

3-173.

Eastern Div.

ave, Ex'r.

Idam No. 1201346

Francis W Knapp

Co. Mus. 13 Reg't Massvol Inf

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. January 4, 1898

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,

Mr Francis W Knapp

Wilmington Ave.

Revere, Mass.

Commissioner.

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

Answer: Yes - Louisa A Knapp - Louisa A Croker

No. 2. When, where, and by whom were you married? Answer: Sept 17 1856

Charlestown ^{Mass} by R. Hutchins

No. 3. What record of marriage exists? Answer: marriage Certificate

Recorded at City Hall Charlestown

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: four

Julie 24 1857

Emma W Knapp

Feb 16 1859

Leora F Knapp

Oct 15 1860

Daisy D Knapp

Jan 27 1875

Date of reply, January 6, 1898.

Francis W Knapp

(Signature.)

3-447.

L. J. F. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., September 22nd, 1904,

SIR:

To aid this Bureau in preventing anyone 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. Francis W. Knapp,
(Boston (Beachmont),

E. J. Ware
Commissioner.

#1005 Winthrop Ave., Mass.

1. When were you born? Answer. Dec 31 1835
2. Where were you born? Answer. Roxbury Mass
3. When did you enlist? Answer. Sep 12 of July 1861
4. Where did you enlist? Answer. Marlboro Mass
5. Where had you lived before you enlisted? Answer. Acton Mass
6. What was your post-office address at enlistment? Answer. Marlboro Mass
7. What was your occupation at enlistment? Answer. Carpenter
8. When were you discharged? Answer. 27 of August 1862
9. Where were you discharged? Answer. Marlboro Va
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence. Charles town Mass from 1862 to 1885 and Beachmont Mass 1885 to 1904
11. What is your present occupation? Answer. Carpenter
12. What is your height? Answer. 5 feet 10 inches. Your weight? 160
The color of your eyes? Blue The color of your hair? Sandy Your complexion? Light Are there any permanent marks or scars on your person? If so, describe them. No
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.

Francis W. Knapp

WITNESSES:

1. J. B. Fennell
2. J. M. French.
(Witnesses who can write sign here.)

Date: Sep 28 1904

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass.
County of Middlesex } ss.

On this 6th day of January, A. D. one thousand nine hundred and eleven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Francis W. Knapp, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Acton county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Fort. Independence Boston under the name of Francis W. Knapp, on the 16 day of July, 1861, as a Musician, in of Regt Band of 13th Regiment of Mass. Vols.
(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 at Warrenton Va. (State name of war, Civil or Mexican.) on the 27 day of August, 1862. 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 10 inches; complexion, Sandy; color of eyes, Blue; color of hair, Sandy; that his occupation was Carpenter; that he was born Dec 31, 1835, at Boxboro. Mass.

That his several places of residence since leaving the service have been as follows:
1862-1885. Charlestown Mass. 1885-1905. Revere Mass
(State date of each change, as nearly as possible.)
1905 to date Acton Mass.

That he is a pensioner. That he has heretofore applied for pension under certificate # 1092805
(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 Acton, county of Middlesex, State of Mass.

Francis W. Knapp
(Claimant's signature in full)

Attest: (1)
(2)

Also personally appeared Charles T. Crafts, residing in Somerville Mass. and Wm D Tuttle, residing in 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 Francis W. Knapp, 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 35 years and 5 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Charles T. Crafts
William D Tuttle
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 6 day of January, A. D. 1911, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words , erased, and the words , added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Horace T. Tuttle
(Signature.)
Justice of the Peace.
(Official character.)
Acton Mass.

Certificate on file at Washington
JAN 10 1911
OFFICE

ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass., County of Middlesex, ss:
On this 20th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Francis W. Knapp who, being duly sworn according to law, declares that he is 76 years of age, and a resident of Acton, county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Fort. Independence Boston Mass., under the name of Francis W. Knapp on the 16th day of July, 1861, as a Musician, in Regt Band 13 Regiment Mass. Vol M.
(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 at Warrenton Virginia, on the 27 day of August, 1862.
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 10 inches; complexion, Sandy; color of eyes, Blue; color of hair, Sandy; that his occupation was Carpenter that he was born Dec 31 1835, 1835, at Buxton Mass

That his several places of residence since leaving the service have been as follows: Charlottesville 1862 - 1882 Revere 1882 - 1901 Acton 1901 to date
(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 1092805. 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.

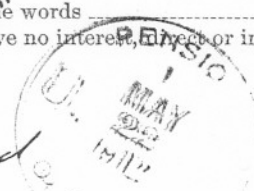
That his post-office address is Acton, county of Middlesex, State of Mass.

Attest: (1) _____
(2) _____

Francis W. Knapp
(Claimant's signature in full.)

SUBSCRIBED and accepted to before me this 20th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____
[L. S.] A. Cuddy, Chief, Law Division, added the words _____ and that I have no interest, direct or indirect, in the prosecution of this claim.

per A
Certificate filed



Horace F. Tuttle
(Signature)
Justice of the Peace
(Official character.)

98 A. CUDDY, Chief, Law Division
certified
ate

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

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

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

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

Very respectfully,

G. M. Sargent

FRANCIS W. KNAPP,
REVERE MASS
1092805 ACT MAY
41 LIBRARY ST



- No. 1. Date and place of birth? Answer. *Boston Mass 1835 Dec 31*
The name of organizations in which you served? Answer. *13 Reg Mass Vol Band*
- No. 2. What was your post office at enlistment? Answer. *Marlboro Mass*
- No. 3. State your wife's full name and her maiden name. Answer. *Leora A Knapp - Becker*
- No. 4. When, where, and by whom were you married? Answer. *12 Sept 1856 in Charleston Mass*
- No. 5. Is there any official or church record of your marriage? Answer. *No*
If so, where? Answer. *No*
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *No*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *Never married before*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *No. Dec in 1912 May 9 1912*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
Lillia F Knapp July 24 1857
Emma W Knapp Feb 16 1859
Leora A Knapp Oct 16 1860
Daisy D Knapp Jan 27 1874

Date *March 24 1915*

(Signature) *Francis W Knapp*

[illegible]

APPLICATION

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.) No

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?.....

22. When did the pensioner's last sickness begin? March 1921

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? Since March 1921

24. Give the name and post-office address of each physician who attended the pensioner during last sickness.....
Dr. J. L. Pickard, 6 Highland St.,
Concord Junction, Mass.

25. State the names of the persons by whom the pensioner was nursed during the last sickness.....
Nursed by this claimant and
Mrs. Holmes a friend

26. Where did the pensioner live during last sickness? Acton Center, Mass.

27. Where did the pensioner die? Acton Center, Mass.

28. When did the pensioner die? April 21, 1921

29. Where was the pensioner buried? West Acton (Mr. Scope's)

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

31. State below the expenses of the pensioner's last sickness and burial. Write the word none where no charge is made in case of any item of expense noted.

(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.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT:	
J. L. Pickard	Physician	Unpaid	30	00
	Medicine			
O. S. Fowler	Nursing and care	no charge	00	00
	Undertaker	Unpaid	207	25
	Livery			
	Cemetery			
	Other expenses and their nature:			
	TOTAL		\$237	25

32. Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) Yes

That my post-office address is No. 0, on — street,
town or city of Acton Center, County of Middlesex,
State of Mass.

(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.)

Irene French.
(Claimant's signature in full.)

3-044

APPLICATION FOR REIMBURSEMENT

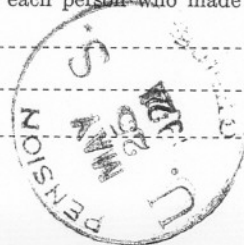
(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Mass } ss.:
COUNTY OF Suffolk }

On this 20 day of May, A. D. one thousand nine hundred and twenty-one,
personally appeared before me, a Notary Public within and for the County and State aforesaid,
Irene French, aged 47 years, a resident of
Acton Centre, County of Middlesex, State of
Mass, who, being duly sworn according to law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
Francis St. Knapp, who was a pensioner of the United States by
certificate No. 1092805, on account of the service of Francis St. Knapp
in Musicians Band 13th Mass Inf (Name of soldier or sailor.)
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)
That pension was last paid to March 4, 1921.

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.

- What was the full name of the deceased pensioner? Francis St. Knapp
- In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Soldier
- If decedent was pensioned as an invalid soldier or sailor —
 - Was he ever married? (Answer yes or no.) Yes
 - How many times, and to whom? Once - Laura A. (Crocker)
 - If married, did his wife survive him? (Answer yes or no.) No
 - If so, is she still living? (Answer yes or no.) No
 - If not living, give full names and dates of death of all wives Laura A. Knapp
Died May 9, 1912
 - Was he ever divorced? (Answer yes or no.) No
 - If so, is the divorced wife still living? (Answer yes or no.) No (If living, a copy of the decree of divorce must be filed.)
 - If not living, give her full name and the date of her death
- Did pensioner leave a child under 16 years of age? (Answer yes or no.) No
- Is any such child still living? (Answer yes or no.) No
- Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid No
- Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No
- If so, give the name of each company in which a policy was carried and the amount in which each policy was written
- Who was the beneficiary named in each policy?
- What was the relation of each beneficiary to the pensioner?
- Were the premiums paid by the deceased pensioner?
- If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account



Also appeared Lena F. Grafts and Pearl R. Livemore
 who, being duly sworn, say that they saw Irene French, the claimant, sign her
 name ~~(or make)~~ (mark) to this application; 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? April 21, 1921

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

4. We knew pensioner 30 years. We believe above statements to be true because of our acquaintance with the deceased pensioner

Name Lena F. Grafts Name Pearl R. Livemore
 P. O. Address 15 Curtis St. Lowell, Mass. P. O. Address Box 63 Acton Mass.
 Subscribed and sworn to before me, this 20th day of May

A. D. 1921; 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 Excellent

DECLARATION ACCEPTED
 A CLAIM UNDER THE ACT OF
 MARCH 2, 1883.
 CHIEF, LAW DIVISION

Carl A. Bolton
 (Signature.)

Notary Public
 (Official character.)

PER W. R. B.

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Apr 21 '21

Give date of commencement of pensioner's last sickness March 1921

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Feb. 20

During what period did you attend the pensioner? Feb '21

State nature of disease from which pensioner died Chronic valvular heart
arteriosclerosis

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Mrs. Holmes

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

Does your bill include a charge for all medicine furnished the pensioner during last sickness? yes

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

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

May 17, 1921

Harish L. P. R. R. R.
 Attending Physician.