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,

GEORGE W.KNAPP,

REVERE, MASS.

768318 ACT MAY.

41 LIBRARY ST

MAR Commissioner.

	No. 1. Date and place of birth? Answer. George M. Graph. Aug 27. 1829. Boxbow Mass.
	The name of organizations in which you served? Answer. Shand Army!
	No. 2. What was your post office at enlistment? Answer. South Manney. Mass. No. 3. State your wife's full name and her maiden name. Answer Manney. Edma. Janaphys.; Manney. E. Mood. No. 4. When, where, and by whom were you married? Answer.
	No. 5. Is there any official or church record of your marriage? If so, where? Answer.
	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
HERE.	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer
FOLD	
	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. 8. Are you now living with your wife, or has there been a separation? Answer. Shu died. Aug. 8. 1707
HERE,	No. 9. State the names and dates of birth of all your children, living or dead. Answer.
FOLD	Teorge Trapp bom April 19-1853 - died 1897
	Benjamin S. Knapp. Fab. 8. 1874. Living.
	March 29 1815 Garage 211 K. 1911

BUSTON,
Name Lorge That Bepartment of the Interior, BUREAU OF PENSIONS,
Name Lorge Durage BUREAU OF PENSIONS,
Washington, D. C., January 15, 1898.
SIR:
In forwarding to the pension agent the executed voucher for your next
quarterly payment please favor me by returning this circular to him with
replies to the questions enumerated below.
Very respectfully,
Heky Evan A.
Commissioner of Pensions.
First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Lancy & Hook. Second. When, where, and by whom were you married? Answer. July 26 # 1897. Lysses Mars. Rev Author Bonnes. Third. What record of marriage exists? Answer. At Salem, Mass. When license was fractured.
Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer. Levense P. Lesfether. End June 26 July 18 July
Date of reply, June 1 3, 1898. Sea W Single & Bak. (Signature) 5301b750m1-98

Commonwealth of Massachusetts.

Cof 768318

Essex, ss.

At the Supreme Judicial Court begun and held at Salem, within and for the County of Essex, on the first Tuesday, (being the fourth day) of November, in the year of our Lord one thousand eight hundred and seventy-three.

150. Knapp, liblt. vs Knapp.

George W. Knapp, of Lynn, in the County of Essex, libels and represents that he was lawfully married to Rebecca P.

Knapp, now of parts unknown, at Danvers, on the twenty-second day of March, A. D. 1851, and thereafterwards the libellant and the said Rebecca P. lived together as husband and wife in this commonwealth, to wit: at said Danvers and at said Lynn; that the libellant has always been faithful to his marriage vows and obligations, but the said Rebecca P. being wholly regardless of the same, at Lynn aforesaid, on the seventh day of July, A. D. 1865, did wilfully and utterly desert the libelland without his consent and ever since said seventh day of July has wilfully and utterly deserted the libellant. Where- MAR forethe libellant prays that a divorce from the bonds of matrimony may be decreed between the libellant and the said Rebecca P. Knapp.

This libel was entered at the November term, 1872, when it appeared to the Court that all proceedings required by law had been had upon the same. And the said Rebecca P. Knapp although solemnly called to come into Court and show cause why the prayer of said libellant should not be granted, did not appear but made default. And the evidence adduced in support of said libel having been heard and understood, the Court were of opinion that the material facts, therein alleged, were satisfactorily proved. It was therefore considered and decreed nisi by the

REPRODUCED AT THE NATIONAL ARCHIVES'

Court that the bonds of matrimony theretofore entered into between the said George W. Knapp and the said Rebecca P. Knapp, for the desertion of the said Rebecca P. be dissolved; the decree to be made absolute, on motion, after the expiration of six months from the first publication thereof, upon compliance with the terms thereof, unless sufficient cause to the contrary should appear. And now the said period of six months having expired, and it being made to appear that the said libellant has complied with the terms of said decree, and no cause to the contrary appearing, it is CONSIDERED by the Court there, that the decree aforesaid be made absolute; of which all persons interested are to take notice, and govern themselves accordingly.

Commonwealth of Massachusetts.

Essex, ss.

I, Egra L. Foodbury. Assistant Clerk of the Supreme Judicial Court, do hereby certify that the foregoing is a true copy of record.



In testimony whereof, I hereunto set my hand and affix the seal of said Supreme Judicial Court this fifth day of March, in the year of our Lord one thousand nine hundred and eighteen.

Ezra L. Nordenny

Ass't. Clerk.



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.
COUNTY OF Suffolk (SS.:
Tell 1
On thisday of
personally appeared before me, a fund to must be within and for the County and State aforesaid,
Surfamin a Knafifi, aged for years, a resident of
County of Suffer County of State of
, who, being duly sworn according to law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of
certificate No. 7 6 8 3 / Fron account of the service of Longe St. Anath.
in 2 nd Indit les Mass Shartstar (Marine of soldier or sailor.)
(Describe service by company and regiment, etc. 15th the Army, or by the words U. S. Navy, if in the Navy.) That pension was last paid to
That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information,
and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or
withheld.
1. What was the full name of the deceased pensioner? Sunge W. Knaff
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
as invalid soldier.
3. If decedent was pensioned as an invalid soldier or sailor —
(a) Was he ever married? (Answer yes or no.) (b) How many times, and to whom? Thurstinus Rebeca Horton.
(b) How many times, and to whom? I have tunes. Rebeca Horton,
(c) If married, did his wife survive him? (Answer yes or no.)
(d) If so, is she still living? (Answer yes or no.)
(e) If not living, give full names and dates of death of all wives Don't know about 1 should
Rebeira Norton - alvena died about 40 years ago - Narry E dies
(f) Was he ever divorced? (Answer yes or no.) (fis from 1866)
(g) If so, is the divorced wife still living? (Answer yes or no.) down (If living, a copy of the
(h) If not living, give her full name and the date of her death. He was not king.
anything about the first wife except from hearsay
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)
5. Is any such child still living? (Answer yes or no.)
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.)
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
o. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
9. Who was the beneficiary named in each policy?
10. What was the relation of each beneficiary to the pensioner?
11. Were the premiums paid by the deceased pensioner?
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that
account
EMBION
FER 6—1572
(1) 18 S.)
1010

10042	10 20 M			2	1.
13.	Is there an executor or administrator, or w	ill application be made for appointm	ent of any person as admi	nistrator?A	0
	40123		O ₄		/
14.	Did the deceased pensioner leave any mor	ney, real estate, or personal propert	y?		V
15.	If so, state the character and value of all $$	such property			V
16.	What was the assessed value (last assessm	nent) of the real estate?			
17.	How was the pensioner's property dispose	d of?			
18.	Did pensioner leave an unindorsed pension	n check? (Answer ves or no.)	No		
	What was your relation to the deceased p		Sou		
	Are you married? (Answer yes or no.)		Ød.		
21	What was the cause of pensioner's death?	arterio seles	sois-		
21.	When did the pensioner's last sickness be	in allow of the	middle of	Store	12
22.	From what date did the pensioner becom	gmi	delle etter dense ef ene	th on managem one	natantly.
20.	until death?		d daily attendance of ano	ther person cor	istantiy
24.	Give the name and post-office address of		ensioner during last sickne	ess	
		d, 76 Beach St			
	State the names of the persons by whom				,
	It is nece this I	W- Tyuch took s	are of hum	with	2
	voluntees assistance	from fruno	4		
		- 0			
26	Where did the pensioner live during last	sickness? 105 Eustis	St- Revise 1	Mass.	
	Where did the pensioner die?				
	When did the pensioner die?	1			
	Where was the pensioner buried?				
	Has there been paid, or will application	,		of the expense	es of the
	pensioner's last sickness and burial by				Lea
1	State below the expenses of the pension	S. from State	of Mass	, and	allon
91	case of any item of expense noted.	her's last sickness and buriar.	The die word none where	no chargeois	made m
	(Each charge entered below should be s	supported by an itemized bill of th	ne person who rendered t	he service or f	urnished
sik	y supplies for which reimbursement is den de for payment, and contain the name of t	he pensioner for whom the expense	was incurred or service re	endered.)	respon-
=			C W D	1	
	Names.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	Amoun	T.
-5	Da. Willis G. Bond		Mat P.	Q	00
1	Sa. Wille St. 1 Journ	Physician		0	<i>U.</i> U <i>V</i>
7	in O Francisco	Medicine You	D1	1.5	20/
7	Write 1 OF 1	Nursing and care	n J D	101	00
×	Janu 1 - M Mite	Undertaker	gos foid	101	00
		Livery			
		Cemetery			
	0 6	Other expenses and their nature:		4.5	
w	y J. Thenell	Dona	Nor paid	28	0.01
	0		/		
		Тотат		152	
=					
32	. Is the above a complete list	of all the expenses of t	he last sickness a	nd burial	of the
32	deceased pensioner? (Answ	(1100		(Roon	~222
	That my post-office address is No	2 2 //5/	utmaton	ave	. stund
				lillo	/S01000;
	wn or city of	Count	y of	7-0-0/5	,
St	ate of	at in a married warrant also is a second	od to sign the application	with her own f	ull nama
no	(When the claimant for reimbursement using the Christian name or the initials	of her husband, and all bills should	be receipted to her in her	r own name.)	un name,
		R	· 1 4	11-11	,
	6—1572	Joley	(Claimant's signature in	Mappe	
	0 -1012	1	Ciginiant a signature III	////	

Also appeared who, being duly sworn,	Leona H. Crafts			
		7 94696	mus M	Junels.
	say that they saw Beligion	mm a.	Knaffr, tl	e claimant, sign Lux
	to this applica		he claimant herein and	that their answers to the
following questions are	true:			4.
1. Did pensioner	r (if a soldier or sailor) leave a wi	idow or a minor child u	nder age of sixteen year	rs surviving?
		7/0		
2. When did the	pensioner die?	-, 29, 191	7	
	leave any property? If so, stat	' '	1/1/	
				A
4. We knew pen	sioner 30 vears. We bel	lieve above statements	to be true because	ve have
known?	the dece	ased ,	bension	r all
om li	vs			
Name hearta	Florafte	Name &	una W	· Durnels
	surtil St. W. Son			
	sworn to before me, this			
(,				
	ertify that the contents of the for			V
	wearing, that I have no interest,			aim, and I further certify
that the reputation for	credibility of the witnesses whos	e signatures appear ab	ove is	1. 9. 1
RATION AGGER	TED AS		Cle Jay V	(Teon
UNDER THE	ACT OF		SPECIAL (COMMISSIONER, V
2, 1222, G	HILFICALE ON FILE		PENSION J	DEPARTMENT
OHIEF, LAW	DIVISION,		STAT	e House,
		F ATTENDING P	BOSTON,	· · Mass
Give date of the pension	ement of pensioner's last sickness	The last stage	9/ Tasto. De began about	mudels of Move
Nov	the pensioner require the regu		roz WM	
During what period die	d you attend the pensioner?	From Nov. 2	1.1917 6. 96	1.29.1917
State nature of disease	from which pensioner died. A	Erlena Seles	is of Remal	year elemeny
The last-	Im or livelar day	s his slower	els grave out	- and bee
could	rat relain nous	struct		
	son who rendered service as nurse	e, and who has made o	r will make a charge for	such service
Give name of each per	11 11 1	took co.		
	mis flotring	more auc	of him nich	votanter
His necie		in the care	of him mer	votimiles
His necie	in fra fraids.		1	Potrulles
His necie			1	ortifulli
Chris Mucie assister Give name of any other	ner from fronts. er physician who attended the per	nsioner in last sickness.	None	
Give name of any other	er physician who attended the per	nsioner in last sickness.	None	
Give name of any other	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	None	
Give name of any other	er physician who attended the per	nsioner in last sickness. ed the pensioner during	None	
Give name of any other Does your bill include Has your bill been paid	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	~
Give name of any other Does your bill include Has your bill been paid	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	~
Give name of any other Does your bill include Has your bill been paid	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	~
Give name of any other Does your bill include Has your bill been paid	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	~
Give name of any other Does your bill include Has your bill been paid Mention any other fact	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	~
Give name of any other Does your bill include Has your bill been paid Mention any other fact	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	Jour last sickness?	s claim for reimbursement:
Give name of any other Does your bill include Has your bill been paid Mention any other factor	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	Jour last sickness?	s claim for reimbursement:
Give name of any other Does your bill include Has your bill been paid Mention any other fact	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	More last sickness?	s claim for reimbursement:
Give name of any other Does your bill include Has your bill been paid Mention any other factor	er physician who attended the per a charge for all medicine furnished; if so, by whom?	nsioner in last sickness. ed the pensioner during	Jour last sickness?	s claim for reimbursement:

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

Massachusetts	
State of -1 1 1 1 1 88.	
County of	
On thisday of	UE,
personally appeared before me, a fortary fublic within and for the	county
and State aforesaid,	
declares that he is 82 years of age, and a resident of	
county of, State of, State of, and that he	is the
identical person who was enroused at Jouth Danvers Mass under the m	ame of
Glorge W. Knafep, on the 30th day of Myust,	18-6/,
as a Mruvale, in 2 at Company Mary Morrolls, & d., (Here state rank, and company and regiment in the Army; or vessels, if in the Navy	
regiment Mass. Polanteers (aring)	
in the service of the United States, in the war, and was Honorably Disc	HARGED
at Boston, Mass, on the 17th day of October,	1864
That he also served	10,*
(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	
above. That his personal description at enlistment was as follows: Height, ————————————————————————————————————	
pation was lar heuter; that he was born Boyloro, Mass augus	129,
pation was, that he was born, i	0-29-,
That his several places of residence since leaving the service have been as follows:	
Trenn mass 1866 to 1897. Salow Mass us	rtil
1910. 11:00 1919 al Portero Mars	(g
	Cton acca
0. 3.	y, "ation
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	Urated
States under the provisions of the act of May 11, 1912.	Som.
That his post-office address is Kevere, county of Suffe	R
State of Massachusetts	,
Seoral W Knash	1.
Attest: (1) Charles & Januer (Olemant's signature in full.)	7
(2) Hanter B. Jurnele	
	27
Subscribed and sworn to before me this 27th day of May, A. D.,	191 2
and I hereby certify that the contents of the above declaration, etc., were	e fully
made known and explained to the applicant before swearing, including	U
words, and the words,	,
[L. S.] and the words, and that I have no interest, direct or indirect, in the prosecution of this cla	
Aberdeen H. Schied	
MAY S (Signature.)	
1 29 Volary Vublice	
(Official character.)	
OFF.	

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Max	0
County of Ess	
On this	'/ //
personally appeared before	
and State aforesaid,	years of age, and a resident of Saleur Mass.
	years of age, and a resident of the state of
	ENROLLED at So Danvero Mass under the name of
	ev Guafafo, on the 30 day of august, 1861,
as a privalé,	in 22 class Real 2 6 Shanksleoolero (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the Ut	nited States, in thewar, and was Honorably Discharged
Bosto	(State name of war, Civil or Mexican.) — Mass, on the 17 day of 0 ct 1864
That he also served	(Here give a complete statement of all other services, if any.)

	oyed in the military or naval service of the United States otherwise than as stated
above. That his person	al description at enlistment was as follows: Height, feet inches; color of eyes, because ; color of hair, form; that his occu-
nation was	; color of eyes, color of hair, colo
at Doxtoro	mass.
That his several place	et of Pesidence since leaving the service have been as follows:
4 (<u>1111)</u>	(State date of each change, as nearly as possible.)
	(State date of each change, as hearly as possible.)
That he is	a pensioner. That he has heretofore applied for pension
	pertificate number only need by 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 th	address is 10 Horran St Saleur, county of Essex
State of Charles	and Finn George WKraph (Claimant's signature in tyll.)
Attest: (I) May	Mi Fryn (Claimant's signature jh ipil.) 1. Dallon
Also personally appear	ared Edwart F. Frum, residing in Saleur Mass
and Lankin	a Dalton, residing in Valeur mass, persons whom I
	and entitled to credit, and who, being by me duly sworn, say that they were present
to the foregoing declaration	on; that they have every reason to believe, from the appearance of the claimant and their
	of years and years, respectively, that he is the identical person he and that they have no interest in the prosecution of this claim.
	Kidward Finn
	Validity accepted Kaskin A. Alcellori (Signatures of witnesses.)
0	S. A. Cuddy, (Signatures of witnesses.) Chiefwdrawd beisigne this 21 day of 75 day, A. D. 190.)
PORSCRIRED	and Lhereby 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,
[L, s.]	and the words, added ;
in the state of th	and that I have no interest, direct or indirect, in the prosecution of this claim.
	Frankhalton
	Motary Inblig.
	FEB S. (Official character.)

WAR DEPARTMENT

Caalemoin Sign Ex'r.

Department of the Interior,

BUREAU OF PENSIONS.

Commissioner.

6-280

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON,

JUL 15 1907

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case
I have been the History
of George W. Knapp.
12 Mass. S. S.
said organization was
attached to the 22 mass.
0 1 -1 1 1 1 1 1 1
Enfuntil Sept or Oct.
18162.
07
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JUL G.
U. 16 P.
1901
OFFIC
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36.1
10 menorth
The Adjutant General.