

41705

Cert # 417,572

Maria Scott

CERTIFICATE OF DEATH.

OFFICE HEALTH DEPARTMENT,
SAN FRANCISCO, CALIFORNIA, UNITED STATES OF AMERICA.

No. 2983

San Francisco,

Dec 8

1891.

Name *Jessie E. Scott*

Previous Res. _____

Sex *Male* Book *K* Page *225*

Place of Death *1818 Larkin St*

Age *58* years — months — day

Date of Death *Nov 27 1891.*

Occupation _____

Cause of Death *Disease of the Heart*

Nativity *Virginia*

Where Buried *City Cemetery*

Physician *H.B. Right*

Undertaker *Martin Morrison*

John S. Sawler
Secretary Health Department.

I CERTIFY, That the above is a true abstract from the Mortuary Records in
Office Health Department of the City and County of San Francisco, California.

James W. Keene M. D.
Health Officer.

Date Sol. death, *Nov 27/91 R*

UNITED STATES OF AMERICA.
State of Louisiana, Parish of Orleans.



Office of the Board of Health, Recorder of Births, Marriages and Deaths

This is to Certify, That it appears from the Records of this office, that on this day, to-wit:
the Twenty Ninth of July in the year of our Lord one thousand eight hundred
and Seventy Eight and the 103 of the Independence of the United States of
America, (July 29 1878) was registered a marriage, celebrated in the City of New Orleans,
State of Louisiana, United States of America, by Rev Henry M Smith on the 18 day of
July 1878 between J. C. Scott aged _____
years (____ years,) a native of Virginia son of Jesse Scott
and A. S. Irvine; and Mrs Maria Rhodes
aged _____ years, (____ years,) a native of Ireland
daughter of Mr Mullen and C. Mullen. The celebration of
the marriage was performed in presence of the witnesses:

Wm. Asstew M. C. Brewster

The License was issued on the 18 day of July 1878, by Wm John Mc Cormick
Justice of the peace in presence of the witnesses,

I do Certify, the foregoing to be a true and faithful copy from the original recorded in the Book of
Marriages, No. 6 Folio 833

In Testimony Whereof, I have set my hand and affixed the seal of my office, at the City of New
Orleans, this Twelfth day of January
in the year one thousand eight hundred and ninety Five
and the 116 of the Independence of the United
States of America.

P. Henry Lanoue
Deputy Recorder of Births, Marriages and Deaths, Parish of Orleans.



DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having custody of the Seal.

State of *California* County of *San Francisco*, SS;

ON THIS _____ day of _____ A. D. one thousand eight hundred and _____, personally appeared before me _____

of the _____ a COURT OF RECORD within and for the county and State aforesaid *Jesse E. Scott* aged *57* years, who, being duly sworn according to law, declares that he is the identical *person*

who was ENROLLED as a *private* on the *on or about* *10th* day of *August* 18. *61*, in Company *13* of the *8th* Regiment of *Indiana Infantry Vols* commanded by *Col Benton* and was honorably DISCHARGED at *New Orleans La* on the *6th* day of *January* 18. *66*, that his personal description is as follows: age *57* years, height *5* feet *11* inches; complexion *Dark*; hair *Grey*; eyes *Dark brown* That while a member of the organization aforesaid, in the service and in the line of duty, at _____ in the State of _____

on or about the _____ day of _____, 18 _____, he *first enlisted* as a *private* was *first-Commissioned* as a *Lieutenant* on the *20th* day of *August* 18. *61* in *Co G 8th Indiana Vols* infantry served with *his Regt* - about *six months* then was placed on detached duty acting assistant quartermaster *1st Brigade General Curtis's Command* near *Springfield Mo.* was acting in *efficiency* *Capacity* until *1864* in *February 29th* *1864* was *Commissioned* as *Capt and C. 2^d in* *Commissioned* by *President Lincoln* and *Continued* in that *Capacity* until *mustered out Jan 6th* *1866*

he states that the hearing of both ears have become very much impaired so much so that it incapacitated him from business his sight is also affected with what is called double vision he was treated in hospitals, as follows: *None* Vision he is also affected with *Palsy* in the lower limbs which disables him from manual labor

That he was treated in hospitals, as follows: *None* Vision he is also affected with *Palsy* in the lower limbs which disables him from manual labor

That he has *never* been employed in the military or naval service otherwise than as stated above

That he has not been in the military or naval service of the United States since the *6th* day of *January* 18. *66* That since leaving the service this applicant has resided in the *City and County of San Francisco* in the State of *California*, and that his occupation has been that of a *small farmer*

That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a *very good* *business* That he is now *totally* disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States He hereby appoints, with full power of substitution and revocation *Matthew Harris* of *14 Ferry St. San Francisco* his true and lawful attorney to prosecute his claim. That he has *never* received *no* applied for a pension; that his residence is No. *818* *Larkin* street *San Francisco California* and that his post-office address is *same as above*

That he is now *totally* disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States

He hereby appoints, with full power of substitution and revocation *Matthew Harris* of *14 Ferry St. San Francisco* his true and lawful attorney to prosecute his claim. That he has *never* received *no* applied for a pension; that his residence is No. *818* *Larkin* street *San Francisco California*

and that his post-office address is *same as above*

Erastus C. Ide *Jesse E. Scott*
(Signature of Claimant.)

Caro Christianance
(Two witnesses who can write sign here.)

ALSO, personally appeared

Erastus E. Lide residing at *240-6th St*

San Francisco and *Case Christianee* residing at

Case Christianee 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

the claimant sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Erastus E. Lide
Case Christianee

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

(Signature of Affiants.)

Sworn to and subscribed before me this _____ day of _____ A. D. 18____,

and I hereby certify that the contents of the above declaration, 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.

Thos Jasper

[L. S.]

Clerk of the _____

Deputy County Clerk and
Ex-Officio, Deputy Clerk
of the Superior Court.

90161



ORIGINAL
INVALID CLAIM
FOR
PENSION.

James E. Scott, Applicant.

Co. *G* *8th* Reg't

Indiana *15th* Vols.

Enlisted *10th* August 18. *61*

Discharged *June 6th* 18. *66*

FILED BY

MATHEW HARRIS,
U.S. PENSION CLAIM AGENT,
14 Geary St. S. F.

Printed and For Sale by J. F. Sherry, Claim Blank Printer
623 D Street, N. W., Washington, D. C.

APPLICATION FOR ACCRUED PENSION.
(WIDOWS.)

State of California, County of San Francisco:

On this 7th day of December, 1891, personally appeared Maria Scott, who, being duly sworn, declares that she is the lawful widow of Jesse E. Scott, deceased; that he died on the 27th day of November, 1891; that he had been granted a pension by Certificate No. 57-7484 which is herewith returned (or if not, state why not) _____

_____ ; that he had been paid the pension by the Pension Agent at San Francisco up to the 4 day of September, 1891; after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, except _____ ; that

she was married to the said Jesse E. Scott on the some day of August, 1878, at New Orleans, in the State of Louisiana; that her name before said marriage was Maria Rhodes; that she had ~~not~~ been previously married; that her husband

~~had~~ (or had not) been previously married; that she hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her residence is No. 818 Larkin St Street, City of San Francisco, County of San Francisco, State of California, and her Post-office address is 818 Larkin St S.F. Cal.

(Widow's signature.) Mrs Maria Scott

Also personally appeared Lillian Chapman, residing at 434 Turk St. San Francisco, and Michael Murphy, residing at 1624 Pacific Ave St., who, being duly sworn, say that they were present and saw Mrs Maria Scott sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Jesse E. Scott, who died on the 27th day of November, 1891; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

Michael Murphy is chaplain of Lincoln Post G. A. R. of which Jesse E. Scott was a member. Lillian Chapman is personally acquainted with the

(Signature of witnesses.) Lillian Chapman
Michael Murphy

Sworn to and subscribed before me on this 7th day of December, 1891, and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

(Signature.) D. D. Jones

State of _____, County of _____, SS:

I, _____, Clerk of the _____ Court of the
County and State aforesaid, do hereby certify that _____
is _____, duly commissioned and qualified; that his commission was dated on
the _____ day of _____, 18____, and will expire on the _____ day of _____,
18____, and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this _____ day
of _____, 188____.

Clerk.

When the amount of accrued pension is large, the following evidence of marriage should accompany
the application for accrued pension:

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye-witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another
party, the death of said party, or divorce from the same must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the
Commissioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should
be witnessed.

APPLICATION FOR ACCRUED PENSION.

WIDOWS.

Certificate No. 577484.

Pensioner *Jeane E. Scott*

San Francisco



MATHEW HARRIS,
U.S. PENSION CLAIM AGENT,

20 Ellis St
San Francisco
Cal.

ACT OF JUNE 27, 1890. DECLARATION FOR WIDOW'S PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of California County of San Francisco, ss:

On this 1st day of December, A. D., one thousand eight hundred and ninety-one, personally appeared before me, [Signature]
DEPUTY COUNTY CLERK AND EX-
DEPUTY CLERK OF THE SUPERIOR COURT.

a Maria Scott within and for the county and State aforesaid, aged 50 years, a resident of the the of San Francisco, county of San Francisco, State of California

, who, being duly sworn according to law, declares that she is the widow of Jesse E Scott, who enlisted under the name of Jesse E Scott at Indianapolis Ind., on the 20th day of August.

A. D. 18 61, in Co's 8th Ind. Vol Inf. was promoted to Lieutenant and then captain and assistant Quarter master of U.S. Vol.
(Here state rank, company, and regiment, if in Military service, or vessel, if in Navy.)

and served at least ninety days in the late War of the Rebellion in the service of the United States, who was HONORABLY DISCHARGED June 6, 1866, and died November 27, 1891.
(The cause of death need not be stated.)

That she was married under the name of Maria Rhodes, to said Jesse E Scott, on the some day of August 1878, by Rev. Mr Smith, at New Orleans.

there being no legal barrier to said marriage. The claimant was previously married to Milton S. Rhodes, who died at St. Charles, Illinois of consumption 4th day August, 1876.
(If there was a former marriage of claimant or her husband, state it here and how dissolved.)

That she has not remarried since the death of the said Jesse E Scott.
(Name of soldier or sailor.)

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

no children, born _____, 18____, born _____, 18____
 _____, born _____, 18____, born _____, 18____
 _____, born _____, 18____, born _____, 18____

That she has heretofore applied for pension and the number of her former application is _____
(Be careful to fill this part of the blank correctly.) That she makes this

declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

She hereby appoints, with full power of substitution and revocation, Mathew Harris
70 Ellis St, of San Francisco, State of California

her true and lawful attorney to prosecute her claim, the fee to be TEN DOLLARS as prescribed by law. That her post-office address is 818 Larkin St S. F., County of San Francisco, State of California.

[Signature]
(Claimant's signature.)

1 Lillian Chapman
 2 Michael Murphy
(Two witnesses who write sign here.)

Also personally appeared William Chapman, residing at 434 Turk St, and Michael Murphy, residing at 1624 Pacific Avenue, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw _____ claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of one years and 4 years, respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

William Chapman
+ Michael Murphy
(Signatures of witnesses.)

Sworn to and subscribed before me this 5th day of December A. D. 1891, 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.

[Signature]
(Signature.)
DEPUTY COURT CLERK AND EX-OFFICIO,
DEPUTY CLERK OF THE SUPERIOR COURT.
(Official character.)

- The Act of June 27, 1890, requires, in widow's case :
1. That the soldier served at least NINETY DAYS in the War of the Rebellion and was HONORABLY DISCHARGED.
 2. Proof of soldier's death (death cause need not have been due to Army service).
 3. That widow is "without other means of support than her daily labor."
 4. That widow was married to soldier prior to June 27, 1890, date of the Act.
 5. That all pensions under this act commence from date of receipt of application in Pension Bureau.

768176

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ACT OF JUNE 27, 1890.

WIDOW'S CLAIM.

CLAIMANT.

Maria Scott.

SOLDIER.

Jesse B Scott.

SERVICE.

*Co "G." 8th regt Indiana
Vol. Inf.
Capt. A. 2. M. U. S. 1000-*

ADDRESS:

Maria Scott.

818 Larkin St

San Francisco Cal

FILED BY

MATHEW HARRIS,
U.S. PENSION CLAIM AGENT,

20 Ellis St

San Francisco Cal.

Date of Execution

Printed and for sale by J. F. Shely, Claim Blank Printer,
623 D Street, Washington, D. C.



W. G. M. (3-461-46) Dec. 13

1893 DIVISION

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec. 13, 1893

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history

(Inc.) of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

Claim No. 536411

Name Jesse E. Scott

Co. 9 Regt. 8 2nd Inf. Gen. Loghouse

Commissioner.

12088-100,000.

6-843

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Jesse E. Scott

Co. 9 Regt. 8 2nd Inf

was enrolled Aug 20, 1861, and M. O. May 30, 1864,

to accept promotion as Capt. and act. Dr. M.

The name Jesse E. Scott not found on rolls of 8 2nd Inf

From M. O. 1861, to M. O. 1864,

he held the rank of 1st Lieut Sept 5/61

He Dr. M. M. O. on Aug 20/61

and during that period the rolls show him present except as follows: Oct 31/63 on Det

Dr. M. M. O. report to

date 30/64.

The medical records show him treated as follows

No record found.

BY AUTHORITY OF THE SECRETARY OF WAR:

Per m. G. Rainey, Colonel, U. S. Army, Chief of Office.

DEC 15 1893

Washington, D. C., (COMMISSIONER OF PENSIONS.)

