Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

HESSELTON, LUCIUS A.

C-2 476 762

3—810

No. S. C. 1147948

REIMBURSEMENT

2476762

Claimant	Alla Drew	Pensioner	Lucius A. Hesselton
Street and No.	13342 Robson Avenue	Class	Soldier
P. O.	Detroit	Law	June 9, 1930
State	Michigan	Section	S.

Rate, $100 Last paid to May 4, 1931 at $100

Last illness commenced Date of death May 19, 1931 Accrued pension, $53.33

Amounts claimed			Charges approved		Deductions		
					Vet. Bureau	100	00
Physician's bills	$		$ 249	00	State aid	$ 100	00
Medicine					Assets		
Board					Insurance		
Nursing and care					Amount waived		
Rent							
Living expenses for pensioner							
Undertaker's bill			293	72			
Livery							
Cemetery charges					Total	200	00
Other expenses					Summary		
					Charges approved	$ 542	72
					Deductions	200	00
					Amount approved	342	72
Totals			542	72			

Approved for $53.33

February 24, 1932, F. J. Lichtenwalner Examiner. MAR 7 - 1932, L. G. Ferry Reviewer.

U. S. GOVERNMENT PRINTING OFFICE: 1931 15—369

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

3—358

INCREASE ACT AGAINST JUNE 9, 1930 No. S.C. 1147948

Soldier Lucius A. Keoselton 2476762

P. O. C/o Mrs Arthur Drew
13342 Arbor Blvd.
Detroit, Mich

Rank Pvt.

Service Co "G", 7th Vt. Inf

Rate, $ 100 per month, commencing October 3, 1930.

Attorney None

Fee, $

P. O.

Articles filed

Submitted FEB 21 1931, 19, for act me of

A K Lohmann, Examiner.

Approved for increase under Act June 9. 1930

Date of birth Feb. 21, 1931

Age, years. Rate, $ per month.

H. A. Leady, Legal Reviewer.

Approved for $100 from October 3, 1930.

Feb. 24, 1931, J. P. Frow, Medical Reviewer.; 19, Medical Referee

Enlisted Enlisted Enlisted

Discharged Discharged Discharged

SOLDIER DIVISION

3—364

Increase

ACT OF MAY 11, 1912.

ACT OF MARCH 4, 1913.

Cert. No. 1147948

Claimant, Lucius A. Hesselton

P. O. School Street, South Acton | Rank, Private

County, Middlesex | Service, G

State, Massachusetts | 7 Vermont Inf.

Rate, $ 19 per month, commencing May 15, 1916

$22.50 from May 15, 1921

Approved for Increase
$32 from June 10, 1918
from 19
Act of June 10, 1918
Emerson Exr.
Rev.
JUN 8 1916 19

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, | Fee, $; Agent to pay.

P. O., | Articles filed 19

APPROVAL.

Submitted for ak, June 8, 1916, E. L. Barnett, Examiner.

Approved for Increase Rate $ 19 per month; age 70 years.

Date of birth May 15, 1846

Length of pensionable service: 0 years, 11 months, 11 days.

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

on account of

June 21, 1916, S. H. Fleming (Legal Reviewer.) June 23, 1916, C. G. Pindell (Re-Reviewer.)

Enlisted Aug. 15, 1864; honorably discharged July 25, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 0 years, 11 months, 11 days.

Pensioned at $ 15.50 per month, under act of May 11, 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

E.L.B. June 8/16

~~Declaration filed~~ Automatic, ~~191~~

Age shown by evidence 70 years; date of birth ~~alleged~~ May 15, 1846 E.L.B. June 8/16

Claimant does — write.

No, M. C.

6—3317

Boston

3—364

Reissue

ACT OF MAY 11, 1912.

Cert. No. 1147948

Cf. No. 1147948

Claimant, Lucius A. Hesselton

P. O., South Acton | Rank, Private

County, Middlesex | Service, Co. H

State, Massachusetts | 70th Inf.

Rate, $ 15.50 per month, commencing May 28, 1912.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, | Fee, $; Agent to pay.

P. O., | Articles filed , 19

APPROVAL.

Submitted for Ad., Dec. 20, 1912, Douglas V.L., Examiner.

Approved for admission Rate $ 15.50 per month; age 66 years.

Reissue from Act of Feb. 6, 1907.

Length of pensionable service: 0 years, 11 months, 11 days.

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

on account of

Jan. 17, 1913, P. J. Byrne (Legal Reviewer.) January 18, 1913, A. A. Topinzall (Rev. Reviewer.)

Enlisted Aug. 15, 1864; honorably discharged July 25, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 0 years, 11 months, 11 days.

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

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 28, 1912

Age shown by evidence 66 years; date of birth alleged May 15, 1846

Claimant does — write.

, M. C.

6—3317

CIVIL WAR

3—364.

Original No. 1074415.

Certificate No.

mw 1147948 Boston

ACT OF FEBRUARY 6, 1907.

Claimant, Lucius A. Hesseltown

P. O., South Acton, | Rank, Private

County, Middlesex, | Company, G

State, Massachusetts | Regiment, 7 Vt. Vol. Inf.

Rate, $ 12 per month, commencing May 22, 1908.

No STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

APPROVAL.

Submitted for adm., July 2, 1908, L. B. Weaver, Examiner.

Approved for Admission

Age over 62

Rate $ 12 per month.

July 6, 1908, E. C. Brown, Legal Reviewer. July 6, 1908, J. R. Willey, Re-Reviewer.

Enlisted Aug. 15, 1864; honorably discharged July 25, 1865.

Enlisted , 18 ; honorably discharged , 18

Enlisted no other service, 18 ; honorably discharged , 18

Not Pensioned at $ per month, under

C-2476762

VETERANS ADMINISTRATION

UNITED STATES VETERANS BUREAU

WASHINGTON

July 24, 1931.

THIS LETTER REFERS TO YOUR FILE NUMBER:

Servicemen's Bureau,
51 Warren Avenue West,
Detroit, Michigan

IN REPLY REFER TO: MCCC
801 HESSELTON, Lucius A.,
Civil War Veteran

Attention: Leon B. Gridley,
Director.

Dear Sir :

Referring to claim filed with this Bureau for an allowance on burial and funeral expenses in the case of the veteran named above, you are informed that upon the evidence submitted there has been found allowable the sum of $100.00 Accordingly an award of the amount stated has been made in favor of ~~The Faust Mortuary, 14909 Grand River Ave., Detroit, Mich.~~, and settlement thereunder will follow in due course.

By direction,

H. H. MILKS,
Chief, Awards Division.

AES/eob

Adjudication
Form 610

Rpt. 7/28/31
M.M.

OUTCHARGE

Date 7-10-31

File No. 801- Hesselton, Lucius A. (C.W.V.) Mich

Subject Bur.

Letter, memorandum, indorsement, telegram, last date 7-26-31

Searcher 77

Deliver to Rem.

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—14548

OUTCHARGE

File No. 801 - HESSELTON - LUCIUS - A - (Mich) (C. W. V.)

Date 6-19-31

Subject Bur. Cert. 8-15-1864 Pvt. Co. H, 7th Inf. vol. Inf. Disc. 7-25-1865 age 85 died 5-19-31 (Ind Trust Mort.)

Letter, memorandum, indorsement, telegram, last date Ind. 53,036 - Death Certificate

Deliver to Lemm

Searcher RA

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1929—O-514548

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE—Form 515, Rev. May, 1930
Form approved by Comptroller General U. S.
October 23, 1928

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
The Forest Mortuary, 14909 Grand River Ave., Detroit, Mich.	Lucius A. Hosselton, Detroit, Mich. Civil War Veteran. Non-Bureau Beneficiary.	May 19, 1931, Detroit, Mich.	$100.00

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have †not been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for $100.00, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date _____ ‡_____
Reimbursement Claims Authorization Officer.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed $1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date _____ §_____
Reimbursement Claims Authorization Officer.

AZ/cob 2/16/32

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

_____

(Title) _____

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonbureau beneficiary."
† Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
§ Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—10297

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE—FORM 515, Rev. May, 1930
Form approved by Comptroller General U. S.
October 28, 1928

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
funeral	Lucius A. Heaselton same civil	5-19-31 same	100

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have ~~†~~ not been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for $ 100, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date _____ ‡ Cash 150,
Reimbursement Claims Authorization Officer.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed $1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date _____ § _____
Reimbursement Claims Authorization Officer.

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

1610 Set to Reimbursement Bureau
(Title)

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonbureau beneficiary."
† Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
§ Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.

U. S. GOVERNMENT PRINTING OFFICE: 1930 2—10297

UNITED STATES VETERANS BUREAU
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF— FABB:WRB:AES:dms

Central Office, June 27, 1931, 19

DIVISION Awards SUBDIVISION SECTION Reimb. UNIT Room 5[illegible]

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name HESSELTON, Lucius (Last.) (First.) (Middle.)

Rank and organization Pvt.Co."G", 7th Vt.Vol.Inf.

Date Camp

Date of enlistment Aug.15,1864

Date of discharge or death July 25, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S. CIVIL WAR VETERAN

Allotment No.: A

Compensation Claim No.: C.

Converted Insurance No.: K.

Term Insurance No.: T.

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information
Complete record

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By C. W. CLARK, Asst. Director

1. Name Hesselton, Lucius A. (Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge Pvt., Co. G, 7th Vt. Inf., Civil War
4. Date of enlistment 8-15-64
5. Physical defects at enlistment 18yrs. Born in Cavendish, Vt.
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. Defects noted by draft board
9. General or limited service
10. Date of discharge 7-25-65
11. Character of discharge Hon.
12. Date of indefinite furlough
13. Physical defects at discharge
14. Complete medical history
15. Future address
16. Date of reenlistment (new army)
17. Present rank, organization, and location
18. Date and cause of death
19. Death in line of duty? Death due to own misconduct?
20. Emergency address
21. Date of birth
22. Date and rank of retirement
23. Dates and history of desertion or absences with court martial findings

Reimbursement Not JUL 13 1931

RECEIVED JUL 1 1931 OLD RECORDS DIVN.

Report below on National Guardsmen only.

24. Date of President's call (World War)
25. Date answered President's call
26. Date mustered into Federal Service
27. Date of physical examination for Federal Service (World War)

(SEE REVERSE SIDE) 2—9732

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

29. Effective date, amount of insurance and premiums .....

30. Insurance increased to $..... on ..... 19....., from $.....

31. Insurance canceled ..... Reinstated .....

32. Insurance reduced to $..... on ..... 19....., from $.....

33. Occupation at time of enlistment .....

34. ..... Statement of service from ....., 19....., to ....., 19.....

Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

U. S. GOVERNMENT PRINTING OFFICE 1929 2—9732

Records do not indicate any other service.

O.R.D.
7-3-31

C.H.Bridges,
Major General,
The Adjutant General.
By [illegible]

connect

UNITED STATES VETERANS BUREAU
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF— PABS:WWBLAES:dms

Central Office, June 27, 1931, 19

DIVISION Awards SUBDIVISION SECTION Rel-b, UNIT Room 920

It is requested that information be given on the subject checked and this sheet returned to the **United States Veterans Bureau.**

Name Hesselton, Lucius A.
(Last.) (First.) (Middle.)

Rank and organization Pvt.Co."G", 7th Vt.Vol.Inf.

Date Camp

Date of enlistment Aug.15,1864

Date of discharge or death July 25, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S CIVIL WAR VETERAN

Allotment No.: A

Compensation Claim No.: C

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information
Complete record

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By G. W. CLARK, Asst. Director

---

1. Name Hesselton, Lucius A.
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge Pvt., Co. G, 7th Vt. Inf., Civil War
4. Date of enlistment 8-15-64
5. Physical defects at enlistment
16yrs. Born in Cavendish, Vt.
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. Defects noted by draft board
9. General or limited service
10. Date of discharge 7-25-65
11. Character of discharge Hon.
12. Date of indefinite furlough
13. Physical defects at discharge
14. Complete medical history
15. Future address
16. Date of reenlistment (new army)
17. Present rank, organization, and location
18. Date and cause of death
19. Death in line of duty? Death due to own misconduct?
20. Emergency address
21. Date of birth
22. Date and rank of retirement
23. Dates and history of desertion or absences with court-martial findings

Report below on National Guardsmen only.

24. Date of President's call (World War)
25. Date answered President's call
26. Date mustered into Federal Service
27. Date of physical examination for Federal Service (World War)

(SEE REVERSE SIDE) 2—8732

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

29. Effective date, amount of insurance and premiums .....

30. Insurance increased to $..... on ..... 19....., from $.....

31. Insurance canceled .....
Reinstated .....

32. Insurance reduced to $..... on ..... 19....., from $.....

33. Occupation at time of enlistment .....

34. ..... Statement of service from ....., 19....., to ....., 19.....

Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

U. S. GOVERNMENT PRINTING OFFICE: 1925 2—9732

Records do not indicate any other service.

O.R.D.
7-3-31

C.H.Bridges,
Major General,
The Adjutant General.
By ZM.

June 26, 1931

Servicemen's Bureau,
51 Warren Avenue West,
Detroit, Michigan.

87019

FABS

801 HESSELTON, Lucius
Civil War Veteran

Attention: Mr. Campbell

Sir:

your letter dated June 16, 1931

regarding burial allowance of the above named ex-service man.

AHS:dms

UNITED STATES VETERANS BUREAU
Form 2101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF— FABB:WRB:AES:dms

Central Office, June 27, 1931, 19

DIVISION Awards **SUBDIVISION** **SECTION** Reimb. **UNIT** Room 920

It is requested that information be given on the subject checked and this sheet returned to the **United States Veterans Bureau.**

Name HESSELTON, Lucius
(Last.) (First.) (Middle.)

Rank and organization Pvt.Co."C", 7th Vt.Vol.Inf.

Date Camp

Date of enlistment Aug.15,1864

Date of discharge or death July 25, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S CIVIL WAR VETERAN

Allotment No.: A

Compensation Claim No.: C

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information
Complete record

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By O. W. CLARK, Asst. Director

1. Name
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge
4. Date of enlistment
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. Defects noted by draft board
9. General or limited service
10. Date of discharge
11. Character of discharge
12. Date of indefinite furlough
13. Physical defects at discharge
14. Complete medical history
15. Future address
16. Date of reenlistment (new army)
17. Present rank, organization, and location
18. Date and cause of death
19. Death in line of duty? Death due to own misconduct?
20. Emergency address
21. Date of birth
22. Date and rank of retirement
23. Dates and history of desertion or absences with court-martial findings

Report below on National Guardsmen only.

24. Date of President's call (World War)
25. Date answered President's call
26. Date mustered into Federal Service
27. Date of physical examination for Federal Service (World War)

(SEE REVERSE SIDE) 2—9732

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

29. Effective date, amount of insurance and premiums .....

30. Insurance increased to $..... on ..... 19....., from $.....

31. Insurance canceled .....
Reinstated .....

32. Insurance reduced to $..... on ..... 19....., from $.....

33. Occupation at time of enlistment .....

34. ..... Statement of service from ....., 19....., to ....., 19.....

Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—9733

Cadet

AMERICAN LEGION
WAYNE COUNTY COUNCIL

DISABLED AMERICAN VETERANS
OF THE WORLD WAR
DETROIT CHAPTER

UNITED SPANISH WAR VETERANS
OF UNITED STATES
MUNICIPAL COUNCIL

SERVICEMEN'S BUREAU

51 WARREN AVENUE WEST
COLUMBIA 1600

MEMBER OF DETROIT COMMUNITY UNION

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
WAYNE COUNTY COUNCIL

AMERICAN RED CROSS
HOME SERVICE SECTION
DETROIT CHAPTER

YANK'S CONVALESCENT CAMP, INC.
DETROIT, MICHIGAN

OUR REFERENCE:

FILE NO. 87019

DETROIT, MICHIGAN

June 16, 1931.

Please mark reply "Attention Mr. Campbell"

801

George E. Ijams, Dir.,
U. S. Veterans Bureau,
Washington, D. C.

Re: HESSELTON, Lucius
Pvt.Co.G.7th Vt.Vol.Inf.
8-15-64 to 7-25-65

Dear Sir:

We are enclosing for your attention, Bureau Forms 531 and 536, properly executed, itemized undertaker's bill and certified copy of the public record of death in support of claim for government burial allowance.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley

Leon B. Gridley
DIRECTOR

WOC:EEA

copy
Jm.

87019

June 16, 1931.

Please mark reply "Attention Mr. Campbell"

George E. Ijams, Dir.,
U. S. Veterans Bureau,
Washington, D. C.
Dear Sir:

Ref HESSELRON, Lucius
Pvt.Co.G.7th Vt.Vol.Inf.
8-15-64 to 7-25-65

We are enclosing for your attention, Bureau Forms 531 and 536, properly executed, itemized undertaker's bill and certified copy of the public record of death in support of claim for government burial allowance.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley
DIRECTOR

WBC:EEA

DIRECTOR
Veterans Administration

AMB:DEV

Dear Sir:

We are enclosed for your information Bureau forms 526 and 526a, properly executed, itemized duplicate vouchers covering burial and transportation of veteran who died while in active service.

Yours very truly,

Louis Vera Stout

Director of Insurance

Enclosures

"Liberty and Security through Victory and Preparedness"

National Insurance Bureau
Veterans Administration
Washington, D. C.

Re: MEMORIAL Insurance
Policy No. 2,000,000
George E. Ilges, Pfc.

Dear Sir:

Please refer to Bureau's letter of June 15, 1931, in the above case.

Yours very truly,

Louis Vera Stout

Director of Insurance

Enclosures

LVS:DEV

8505B

[illegible]S BUREAU
[illegible]CE
Revised July, 1930
Form 531

File No. C
War

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

We / I } The Faust Mortuary
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)
of 14909 (Number) Grand River (Street) Detroit (City or town) Michigan (State)
on oath depose and say that { we are / I am } the undertaker
(Relationship to deceased) or (Undertaker)
of / for } Lucius A. Hesselton (Name of deceased) Civil War Veteran (Rank)
7 infantry V.I. Volunteers (Organization) } who died at 13342 Robson St Detroit Mich (Place of death)
on the 19 of May, 19 31 { ~~before~~ / after } discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 210.72

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by { this firm / me } for all services rendered as authorized by
Mrs Arthur Drew (Name) Daughter (Relationship to deceased veteran)
of 13342 (Number) Robson St (Street) Detroit (City or town) Michigan (State)
and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the U. S. Veterans Bureau on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $ 210.72 (Insert amount paid by you) has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $ Nothing (If no payment has been received, insert word "Nothing")
received by me as reimbursement for burial and funeral expenses from
(Here state fully the source or sources from which reimbursement has been received by the person making claim)

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

Witnesses to signature by mark:

(1) (Name)
(Address)
(2) (Name)
(Address)

x The Faust Mortuary (Signature of claimant)
By Helmuth A. Schrader (Name of person who executes affidavit for Undertaking firm)
Owner (Official capacity)

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

STATE OF Michigan
COUNTY OF Wayne } ss:

Subscribed and sworn to before me this 6th day of June, 19 31

[SEAL]

Notary Public, Wayne County, Mich.
My Commission Expires June 23, 1932

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate of the Clerk of the Circuit Court of the County stating that the person signing as Notary is the officer he professes to be.

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

U. S. GOVERNMENT PRINTING OFFICE: 1950 15—242

File No. XC _____

AFFIDAVIT SUPPORTING BURIAL CLAIM

(To be executed by next of kin, or other near relative, or friend of deceased)

1. (*a*) Full name of deceased Lucius Hasselton
   (*b*) Rank and organization Pvt Co G 7th Mich Vol Inf
   (*c*) Date of enlistment 8-15-64 (*d*) Date of discharge 7-7-65
   (If dates of service can not be furnished, state war in which veteran served)
   (*e*) Age of deceased 85 (*f*) Legal residence at time of death Detroit Mich.
   (*g*) Date of death 5-19-21 (*h*) Place of death " "
   (*i*) Date of burial 5-22-21 (*j*) Place of burial Co. Acton Mass
   (*k*) Name and address of undertaker The Faust Mortuary Detroit Mich.
2. Was deceased single, married, widowed or divorced? Widower
3. (*a*) All cash money left by deceased Bank Bal. 200.00
   (*b*) All amounts due and collectible from solvent debtors at date of death including accrued salary or commission No
   (*c*) Nature and value of all other personal property left by deceased No
   (*d*) All real property owned by deceased at date of death No
   (*e*) Actual value thereof at date of death No
   (If actual value can not be given state assessed value)
   (*f*) Total encumbrances thereon No
   (*g*) If property owned consists of house and land, state whether or not it was occupied or claimed as the home of the deceased at date of death No
4. (*a*) State total amount of all debts contracted and owing by the deceased at date of death exclusive of encumbrances on real property shown in 3 (*f*) above No
   (*b*) Were the expenses of funeral, burial and transportation of the deceased entirely or in part paid by a state or other political subdivision, beneficial society, lodge, union, fraternal organization or national home for disabled volunteer soldiers? No

2—4349 (OVER)

(c) If so, what amount was allowed? No

(d) By whom? No

5. What is your relationship to the deceased? Daughter

STATE OF Michigan
COUNTY OF Wayne } ss:

Mrs Alla Drew (Affiant), of 13347 Robson Ave (Street) Detroit (City or town) Mich (State)

do on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Sign here) Alla Drew

Subscribed and sworn to before me this 6th day of June, 1931

[SEAL] Wm O. Campbell
Notary Public.

NOTE.—This form is intended for use by the next of kin, other near relative, or friend of the deceased having full knowledge of his financial affairs and never by the undertaker presenting claim. Each question on this form must be fully answered. This form need not be used in the presentation of claim for reimbursement of burial expenses if the deceased died while in service or while receiving compensation, vocational training, or authorized medical, surgical, or hospital treatment.

In answering questions under Section 3 above, state only the property of deceased veteran. If property was held in joint ownership, attach hereto certified copy of that portion of the deed showing joint ownership. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court, under seal of the court, stating that the person signing as notary public is the officer he professes to be.

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

U. S. GOVERNMENT PRINTING OFFICE: 1925 2—4349

Form 8-1-1-27

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

Register No. 6297

1 PLACE OF DEATH

County: Wayne

Township:

Village:

City: Detroit (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Lucius O. Disselton

(a) Residence No. 3342 Dobson St., Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (WRITE the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Martha J. White

6 DATE OF BIRTH (Month, day and year): May 5 1846

7 AGE: Years 85 Months 0 Days 4 If LESS than 1 day ... hrs. OR ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Biscuit Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Biscuit Co Boston

10. Date deceased last work at this occupation (month and year):

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Cavendish Vermont

FATHER

13. NAME: Daniel Disselton

14. BIRTHPLACE (city or town) (State or country): Me

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mr Arthur Disselton 3342 Dobson

18. BURIAL, CREMATION, OR REMOVAL: Place: St Aubin Mausoleum May 20, 31

19. UNDERTAKER (Address): F. G. Gladden 14224 Ogden

20. FILED May 20, 31 Henry Vaughan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1929 to May 18, 1931

I last saw him alive on May 18, 1931 death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	DURATION
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	

If operation, date of

Condition for which performed

Organ or part affected

Was there laboratory test? Autopsy?

In case of violence state if accident, homicide or suicide

Where did injury occur? (Specify city, county or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signed L C Bond M. D.

Address 14224 Ogden

CERTIFIED COPY OF DEATH CERTIFICATE

I Hereby Certify, that the within printed and written matter is a true copy of the Transcript Original Certificate of the death of Lucius A. Kesselton now on File in the office of the Department of Health of the City of Detroit, State of Michigan, and known as Register No. 6297

Witness my hand and seal of the Department of Health this 12 day of June 1931

S McDougall
Vital Statistician

DISTRICT OFFICE FILE

No address

ELIGIBILITY	DATE	

MAR 7 - 1932

MBAB
S. C. 1147948
Lucius A. Hesselton

Mr. Leon B. Gridley
Servicemen's Bureau
51 Warren Avenue West
Detroit, Michigan

Dear Sir:

The claim of Mrs. Alla Drew, 13342 Robson Avenue, Detroit, Michigan, for reimbursement of the expenses of last sickness and burial of Lucius A. Hesselton who served with Company G, 7 Vermont Infantry, is approved for payment of $53.33, the pension accrued to the date of death.

There is no fund from which further reimbursement can be allowed by this office.

Respectfully,

R. W. MORGAN
Director of Pensions

IJL

MBAB:
S.C. 1147948
Lucius A Hesselton

Enclosed statement from Dr also the ~~signed~~ certificate signed by Arthur Drew Please reply as soon as possible as I am anxious to get everything all straightened out.

Mrs Alla Drew
1334 2 Robson Blvd
Detroit
Mich

WIDOW DIVISION 3-2014

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

REIMBURSEMENT.

I certify that I hold Alla Drew responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of Lucius A. Hesselton late a pensioner under certificate No. S. C. 1147948

(This need not be sworn to.)

Signature of: Arthur Drew

Arthur Drew

February 12, 1932

MBAB
W. C.568892
Mary J. Tate

Mr. Harry H. Tate
6648 Eastern Avenue
Baltimore, Maryland

Dear Sir:

In your claim for reimbursement in the case of Mary J. Tate, you are requested to furnish itemized bills for medical attendance, medicine, nursing and care, undertaking, livery and cemetery expenses. Each bill should contain the name of the pensioner and show, over the signature of the creditor, by whom paid or, if unpaid, that you are held responsible for payment.

There should be furnished the affidavits of two credible persons having knowledge of the facts to which they testify, showing the date of the pensioner's death, whether she left any money and the amount, or property either real or personal and its character and value.

The enclosed certificate should be signed by Hazel Tate.

Respectfully,

E. W. MORGAN
Director of Pensions

IJL
IJL

PHONE HOGARTH 4376

LEO E. GOING, M. D.
14224 COYLE AVENUE
DETROIT, MICH.

2-12-32

Mr. Lucius Hesselton was under my care from 12-14-29 to 5-19-31.
During this time I was paid $249.00 for my services.

L. E. Going M.D.

The Commonwealth of Massachusetts
Office of
Commissioner of State Aid and Pensions
State House, Boston

February 9, 1932

Mr. E. W. Morgan,
Director of Pensions,
Washington, D. C.

Dear Sir:

Yours of the 6th instant refers to the claim for reimbursement in the case of Lucius A. Hesselton, pensioner under ctf. no.1147948, who died May 19, 1931, at Detroit, Michigan,, and was buried at South Acton, Mass., and you ask if any part of the burial expense in this case was borne by the State. We have not received an application for the State burial allowance in this case; therefore no payment has been made.

Yours very truly,

Richard R. Flynn
Commissioner.

O.

87019

February 8, 1932

Please mark reply "Attention Mr. Campbell"

E. W. Morgan,
Director of Pensions,
Veterans Administration,
Washington, D. C.

Re: HESSELTON, Lucius
Ctf. #1,147,948
G,7th Vt.Vol.Inf.

Dear Sir:

Under date of November 12th Bureau Form 3-044 and other evidence was submitted to your department in settlement of claim for accrued pension.

The claimant indicates that no action has been received.

Will you kindly give us a report on this case at your convenience.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley
DIRECTOR

WOC:EEA

AMERICAN LEGION
WAYNE COUNTY COUNCIL

DISABLED AMERICAN VETERANS
OF THE WORLD WAR
DETROIT CHAPTER

UNITED SPANISH WAR VETERANS
OF UNITED STATES
MUNICIPAL COUNCIL

SERVICEMEN'S BUREAU

51 WARREN AVENUE WEST
COLUMBIA 1600

MEMBER OF DETROIT COMMUNITY UNION

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
WAYNE COUNTY COUNCIL

AMERICAN RED CROSS
HOME SERVICE SECTION
DETROIT CHAPTER

YANK'S CONVALESCENT CAMP, INC.
DETROIT, MICHIGAN

OUR REFERENCE:

FILE NO. 87019

DETROIT, MICHIGAN
February 8, 1932

Please mark reply "Attention Mr. Campbell"

E. W. Morgan,
Director of Pensions,
Veterans Administration,
Washington, D. C.

Re: HESSELTON, Lucius
Ctf. #1,147,948
G,7th Vt.Vol.Inf.

Dear Sir:

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The claimant indicates that no action has been received.

Will you kindly give us a report on this case at your convenience.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley

Leon B. Gridley
DIRECTOR

WOC:EEA

February 6, 1932

MBAB
S. C. 1147948
Lucius A. Hesselton

Mrs. Alla Drew
13342 Robson Avenue
Detroit, Michigan

Dear Madam:

In your claim for reimbursement in the case of Lucius A. Hesselton, you are requested to furnish a statement signed by Dr. L. E. Going showing the amount of his charge for services rendered the pensioner.

The enclosed certificate should be signed by Arthur Drew.

Respectfully,

E. W. MORGAN
Director of Pensions

IJL

February 6, 1932

MBAB
S. C. 1147948
Lucius A. Hesselton

Commissioner of State Aid
& Pensions
State House
Boston, Massachusetts

Dear Sir:

To aid in the adjudication of a claim for reimbursement in the case of Lucius A. Hesselton, please show what part, if any, of the burial expenses was borne by the State and to whom payment has been made.

The pensioner died May 19, 1931, at Detroit, Michigan, and was buried at South Acton, Massachusetts, by the Funeral Director, Edward C. Page of Ayer, Massachusetts.

The information asked for is desired as a courtesy as there is no general fund from which a charge for the same may be paid.

Kindly return your reply under cover of the enclosed penalty envelope which requires no postage.

Respectfully,

E. W. MORGAN
Director of Pensions

IJL

87019

November 12, 1931

PLEASE MARK REPLY "ATTENTION MR. CAMPBELL"

Mr. E. W. Morgan,
Director of Pensions,
Veterans Administration,
Washington, D. C.

RE: HESSELTON, Lucius (deceased)
Pen.Ctf. #1,147,948

Dear Sir:-

In reply to your letter of July 14th, we are enclosing herewith form 3-044 accompanied by the pension certificate of the above captioned deceased veteran and properly itemized receipted undertaker's bills of Edward C. Page of Ayer, Mass., and The Faust Mortuary of Detroit, Mich. This evidence is being submitted in support of claim for accrued pension.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley
DIRECTOR.

WOC*CMP
Encls.4

AMERICAN LEGION
WAYNE COUNTY COUNCIL

DISABLED AMERICAN VETERANS
OF THE WORLD WAR
DETROIT CHAPTER

UNITED SPANISH WAR VETERANS
OF UNITED STATES
MUNICIPAL COUNCIL

SERVICEMEN'S BUREAU

51 WARREN AVENUE WEST
COLUMBIA 1600

MEMBER OF DETROIT COMMUNITY UNION

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
WAYNE COUNTY COUNCIL

AMERICAN RED CROSS
HOME SERVICE SECTION
DETROIT CHAPTER

YANK'S CONVALESCENT CAMP, INC.
DETROIT, MICHIGAN

OUR REFERENCE:

FILE NO. 87019

DETROIT, MICHIGAN

November 12, 1931

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Director of Pensions,
Veterans Administration,
Washington, D. C.

RE: HESSELTON, Lucius (deceased)
Pen.Ctf. #1,147,948

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Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley

Leon B. Gridley
DIRECTOR.

RECEIVED
NOV 13 1931
PENSION
RECEIPT SECTION
FILES SUB-DIVISION

WOC*CMP
Encls.4

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

3—044

APPLICATION FOR REIMBURSEMENT

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

STATE OF Michigan
COUNTY OF Wayne } ss:

On this 27th day of August, A. D. 19 31, before me, the undersigned, personally appeared Alla Drew, aged 48 years, a resident of Detroit, County of Wayne, State of Michigan, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Lucius Hesselton, who was a pensioner of the United States by certificate No. 1147948, and who DIED 5-19-31, 19____, at Detroit, Michigan and was buried at So. Acton, Mass

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Lucius Hesselton
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.) Soldier
3. If decedent was pensioned as a soldier or sailor—
   (a) Was he ever married? (Answer yes or no.) Yes
   (b) How many times, and to whom? One
   (c) If married, did his wife survive him? (Answer yes or no.) No
   (d) If so, is she still living? (Answer yes or no.)
   (e) If not living, give full names and dates of death of all wives Martha F. Hesselton April 7,1918 or April 9,1918
   (f) Was he ever divorced? (Answer yes or no.) No
   (g) If so, is the divorced wife still living? (Answer yes or no.)____ (If living, a copy of the decree of divorce must be filed.)
   (h) If not living, give her full name and the date of her death
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No
5. Is any such child still living? (Answer yes or no.)
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) Yes
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written Equitible Life Ins., Co Amount $1750.00
9. Who was the beneficiary named in each policy? Alla Drew, 13342 Robson Ave Detroit, Mich
10. What was the relation of each beneficiary to the pensioner? Daughter
11. Were the premiums paid by the deceased pensioner? NO
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account Loose -Wiles Biscuit Co., Boston Mass.

6—1572

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? None

14. Did the deceased pensioner leave any money, real estate, or personal property? NO

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate?

17. How was the pensioner's property disposed of?

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) One received after death

19. What was your relation to the deceased pensioner? Daughter

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

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

22. When did the pensioner's last sickness begin? 8-16-30

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? About Nov. 1,1930

24. Give the name and post office address of each physician who attended the pensioner during last sickness
L.E. Going M.D., 14224 Coyle Ave Detroit,Mich

25. State the names of the persons by whom the pensioner was nursed during the last sickness Alla Drew
Daughter- 13342 Robson Ave Detroit,Mich

26. Where did the pensioner live during last sickness? With daughter- Alla Drew 13342 Robson Ave Detroit

27. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, county, or municipal corporation? (Answer yes or no.) yes

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

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT	
	Physician			
	Medicine			
	Nursing and care			
Faust Mortuary & Page Undertaker	Undertaker	Paid	293	72
	Livery			
	Cemetery			
	Other expenses and their nature:			
		TOTAL	293	72

249 00 K

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:
$ 93.72 of above amount paid from personal funds of Mrs Alla Drew.

Alla Drew
(Claimant's signature in full)
13342 Robson Ave
(P. O. address)
Detroit,Michigan

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

9—1572

Also appeared Emma Edwards and William George Quackenbush

who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

NO

2. When did the pensioner die? 5-19-31

3. Did pensioner leave any property? If so, state its character and value NO

No. B 155788

STATE OF MICHIGAN, County of Wayne } ss.

E-339-42579-12 Bks. 1-31

NOTARIAL ACKNOWLEDGMENT

I, THOMAS F. FARRELL, Clerk of the Circuit Court for the County of Wayne, which is a Court of Record, having ~~a seal~~

Do Hereby Certify, That Nina E. Kendry

whose name is subscribed to the Certificate or Proof of acknowledgment of the annexed instrument and therein written, was, at the time of taking such proof or acknowledgment a Notary Public in and for said County, duly commissioned and qualified and duly authorized to take the same. And, further, That I am well acquainted with the handwriting of such Notary Public, and verily believe that the Signature to the said Certificate or proof of acknowledgment is genuine. I further certify, That said instrument is executed and acknowledged according to the laws of this State.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court and County, at Detroit, this 21 day of Sept A. D. 19 31.

THOMAS F. FARRELL, Clerk

Eric Davies Deputy Clerk.

(Official character)

Detroit Mich.

(P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Lucius Hesselton

Give date of commencement of pensioner's last sickness 8-16-30

Give date of pensioner's death 5-19-31

From what date did the pensioner require the regular and daily attendance of another person constantly until death?

about Nov 1 1930

During what period did you attend the pensioner? Nov. 10 1929 - May 19, '31

State nature of disease from which pensioner died Myocarditis

Give name of any other physician who attended the pensioner in last sickness

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No

Has your bill been paid; if so, by whom? Yes.

Mrs Alla Drew

Also appeared Emma Edwards and William George Quackenbush

who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

NO

2. When did the pensioner die? 5-19-31

3. Did pensioner leave any property? If so, state its character and value NO

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 5 years and 4

Name Emma Edwards
P. O. Address 13345 Robson

Name William Geo. Quackenbush
P. O. Address 12842 Robson

Subscribed and sworn to before me, this 27th day of August A. D. 1931; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is reliable.

My comm. expires: Mar 8/35.

[L. S.]

Nina E. Kendrey (Signature)
Notary Public Wayne Co Mich (Official character)
Detroit Mich (P. O. address)

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Give pensioner's name in full Lucius Hesselton

Give date of commencement of pensioner's last sickness 8-16-30

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State nature of disease from which pensioner died Myocarditis

Give name of any other physician who attended the pensioner in last sickness

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No

Has your bill been paid; If so, by whom? Yes.
Mrs Alta Drew

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement: Mrs Alta Drew
Mr. Arthur Drew

I certify that the foregoing statement is correct.

Aug 11, 1931

L. E. Hoing M.D.
Attending Physician.

, 19

Attending Physician.

6—1572

APPLICATION FOR REIMBURSEMENT

Certificate No. D. C. 1147 785

Lucien A. Wheelton
Deceased Pensioner.

F. H. Sly
Claimant.

NOTICE

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

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

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

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

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

INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

6—1572

July 14, 1931

Servicemens' Bureau
51 Warren Avenue West
Detroit, Michigan

WIDOW DIVISION
S. C. 1147948
Lucius A. Hesselton
G-7th Vt. Inf.

Dear Sirs:

ATTENTION:
Mr. Campbell:

In response to your communication of recent date, relative to the above cited claim, you will find herewith a blank application for reimbursement, if the person who bore the expenses of the soldier's last sickness and burial wishes to make application for the amount of accrued pension due the soldier at the date of his death, by way of reimbursement. See information on back of application.

In no case can reimbursement exceed the amount of accrued pension due the soldier at the date of his death.

Respectfully,

E. W. MORGAN
Director

KCF/bm

87019

July 13, 1931.

Please mark reply "Attention Mr. Campbell"

E. W. Morgan, Director,
Veterans Administration,
Bureau of Pensions,
Washington, D. C.

Re: HESSELTON, Lucius
Pen. App. #1,147,948

Dear Sir:

Under date of June 16th, we requested necessary forms to be used inapplying for portion of pension check due at the time of the death of this veteran to help defray expenses incident to last illness and burial.

Will you kindly give this request your very earliest attention.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley
DIRECTOR

WOC:EEA

AMERICAN LEGION
WAYNE COUNTY COUNCIL

DISABLED AMERICAN VETERANS
OF THE WORLD WAR
DETROIT CHAPTER

UNITED SPANISH WAR VETERANS
OF UNITED STATES
MUNICIPAL COUNCIL

SERVICEMEN'S BUREAU

51 WARREN AVENUE WEST
COLUMBIA 1600

MEMBER OF DETROIT COMMUNITY UNION

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
WAYNE COUNTY COUNCIL

AMERICAN RED CROSS
HOME SERVICE SECTION
DETROIT CHAPTER

YANK'S CONVALESCENT CAMP, INC.
DETROIT, MICHIGAN

OUR REFERENCE:

FILE NO. 87019

anticipated ack. 9/9/31
see Rep. letter July 14/31

DETROIT, MICHIGAN

July 13, 1931.

Please mark reply "Attention Mr. Campbell"

E. W. Morgan, Director,
Veterans Administration,
Bureau of Pensions,
Washington, D. C.

Re: HESSELTON, Lucius
Pen. App. #1,147,948

Dear Sir:

Under date of June 16th, we requested necessary forms to be used in applying for portion of pension check due at the time of the death of this veteran to help defray expenses incident to last illness and burial.

Will you kindly give this request your very earliest attention.

Yours very truly,

SERVICEMEN'S BUREAU

Leon B. Gridley

Leon B. Gridley
DIRECTOR

WOC:EEA

87019

June 16, 1931.

Please mark reply "Attention Mr. Campbell"

E. W. Morgan,
Acting Commissioner,
Veterans Administration,
Bureau of Pensions,
Washington, D. C.

Re: HESSELMON, Lucius
Pen.Ctf. #1,147,948

Dear Sir:

This is to advise of the death of the above named pensioner in this city May 19, 1931.

Will you kindly furnish the necessary forms to be executed in applying for a portion of pension check due at time of death to be applied on expenses incident to last illness and death.

SERVICEMEN'S BUREAU

Leon B. Gridley
DIRECTOR

WOC:EEA

AMERICAN LEGION
WAYNE COUNTY COUNCIL

DISABLED AMERICAN VETERANS
OF THE WORLD WAR
DETROIT CHAPTER

UNITED SPANISH WAR VETERANS
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DETROIT CHAPTER

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DETROIT, MICHIGAN

OUR REFERENCE:

FILE NO. 87019

DETROIT, MICHIGAN

June 16, 1931.

Please mark reply "Attention Mr. Campbell"

E. W. Morgan,
Acting Commissioner,
Veterans Administration,
Bureau of Pensions,
Washington, D. C.

Re: HESSELTON, Lucius
Pen.Ctf. #1,147,948

Dear Sir:

This is to advise of the death of the above named pensioner in this city May 19, 1931.

Will you kindly furnish the necessary forms to be executed in applying for a portion of pension check due at time of death to be applied on expenses incident to last illness and death.

SERVICEMEN'S BUREAU
Leon B. Gridley
Leon B. Gridley
DIRECTOR

WOC:EEA

100

LUCIUS A HESSELTON
13342 ROBSON BLVD
1147948 ACT MAY
DETROIT MICH

3-1081

DROP REPORT—PENSIONER

_____ Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class ACT OF JUNE 9, 1930 (C.W.)

RECORD DIVISION

_____, 192

In the above-described case a declaration file in this Division indicates that said pensioner died _____, 19____

Chief, Record Division.

FINANCE DIVISION

JUN 11 1931, 192

The name of the above-described pensioner who was last paid at the rate of $ 100 per month to MAY 4 1931, 19____, has this day been dropped from the roll because of Death

May 20 1931

O. J. RANDALL

Chief, Finance Division.

6—2249 U S GOVERNMENT PRINTING OFFICE 1927

Ayer, Mass. May 22, 1931.

Mrs. Alla B. Drew

To EDWARD C. PAGE, Dr.

REGISTERED EMBALMER, FURNISHING UNDERTAKER AND FUNERAL DIRECTOR

Telephone Connection

May	21	Meeting "Wolverine" and transferring body (Mr. Lucius A. Hesselton) to So. Acton	15	00
	22	Fees paid Clergymen and Organist	12	00
		Hearse to "Mt. Hope"	15	00
		Auto for family	5	00
		Equipment and personal services	25	00
		Cemetery fee	11	00
			83	00

Rec'd. payment, May 23, 1931.
from Mrs. Alla B. Drew.
E. C. Page.

I thank you

Detroit, Mich. 18th of 9 1917

Mrs. Nellie Dixon

Mr. Willie Robinson Jr.

Funeral of Lucinda Nellie Dixon

The Faust Mortuary

FUNERAL SERVICE

Items Paid	Other Fees Paid Other Services Rendered	
Casket		125.00
Outside Case		125.00
Vault		
Robes or Suit		
Slippers		
Embalming		15.00
Casket		
Flowers		
Flowers in Cemetery		
Palms		
Flowers for Dead		
Gloves		
Hearse or Private Car		5.00
Limousines		
Service Wagon		
Death Notices	Lines at	
Crane		
Installing Vault		
Grave Opening and Closing		
Grave Liners		
Mirrors		
Tent		
Lowering Device		
Professional Services		15.00
Telegrams and Telephone		2.00

13342 Robson Blvd
Detroit Mich Jan. 29. 1931

Bureau of Pensions -
Dear Sirs -

Enclosed is sworn statement of Dr Goring our physician regarding fathers condition. Since his first stroke in Dec 29 he has been in bed the greater part of the time He would just get able to be up and dressed for a few days perhaps a week and the extra exertion ~~and~~ would cause him to have another stroke and he'd be back in bed again and the same thing right over again.
I have not been able to leave him alone for even 15 minutes since Dec 1/29 as he gets spells of wandering about in confused state not knowing where he is going fall down and starts out doors etc of his blood pressure rises and it is impossible to tell by appearances when these spells are coming on
His eyesight is very poor but he can walk around the house when he is physically able not at help except going up + down stairs when he can't seem to see the steps or raise his feet enough

I hope you will be able to give him this increase at once as he sure needs it.

Respectfully

Mrs Arthur Drew
13342 Robson Blvd
Detroit Mich

For her father
Lucius A Hesselton
S.C 1147948.
Co G. 7 Vt Vol inf
(Soldiers Division)

No. 1147948

January 28, 1931.

TO WHOM IT MAY CONCERN:

This is to certify that Mr. Lucius A. Hesselton has been under my care since December 1929.

He is suffering from Myocarditis and a marked progressive mental and physical enfeeblement.

He had slight strokes of Apoplexy in December of 1929, May, August and October of 1930.

Since October 3, 1930 he has been confined to bed except for two or three hours daily when he was able to sit in a chair in bathrobe; and since this time he has been unable to dress, undress, bathe or go about the house unassisted.

He requires the constant attendance of another person.

L. E. Going MD
L. E. Going M.D.
14224 Coyle Ave
~~Detroit~~ Mich.

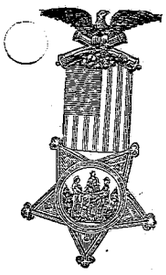
LEG/EL

State of Michigan
County of Wayne.

On the 28th day of January 1931 Dr. L. E. Going appeared personally before me and swears the above statement of facts is the truth and that the above signature is his.

L. E. Going M.D.

S. K. Caidle
Notary Public Wayne Co. Michigan
My Commission Expires Aug. 3, 1934



L. A. Hesselton

South Acton,

Mass.

Isaac Davis Post,
No. 138, Dept. of Mass., G. A. R.
Company G. 7th Vermont Vet. Vol.

Dec 30 1930

Commissioner of Pensions

Dear Sirs Father is in a very feeble condition and I have not asked for increase for him before because we have thought he would ~~not~~ live but a short time as his heart is weak and he can set up only a few hours each day with out an attack. He has been sick and in bed most of the time for over a year and can not be left alone for even five minutes.
The time is fast coming when I shall have to have help to care for him and we must have an increase in order to do this as what ready cash he had is gone and he has only his pension now to

13342 Robson Blvd
Detroit Mich.

per Mrs Arthur Drew.

Form 9 Continued.

Dear Sir

Awards like to expect per one minute of pension $5.00 per month accruing $75.00 per month but as I am unable to get up only a few hours a day and require a doctor medicine I need more money. My pension number is 1147948 and my rating and as Co B 7th U.S. Inf Vol

I have been confined to my bed more or less for over 18 months due to heart trouble

Respectfully

Mrs Arthur Drew

Mrs Arthur Drew
13342 Robson Blvd
Detroit Mich

depend on. If you can give this your immediate attention I will appreciate it very much because he needs it right now

Respectfully
Mrs Arthur Drew

P.S His pension has been coming to Lucius A Hesselton School St South Acton Mass and I have just now written the disbursing clerk Washington to change the address to 13342 Robson Blvd Detroit Mich as father is here with me.

Comm. of Pensions.

Dear Sir.

I would like to apply for an increase of pension I am now receiving $75.00 per month but as I am unable to sit up only a few hours a day and require a doctor regularly I need more. My pension number is 1147948 and my regiment is Co G 7th Vt. Vet Vol

I have been confined to my bed more or less for over 18 month due to heart trouble

Respectfully

Lyman A. Hazelton

13342 Robson Blvd

Detroit Mich

per Mrs Arthur Drew

Civil War Division
[illegible],948
Lucius N. Hesselton
Co. G 7 Vt. Inf.

abh

July 7, 1916.

Mr. Lucius Hesselton,
South Acton, Mass.

Sir;

Replying to your communication of the 5th ultimo, you are advised that, your rate of pension under the act of May 11, 1912, has been increased to $19 per month, commencing May 15, 1916, with provision for the automatic increase at the age of seventy-five years. If the certificate has not yet reached you it will arrive in due course of business.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

3—696

No. 1147,948

ACT OF MAY 11, 1912
AMENDED BY ACT MARCH 4, 1913

Increase

United States of America

BUREAU OF PENSIONS

It is hereby certified *That in conformity with the laws of the United States* Lucius A. Hesselton, *who was a* Private, Co. G, 7th Regiment Vermont Infantry, *is entitled to a pension at the rate of* Nineteen *dollars per month from* May 15, 1916 and Twenty-two and one-half *dollars per month from* May 15, 1921. ~~*dollars per month from*~~

Former payments covering any portion of the same time to be deducted.

Given at the Department of the Interior *this* twenty-seventh *day of* June *one thousand nine hundred and* sixteen *and of the Independence of the United States of America the one hundred and* fortieth.

Secretary of the Interior.

Countersigned:

Commissioner of Pensions.

RECEIVED NOV 13 1916

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

Sec. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 1147,948

PENSION CERTIFICATE OF

Lucius A. Hesselton,

PAYABLE QUARTERLY

BY THE

DISBURSING CLERK,

BUREAU OF PENSIONS.

(Group 3)

F.K.,

Clerk.

o C—4728

3—794

B of R Division.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., June 20, 1916

Certificate No. 1147948

Pensioner Lucius A Hesselton

Class Act May

Agency Boston

The *Disbursing Clerk* is respectfully requested to state below to what date payment was last made to the above-named pensioner, and what his post-office address was at that time.

A. L. Stephenson
H. N. Fleming
Chief of Division.

REV.

DISBURSING OFFICE,
JUN 20 1916
, 191

The above-named pensioner was last paid on June 1, 1916, when post-office address was

So Acton
School St Mass

Guy O Taylor
Disbursing Clerk.

6—1378

[illegible] Division
[illegible] 7947948
Lucius A. Hesselton
Co. G. 7 Vt. Inf.

J. .
asH

March 10, 1915.

Mr. Lucius A. Hesselton,
South Acton
Massachusetts.

Sir:

Referring to your above cited pension case you are advised that you will not be entitled to an increase of pension on account of age until you shall be seventy years old, when you should send to this Bureau your post office address and the matter will be considered without further application on your part.

Very respectfully,

G. M. SALTZGABER
Commissioner.

[redacted]sion
[redacted]948
Lucius A. Hesselton
Co. G. 7 Vt. Inf.

3—1865

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

March 10, 1915

Mr. Lucius A. Hesselton,
South Acton,
Massachusetts.

Sir:

Referring to your above cited pension case you are advised that you will not be entitled to an increase of pension on account of age until you shall be seventy years old, when you should send to this Bureau your post office address and the matter will be considered without further application on your part.

Very respectfully,

G M Saltzgaber

Commissioner.

South Acton Mass
June 15 1916

Hon G M Saltzgaber Commissioner

Dear Sir

Referring to the above letter I was 70 years old the 15th day of last month.

Respectfully Yours
Lucius A Hesselton
So Acton Mass

Co G. 7th Vt Inf

Civil War

3—389

Mar 6-16

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

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

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

Very respectfully,

G M Saunders
Commissioner.

LUCIUS A. HESSELTON,
SOUTH ACTON, MASS.
1147948 ACT MAY
SCHOOL ST.

Enclosed

FOLD HERE.

No. 1. Date and place of birth? *Answer.* May 15-1846 Cavendish Vermont

The name of organizations in which you served? *Answer.* Co G 7th Regt Vermont Vol Vols

No. 2. What was your post office at enlistment? *Answer.* Cavendish Vermont

No. 3. State your wife's full name and her maiden name. *Answer.* Martha Frances White

No. 4. When, where, and by whom were you married? *Answer.* Sept 16-1866 Cavendish Vermont Rev S F Brown

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

If so, where? *Answer.* In the Office of the Town Clerk Cavendish Vermont

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* No previous Marriage

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer.* No previous Marriage

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

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.* Howard White Hesselton Born Nov 23-1877 Died Jan 28-1878

Marion Hesselton

G. M. SALTZGABER,
Commissioner.

MAY 20 1914
OFFICE.

The inclosed form is as follows:

Certificate No. 1147948

Name Lucius A. Kesselton

Co. G 7th Regiment Vermont Vet Vol

I am pensioned under the Act of May 11, 1912, at the rate of 18.50 and claim such benefits under said Act as I may be entitled to by reason of age and length of service, and the provisions of the Act of March 4, 1913. I was 68 years old on the 10 day of May 1914.

MAY 25 1914
DIVISION

Name Lucius A Kesselton

Address South Acton Middlesex Co Mass

The above to be filled in and sent to the Commissioner of Pensions in case you have reached the age of 66, 70 or 75 years since filing your original claim under the Act of May 11, 1912, and that your pension certificate bears a date prior to March 4, 1913, and that you are not now drawing a rate based on 75 years of age.

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Middlesex } ss.

On this 20th day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, Lucius A. Hesselton, who, being duly sworn according to law, declares that he is 66 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Windsor Vt under the name of Lucius A Hesselton, on the Fifteenth day of August, 1864, as a Private, in Company E Seventh Regiment of Vermont Vet Infantry Volunteers
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Clarksville Texas, on the Twenty-fifth day of July, 1865.
That he also served No other service
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 3 inches; complexion, Light; color of eyes, Blue; color of hair, Brown; that his occupation was Farmer; that he was born in Cavendish Vermont May 15, 1846,

That his several places of residence since leaving the service have been as follows: Cavendish Vt until Sept 27 1868 then to Springfield Vt until July 10th 1869 Harvard Mass until June 14-1870 South Acton Mass since
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 1147948

That he has ---------- applied for pension under original No. ----------

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

That his post-office address is South Acton, county of Middlesex, State of Massachusetts

Lucius A Hesselton
(Claimant's signature in full.)

Attest: (1) ----------

(2) ----------

SUBSCRIBED and sworn to before me this 20th day of May, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, ~~including the words~~ ----------, ~~erased,~~ ~~and the words~~ ----------, ~~added,~~ and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

H. E. Clough
(Signature.)
Notary Public
(Official character.)

PENSION BUREAU U. S. MAY 20 1912

Validity accepted as to execution. S. A. Cuddy, Chief, Law Division. per W E S

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

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 1,147,948

Name, Lucius A. Hasselbarz

Service,

INSTRUCTIONS.

This form may be used for original pension or crease of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

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

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

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

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

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

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

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

APPROVED: May 11, 1912.

3-447.

Eastern Division. LBW Ex'r.

W. O. No. 837445

Lucius A. Hesselton

Co. G 7 Reg't Vt. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 22, 1908.

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,

Mr. Lucius A. Hesselton
South Acton
Mass.

W. Warner
Commissioner.

1. When were you born? Answer. May 15th 1846
2. Where were you born? Answer. Cavendish Windsor Co Vermont
3. When did you enlist? Answer. August 15th 1864
4. Where did you enlist? Answer. Cavendish Windsor Co Vermont
5. Where had you lived before you enlisted? Answer. Cavendish " "
6. What was your post-office address at enlistment? Answer. Cavendish "
7. What was your occupation at enlistment? Answer. Farmer
8. When were you discharged? Answer. July 25th 1865
9. Where were you discharged? Answer. Clarksville Texas
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence. Cavendish until Sept 22d 1865 W Springfield until July 12-1869 Harvard Mass until June 14-1870 South Acton Mass to date
11. What is your present occupation? Answer. Meat Provisions & Grocery Store
12. What is your height? Answer. Five feet Three inches. Your weight? 160#

The color of your eyes? Blue The color of your hair? Brown Your complexion? Light Are there any permanent marks or scars on your person? If so, describe them. Fore and Middle Fingers on left Hand cut off at first joint

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.

Lucius A. Hesselton

WITNESSES: 1. Fred' S. Gines 2. Harry C. Clough

[Witnesses who can write sign here.]

Date: June 29, 1908

0-2

3-447.

Eastern Division. LBW Ex'r.

Inv. C. No. 837445

Lucius A. Hesselton

Co. G 7 Reg't Vt. Inf.

Department of the Interior,

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12. What is your height? Answer. Five feet Three inches. Your weight? 160#
The color of your eyes? Blue The color of your hair? Brown Your complexion? Light Are there any permanent marks or scars on your person? If so, describe them. Fore and Middle Fingers on left Hand cut off at first joint
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.

Lucius A. Hesselton

PENSION BUREAU JUN 30 1908

WITNESSES: 1. Fred' S. Gines 2. Harry E. Clough

[Witnesses who can write sign here.]

Date: June 29, 1908

0-2

Mo

3—389.

Eastern Div.
W. C. No. 1074415
Lucius A. Hesselton
G. A. Vt. Inf

S.B.N., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 22, 1908.

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,

V. Warner
Commissioner.

Mr. Lucius A. Hesselton
South Acton
Mass.

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

No. 2. When, where, and by whom were you married? Answer: Sept 16th 1866 Cavendish Windsor Co Vermont S F Brown Minister of the Gospel

No. 3. What record of marriage exists? Answer: Marriage Certificate and Record in Town Clerk's Office Cavendish Windsor Co Vermont

No. 4. Were you previously married? If so, please state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former consorts. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: One. Alla Blanche Hesselton "Drew" Born August 25th 1882

Date of reply, June 24, 1908

PENSION U. S. JUN 30 1908 OFFICE.

Lucius A Hesselton
(Signature.)

6—272

3—335.

ACT OF FEBRUARY 6, 1907.

Eastern Div. S.B.W. Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., June 17, 1908.

The Adjutant General,
War Department:

For use in the claim indicated below, you are respectfully requested to furnish this Bureau with a full military history and personal description, including birth-place and occupation, of Lucius A. Hesselton *who, it is alleged, entered the service* Aug. 15, 1864 *as a* Pvt. *in Co.* G, 7 *Reg't* Vt. Inf. *and was discharged* July 25, 1865.

I. Orig. No. 1944415

[illegible]
Commissioner.

6—842

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Lucius A. Hesselton *Co.* G, 7 *Reg't* Vermont Inf. *the records show the following:*

Age 18 yr, *height* 5 *feet* 3 *inches,*
complexion light
eyes blue, *hair* brown
place of birth Cavendish, Vt.
occupation farmer.
enrolled Aug. 15, 1864
and M. O. July 25, 1865
as a private *on* Ind. roll.

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

H. C. Ainsworth
The Adjutant General.

Per [illegible]

Washington, D. C., JUN 19 1908

(Commissioner of Pensions.)

3—014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }
County of Middlesex } ss.

On this 21 day of May, A. D. one thousand nine hundred and Eight, personally appeared before me, a Notary Public within and for the county and State aforesaid, Lucius A Hesselton, who, being duly sworn according to law, declares that he is 62 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Cavendish Vermont under the name of Lucius A Hesselton, on the 15 day of August, 1864, as a Private, in Co G 7th Regiment Vermont Veteran Infantry Volunteers
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Clarksville Texas, on the 25 day of July, 1865

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

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 inches; complexion, Light; color of eyes, Blue; color of hair, Brown; that his occupation was a Farmer; that he was born May 15, 1846, at Cavendish Windsor County Vermont

That his several places of residence since leaving the service have been as follows: Cavendish Vt from Aug to Sept 1865 to Springfield until July 3 1869 Harvard Mass until June 14 - 1870
(State date of each change, as nearly as possible.)
South Acton Mass to date

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

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is South Acton, county of Middlesex, State of Massachusetts

Lucius A Hesselton
(Claimant's signature in full.)

Attest: (1) George T Ames.
(2) Charles H Clark

Also personally appeared George T. Ames, residing in South Acton, Mass. and Charles H. Clark, residing in South Acton, Mass, 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 Lucius A. Hesselton, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 37 years and 21 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted
S. A. Cuddy,
Chief, Law Division.

George T Ames.
Charles H Clark
(Signatures of witnesses.)

der C B SUBSCRIBED and sworn to before me this 21st day of May, A. D. 190 8, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words, erased, and the words, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

H. E. Clough
(Signature.)
Notary Public
(Official character.)

PENSION OFFICE. MAY 22 1908

6—803

3—014.

No Claim

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No.

Name, Lucius A. Hamilton

Service, Q. M. Sergt.

INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having jurisdiction of its seal, a notary public, a justice of the peace, or officer authorized to administer oaths for general purposes. If such officer is not required by law to use a seal, his official character, signature, and title of office must be certified by the proper State, county, or city officer under his official seal, unless such officer has been filed in the Bureau of Pensions for official reference.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

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

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: *February 6, 1907.*

6—303

Lucius Augustus Hesselton
and Lucia Augusta Hesselton, Twins. Born in Cavendish Vt. May 15th, 1846.

A true record, Attest, E. G. White
Town Clerk.

****

Town Clerks Office Cavendish Vt. May 14th. 1908.

I hereby certify that the above is a true copy of the record of the birth of Lucius Agustus Hesselton and his twin Sister found on page 14 of Vol. 6 of the records of births in Cavendish Vt.

Attest Marion C. White
Assistant Town Clerk.

****

State of Vermont
Windsor County ss. At Cavendish in said County on this 14th. day of May A. D. 1908, Marion C. White Assistant Town Clerk of Cavendish Vt. and to me personally known, personally appeared and made oath to the truth of the foregoing certificate in due form of law,

Before Me;

Notary Public.

3—812

REIMBURSEMENT

Certificate No. 1147948

Pensioner Lucius A. Hesselton

Class SOLDIER

Date of Death

Claimant Alva Drew

Post Office

Received , 193

FEB 6 1939 Cert State for Dec
L.E. Hong showing amt of
Chargeback for Arthur Drew
Comm. State Aid & Pensions
Boston, Mass. state aid $4.
Allowed.
Leon R. Gridley, Serviceman's
Bureau, Detroit, Mich. admin.
F.B.F.

3-1638

INCREASE

ACT OF JUNE 9, 1930

Cert. No. 1147 948

Lucius A. Hesselton

P.O.,

County,

State,

Application filed Jan 12, 1931

Service,

JAN 23 1931 Cir Court Eng

Veterans Adm. Sh

Attorney,

P.O.,

County, State,

Act of Feb. 6, 1907

[3—216.]

Weaver Ex'r. INVALID.

No. 1374415

Acts of July 14, 1862, and March 3, 1873. 2/82

Lucius A. Hesselton

P. O. South Acton, Middlesex Co, Mass.

Service: G. 7. Vt. Inf.

Enlisted: Aug 15, 1864

Discharged: July 25, 1865.

Application filed: May 22, 1908

Alleges: No claim

Re-enlisted:

Attorney:

P. O.

Recognized. Contract.

Cert. of Dis. Searched for, 18

(9366—3,000.)

12

Notified June 13, 1908,

ME. June 17, 1908, ~~Adj. and made.~~ W.

N. H. June 22, 1908 W.

[redacted]

~~N. J.~~ W.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

[redacted]

No.....

Act of Feb. 6, 1907

INVALID

Cert. No. 1147948

Name, Lewis A. Hesselton

Rank, Priv., Service, Co G 7 Regt

Vt Vol Inf

Agency: Original Roll: Boston

Transf'd 1, to Group 3

" 1, to

Issued July 8, 1908

Mailed JUL 9 1908

Rate and period, $ 12, from May 22, 1908

Fee, $

Deductions:

Disability: ✓

Entered

1 Issue. Class Orig

Issued Jan 21, 1913

Mailed JAN 22 1913

Rate and period, $ 15.50, from May 28, 1912

Fee, $

Deductions: 0

✓

Disability ACT OF MAY 11, 1912

Entered

2 Issue. Class Reo

6—500

Issued June 27 1916

~~Mailed~~

Rate and period, $ 19, from May 15 1916
$ 22.50 " May 15 1921

Fee, $

Deductions: ✓

Disability:

ACT OF MAY 11, 1912.

Entered

Issue Class

Issued MAR 2 1931

Mailed

Rate and period, $ 100, from Oct. 3, 1930

Fee, $

Deductions: Act of June 9, 1930

Disability:

REIMBURSEMENT
ALLOWED
MAR 7 - 1932

Entered

Issue Class

INDORSEMENTS.

Mch. 10/17. Soldier should send P.O. ad. when 70 atty

July 7/16. Soldier rate now Lin. C. to $19 - May 15/16. atty

7-14-31 - Servicemen's Bureau Bent application for Reimbursement sent. - pvt. Div. N.C.S.