obtained From: *1. Grace Martha Vanderpool*

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth			<i>1841</i>				
Chr'nd							
Marr.	<i>26</i>	<i>NDU</i>	<i>1878</i>	<i>Hallatin</i>	<i>DAVISS</i>	<i>MO.</i>	<i>by J.F.</i>
Death			<i>1916</i>			<i>MO.</i>	
Burial			<i>1916</i>	<i>Hallatin</i>	<i>DAVISS</i>	<i>MO</i>	<i>Brown Com.</i>
Places of Residence							
Occupation	<i>Grocer</i>			Church Affiliation	Military Rec.		
<small>Other wives, if any. No. (1) (2) etc. Make separate sheet for each marr.</small>							
His Father				Mother's Maiden Name			
Wife's Full Maiden Name				<i>Sophronia Miller</i>			
Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			<i>1851</i>		<i>ALLEN</i>	<i>Ohio</i>	
Chr'nd							
Death			<i>1926</i>		<i>DAVISS</i>	<i>MO</i>	
Burial			<i>1926</i>	<i>Hallatin</i>	<i>DAVISS</i>	<i>MO</i>	<i>Brown Com.</i>
Compiler							
Places of Residence							
Address	Occupation			Church Affiliation	Military Rec.		
<small>Other husbands, if any. No. (1) (2) etc. Make separate sheet for each marr.</small>							
City, State				Date			
Her Father				Mother's Maiden Name			

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Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on Children
	1	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	2	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	3	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	4	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	5	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	6	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	7	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	8	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	9	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							
	10	Birth							
		Marr.							
	Full Name of Spouse	Death							
		Burial							

FAMILY GROUP No.

Husband's Full Name MILLER, PHILLIP

This Information Obtained From:

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) GRACE VANDER POOL	Birth		1853		ALLEN	OHIO	
(2) ESTHER MILLER	Chr'nd						
(3) 1960 CENSUS, HARRISON CO. MD. ADDRESS TWP.	Mar.						
	Death		1926			MD	
	Burial		1926		MERCER	MISSOURI	HAMILTON CEM.

Places of Residence

Occupation FARMER Church Affiliation BAPTIST (P) Military Rec.

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar. (2) GALPIN, SARAH (ISSUE 9) (3) RENFRO, JOAN (WIDOW) (NO ISSUE)

His Father Abraham Miller Jr. Mother's Maiden Name Deborah Maxwell

Wife's Full Maiden Name ?

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth							
Chr'nd							
Death							
Burial							

Compiler RUTH C. McQUERRY Places of Residence

Address 2938 ROBERTA DR Occupation if other than Housewife

Church Affiliation

City, State ORANGE CALE Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.

Date OCT 1977 Her Father Mother's Maiden Name

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
1	? Furnas	Birth							married in KS, 1906
F	IDA MILLER	Mar.							
2	ALBERT J. WILEY	Birth							3 SONS, 1 DAU
F	MINNIE MILLER	Mar.							
3	MAPLE LOLA	Birth	3	JUL	1892 ⁹¹			MISSOURI	2 CHILDREN ¹ JOHN + DELORIS
F	FLOYD MILLER	Mar.							
4	TRAYER, LLOYD	Birth			NOV 1898			MISSOURI	no living kids ¹
F	DORA M. MILLER	Mar.							
5	KRADER, GRETCHEN	Birth	29	APR	1902				NO ISSUE living outside Missouri 1926
M	HARRY MILLER	Mar.							
6	COLE, EARL	Birth	28	MAR.	1906				1 daughter
F	LELA MILLER	Mar.							
7		Birth	14	MAR	1900				NEVER MARRIED
F	ESTHER	Mar.							
8		Birth		SEPT	1893			MISSOURI	
M	ALBERT MILLER	Mar.							
9		Birth	11	MAR	1895			MISSOURI	
M	CLARENCE MILLER	Mar.							
10		Birth		DEC	1896			MISSOURI	
M	RUEL ? MILLER	Mar.							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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Issue by 1st wife

2nd wife 9 children

divorced in Michigan 1976

See next page

FAMILY GROUP NO.

Husband's Full Name

Phillip Miller

This information Obtained From:

Husbands Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
1. <i>Grace Mantle Vanderpool</i>	Birth		<i>1853</i>		<i>Blount (?)</i>	<i>OHIO</i>	
2. <i>Esther Miller</i>	Chr'nd						
3. <i>1900 Census, Trail Creek Twp Harrison Co. MO.</i>	Marr.						
4. <i>Bl: B. Celebration of Merce Co. Mo. Cemetery by Joe Dale Lein, 1986.</i>	Death		<i>1926</i>		<i>Mercer</i>	<i>MO.</i>	<i>Hamilton Co.</i>

Places of Residence

Occupation Church Affiliation Military Rec.

Other wives, if any. No. (1) (2) etc. Make separate sheet for each marr. *1st wife (?) 3rd - Mrs Joan Renfro (no issue)*

His Father Mother's Maiden Name

Wife's Full Maiden Name

Sarah Galpin (2nd wife)

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			<i>1871</i>				
Chr'nd							
Death	<i>Mar or Apr</i>		<i>1906</i>			<i>MO</i>	<i>Hamilton Co.</i>
Burial			<i>1906</i>		<i>MERCER</i>	<i>MO</i>	<i>Hamilton Co.</i>

Places of Residence

Occupation Church Affiliation Military Rec.

Other husbands, if any. No. (1) (2) etc. Make separate sheet for each marr.

Her Father Mother's Maiden Name

Date *1936*

Children's Names in Full (Arrange in order of birth)

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on Children
M	1 <i>Lloyd Miller</i>	Birth	<i>3 Jul</i>		<i>1891/2</i>			<i>OHIO</i>	<i>2 kids - John & Nedra</i>
	Full Name of Spouse <i>Lola Maple</i>	Death	<i>25 Oct</i>		<i>1960</i>				
		Burial	<i>Oct</i>		<i>1960</i>				
M	2 <i>Albert Miller</i>	Birth			<i>Sept 1893</i>			<i>MO</i>	
	Full Name of Spouse	Death							
		Burial							
M	3 <i>Clarence Miller</i>	Birth	<i>11 Mar</i>		<i>1895</i>			<i>MO</i>	
	Full Name of Spouse	Death							
		Burial							
M	4 <i>Ruel Miller</i>	Birth			<i>Dec 1896</i>			<i>MO</i>	
	Full Name of Spouse	Death			<i>1910</i>				
		Burial			<i>1910</i>	<i>MERCER</i>		<i>MO</i>	<i>Hamilton Co.</i>
F	5 <i>Lora M. Miller</i>	Birth			<i>Nov 1898</i>			<i>MO</i>	
	Full Name of Spouse <i>Lloyd Stayer</i>	Death							
		Burial							
F	6 <i>Esther Miller</i> <i>Alice Miller</i>	Birth	<i>14 Mar</i>		<i>1900</i>			<i>MO</i>	
	Full Name of Spouse	Death							
		Burial							
M	7 <i>Harry Miller</i>	Birth	<i>29 Apr</i>		<i>1902</i>			<i>MO</i>	<i>no issue</i>
	Full Name of Spouse <i>Hatchler Kreders</i>	Death							
		Burial							
F	8 <i>Lela Miller</i>	Birth	<i>28 Mar</i>		<i>1906</i>			<i>MO</i>	<i>1 son</i>
	Full Name of Spouse <i>Earl Cole</i>	Death			<i>Nov 1974</i>				
		Burial							
	9	Birth							
	Full Name of Spouse	Death							
		Burial							
	10	Birth							
	Full Name of Spouse	Death							
		Burial							

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Ruth C McQuerry
2938 E Roberta Dr
Orange, CA 92669-4757

li KC, MO
1976 →
Postage
li Michigan
1976

Date of search 16 JAN. 1980
 Place of search NATIONAL ARCHIVES
LAGUNA NIGUEL, CA.

1900 CENSUS



Film or call # _____

Legibility of record: Good ___ Fair ___ Poor ___

1900 FEDERAL POPULATION CENSUS FOR THE UNITED STATES OF AMERICA

State MISSOURI County HARRISON Township/Co-division TRAIL CREEK

City _____ Ward _____ Enumeration date 9 JUNE Enumerator _____

Supervisor's district # _____ Enumeration District # _____ Sheet # _____

STREET	HOUSE #	DWELLING #	FAMILY #	NAME OF EVERY PERSON IN HOUSEHOLD AS OF 1 JUNE 1900	RELATIONSHIP	COLOR	SEX	MONTH OF BIRTH	YEAR OF BIRTH	AGE	MARITAL STATUS	YEARS MARRIED	MOTHER OF HOW MANY CHILDREN	# OF CH LIVING	PLACE OF BIRTH	FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	YR IMMIGRATED TO US	# OF YRS IN US	WHEN NATURALIZED	OCCUPATION	MONTHS UNEMPLOYED	MONTHS ATTENDED SCHOOL	CAN READ	CAN WRITE	CAN SPEAK ENGLISH	OWNED OR RENTED	OWNED FREE/MORTGAGED	FARM OR HOUSE	# OF FARM SCHEDULE
	178		179	MILLER, PHILIP	HEAD	W	M	FEB	1854	46	M	10			OHIO	OHIO	OHIO				FARMER	0		YES	YES	YES	0	M	F	101
				SARAH	WIFE	W	F	APR	1871	29	M	10	6	6	MO.	MO	MO					-	-	"	"	"				
				FLOYD	SON	W	M	JULY	1891	8	S				MO	OHIO	MO				AT SCHOOL	-	1	"	"	"				
				ALBERT	SON	W	M	SEPT	1893	6	S				MO	OHIO	MO													
				CLARENCE	SON	W	M	MAR	1895	5	S				MO	OHIO	MO													
				RUEL	SON	W	M	DEC	1896	3	S				MO	OHIO	MO													
				DORA M.	DAU	W	F	NOV	1898	1	S				MO	OHIO	MO													
				ALICE	DAU	W	F	MAR	1900	3	S				MO	OHIO	MO													

7. Nanny
29 Oct 1902

8. Lulu 20 Mar
1906

1900 CENSUS

Raigna Mignel 9 Mar 1983

SD 131
EP 121
Sht 5-B

1910 Census Mercer Co. Mo. Medicine Swp
21 April by Roy Everett Scott

109/109	Miller Robt	Head	MW	54	M	30	Mo.	Oh.	Oh.	Eug	Farmer
	Arriet	wife	FW	48	M	30/9/7/	Mo.	Mo.	Mo.	"	none
Jesse?	Josie ^(?)	son	MW	22	S		"	"	"	"	Farm laborer
Nellie?	Nettie	Wan	FW	18	S		"	"	"	"	none
Effie?	Allie	"	FW	16	S		"	"	"	"	"
Edd?	Eda ^(?)	son	MW	14	S		"	"	"	"	"
	Allice	Wan	FW	11	S		"	"	"	"	"
	Walter	son	MW	8	S		"	"	"	"	"
108/108	Miller Ernest ^(?)	Head	MW	21	M	1/1/1	"	"	"	"	Farmer
	Att ^(?)	wife	FW	21	M	1/1/1	"	"	"	"	none
	Eulah	Wan	FW	1 1/2	S		"	"	"	"	"

Phillipsborn Feb. 1854

John H Miller & Mary v. Gay

Mercer Co -

Miller (look for wife of Phillip, died Apr 1890

1	Sarner	no	no	Hamilton	(P.) see below	no
2	Brantley	no	no	Lavery-Snyder		no NO
3	Brammett	no	no	Pine		no NO
4	Cain	no	no	Princeton		no NO
5	Campbell	no	no	Rosane		no NO
6	Cook	no	no	Salem		no NO
7	Early	no	no	South Lunelle		no NO
8	Gardner	no	no	Topsy		no NO
9	Groff	no	no	Underwood		no NO
10	Hosher	no	no	Welder		no NO
11	Half Rock	no	no			

Hamilton, P. 127. Mary F Miller 11 Dec 1858; 13 April 1888
 aged 29, 4 mo, 2 da.
 a candidate for 1st wife of Phillip Miller

Warren County

Page		Page		Page	
9	no	73	no	194	no
2	no	83	no	211	no
15	no	97	no	254	no
31	no	109	no	261	no
48	no	131	no	264	no
54	no	147	no	294	no
57	no	151	no	302	no
64	no	171	no	307	no
67	no	184	no		

FAMILY GROUP No.

Husband's Full Name ALBERT J. WILEY

This Information Obtained From:

C) OBITUARY - C.O. WILEY

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth							
Chr'nd							
Mar.							
Death							
Burial							

Places of Residence
Occupation _____ **Church Affiliation** _____ **Military Rec.** _____

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father _____ **Mother's Maiden Name** _____

Wife's Full Maiden Name MINNIE MILLER

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth							
Chr'nd							
Death							
Burial							

Compiler RUTH C. McQUERRY **Places of Residence** _____

Address 2938 ROBERTA DR **Occupation if other than Housewife** _____ **Church Affiliation** _____

City, State ORANGE CA 92669 **Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.**

Date 1 MAR 1983 **Her Father** PHILLIP MILLER **Mother's Maiden Name** (1st wife) _____

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
M	1 CLIFFORD O. WILEY Full Name of Spouse* FERN LAWRENCE	Birth	10	OCT	1904		HARRISON	MISSOURI	
		Mar.	23	AUG	1924		GENEVY	MISSOURI	
		Death	17	JAN	1983	MISSION		TEXAS	
		Burial							
	2 ALVIN WILEY Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	3 CLYDE WILEY Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	4 IRENE WILEY Full Name of Spouse* FOSTER	Birth							
		Mar.							
		Death							
		Burial							
	5 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	6 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	7 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	8 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	9 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							
	10 Full Name of Spouse*	Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. Info. on children" column. Use reverse side for additional children, other notes, references or information.

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FAMILY GROUP No.

Husband's Full Name CLIFFORD O. WILEY

This Information Obtained From:

(1) OBITUARY - C.O. WILEY

Husband's Data	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth	10 OCT 1904 ^①		HARRISON	MISSOURI	
Chr'nd					
Mar.	25 AUG 1924		GENTRY	MISSOURI	
Death	17 JAN 1983	MISSION ^①		TEXAS	78y 3m 7 d ^①
Burial					

Places of Residence

Occupation FARMER Church Affiliation METHODIST Military Rec.

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father ALBERT J. WILEY Mother's Maiden Name MINNIE MILLER

Wife's Full Maiden Name FERN LAWRENCE

Wife's Data	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth					
Chr'nd					
Death					
Burial					

Compiler RUTH C. McQUERRY **Places of Residence**

Address 2739 ROBERTA DR

Occupation if other than Housewife

Church Affiliation

City, State ORANGE CA 92669

Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.

Date 1 MAR 1983

Her Father

Mother's Maiden Name

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Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
M	1 DELNO LEE WILEY Full Name of Spouse* BEDONNA	Birth	29 SEPT 1933 ^①				
		Mar.					
		Death	PRIME 1983 ^①				
		Burial					
	2	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	3	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	4	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	5	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	6	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	7	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	8	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	9	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					
	10	Birth					
	Full Name of Spouse*	Mar.					
		Death					
		Burial					

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

*W HM and Lyle Foster are 2nd Cousins 1 gen. removed
common ancestor: Abraham Miller*

2 Garland FOSTER-1433

(Father)
B/Chr 18 Aug 1909
Place
Marr. 26 Nov 1936 Min-449
Place
Death 25 Mar 1973
Place , Harrison Co, Missouri

4
(Father of #2)
B/Chr
Place
Marr.
Place
Death
Place

5
(Mother of #2)
B/Chr
Place
Death
Place

8
(Father of #4)
B/Chr
Place
Marr.

Place
Death
Place

9
(Mother of #4)
B/Chr
Place
Death
Place

10
(Father of #5)
B/Chr
Place
Marr.

Place
Death
Place

11
(Mother of #5)
B/Chr
Place
Death
Place

Children of this Ancestry

1. Holly Ann FOSTER-3456
2. Lyle FOSTER-3472
3. Lynn FOSTER-3473

3 Edna Irene WILEY-1410

(Mother)
B/Chr 27 Oct 1912
Place , Harrison Co, Missouri
Death Aft 1983
Place

6 Albert J. WILEY-1406

(Father of #3)
B/Chr 1881
Place
Marr. Bef 1904 Min-441
Place (probably), Harrison Co, Missouri
Death 1958
Place

12
(Father of #6)
B/Chr
Place
Marr.

Place
Death
Place

13
(Mother of #6)
B/Chr
Place
Death
Place

14 Phillip MILLER-1026

(Father of #7)
B/Chr Feb 1853/1854
Place , , Ohio
Marr. Bef 1878 Min-439

Place
Death 1926
Place

15
-?-1402

(Mother of #7)
B/Chr
Place
Death Bef 1890
Place

7 Minnie MILLER-1404

(Mother of #3)
B/Chr 1879
Place , Harrison Co, Missouri
Death 1936
Place

Information provided by:

Ruth C. & Wayne H. McQuerry
2938 East Roberta Drive
Orange, CA
92869-4757
Phone: (714) 633-7129

Family Group Record

19 Dec 1998

Page 1

Husband's name

Wendell HAYES

Bom	Place
Chr.	Place
Mar. (div)	Place
Died	Place
Bur.	Place
Father	Mother
Husband's other wives	

Wife's name

Marie HARRISON

Bom	27 Aug 1947	Place	Birmingham, Jefferson Co, Alabama
Chr.		Place	
Died		Place	
Bur.		Place	
Father	William Frances Xavier HARRISON	Mother	Maria WOODS
Wife's other husbands			

Children

This family has no children.

Other Marriages:**Notes and Source Citations:**

Husband: Wendell HAYES

Wife: Marie HARRISON

PARENTS:: 1947;;; NOTE: Marie Harrison adopted daughter of William Frances Xavier Harrison and Maria (Woods) Harrison.

FAMILY GROUP No. _____ Husband's Full Name MILLER, ROBERT

This Information Obtained From: _____

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) MRS L.D. VANDER POOL - GRACE DAW OF MAE.	Birth	16	OCT	1855	MODENA	MERCER HARRISON MISSOURI	
(2) 1870 U.S. CENSUS, HARRISON Co. MO.	Mar.	8	NOV	1880		MERCER MISSOURI	
(3) BY CEMETERIES OF MERCER Co. MO. Vol 7	Death	5	DEC	1938	PRINCETON	MERCER MISSOURI	
(4) 1910 GEN. MERCER Co. MO MEDICINE TWP, SHI 5-13.	Burial	18	DEC	1938		MERCER MISSOURI	TOPSY CEM. ⁴⁸³

Places of Residence _____

Occupation FARMER Church Affiliation _____ Military Rec. _____

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar. _____

His Father MILLER, ABRAHAM, (F) Mother's Maiden Name MAXWELL, DEBORAH

Wife's Full Maiden Name STEWART, HARRIET

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
	Birth	8	APR	1862	MODENA	MERCER MISSOURI	
	Chr'nd						
	Death	29	MAR	1922	FARM HOME	MERCER MISSOURI	
	Burial	31	MAR	1922		MERCER MISSOURI	TOPSY CEM. ⁴⁸³

Compiler RUTH C. McQUERRY Places of Residence _____

Address 2938 ROBERTA DR Occupation if other than Housewife _____ Church Affiliation _____

City, State ORANGE CA 92669 Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar. _____

Date JAN 1980 Her Father _____ Mother's Maiden Name _____

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
	1	Birth	29	MAY	1881	NEAR MODENA	MERCER	MISSOURI	
	MANTLO JAMES MARION Full Name of Spouse* MAE ⁷²²⁶	Mar.		SEPT	1900				
		Death	29	MAR	1943		MERCER	MISSOURI	
F		Burial					MERCER	MISSOURI	TOPSY CEM. ⁴⁸³
		2	Birth	3	APR	1883	NEAR MODENA	MERCER	MISSOURI
	Full Name of Spouse* J. TOM ¹¹¹¹	Mar.							
		Death		MAY	1925		MERCER	MISSOURI	Box 92
M		Burial							
		3	Birth	31	JUL	1885	NEAR MODENA	MERCER	MISSOURI
	Full Name of Spouse* JESSE F ¹¹¹¹	Mar.			1950				
		Death					MERCER	MISSOURI	TOPSY CEM. ⁴⁸³
M		Burial							
		4	Birth	17	AUG	1888	NEAR MODENA	MERCER	MISSOURI
	Full Name of Spouse* EARNEST ¹¹¹¹	Mar.							
		Death			1966				
M		Burial							
		5	Birth	16	NOV	1890	NEAR MODENA	MERCER	MISSOURI
	Full Name of Spouse* NELLIE ANN ¹¹¹¹	Mar.							
		Death			1955				
F		Burial							
		6	Birth	6	MAR	1893	NEAR TOPSY	MERCER	MISSOURI
	Full Name of Spouse* ? ¹¹¹¹ EFFIE ¹¹¹¹	Mar.							
		Death			1968	Cedar Rapids		Iowa	
F		Burial				CEDAR RAPIDS		IOWA	
		7	Birth	2	APR	1895	NEAR TOPSY	MERCER	MISSOURI
	Full Name of Spouse* EDD ¹¹¹¹	Mar.							
		Death							
M		Burial							
		8	Birth	15	FEB	1898	NEAR TOPSY	MERCER	MISSOURI
	Full Name of Spouse* HATTIE ¹¹¹¹	Mar.							
		Death			18 AUG 1898				(Commonwealth)
F		Burial					MERCER	MISSOURI	TOPSY CEM. ⁴⁸³
		9	Birth	22	APR	1900	NEAR TOPSY	MERCER	MISSOURI
	Full Name of Spouse* ALTA ¹¹¹¹	Mar.							
		Death			SEPT 1941				
F		Burial							
		10	Birth	22	APR	1900	NEAR TOPSY	MERCER	MISSOURI
	Full Name of Spouse* ALLIE ¹¹¹¹	Mar.							
		Death			11 AUG 1900				
F		Burial					MERCER	MISSOURI	TOPSY CEM. ⁴⁸³
							MERCER	MISSOURI	

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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OK

TWIN'S

Received 17 APRIL 1923
 from Grace Vanderpool granddaughter of Robert Miller

Robert Miller - when where
 born Oct 16, 1855 Mercer Co, Modena Mo.
 married Nov 8, 1880 " " " " " " " "
 died Dec 5, 1938 " " " " " " " " Princeton Mo
 buried " " " " " " " " Topsy Cemetery

Miller Harriett - maiden name: Harriet Stewart
when where
 born April 8, 1862 Mercer Co, Modena, Mo.
 married " " " " " " " " " " " "
 died March 29, 1922 at their farm home
 buried " " " " " " " " Topsy Cemetery

Children

name.	when born			where born		state
	day	month	year	Town	County	
Mae	29	May	1881	near Modena	Mercer	died 1943 Mo
J. Tom	3	April	1883	" " " "	" " " "	" " " "
Jessie	31	July	1885	" " " "	" " " "	Died 1950
Earnest	17	Aug	1888	" " " "	" " " "	" " " " 1966
Nellie Ann	16	Nov	1890	" " " "	" " " "	" " " " 1955
Effie	6	March	1893	Near Topsy	Mercer Co.	" " " " 1968
Edd	2	April	1895	" " " "	" " " "	" " " "
Hattie	15	Feb	1898	" " " "	" " " "	6 months old Died Aug-98
Alta	22	April	1900	" " " "	" " " "	Sept 1941
Allie	22	April	1900	'Died' Aug	'1900.'	'Died' 1900
Walter	21	Sept	1901	Near Topsy	Mercer	Mo.

Tom + Walter are the only ones left of the Miller Children.
 Robb

FAMILY GROUP NO.

Husband's Full Name

James Marion Mantlo

This information Obtained From:

1. Grace Mantlo Vanderpool.

Husband's Date	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth	<i>29 Dec 1872</i>	<i>Kindley</i>		<i>MO.</i>	
Chr'nd					
Marr.	<i>Sept 1900</i>				
Death	<i>15 Sept 1945</i>				
Burial	<i>Sept 1945</i>		<i>MERCER</i>	<i>MO</i>	<i>TOPSY CEM.</i>

Places of Residence
Occupation
Church Affiliation
Military Rec.

Other wives, if any, No. (1) (2) etc. Make separate sheet for each marr.

His Father *Dr. Wm. W. Mantlo* (Country Doctor) Mother's Maiden Name

Wife's Full Maiden Name *Mae R. Miller*

Wife's Date	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth	<i>29 May 1881</i>		<i>Harrison</i>	<i>MO.</i>	
Chr'nd					
Death	<i>29 Mar. 1943</i>				
Burial	<i>Mar 1943</i>		<i>MERCER</i>	<i>MO</i>	<i>TOPSY CEM.</i>

Compiler
Places of Residence
Occupation
Church Affiliation
Military Rec.

Other husbands, if any, No. (1) (2) etc. Make separate sheet for each marr.

Her Father *Robert Miller* Mother's Maiden Name *Harriett Stewart*

Sex	Children's Names in Full (Arrange in order of birth)	Children's Date	Day Month Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on Children
	<i>1 Harley Earl Mantlo</i>	Birth	<i>1901</i>				
	Full Name of Spouse	Marr.					
		Death	<i>ca 1902</i>				
		Burial					
	<i>2 Edna Mae Mantlo</i>	Birth	<i>9 Dec 1902</i>				
	Full Name of Spouse <i>Bertie Golden</i> <i>Jun 1925</i>	Marr.	<i>1921</i>				
		Death					
		Burial					
	<i>3 Opal Marie Mantlo</i>	Birth	<i>24 Feb 1905</i>				
	Full Name of Spouse <i>Ivan Golden</i>	Marr.	<i>1922</i>				
		Death					
		Burial					
	<i>4 Frances Nellie Mantlo</i>	Birth	<i>24 Jun 1907</i>				
	Full Name of Spouse <i>Landon Golden</i>	Marr.					
		Death	<i>(1928 ?)</i>				
		Burial					
	<i>5 Ruth Jennie Mantlo</i>	Birth	<i>22 Dec 1909</i>				
	Full Name of Spouse	Marr.		<i>never married</i>			
		Death	<i>1963</i>				<i>(Cancer)</i>
		Burial					
	<i>6 Mary Grace Mantlo</i>	Birth	<i>7 Jun 1912</i>				
	Full Name of Spouse <i>Lloyd Vanderpool</i>	Marr.	<i>24 Jun 1933</i>				<i>4 sons, 1 dau.</i>
		Death					
		Burial					
	<i>7 Martha Gale Mantlo</i>	Birth	<i>17 Mar 1927</i>				
	Full Name of Spouse <i>Robert Baborn</i>	Marr.	<i>Dec 1949</i>				
		Death					
		Burial					
	<i>8</i>	Birth					
	Full Name of Spouse	Marr.					
		Death					
		Burial					
	<i>9</i>	Birth					
	Full Name of Spouse	Marr.					
		Death					
		Burial					
	<i>10</i>	Birth					
	Full Name of Spouse	Marr.					
		Death					
		Burial					

* For additional children use Everton Publishers' Children Continuation Sheet, Form A11

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1455
1456
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FAMILY GROUP NO.

Husband's Full Name (Frank?) Buis

This information Obtained From:

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
1. Grace Vanderpool	Birth						
2. RR: (Tabulation of) Mercer County, Mo. Cemeteries by Joe Wade, 1986	Chr'nd						
	Marr.						
	Death						
3.	Burial						

Places of Residence
Occupation Church Affiliation Military Rec.

Other wives, if any. No. (1) (2) etc. Make separate sheet for each marr.

His Father Mother's Maiden Name

Wife's Full Maiden Name Adeline Miller⁽²⁾

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			1858			MO	
Chr'nd							
Death			1923				
Burial			1923	Hamilton Cem.	MERCER	MO ⁽²⁾	

Compiler Places of Residence
Address Occupation Church Affiliation Military Rec.

City, State Other husbands, if any. No. (1) (2) etc. Make separate sheet for each marr.

Date Her Father William Miller Mother's Maiden Name Deborah Maxwell

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
	1 Thomas	Birth			1874				
	Full Name of Spouse	Marr.							
		Death			1930 ⁽²⁾				
		Burial			1930		MERCER ⁽²⁾	MO	Hamilton Cem ⁽²⁾
	2 Roy	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	3 Goldie?	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	4 Abe	Birth			1878 ⁽²⁾				
	Full Name of Spouse	Marr.							
		Death			1899 ⁽²⁾				
		Burial			1899		MERCER	MO	Hamilton Cem ⁽²⁾
	5 Frank	Birth			1880				
	Full Name of Spouse	Marr.							
		Death			1899				
		Burial					MERCER	MO	Hamilton Cem ⁽²⁾
	6 Sarah?	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	7 Rhoda?	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	8	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	9	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							
	10	Birth							
	Full Name of Spouse	Marr.							
		Death							
		Burial							

* For additional children use Everton Publishers' Children Continuation Sheet, Form A11

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FAMILY GROUP No.

Husband's Full Name MILLER, JOHN N.

This Information Obtained From:

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) INA MILLER BRYAN, dau OF JOHN	Birth	21	NOV	1865	HARRISON	MISSOURI	
(2)	Chr'nd						
	Mar.						
	Death	8	AUG	1935	GRUNDY	MISSOURI	
	Burial						TIPPECANOE

Places of Residence

Occupation Church Affiliation Military Rec.

Other wives, if any. No. (1) (2) etc. Make separate sheet for each mar.

His Father MILLER, ABRAHAM (F) Mother's Maiden Name MAXWELL, DEBORAH

Wife's Full Maiden Name GAY, MARY V.

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
	Birth	23	MAY	1869	MERCER	MISSOURI	
	Chr'nd						
	Death	23	OCT	1932	FARM HOME	MERCER MISSOURI	
	Burial						TIPPECANOE

Compiler PUTH C. McQUERRY

Address 2938 ROBERTA DR

Church Affiliation

City, State ORANGE, CALIF

Other husbands, if any. No. (1) (2) etc. Make separate sheet for each mar.

Date OCT 1977

Her Father GAY, HENRY

Mother's Maiden Name SCOTT, ELIZABETH

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
	1	Birth	4	MAY	1891		MERCER	MISSOURI	
		Mar.		MAY	1926				
		Death	20	JULY	1965		GRUNDY	MISSOURI	
M	LOWREY, FLORENCE Full Name of Spouse* OTIS MILLER	Burial							
	2	Birth	21	FEB	1894		MERCER	MISSOURI	
		Mar.	19	MAR	1917				
		Death	13	DEC	1924	CHILLICOTHE		MISSOURI	
F	FOGELSONG, JOHN Full Name of Spouse* NORA MILLER	Burial							
	3	Birth	19	FEB	1896		MERCER	MISSOURI	
		Mar.							
		Death	16	MAR	1911		MERCER	MISSOURI	
M	Full Name of Spouse* OWEN MILLER	Burial							TIPPECANOE
	4	Birth	12	JAN	1910		MERCER	MISSOURI	
		Mar.	26	SEPT	1922				
F	MULLINS, HAYDEN Full Name of Spouse* VINELL MILLER	Death							
		Burial							
	5	Birth	16	FEB	1902		MERCER	MISSOURI	
		Mar.	14	FEB	1933		GRUNDY	MISSOURI	
F	JOHNSON, ARTHUR Full Name of Spouse* EDITH MILLER	Death							
		Burial							
	6	Birth	25	JAN	1904		MERCER	MISSOURI	
		Mar.	18	JUN	1928				
M	SWAN, GRACE Full Name of Spouse* ALLEN MILLER	Death							
		Burial							
	7	Birth	4	JUN	1906		MERCER	MISSOURI	
		Mar.	29	JAN	1938				
F	BRYAN, JOHN WILLIAM Full Name of Spouse* INA MILLER	Death							
		Burial							
	8	Birth	18	NOV	1908		MERCER	MISSOURI	
		Mar.		NOV	1929				
		Death	13	MAR	1940		MERCER	MISSOURI	
M	FRY, ESTHEL Full Name of Spouse* HERBERT MILLER	Burial							TIPPECANOE
	9	Birth							
		Mar.							
		Death							
		Burial							
	10	Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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FAMILY RECORD

DATE

1972
1952
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John Miller **HUSBAND**
 Born Nov 21 1865 Place Harrison County; MO.
 Marr. _____ Place _____
 Died Aug 8 1935 Place Grundy Co
 HUSBAND'S FATHER Abraham Miller HUSBAND'S MOTHER Deborah Maxwell Miller
 HUSBAND'S OTHER WIVES _____

Mary E Gay **WIFE**
 Born May 23 1869 Place Mercer Co
 Died Oct 23 1932 Place Mercer County Mo (Farm home)
 WIFE'S FATHER Henry Gay WIFE'S MOTHER Elizabeth Smith Gay
 OTHER HUSBANDS _____

CHILDREN
 List Each Child (Whether Living or Dead) In Order of Birth

Order	Sex	Name	Born	Place	Marr.	To Whom	Died	Place
M. 1.		Atis	May 4 1891	Mercer Co	May 1926	Florence Lowrey	Aug 20 1926	Grundy Co
F 2.		Nora	Feb 21 1892	Mercer Co	Mar 19 1915	John Fogelsohn	Dec 13 1974	Chillicothe MO
M. 3.		Owen	Feb 19 1896	Mercer Co			March 14 1914	Mercer Co
F 4.		Avinell	Jan 12 1910	Mercer Co	Sept 26 1922	Hayden Mullins		
F 5.		Edith	Feb 16 1902	Mercer Co	Feb 14 1933	Arthur Johnson		Grundy Co
M 6.		Allen	Jan 25 1904	Mercer Co	June 19 1928	Grace Swan		
F 7.		Ina	June 4 1906	Mercer Co	Jan 29 1935	John William Bryan		
M. 8.		Herbert	Nov 18 1908	Mercer Co	Nov 1929	Esther Zry.	Mar 13 1946	Mercer Co
9.								
10.								

Make a separate Family Form for each married child

SOURCES OF INFORMATION

NAME & ADDRESS OF PERSON SUBMITTING

1. INA MILLER BRYAN, GRUNDY CO
TRENTON, MO.

RECEIVED FROM GRACE VANDER POOL
NOV 1955

Mesa, Arizona 85204
40 South LeSueur
SURNAME SEARCH

FAMILY GROUP No.

Husband's Full Name MILLER, CHARLES

This Information Obtained From:

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) CORA MILLER COX	Birth	21	OCT	1869	MERCER	MISSOURI	
(2) GRACE VAN DER POOL	Chr*nd						
(3) NEWSPAPER CLIPPING re 50th wedding Anniversary Charles Miller	Mar.	26	APR	1890	BETHANY	HARRISON MISSOURI	
	Death	17	OCT	1951	SPICKARD	MERCER MISSOURI	
	Burial	20	OCT	1951	MERCER	MISSOURI	HAMILTON CEM.

- (4) Newspaper clipping re abt for Charles Miller
- (5) Death notice re Cora Cox
- (6) Funeral notice re Cora Cox
- (7) Grace Martha Vanderpool.
- (8) Card for Nellie McQuerry
- 9. Cemetery listing in Quarterly Pioneer Press, October 2000

Places of Residence	Occupation	Church Affiliation	Military Rec.
Other wives, if any. No. (1) (2) etc. Make separate sheet for each mar.			
His Father	MILLER, ABRAHAM (JR)	Mother's Maiden Name	MAXWELL, DEBORAH (ROBINSON)

Wife's Full Maiden Name ROBINSON, MAGGIE RELL (also known as RAYBURN)

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth	23	JAN	1878			OHIO	
Chr*nd							
Death	6	JULY	1946		MERCER	MISSOURI	HAMILTON CEM.
Burial		JULY	1946	MODENA	MERCER	MO.	"

Compiler RUTH C. McQUERRY
 Address 1938 ROBERTA DR
 City, State ORANGE, CALIF
 Date OCT 1977

Places of Residence	Occupation if other than Housewife	Church Affiliation
Other husbands, if any. No. (1) (2) etc. Make separate sheet for each mar.		
Her Father	Mother's Maiden Name	

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
742	1 son by Ophe Williams McQuerry McQUERRY, ELMER J. Full Name of Spouse* NELLIE LORETTA	Birth	2	MAR	1891				6 CHILDREN Jan-EVA GAY
1492	COX, JAY Full Name of Spouse* CORA DEBORAH	Birth	14	APR	1893	MODENA		MISSOURI	2 CHILDREN 1 died in infancy
1493	(1) DELONG, FLORENCE (2) HATTIE Full Name of Spouse* CHARLES ARTHUR	Birth	15	JAN	1896				1 CHILD 2110
1494	(1) Williams, ALVA Full Name of Spouse* MARTHA MABLE	Birth	17	MAY	1898				1 SON-GARLAND b. 23 JAN 1929
1495	GRIFFIN CLARENCE Full Name of Spouse* ALMA SOPHRONA	Birth	4	APR	1902				8 CHILDREN
1496	KINISON, FORESTA Full Name of Spouse* VENITA GRACE	Birth	24	JUN	1904				4 CHILDREN
1497	(1) BOWERS, JOHN (2) ARNOTE, RICHARD Full Name of Spouse* ZELMA FAYE	Birth	5	MAY	1908				2 GIRLS by 1st HUSBAND. 3rd son Jerry diminute
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

HUSBAND Forest Owen Kinnison

Chr. 13 Dec 1901 Place _____
Marr. 27 Sept 1920 (4) Place Princeton, MERCER Co. Mo. (4) (Forest was born Spickard) Mo. (4)
Died 14 Mar 1968 Place _____
Bur. May 1968 Place Hamilton Cemetery Mercer Co. Mo. (3)
HUSBAND'S FATHER W. Sylvester Kinnison HUSBAND'S MOTHER Ellie May McQuerry
HUSBAND'S OTHER WIVES _____

WIFE Grace Verita Miller (when married she was of Mill Grove, Mo) (4)

Born 24 June 1904 Place _____
Chr. _____ Place _____
Died 4 Aug. 2000 (5) Place _____
Aug. 2000 Place Hamilton Cemetery, Mercer County, Missouri (5)
Bur. _____ Place _____
WIFE'S FATHER Charles Miller WIFE'S MOTHER Maggie Bell Robinson (Robison)
WIFE'S OTHER HUSBANDS _____

SEX M F	CHILDREN		WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE	WHEN DIED		
	List each child (whether living or dead) in order of birth		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR
1	F	<u>Vesta Lucille Kinnison</u>	<u>11</u>	<u>Apr</u>	<u>1922</u>				<u>Leo Rogers</u>			
2	F	<u>Veda Clairbelle Kinnison</u>	<u>24</u>	<u>Sept</u>	<u>1924</u>				<u>30 Dec 1943</u> (2) <u>Howard Hamilton</u>			
3	M	<u>Lyle Wesley Kinnison</u>	<u>19</u>	<u>Mar</u>	<u>1929</u>				<u>never married</u>	<u>27 Oct 1957</u> (3) <u>bur Hamilton Aug</u>		
4	M	<u>Forest Wynne Kinnison</u>	<u>6</u>	<u>Mar</u>	<u>1933</u>				<u>Marie Shaver</u> <u>2nd - Lurela Ruff</u>	<u>10 Aug</u>	<u>1927</u>	
5												
6												
7												
8												
9												
10												
11												

SOURCES OF INFORMATION

- Vesta Kinnison Rogers
- Veda Kinnison Hamilton
- Blk. & Tabulation of Mercer Co. Mo. Cemeteries by Linn 1986
- Mercer Co. Courthouse, Princeton Mo. Marriage Book L, p 591; Licence # 450 (over)

OTHER MARRIAGES

To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.

1517

1518

1519

152

Other sources:

5. Quarterly - Pioneer Traces, Meramec County, Missouri

© 1900-2011 M. J. [unclear] [unclear] [unclear]

© 1900-2011 M. J. [unclear] [unclear]

FAMILY GROUP No.

Husband's Full Name MILLER ABRAHAM (SR)

This Information Obtained From: 1. CIVIL WAR RECORDS
2. 1850 U.S. Census, Allen Co. Ohio
3. Early Allen Co. Ohio Bible & Cemetery Records, film #1074 p. 7
4. OSF # 901425 Allen Co. Ohio Deaths 1867-1888
5. Film 901412; Ohio Marriage 1831-1852
6. 1846 Allen Co. OH Bath Twp. BR: A 3-generation Genealogy of Rev. Joseph Miller of Barren Creek Church, Rockingham Co. Va. by Alice 1966.

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth	3	MAR	1796			VIRGINIA	
Chr'nd							
Mar.		Ca.	1821				
Death	5	AUG	1862	BATH TWP.	ALLEN	OHIO	66 yrs. 5 mos. 2 da. nat. 2. ref. 2.
Burial				SMITH CEM.	ALLEN	OHIO	

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father Daniel Miller I Mother's Maiden Name Anna Barber

Wife's Full Maiden Name CATHERINE

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth	3	MAY	1802			PENN.	
Chr'nd							
Death	8	JUN	1877	Bath	ALLEN	OHIO	75 yrs 1 mo. 5 da. ref. 2. BATH TWP.
Burial				SMITH CEM.	ALLEN	OHIO	

Compiler RUTH McQUERRY
 Address 2938 ROBERTA DR.
 City, State BRANGE, CALIF
 Date APR 1975

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
	1 MAXWELL DEBORAH Full Name of Spouse* M ABRAHAM	Birth	7	FEB	1824		DELAWARE	OHIO	by
		Mar.	26	SEPT	1850		ALLEN	OHIO	ARCH. MARTIN, JR.
		Death	9	MAR	1879		MERCER	MISSOURI	11 children
		Burial				HAMILTON CEM.	MERCER	MISSOURI	
	2 George Riggle Full Name of Spouse* F PHEBE	Birth			1823			OHIO	
		Mar.	23	Feb	1851		Allen	Ohio	
		Death							
	3 Full Name of Spouse* M DANIEL	Birth			1836			OHIO	
		Mar.							
		Death							
	4 Full Name of Spouse* M SAMUEL	Birth			1840			OHIO	
		Mar.							
		Death							
	5 Full Name of Spouse* F MAGDELINA	Birth			1843			OHIO	
		Mar.							
		Death							
	6 Full Name of Spouse* F BETSY	Birth			1845			OHIO	
		Mar.							
		Death							
	7 Full Name of Spouse*	Birth							
		Mar.							
		Death							
	8 Full Name of Spouse*	Birth							
		Mar.							
		Death							
	9 Full Name of Spouse*	Birth							
		Mar.							
		Death							
	10 Full Name of Spouse*	Birth							
		Mar.							
		Death							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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and Martha Jane Capp. in compliance with the
License issued on the 10th day of February A.D. 1837.
S. H. Needs

Returned February 24th 1837
Richard Methuany Clerk

Page 51

George Riggle }
To } License issued February 11. 1837
Phoebe Miller }

This is to certify that I solemnized the
Marriage of George Riggle with Phoebe
Miller on the 23 of the Present month
February 23th 1837 - Benj. Byers

Returned February 26th 1837
Richard Methuany Clerk

FAMILY GROUP NO.

Husband's Full Name *Daniel Miller I*

This information Obtained From:

1. *3-Generation Genealogy*
Rev. Joseph Miller of
Beaver Creek Church Rock-
ingham Co. VA by H.D. 1966

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth	13	May	1752			PA	
Chr'nd							
Marr.			ca. 1783				
Death			ca. 1820		prob. Rockingham	VA	
Burial							

Places of Residence
 Occupation
 Church Affiliation *German Baptist* Military Rec.

Other wives, if any. No. (1) (2) etc. *(1) Barbara Long (now Church of Brethren)*
 Make separate sheet for each marr.

His Father *Lewis Miller* Mother's Maiden Name
(Ludwig Müller)

Wife's Full Maiden Name *Anna Barber*

Anna Barber

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			1762-65				
Chr'nd							
Death							
Burial							

RUTH C. McQUERRY

Address **2088 ROBERTA DR.**
ORANGE, CA 92669
 Date *Dec. 1994*

Placed of Residence	Occupation	Church Affiliation	Military Rec.
		<i>Brethren</i>	

Other husbands, if any. No. (1) (2) etc. *John H. Barber*
 Make separate sheet for each marr.

Her Father *John H. Barber* Mother's Maiden Name *Barbara Miller*

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. info. on Children
M	1 <i>Daniel Miller II</i>	Birth	16	Jan	1784				18 kids
	Full Name of Spouse <i>Annie Hoover</i>	Marr.	4	Apr	1807				
		Death	9	Sept	1847				
		Burial							
F	2 <i>Barbara Ann Miller</i>	Birth			1785				6 kids
	Full Name of Spouse <i>Wm. Long Sr.</i>	Marr.	5	Nov	1805				
		Death	9	Sept	1861				
		Burial							
M	3 <i>Jacob Miller</i>	Birth							6 kids
	Full Name of Spouse <i>Margaret Langer</i>	Marr.	20	Apr	1815				
		Death							
		Burial							
M	4 <i>Joseph Miller</i>	Birth	23	Mar	1787				16 kids
	Full Name of Spouse <i>Elizabeth Thomas</i>	Marr.	24	Mar	1812				
		Death	29	Nov	1851				
		Burial							
M	5 <i>Samuel Miller</i>	Birth	17	Dec	1793				3 kids
	Full Name of Spouse <i>Barbara Langer</i>	Marr.	19	Mar	1816				
		Death	7	Sept	1861				
		Burial							
M	6 <i>Abraham Miller</i>	Birth	3	Mar	1796				7 or more kids (6)
	Full Name of Spouse <i>Catherine</i>	Marr.			ca. 1821	<i>(in the west)</i>			
		Death	5	Aug	1862	<i>Bath. Twp.</i>	<i>Allen</i>	<i>OH</i>	
		Burial			<i>Aug 1862</i>		<i>Allen</i>	<i>OH</i>	<i>Smith Cem.</i>
F	7 <i>Suzanna Miller</i>	Birth	7	Jan	1798				6 kids (5?)
	Full Name of Spouse <i>John Thomas</i>	Marr.			ca. 1820				
		Death	10	May	1862				
		Burial							
M	8 <i>Michael Miller</i>	Birth							10 kids
	Full Name of Spouse <i>Mary Langer</i>	Marr.	17	Mar	1825				
		Death			1893				
		Burial							
M	9 <i>John Miller</i>	Birth							
	Full Name of Spouse <i>Leedy</i>	Marr.							
		Death				<i>2 young</i>			
		Burial							
F	10 <i>Katie Miller</i>	Birth							
	Full Name of Spouse <i>Rife</i>	Marr.							
		Death				<i>2 young</i>			
		Burial							

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11. *Martin Miller*
b 15 July 1800
d 27 Mar 1821
10 Feb 1822

* For additional children use Everton Publishers' Children Continuation Sheet, Form A11
mid Nancy Langer
b 10 Dec 1795
d 23 July 1849

10 kids

FAMILY GROUP No.

Husband's Full Name MAXWELL, ROBERT

This Information Obtained From:

- (1) 1850 CENSUS ALLEN CO. OHIO
- (2) MARRIAGES ALLEN CO. OHIO 1831-64, FILM 41094, pt 11
- (3) BK. CEMETERIES OF MERCER CO. OHIO, VOL II
- (4) 1900 CENSUS HARRISON CO. MO
- (5) PENSION APP. PAPERS CIVIL WAR
- (6) FILM 462, 701-GREENE CO. INDIANA MARRIAGES 1821-1920 (BKCF, Pg 483)

Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
Birth			1794			OHIO	
Chr'nd							
Mar.			1826/9			OHIO	
Death							
Burial							

Places of Residence							
Occupation <u>FARMER</u>		Church Affiliation		Military Rec.			
Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.							
His Father				Mother's Maiden Name			
<u>1821-1920 (BKCF, Pg 483)</u>							
Wife's Full Maiden Name <u>MARY</u>							

Compiler <u>RUTH C. McQUEREY</u>							
Address <u>2938 ROBERTA DR.</u>		Occupation if other than Housewife		Church Affiliation			
City, State <u>ORANGE CALIF</u>		Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.					
Date <u>OCT 1977</u>		Her Father		Mother's Maiden Name			

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Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
		Birth			1828			OHIO	
F	<u>BROOKS MALEY</u> Full Name of Spouse*	Mar.	5	JUNE	1851 ⁽²⁾		ALLEN	OHIO	Wm. MOORMAN, J.P.
		Death			FRIDAY 1903			OHIO	LIVIA OHIO ?
	<u>REBECCA MAXWELL</u>	Burial							(Gibson Co)
		Birth			1829/31			OHIO	
F	<u>DOUGLAS JAMES</u> Full Name of Spouse*	Mar.	10	JAN	1851 ⁽²⁾		ALLEN	OHIO	Wm. Moorman J.P.
		Death			4 AUG 1907 ^(?)				
	<u>MARGARET MAXWELL</u>	Burial							
		Birth			1830/31			OHIO	
F	<u>MILLER ABRAHAM</u> Full Name of Spouse*	Mar.	26	SEPT	1850 ⁽²⁾		ALLEN	OHIO	
		Death			AUG 1907	ST. JOSEPH	MISSOURI		
	<u>DEBORAH MAXWELL</u>	Burial			1907		MERCER	MISSOURI	HAMILTON CEM.
		Birth			23 300 / 1830		JEFFERSON ?	OHIO	
M	<u>DONALD SARAH J</u> ⁽⁶⁾ Full Name of Spouse*	Mar.	17	JAN	1857 ⁽⁵⁾	BLOOMFIELD	GREENE	IND ⁽⁶⁾	BKCF, Pg 483
		Death							
	<u>HARDMAN MAXWELL</u>	Burial							
		Birth			24 AUG 1835				li Allen Co
M	<u>JACOBS MARY ANN</u> Full Name of Spouse*	Mar.	30	DEC	1854 ⁽²⁾	SPENCERVILLE	ALLEN	OHIO	1860
		Death			26 OCT 1889	MT. MORIAH	MERCER	MISSOURI	
	<u>JAMES MAXWELL</u>	Burial					MERCER	MISSOURI	HAMILTON CEM.
		Birth			ca 1825				1902- list in
M	<u>William MAXWELL</u> Full Name of Spouse*	Mar.							Robertson Co. O
		Death							S.D. Pooder
	<u>WILLIAM MAXWELL</u>	Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

State OHIO

County ALLEN

Town
Township AMANDA

P.O. ACADIA

Call No. M 653

ROLL 929

p. 160

Page	Dwelling No.	Family No.	Names	Age	Sex	Color	Occupation, etc.	Value - Real Estate	Value - Personal Property	Birthplace	Married in Year	School in Year	Can't Read or Write	Enumeration Date	Remarks
160	140	118	M. DOUGLAS	30	F		SCH. TEACHER	100		OHIO					
			S. "	7	M					"		1			
			MA "	5	F					"		1			
			J "	2	F					"					
			J "	2	F					"					
			R. MAXWELL	66	M					VIRGINIA			1		
			M "	61	F					"					

FAMILY GROUP No.

Husband's Full Name William MAXWELL

This Information Obtained From:	Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
1	1870 Coshoctin Co. OH	Birth	Dec	1825			Ohio	
2	1880 Coshoctin Co. OH	Chr'nd						
3	1900 Coshoctin Co. OH	Mar.		1847 ⁽³⁾				
4	Civil War papers for Harmon Maxwell	Death						
		Burial						

Places of Residence

Occupation **Farmer** Church Affiliation Military Rec.

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father **Robert MAXWELL** Mother's Maiden Name **Mary**

Wife's Full Maiden Name Dian

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth	Aug		1825			Ohio	
Chr'nd							
Death							
Burial							

Compiler Ruth McQuerry **Places of Residence**

Address **2938 Roberta Dr** Occupation if other than Housewife **Housewife** Church Affiliation

City, State **Orange, CA 92666** Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.

Date **Mar 1984** Her Father Mother's Maiden Name

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
		Birth			1849			Ohio	
		Mar.							
		Death							
F	Malinda MAXWELL	Burial							
		Birth			1852			Ohio	
		Mar.							
		Death							
F	Josephine MAXWELL	Burial							
		Birth			1857			Ohio	
		Mar.							
		Death							
F	Elnora MAXWELL	Burial							
		Birth			1859			Ohio	
		Mar.							
		Death							
F	Almeda MAXWELL	Burial							
		Birth			1860/1			Ohio	
		Mar.							
		Death							
F	Mary A MAXWELL	Burial							
		Birth		Sep	1862			Ohio	
		Mar.							
		Death							
M	Frank MAXWELL	Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							
		Birth							
		Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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no. 3 - 7 children, 5 still living

Laguna Miguel, CA
Fed. Archives

22 April 1981

TYPED

1870 CENSUS FOR UNITED STATES

STATE OHIO

COUNTY COSHOCTON

TOWN ROSCOE

p 16

5 JUNE.

TOWNSHIP - JACKSON.

HOUSE #	FAMILY #	NAME OF EVERY PERSON IN HOUSEHOLD, 1 JUNE 1870	AGE	SEX	C O L O R	OCCUPATION	VALUE OF		PLACE OF BIRTH	FATHER FOREIGN BORN	MOTHER FOREIGN BORN	MARRIED WITHIN YEAR (MONTH)	ATTENDED SCHOOL WITHIN THE YEAR	CANNOT READ	CANNOT WRITE	DEAF & DUMB, BLIND, INSANE OR IDIOTIC	MALE CITIZEN OVER 21
							REAL ESTATE	PERSONAL PROPERTY									
116	116	MAXWELL, W ^m	44	M	W	FARMER	5000	900	OHIO								1
		" DIAN	43	F	W	HOUSEKEEPER			VA.								
		MALINDA	21	F	W	AT HOME			OHIO								
		JOSEPHINE	18	F	W	" "			OHIO								
		ELNORA	13	F	W	ATTENDS SCHOOL			OHIO								
		ALMEDA	11	F	W	" "			OHIO								
		MARY A.	9	F	W	" "			OHIO								
		FRANK	7	M	W				OHIO								
		MONTGOMERY, GEO.	22	M	W	Laborer			OHIO								

Fed. Archives
Laguna Niguel, CA

15 April 1981

1900 CENSUS FOR UNITED STATES

STATE OHIO COUNTY COSHOCTON TOWNSHIP JACKSON CALL # ROLL 1250
SHEET # 1 ENUMERATOR GEORGE SYKES DATE OF ENUMERATION 1 JUNE ED 7 LINE 10
P. 69A. SHT. 1

T623

STREET	HOUSE #	DWELLING #	FAMILY #	NAME	RELATIONSHIP	SEX	MONTH OF BIRTH	YR OF BIRTH	AGE	MARRIED	MARITAL STATUS	BIRTHPLACE	FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	# YRS IN US	YR IMMIGRATED TO US	WHEN NATURALIZED	OCCUPATION	ATTENDED SCHOOL (IN MONTHS)	CAN READ	CAN WRITE	SPEAK'S ENGLISH	OWNED/RENTED	FREE/UNORGANIZED		
BRO TO DEBORAH M. MILLER		3	3	* MAXWELL, WILLIAM	HEAD	M	DEC	1825	74	M	53	OHIO	PENN	M D.				FARMER		Yus	Yus	Yus	0	F		
				DIANNA	WIFE	F	AUG	1825	74	M	53	OHIO	OHIO	VA.								"	"	"		
				MCKEE, ALICE B	DAU	F	MCH	1875	25	S		OHIO	IRELAND	OHIO				SCHOOL TEACHER		"	"	"				
SON OF WILLIAM	4	4	4	MAXWELL, FRANK	HEAD	M	SEPT	1862	37	M	18	"	OHIO	VA				FARMER		"	"	"	0	F		
				PAULINE	WIFE	F	OCT	1860	39	M	18	"	MANY	OHIO							"	"	"			
				FLOYDE	SON	M	DEC	1882	17	S		"	OHIO	"						FARM LABORER	4	"	"	"		
				MABLE	DAU	F	"	1884	15	S		"	"	"						at school	8	"	"	"		
				GRACE	"	F	MCH	1886	14	S		"	"	"						" ..	8	"	"	"		
				WILLIAM	SON	M	MAY	1889	11	S		"	"	"						" ..	8	"	"	"		
				HAZLE	DAU	F	OCT	1891		S	S		"	"	"					" ..	8	"	"	"		
				RUSSELL	SON	M	SEPT	1895	4	S		"	"	"							" ..	8	"	"	"	

* 7 children 5 still living

FAMILY GROUP No. _____ **Husband's Full Name** Maley BROOKS

This Information Obtained From:		Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
1	1850 Allen Co. Ohio	Birth							
2	LDS Film 901,412, Allen Co Ohio Marriage Records 1831-1852	Chr'nd							
		Mar.	5	Jun	1851 ⁽²⁾	Allen		Ohio	
		Death							
		Burial							

Places of Residence
Occupation _____ **Church Affiliation** _____ **Military Rec.** _____

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father _____ **Mother's Maiden Name** _____

Wife's Full Maiden Name Rebecca MAXWELL

Wife's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Birth			1828			Ohio	
Chr'nd							
Death			2 Jan 1902				
Burial							

Compiler Ruth McQuerry **Places of Residence** _____
Address 2938 Roberta Dr **Occupation if other than Housewife** _____ **Church Affiliation** _____
City, State Orange, CA 92660 **Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.**

Date March 1984 **Her Father** Robert MAXWELL **Mother's Maiden Name** Mary

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
1		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
2		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
3		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
4		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
5		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
6		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
7		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
8		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
9		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							
10		Birth							
	Full Name of Spouse*	Mar.							
		Death							
		Burial							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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Malay Brooks } (Sworn)
do } License issued June 3rd 1837
Rebecca Maxwell }

This is to certify that
Malay Brooks and Rebecca Maxwell
was legally joined in marriage on the
day of June 1837. Wm. Mooman, J.P.

Returned June 18th AD 1837 }
Richard Metheny Clerk }

Joseph Dorer }
do } License issued June 9, 1837
Susan Davis }

I do hereby certify that on the
tenth day of June 1837, I solemnized the rite of
Matrimony between Mr. Joseph Dorer and

FAMILY GROUP No. Husband's Full Name James DOUGLAS

Table with columns: This Information Obtained From, Husband's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Husband. Rows include sources like '1850 Allen Co. Ohio' and '1860 Allen Co. Ohio'.

Places of Residence

Occupation Church Affiliation Military Rec.

Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father Mother's Maiden Name

Wife's Full Maiden Name Margaret MAXWELL

Table with columns: Wife's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Wife. Rows include Birth, Chr'nd, Death, Burial.

Compiler Ruth McQuerry Places of Residence

Address 2938 Roberta Dr Occupation if other than Housewife Teacher Church Affiliation

City, State Orange, CA 92669 Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.

Date March 1984 Her Father Robert MAXWELL Mother's Maiden Name Mary

Main table with columns: Sex, Children's Names in Full (Arrange in order of birth), Children's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Children. Rows 1-10 include names like S, MIA, J, J and birth dates like 1853, 1855, 1858.

TWINIS

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*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

James Douglass } (affidavit filed)
 Margaret Maxwell } License issued January 9th 1857 ✓

This is to certify that Mr. James Douglass and
 Miss Margaret Maxwell was legally joined in Marriage
 on the 10th day of Jan. A.D. 1857 - by me
 Wm. Moorman J. P.

Returned January 23, 1857.
 Richard Methuany Clerk

Charles Davis } ✓
 Elizabeth Shanks } License issued January 14, 1857
 (Consent by his Father personally)

I hereby certify that I joined
 in Marriage, January 30th 1857, Charles Davis
 and Elizabeth Shanks having been authorized by
 a License from the Clerk of the Court of Common
 Pleas for Allen County

Returned September 4, 1857. } Wm. J. Nileon J. P.
 Richard Methuany Clerk }

Kristian Lehman } (Affidavit filed)
 Sarah Lehman } License issued January 16, 1857 ✓

H. A. ... 1857 ...

September 1993

LDS Family History Center, So. Yorba St., Orange, CA
Film 901,412; Allen Co. Ohio Marriage Records 1831-1852.

FAMILY GROUP No. Husband's Full Name Harmon MAXWELL

Table with columns: This Information Obtained From, Husband's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Husband. Rows include Civil War Records, Film 462,701-Greene Co. IN marriages 1824, 1850 Allen Co. Ohio, 1860 Greene Co. IN, 1880 Harrison Co. MO, 1900 Harrison Co. MO.

His Father Robert Maxwell Mother's Maiden Name Mary

Wife's Full Maiden Name Sarah J O'DONALD

Table with columns: Wife's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Wife. Rows include Birth, Chr'nd, Death, Burial.

Compiler Ruth C. McQuerry Places of Residence Address 2938 Roberta Dr City, State Orange, CA 92669

Date Mar 1984 Her Father Mother's Maiden Name

Main table with columns: Sex, Children's Names in Full (Arrange in order of birth), Children's Data, Day Month Year, City, Town or Place, County or Province, etc., State or Country, Add. Info. on Children. Rows 1-10 for children Mary A. MAXWELL, Silvia H. MAXWELL, Robert E. MAXWELL, William H. MAXWELL.

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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FAMILY GROUP No. Husband's Full Name MAXWELL HARMON

This Information Obtained From:	Husband's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Husband
(1) PENSION APP. FOR CIVIL WAR DISABILITY (REJECTED APR 1928)	Birth	23	NOV	1832		JEFFERSON	OHIO	
(2) 1860 GREENE CO. IND	Mar.	17	JAN	1859	BLOOMFIELD	GREENE	IND.	BKF, pg 483
(3) 1880 HARRISON Co. MO	Death				AYTELL	MARSHALL	KANS?	
(4) GREENE CO. IND	Burial							

MARRIAGES, FILM 462701
 Places of Residence
 Occupation FARMER Church Affiliation _____ Military Rec. CIVIL WAR UNION ARMY (OHIO)
 Other wives, if any, No. (1) (2) etc. Make separate sheet for each mar.

His Father _____ Mother's Maiden Name _____

Wife's Full Maiden Name <u>O'DONALD, SARAH J.</u>		Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Wife
Wife's Data	Birth		MAR	1837			IND.	
	Chr*nd							
	Death			1900-1902				
	Burial							

Compiler RUTH C. McQUEER Places of Residence _____
 Address 2938 ROBERTA DR Occupation if other than Housewife _____ Church Affiliation _____
 City, State ORANGE CA 92668 Other husbands, if any, No. (1) (2) etc. Make separate sheet for each mar.
 Date APR 1981 Her Father _____ Mother's Maiden Name _____

Sex	Children's Names in Full (Arrange in order of birth)	Children's Data	Day	Month	Year	City, Town or Place	County or Province, etc.	State or Country	Add. Info. on Children
1	Full Name of Spouse* <u>SILVIA H</u>	Birth		CO	1863			OHIO	
2	Full Name of Spouse* <u>ROBERT E.</u>	Birth			1890			OHIO	Li Marshall Co KS 1900 P.O. Aytell
3	Full Name of Spouse* <u>WILLIAM H.</u>	Birth			1894			IND.	
4	Full Name of Spouse*	Birth							
5	Full Name of Spouse*	Birth							
6	Full Name of Spouse*	Birth							
7	Full Name of Spouse*	Birth							
8	Full Name of Spouse*	Birth							
9	Full Name of Spouse*	Birth							
10	Full Name of Spouse*	Birth							

*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use reverse side for additional children, other notes, references or information.

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1850 - 1860 CENSUS FOR UNITED STATES

STATE INDIANA COUNTY GREENE TOWN JONESBOROUGH
p 106 4 JULY CENTER TWP

HOUSE #	FAMILY #	NAME OF EVERY PERSON IN HOUSEHOLD, 1 JUNE	AGE	SEX	C O L O R	OCCUPATION	VALUE OF PROPERTY OWNED		PLACE OF BIRTH	MARRIED WITHIN YEAR	ATTENDED SCHOOL WITHIN YR	OVER 20, CANNOT READ OR WRITE	DEAF, DUMB, BLIND, INSANE, IDIOTIC, PAUPER, OR CONVICT
							REAL	PERSONAL (1860)					
750	750	HARMON MAXWELL	27	M		FARMER	1000	300	OHIO				
		SARAH J.	23	F					IND			/	
		MARY A.	6/12	F					IND				

State MISSOURI

County HARRISON

Township TRAIL CREEK

Call No. _____

17 JUNE

Page	Dwelling No.	Family No.	Names	Color	Sex	Age prior to June 1st	Month of birth if born in census yr.	Relationship to head of house	Single	Married	Widowed	Divorced	Married in census year	Occupation	Miscellaneous Information	Cannot read or write	Place of birth	Place of birth of father	Place of birth of mother	Enumeration Date
17	155		MAXWELL, HARMON	W	M	47				1				FARMER			OHIO	PENN	W. VA.	
			SARAH J.	W	F	43		WIFE		1				KEEPING HOUSE		1	IND	VA	KY.	
			SILVY H.	W	F	17		DAD.		1				AT HOME			OHIO	OHIO	IND.	
			ROBERT E.	W	M	10		SON		1							OHIO	OHIO	IND	
			WILLIAM H.	W	M	6		SON		1							IND.	OHIO	IND	

Act of June 27, 1890,
AS AMENDED BY ACT OF MAY 9, 1900.

DECLARATION FOR INVALID PENSION.

NOTE.—This paper can be sworn to 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. If certificate is on file in Pension Office, THAT WILL ANSWER.

STATE OF Kansas }
COUNTY OF Marshall } SS:

On this 30th day of December, A. D. 1901, personally appeared before me, a Notary Public within and for the County and State aforesaid Harmon Maxwell aged 69 years, a resident of

Atell Claimant's Name here. Marshall Age. Kansas Place of Residence here. Name of County here. Name of State here.

who, being duly sworn according to law, declares that he is the identical Harmon Maxwell who was enrolled on the 22nd day of June 1863, in Co. A 33rd Ohio Inf 2nd Div 1st Regt in the Year. Here state Rank, Company and Regiment if in Military service, or Vessel if in the Navy.

War of the Rebellion and served at least ninety days, and was Honorably Discharged at Columbus, Ohio on the 1st day of June, 1864. State place where discharged. Month. Year.

That he is wholly unable to earn a support by reason of the following disabilities: Partially or wholly.

Total disability resulting from Rheumatism Here name all the wounds, injuries or diseases from which you now suffer. incurred at Camp Lucas, Ohio solidy Ohio cold resulting in rheumatism as stated Here state at or near what place each disability was incurred.

on or about during the month of November, 1863. Here state as near as you can when each disability was incurred and give circumstances of incurrence.

That he has not been in the Military or Naval service otherwise than as above set forth.

If you have rendered other service state dates of enlistment and discharge, and give company and regiment, or if in the Navy state the name of vessel.

That said disabilities are not due to 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 not a pensioner Has or has not. If you have applied for pension state No. of claim here. Or is not.

under Certificate No. . If a pensioner the Certificate number only need be given.

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, as amended by Act of May 9, 1900. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING, 108 C N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his

Post Office address is Atell Claimant's P. O. address here. Marshall Name of County here.

State of Kansas Name of State here. Harmon Maxwell Claimant's Signature.

Attest: Henry Alexander First witness sign here.

B. F. Evans Second witness sign here.



Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

744

3-447

Ad Division.

Jos Ex'r.

O.S. No 1279586. Department of the Interior,
Harmon Maxwell
BUREAU OF PENSIONS,
Co 9, 33 Reg't Ohio Inf.

Washington, D. C., *July 3*, 190*2*

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.
Very respectfully,

Harmon Maxwell
capt
Kans

Ely
Commissioner.

1. When were you born? Answer. *Nov 27 1843*
2. Where were you born? Answer. *Union Army Ohio*
3. When did you enlist? Answer. *July 22 1863*
4. Where did you enlist? Answer. *Starks Allen Bounts Ohio*
5. Where had you lived before you enlisted? Answer. *Ohio*
6. What was your post-office address at enlistment? Answer. *Union Ohio*
7. What was your occupation at enlistment? Answer. *Farmer*
8. When were you discharged? Answer. *June 1864*
9. Where were you discharged? Answer. *Columbus Ohio*
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
*Union Ohio Columbus in 1871 Mt Morris Ohio
Ohio 1876 Captal Kansas in 1881*
11. What is your present occupation? Answer. *nothing not able to do anything*
12. What is your height? Answer. *5* feet *8* inches. Your weight? *105*
The color of your eyes? *Brown* The color of your hair? *Gray* Your complexion?
Dark
doe Are there any permanent marks or scars on your person? If so, describe them.
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

Harmon Maxwell

WITNESSES: { 1. *Elias Tribby*
2. *Ely Rogers*
[Witnesses who can write sign here.]

Date: *Feb 7*, 190*2*

Medical Affidavit

State of Missouri }
County of Harrison }

In the Pension Claim No
of Harmon Maxwell late a
in Co. F of the 33 Regt of Ohio 168 vols
Personally came before me a Notary
Public in and for the aforesaid County
and State C P Bushong a citizen of
Mt Meriah Missouri whose Postoffice
address is Mt Meriah County of
Harrison State of Missouri, well known
to me to be reputable and entitled to credit
and who being duly sworn declared in
relation to aforesaid case as follows

That he is a Practising Physician and
that he has been acquainted with
said Soldier



That I first saw Claimant Harmon Maxwell
in 1877 and have known him continuously
since that time I was first called to visit him
Professionally in 1892 January 21st and treated him
From January 21st to March the 5th 1892 treated him for
Chronic kidney disease and have at various times
since proscribed for him

I think said Claimant is entirely disabled and cannot
perform any manual labor whatever nor has he been
for the last past ten years

He further declares that he has practiced
Medicine 34 years and that he has no
interest either direct or indirect in the
prosecution of this claim

C. P. Bushong M. D.

Sworn to and subscribed before me this
10th day of February 1902 and I certify that the
affiant is a practicing physician in good professional
standing that the contents of the above
declaration were fully made known to him
before swearing and that I have no
interest either direct or indirect in the
prosecution of this claim

J. W. V. Staughton
Notary Public

Claim of

Harmon Maxwell

vs. H. S. Rega, et al. et al.

for

Original Invention

new law

No. 1279586

Filed by

J. B. Crull & Co
Wash, D.C.

gms

3-389
(Old No. 3-173.)

Mid Div.

JSD, Exr.

O. I. No. *279586*
Harmon Maxwell Department of the Interior,
Co. *F*, *33* Reg't *Ohio* BUREAU OF PENSIONS,

Washington, D. C., *July 13*, 190*2*

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Harmon Maxwell
Aptell
Har

W. C. Cady
Commissioner.

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

Answer: *Widower*

No. 2. When, where, and by whom were you married? Answer: *Jan 19 1859*

By Isaac Hatterly of Greene county Ind

No. 3. What record of marriage exists? Answer: *Aptell's field Land*

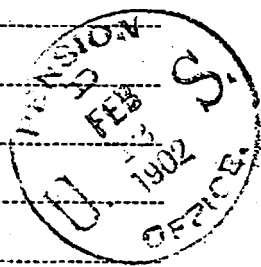
Records Clerk of Circuit Court Bloomfield Ind

No. 4. 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*

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *Silvia H. Borne February 14 1867*

Robert E. Borne June 25 1869

William H. Borne June 9 1874



Date of reply, *February 7*, 190*2*

Harmon Maxwell
(Signature.)

April 1981

Act of June 27, 1890.

INVALID PENSION. No. 1279.586.

Claimant, Hamon Maxwell
P. O., Axtell Rank, Alleges
County, Marshall Company, F
State, Kansas Regiment, 33. Ohio N.Y. Inf.
Rate, \$ _____ per month, commencing _____

REJECTED.

Pensioned for _____ inability to earn a support Medical Ref. 902

RECOGNIZED ATTORNEY.

Name, J. B. Crall Co. Fee, \$ 10
P. O., Washington D.C. Agent to pay.

no in service APPROVALS.

Submitted for Ref. Act 4, 1902 J. B. Crall Examiner.

Approved for _____ Approved for _____
Rejection upon the ground that he does not appear
from the records of the war dept that the organization in
which claimant alleges to have served was in the U.S. Army

Aggregate of disabilities shown, permanent in character: \$ _____

Mich 8 1902, Atkinson
Legal Reviewer.
Mar. 14 1902, E. A. Burdick
Re-Reviewer.

Medical Examiner. _____
Medical Reviewer. _____
_____, 190____, _____
Medical Referee.

No. _____ pensioned under other laws at \$ _____ per month for _____

Enlisted June 22, 1863, and honorably discharged June 1, 1864
Reenlisted _____ No. _____, 18____, / honorably discharged _____, 18____

Declaration filed Jan 13, 1902, alleges permanent disability, not due to
vicious habits, from Total Disability resulting from
rheumatism.

_____, M. C. Claimant does _____ write.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Ohio, County of Coshocton, ss:

In the matter of _____

ON THIS 20 day of March, A. D. 19 02, personally appeared before me a Notary Public _____ in and for the aforesaid County, duly authorized to administer oaths William Maxwell aged 77 years, a resident of Roscoe in the County of Coshocton, and State of Ohio whose Post-office address is Roscoe, Ohio

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That I am well and personally acquainted with Harmon Maxwell as he is my brother, and am 7 years older than he is.

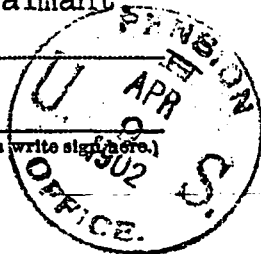
(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

Harmon Maxwell was born November 23rd 1832, I know these facts from a record that my sister Rebecca Brooks had but who is now dead and who formerly lived at Lima, Ohio.

There is no doubt that the record is still in possession of some member of the family, but I am unable to state the whereabouts of the family at this time

I further declares that I have no interest in said case and am not concerned in its prosecution. except as brother of claimant

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



William Maxwell
(Signature of Affiant.)

Act of June 27, 1890,
AS AMENDED BY ACT OF MAY 9, 1900.

DECLARATION FOR INVALID PENSION.

NOTE.—This paper can be sworn to 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. If certificate is on file in Pension Office, THAT WILL ANSWER.

STATE OF Kansas
COUNTY OF Marshall } SS:

On this 30th day of December, A. D. 1901, personally appeared before me, a Notary Public within and for the County and State aforesaid Harrison Maxwell aged 69 years, a resident of Artell, County of Marshall, State of Kansas.
Claimant's Name here. Age. Place of Residence here. Name of County here. Name of State here.

who, being duly sworn according to law, declares that he is the identical Harrison Maxwell who was enrolled on the 22nd day of June, 1863, in Co. B 33rd Ohio N. G. Regt. in the Year. Here state Rank, Company and Regiment if in Military service, or Vessel if in the Navy.

War of the Rebellion and served at least ninety days, and was Honorably Discharged at Columbus, Ohio on the 1st day of June, 1864.
State place where discharged. Month. Year.

That he is wholly unable to earn a support by reason of the following disabilities: Partially or wholly. Total disability resulting from Rheumatism
Here name all the wounds, injuries or diseases from which you now suffer. incurred at Camp Lucas, Solidy Ohio took cold resulting in rheumatism associated
Here state at or near what place each disability was incurred.

on or about during a month of November, 1863.
Here state as near as you can when each disability was incurred and give circumstances of incurrence.

That he has not been in the Military or Naval service otherwise than as above set forth

If you have rendered other service state dates of enlistment and discharge, and give company and regiment, or if in the Navy state the name of vessel.

That said disabilities are not due to 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 not a pensioner Has or has not. If you have applied for pension state No. of claim here. Or is not.
under Certificate No.
If a pensioner the Certificate number only need be given.

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, as amended by Act of May 9, 1900. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,



bilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

gms

3-380
(Old No. 3-173)

Max
Div.

JSD, Ex'r.

O. I. No. *1279.586*
Harmon Maxwell Department of the Interior,
Co. F, 33 Reg't *Ohio* BUREAU OF PENSIONS.

Washington; D. C., *July 13*, 1902

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Harmon Maxwell
Attell
Kan

W. H. ...
Commissioner.

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

Answer: *Widower*

No. 2. When, where, and by whom were you married? Answer: *Jan 17 1859*

By Isaac Hattaborn of Boone county Ind

No. 3. What record of marriage exists? Answer: *At the field Land*

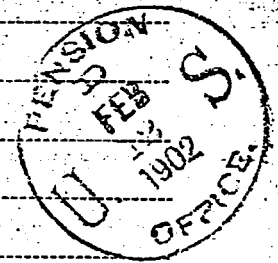
Records Clerk of Circuit Court Bloomfield Ind

No. 4. 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*

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *Silve H. Borne February 14 1863*

Robert E. Borne June 25 1869

William H. Borne June 9 1874



Date of reply, *February 7*, 1902

Harmon Maxwell
(Signature.)

Medical Affidavit

State of Missouri }
County of Harrison }

In the Pension Claim No
of Harmon Maxwell late a
in Co. 7 of the 33 Regt of Ohio 768 vols
Personally came before me a Notary
Public in and for the aforesaid county
and State to P. Bushong a citizen of
Mt. Moriah Missouri whose Postoffice
address is Mt. Moriah county of
Harrison State of Missouri, well known
to me to be reputable and entitled to credit
and who being duly sworn declared in
relation to aforesaid case as follows

That he is a Practising Physician and
that he has been acquainted with
said Soldier



I first saw Claimant Harmon Maxwell
in 1877 and have known him continuously
since that time I was first called to visit him
Professionally in 1892 January 21st and treated him

from January 21st to March 11th 1892 treated him for
Chronic kidney disease and have at various times
since prescribed for him

I think said claimant is entirely disabled and cannot
perform any manual labor whatever nor has he been
for the last past ten years

He further declares that he has practiced
Medicine 34 years and that he has no
interest either direct or indirect in the
prosecution of this claim.

C. P. Bushong M. D.

Sworn to and subscribed before me this
10th day of February 1902 and I certify that the
affiant is a practicing physician in good professional
standing that the contents of the above
declaration were fully made known to him
before swearing and that I have no
interest either direct or indirect in the
prosecution of this claim.

S. W. Stoughton
Notary Public

Claim of

Harmon Maxw
co. # 33 Regt, 10th

For

Original Price
New Law

No. 1279586

Filed by

J. B. Crall & Co
Wash, D.C.

Act of June 27, 1890.

INVALID PENSION. No. 1279.586

Claimant, Hamon Maxwell
P. O., Astell Rank, Alleges
County, Marshall Company, F
State, Kansas Regiment, 33. Ohio N.Y. Inf.
Rate, \$ _____ per month, commencing _____

REJECTED

Pensioned for _____ inability to earn a support Medical Ref. of 902

RECOGNIZED ATTORNEY.

Name, J. B. Crall Co. Fee, \$ 10
P. O., Washington D.C. Agent to pay.

no in service APPROVALS.

Submitted for Ref. Mch 4, 1902, J. B. Steel Examiner.

Approved for _____
Rejection upon the ground that no data not appear from the records of the War Dept that the organization in which claimant alleges to have served was in the U.S. Service
Approved for _____
Aggregate of disabilities shown, permanent in character: \$ _____

Mch 8 1902, Atkinson Legal Reviewer.
Mar. 14 1902, E. U. Burdick Re-Reviewer.
Medical Examiner. _____ Medical Reviewer. _____
_____, 190____, _____ Medical Referee.

No. _____ pensioned under other laws at \$ _____ per month for _____

Enlisted June 22, 1863, and honorably discharged June 1, 1864
Reenlisted No. _____, 18____, / honorably discharged _____, 18____
Declaration filed Jan 13, 1902, alleges permanent disability, not due to vicious habits, from Total disability resulting from

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Ohio, County of Coshocton, ss:

In the matter of _____

ON THIS 20 day of March, A. D. 19 02, personally appeared before me a Notary Public _____ in and for the aforesaid County, duly authorized to administer oaths William Maxwell aged 77 years, a resident of Roscoe in the County of Coshocton, and State of Ohio whose Post-office address is Roscoe, Ohio

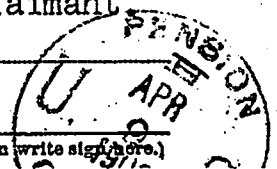
well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That I am well and personally acquainted with Harmon Maxwell as he is my brother, and am 7 years older than he is.

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

Harmon Maxwell was born November 23rd 1832, I know these facts from a record that my sister Rebecca Brooks had but who is now dead and who formerly lived at Lima, Ohio.

There is no doubt that the record is still in possession of some member of the family, but I am unable to state the whereabouts of the family at this time

I further declares that I have no interest in said case and am not concerned in its prosecution. except as brother of claimant



William Maxwell
(Signature of Affiant.)