

3-402.

Certificate No. *939569*

Name, *James D. Kent*

Department of the Interior,

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,

J. D. Leighty,

U. S. Pension Agent,

Indianapolis, Ind.

McKay Brand

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. *Anna M. Kent (maiden) Anna M. Bartlett*

Second. When, where, and by whom were you married?

Answer. *April 21st 1867 in South Bend, Indiana by Mr. Chaffey of the Baptist Church*

Third. What record of marriage exists?

Answer. *the records of marriages in St. Joseph Co*

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. _____

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. *William H. Kent Born Sept 6th 1869*

Edward E. Kent Born July 26th 1871 Frederick E. Kent Born

June 28th 1878. Frank P. Kent Born Dec 20 1880

Daniel Kent Jr Born August 29th 1888

James D. Kent

(Signature.)

Date of reply, *May 11 4*, 189*8*

0-8

5301b750m1-98

3-173.

Mr. - 569
Inc. No. 939,659
James D. Kent -
Co. 21 Bully Ind. 2A
Dip.
S. P. H. Ex'r.
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C., Aug. 11, 1899.

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,

A. C. Evans
Commissioner.

Mr. Jas D. Kent,
Box 424
South Bend, Ind.

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

Answer: Nanna M. Kent x Nanna M. Hastell

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

1867 South Bend Baptist minister at the time

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

on coal house where the license was issued

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:

never was

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

5 William H. Kent Born Sept 6th 1869
Edward E. " July 26th 1871
Nora M. " Died May 27/1876
Frederick E. " Died 28th 1878
Frank P. " Dec 26th 1880
James " Aug 29th 1883
From family one dead

Date of reply, Aug 19th, 1899.

0-2

James D. Kent
(Signature.)

Be it known, That on the 30th day of April, 1867
A Marriage License was duly issued to James D. Kent
& Anna Hartsell,
which License is in words and figures following, to-wit:

State of Indiana, St. Joseph County, ss:

THE STATE OF INDIANA, TO ANY PERSON EMPOWERED BY LAW TO SOLEMNIZE MARRIAGE GREETING:
You are hereby authorized to join together as Husband and Wife,
James D. Kent and Anna Hartsell
and of this, together with your Certificate of Marriage, make due return within three months, accord-
ing to the laws of the State of Indiana.

WITNESS, Elias V. Clark, Clerk of St. Joseph
Circuit Court, and the seal thereof affixed at the Clerk's office in South
Bend, this 30th day of April, A. D. 1867
Elias V. Clark
CLERK OF THE ST. JOSEPH CIRCUIT COURT.
By A. N. Deacon, Deputy.

Certificate of Marriage.

State of Indiana St. Joseph County, ss:

I, Thomas P. Campbell, of said County, hereby certify that on
the 30th day of April, A. D. 1867 I joined in Marriage
Mr. James D. Kent and Miss Anna Hartsell
by authority of law, and a license from the Clerk of the St. Joseph Circuit Court.

Given under my hand, this 30th day of April, A. D. 1867
Thomas P. Campbell
Pastor Baptist Church, South Bend,

State of Indiana St. Joseph County, ss:

Frank P. Christoph
I, Geo. M. Fountain, Clerk of the circuit court, in and for said County and State, do
certify the within to be a full, true and complete copy of the license and Certificate of Marriage of
James D. Kent and Anna Hartsell
as the same appears on the records of said court, now in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said
court, at South Bend, this 25th day of June, A. D. 1907.
(Rev. S. P. 487)
Frank P. Christoph
CLERK OF THE ST. JOSEPH CIRCUIT COURT.



(Duplicate)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance. This entire original to be mailed DIRECT to State Board of Health, at Indianapolis, not later than the 4th of each month.

PLACE OF DEATH
County of St. Joseph
Township of Wortzburg
OR
Town of _____
OR
City of South Bend (No. 401 N. Scott St.; _____ Ward)

Duplicate from City Record.
Indiana State Board of Health.

CERTIFICATE OF DEATH.
Registered No. 253-5
[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

Full Name James D. Kent
[If death occurs away from USUAL RESIDENCE give facts as led for under "Special Information."]

PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH.	
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF DEATH <u>May 16 1907</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 19 1844</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I attended deceased from _____ 190_____ to _____ 190_____	
AGE <u>63</u> years, _____ months, _____ days		that I last saw h_____ alive on _____ 190_____,	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		and that death occurred on the date stated above, at _____	
NAME OF HUSBAND OR WIFE <u>Anna M. Kent.</u>		M. The IMMEDIATE CAUSE OF DEATH was as follows:	
BIRTHPLACE (State or Country) <u>Indiana</u>		<u>Nephritis,</u>	
NAME OF FATHER <u>Pat. J. Kent.</u>		(duration) <u>3 yrs</u> days.	
BIRTHPLACE OF FATHER (State or Country) <u>Ireland</u>		Contributory _____ (duration) _____ days	
MAIDEN NAME OF MOTHER <u>Mary Bucher.</u>		(Signed) <u>C. H. Taylor</u> M. D.	
BIRTHPLACE OF MOTHER (State or Country) <u>Pa.</u>		<u>May 16 1907</u> (Address) <u>So. Bend</u>	
OCCUPATION <u>Retired Farmer</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		Former or Usual Residence _____ How long at Place of Death? _____ Days	
(Informant) _____		Where was disease contracted, if not at place of death? _____	
(Address) _____		PLACE OF BURIAL OR REMOVAL <u>City Cem.</u>	DATE OF BURIAL _____ 190_____
Filed <u>May 31 1907</u>		UNDERTAKER <u>W. M. Russell</u>	ADDRESS <u>So. Bend</u>
_____ Health Officer or Deputy.			

[No. 6.]

WIDOW'S DECLARATION FOR PENSION OR INCREASE OF PENSION.

State of Indiana, County of Seymour, ss:

ON THIS 3rd day of August, A. D. one thousand nine hundred and seven, personally appeared before me, clerk of the Circuit Court, a Court of Record within and for the County and State aforesaid, Anna M. Kent, aged 61 years, who being duly sworn according to law, makes the following declaration in order to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of James D. Kent, who enlisted under the name of James D. Kent, at the Twenty-first Indiana Battery, Light Artillery, on the 16th day of August, A. D. 1862, in the war of 1861-1865, who was killed in action (State nature of wounds, and all circumstances attending them, or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.)

Diarrhoea & resulting piles in camp near Nashville, Tennessee, in the summer of 1863, & died from the results of said disease, at South Bend, Indiana, on the 16th day of May, A. D. 1907, who bore at the time of his death the rank of private in said service; ("In the service aforesaid," or otherwise.)

that she was married under the name of Anna M. Hartzell to said James D. Kent, on the 30th day of April, A. D. 1867, by Thomas P. Campbell, at South Bend, Indiana, there being no legal barrier to such marriage; that neither she nor her husband had been previously married (If either have been previously married, so state, and give date of death or divorce of former spouse.)

; that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at father's death, viz:

None - Five sons are living, & of full age. One girl died three years of age.

that she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. (For such children as are not under her care claimant should account.)

that she has not in any manner engaged in, or aided or abetted, the rebellion in the United States; that no prior application has been filed by her said husband, (If prior application has been filed either by soldier or widow, so state giving number assigned to it.) he was receiving pension at fourteen dollars per month at the date of his death; that she hereby appoints, with full

power of substitution and revocation, J. E. Howard, of South Bend, Indiana, her attorney, to prosecute the above claim; that her residence is No. 401 N. Scott street South Bend, Ind. and her Post Office address is 401 N. Scott street, South Bend, Ind.

Frank P. Hartzell

E. E. Kent

(Two witnesses who can write, sign here.)



Anna M. Kent

(Signature of Claimant.)



ATTY FILED

Also personally appeared Frank P. Hartzell, residing at 123 E. Ohio St., South Bend, Ind., and Ed. E. Kent residing at 807 W. LaSalle Ave., South Bend, Ind., 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 Anna M. Kent, the claimant, sign her name (make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Frank P. Hartzell
Ed. E. Kent
(Signature of Affiants.)

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

Sworn to and subscribed before me, this 3rd day of August, A. D. 1907, and I hereby certify that the contents of the above declaration, &c., 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.

Frank P. Christoph
(Official Signature.)
CLERK CIRCUIT COURT,
SOUTH BEND, IND.
(Official Character.)

[L. S.]

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.



WIDOW.

CLAIM FOR PENSION

Anna M. Kent, Applicant.

Widow of James D. Kent
21st Indiana Battery
Co. St. Artillery Reg't.

Indiana Vols.

FILED BY
J. E. Howard
South Bend,
Indiana.

Printed and for sale by John F. Sherry, Claim Blank Printer,
43-45 Ninth Street, N. W., Washington, D. C.



3-056a.

Western Div.

James L. Kent Ex'r.

Enc. No. 65233 Department of the Interior,

James L. Kent

[Set of July 14, 1862] BUREAU OF PENSIONS,

Co. 21 Regt Ind. L. & Washington, D. C., *Mar. 26, 1897*

Return this with your reply.

SIR:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Robert E. Tuttle,
Box 528, South Bend,
St. Joseph Co., Ind.

Commissioner.

When did you first see soldier after he returned from the Army, and how do you fix the date?

Answer: *We met frequently & after the year*
1868 he followed Horse Painting we worked
Of what disability did he complain, and how was he affected? *to gather on the saw job*
made him weak

Answer: *He complained of diarrhoea in hot weather*
and run down

How frequently did you see him after your first acquaintance?

Answer: *I have seen him often as we have been neighbors for* *Years*

If he continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he was disabled for manual labor thereby during each year?

Answer: *he is not strong and looks run down*
I would say manual labor he is not more
than half hand

My means of knowing the facts of the case are these:

I knew him before the war as we lived
near together and attended ^{same} school
and have ~~lived~~ lived about 60 years

Very respectfully,

Robert E. Tuttle

COMMISSIONER OF PENSIONS,
Washington, D. C.

So. Bend

Ind
St. Joe

1
RETURN THIS LETTER.

South Bend Ind

July 20 1903

Dear Sir in reply to yours of 10
would say I live in the country
4 1/2 miles north west of South Bend
in German township St Joseph County
Indiana one not on rural route
nor have I any residence number
my P. O address is South Bend
St Joseph County State of
Indiana
P. O Box 424

PENSION
OFFICE
U. S.
JUL 21 1903

James D. Kent

Yours Very respectfully

GENERAL AFFIDAVIT.

For the testimony of employers, or near neighbors, or fellow workmen, of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.
The witness should prepare this affidavit in his own hand-writing; if he can not do so, have it done by the officer before whom he executes the same.

State of Indiana, County of St. Joseph, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 652.337 of
2 James D. Kent Company, 21 Battery Regiment, Ind St Ark Vols.

3 ON THIS 7th day of Dec, A. D. 1895 personally appeared before
4 me, a Clerk of the Circuit Court in and for the aforesaid County, duly authorized to
5 administer oaths David M. Lobdell aged 54 years, whose Post Office
6 address is, South Bend County St. Joseph State of Indiana

7 well known to me to be respectable and entitled to credit, and who, by being duly sworn,
8 declares in relation to aforesaid case as follows: That the occupation of affiant is
9 a Clerk and that he is well and personally acquainted with the claimant
10 James D. Kent and has been personally acquainted with him
11 about 35 years, and that he served with the said

12 James D. Kent in the 21st Indiana
13 Battery and that he was familiar
14 with the said James D. Kent from
15 the close of the Rebellion 1865
16 up to the present time and
17 has seen said James D. Kent on
18 an average of once a week
19 during the time from 1865 to
20 December 1895. That the said
21 James D. Kent has been suffering
22 with chronic diarrhoea from
23 the date of his discharge up until
24 the present time and has been
25 and is now unable to obtain
26 a subsistence by means of manual
27 labor on account of said
28 chronic diarrhoea the said
29 James D. Kent is a man of
30 good moral habits

NOTE.
Read Carefully.
The witness must state whether he was the employer or was employed by claimant, or is a fellow workman, or neighbor of claimant, showing what was his physical condition from disability, for which pension is claimed, NAMING THE DISABILITY at the date of his first acquaintance with claimant, or at the date of his discharge from the service, and what it has been EACH YEAR SINCE to the present time, and to what extent he has been incapacitated from earning a living by manual labor, and the extent of such inability, whether one-fourth, one-third, one-half, or three-fourths.

This Blank is prepared by FRED KNEFLER, Indianapolis, Ind., and is to be used exclusively for his business.

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41 Affiant further declares that he has no interest in said case, and that he
42 is not concerned in its prosecution.

43

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

David M. Lohdell
(Signature of Affiant.)

State of *Indiana*, County of *St. Joseph*, ss:

Sworn to and subscribed before me this day by the above named affiant,
and I certify that I read said affidavit to said affiant, including the words
_____ on line _____ erased, and the words
_____ on line _____ added, and acquainted him
with its contents before he executed the same. I further certify that I am in
nowise interested in said case, nor am I concerned in its prosecution; and
that said affiant is personally known to me and that he is a credible person. -

L. S.

Geo M. Fountain
(Official Signature.)
Clark of the Circuit Court
(Official Character.)

EVIDENCE OF

NEIGHBOR, FRIEND OR ACQUAINTANCE.

No. 65-2337

CLAIM OF

James D. Hunt
Private Co., 21st Battery Reg't,

Ind. St. Ark Vols.

FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF

David M. Lohdell
P. O. South Bend Ind.



FILED BY

FRED KNEFLER,

ATTORNEY FOR CLAIMANT,

INDIANAPOLIS, . . . INDIANA.

Baker & Randolph, Printers, Indianapolis.

GENERAL AFFIDAVIT.

For the testimony of employers, or near neighbors, or fellow workmen, of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.
The witness should prepare this affidavit in his own hand-writing; if he can not do so, have it done by the officer before whom he executes the same.

State of Indiana, County of St. Joseph, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 652337 of
2 James D Kent Company, 21 Battery Regiment, Ind St Ark Vols.
3 ON THIS 10th day of Dec A. D. 1895 personally appeared before
4 me, the Clerk of the circuit court in and for the aforesaid County, duly authorized to
5 administer oaths David C. Hogue aged 52 years, whose Post Office
6 address is, South Bend County St Joseph State of Indiana
7 well known to me to be respectable and entitled to credit, and who, by being duly sworn,
8 declares in relation to aforesaid case as follows: That the occupation of affiant is
9 a Photographer and that he is well and personally acquainted with the claimant
10 James H Kent and has been personally acquainted with him
11 about 30 years, and that that he was personally

NOTE.
Read Carefully.
The witness must state whether he was the employer or was employed by claimant, or is a fellow workman, or neighbor of claimant, showing what was his physical condition from disability, for which pension is claimed, NAMING THE DISABILITY at the date of his first acquaintance with claimant, or at the date of his discharge from the service, and what it has been EACH YEAR SINCE to the present time, and to what extent he has been incapacitated from earning a living by manual labor, and the extent of such inability, whether one-fourth, one-third, one-half, or three-fourths.

12 acquainted with James H Kent
13 when he returned home at the
14 close of the Rebellion in 1865.
15 and was familiar with his
16 physical condition from 1865
17 until 1868. by having seen
18 him every few days during the
19 time indicated that the said
20 James H Kent suffered from
21 Chronic Dysentery from
22 1865 up to 1868. Which incapacitated
23 him from obtaining a subsistence
24 by means of Manual Labor
25 The said James H Kent is
26 and has been a man of
27 good habits

This Blank is prepared by FRED KNEFLER, Indianapolis, Ind., and is to be used exclusively for his business.

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41 Affiant further declares that he has no interest in said case, and that he
42 is not concerned in its prosecution.

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

(Signature of Affiant.)

State of Indiana, County of St. Joseph, ss:

Sworn to and subscribed before me this day by the above named affiant,
and I certify that I read said affidavit to said affiant, including the words
_____ on line _____ erased, and the words
_____ on line _____ added, and acquainted him
with its contents before he executed the same. I further certify that I am in
nowise interested in said case, nor am I concerned in its prosecution; and
that said affiant is personally known to me and that he is a credible person.

L. S.

(Official Signature.)

(Official Character.)

EVIDENCE OF

NEIGHBOR, FRIEND OR ACQUAINTANCE.

No. 652337^a

CLAIM OF

James D. Kent

Private Co., 21 Battery Reg't,

Ind. Lt. Ark

Vols.

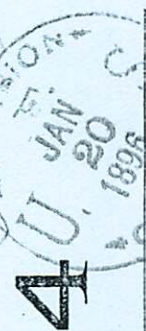
FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF

David C. Haynes

P. O. South Bend

INDIANAPOLIS, INDIANA



FILED BY

FRED KNEEFER,

ATTORNEY FOR CLAIMANT,

INDIANAPOLIS, . . . INDIANA.

Beiler & Randolph, Printers, Indianapolis.

2191

James D. Kent military pension file [partial file only], Civil War, Indiana, Private, Indiana 21st Light Artillery, South Bend, St. Joseph Co., Indiana, Soldier's Application No. 652,337, Soldier's Certificate No. 939,569, Widow's Application No. 874,485, Widow's Certificate No. 651,480, U.S. Government National Archives and Records, 700 Pennsylvania NW, Washington DC, 20004, (202) 357-5400, (www.archives.gov).

J.R. ✓ 8-732
No. **651480**
Act of April 19 1908.
Anna M
Widow of
James D Kent
Rank Priv
Company 21 Batty
Regiment Ind Vol L.A.
Rate per Month \$ 12
Commencing May 18, 1908
Ending **DEAD.**
Indpls Agency.
Issued July 14, 1908.
Mailed JUL 15 1908, 190
✓ Fee, \$
(Order 14-50,000.)

THE NATIONAL ARCHIVES

CERT. NO. 651480

PENSIONER:

Anna M

Widow OF

VETERAN:

James D. Kent

CAN NO:

53583

BUNDLE NO:

23