

CIVIL WAR
MAR 2 1917
Mail & Pension Division

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Commissioner of Pensions
Washington D.C.

Dear Sir:- On the 19th day
of March next I will reach
my 75th birth day -

If an application for a
rating is still required
please send me the necessary
blanks.

Yours respectfully,

John E. Kent

Ex member of Co "C" 12th Iowa
Inftry - Pension Certificate
No. 105,120 -

White River So. Dak.

Feb 19th 1917.

OFFICE
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PENSION
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S.

John E. Kent military pension file, Civil War, Iowa, Corporal, Iowa Infantry, 12th Regiment, Co. C, [born March 19, 1843 at Burlington, Racine Co., Wisconsin, died October 2, 1929 at White River, Mellette Co., South Dakota], Soldier's Application No. 149,295, Soldier's Certificate No. 105,120, U.S. Government National Archives and Records, 700 Pennsylvania NW, Washington DC, 20004, (202) 357-5400, (www.archives.gov).

NOTES FROM MICHELLE M. ROY, JULY 2013:

- John Earl Kent was born March 19, 1842 at Burlington, Racine Co., Wisconsin.
- Married Mary Ann Shults on June 16, 1866 at Fairbanks, Buchanan, Iowa by Orange C. Kent, J.P. Both Mary and John had never been married before.
- Enlisted in the Union Army on Sept. 15, 1861 at Fayette, Iowa into Iowa Infantry, 12th Regiment, Co. C.
- When he enlisted he had grey eyes, brown hair, 5 foot, 6 inches.
- Children: Nellie May Kent born March 25, 1867, Lill Ivesta[?] Kent born November 5, 1868; George L. Kent born October 23, 1871; Simon L. Kent born December 11, 1873; Hannah Mand[?] born May 22, 1876; John Earl Kent, Jr. born June 10, 1881; Charles R. Kent born February 11, 1889; Leon Frank Kent born June 18, 1894.
- John Earl Kent, Sr., died June 14, 1929 at State Soldier's Home in Hot Springs, South Dakota.
- He had homesteaded land at time of death.
- Lived at Oelwin, Belle Plaine, Iowa, Hazelton, Iowa and South Dakota.
- A relative, Leon F. Kent served in WWI at Huron, South Dakota, was he was still alive in 1924.

PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN BELOW

ANY WARD
INVALID

I, JOHN E KENT JR GDN, make oath that I am the rightful holder of pens

certificate No. 105120, in my possession and now exhibited, as guardian of JOHN E KENT

who is the identical person named in said certificate and who to my PERSONAL KNOWLEDGE is now living and resides at home Hot Springs, S.D. on June 14th, 1929

(or is confined) at died at the State Soldier's H and was not employed or paid in the Army, Navy, or Marine Corps of the United States during any part of the period covered by this voucher; that I am entitled to and hereby make claim for payment of

SEVENTY-TWO DOLLARS \$ 72

due on said certificate at the rate of 72 dollars per month

from MAY 4, 1929 to JUNE 4, 1929 and that my post office address to which I desire the check in payment mailed is as follows:

Street and No. or R. D. route
White River,
Post office
South Dakota.
State

Guardian's signature must be written here in full as name appears in the head of this voucher
John E. Kent Jr
If guardian signs by mark or illegibly, two witnesses who write.

State of South Dakota, County of Mallett

Subscribed and sworn to before me this 26th day of June, 1929 and I certify that the guardian, above named, has this day exhibited to me the pension certificate, above described.

[L. s.]

E. J. Mannon
Magistrate's signature
Notary Public.
Official character
White River, S. D.
Post office address

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. Saeftigen

JOHN E. KENT,
WHITE RIVER S DAK
105120



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? *Answer. March 19th 1842 - Burlington, Wis.*
The name of organizations in which you served? *Answer. Company "C" 12th Iowa*
Inftry

No. 2. What was your post office at enlistment? *Answer. Fairbault Buchanan Co. Iowa*

No. 3. State your wife's full name and her maiden name. *Answer. Mary Ann - nee Smith*

No. 4. When, where, and by whom were you married? *Answer. June 16th 1866 at Fairbault*
Buchanan Co. Iowa, by Orange G. Kent J.P.

No. 5. Is there any official or church record of your marriage? *Probably*
If so, where? *Answer. In the records of Buchanan Co. Iowa*

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.*

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 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. No.*

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

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*
Mellie May Born March 25th 1867
Lell Inette " Nov. 5th 1868
George L. " Oct. 23rd 1871
Simon L. " Dec 11th 1873
Hannah Mand " May 22nd 1876
John Earl Jr " June 10th 1881
Charles R. " Feb 11th 1889
Leon Frank " June 18th 1894

Date *4-20-15*

(Signature) *John E. Kent*

John E. Kent military pension file, Civil War, Iowa, Corporal, Iowa Infantry, 12th Regiment, Co. C, [born March 19, 1843 at Burlington, Racine Co., Wisconsin, died October 2, 1929 at White River, Mellette Co., South Dakota], Soldier's Application No. 149,295, Soldier's Certificate No. 105,120, U.S. Government National Archives and Records, 700 Pennsylvania NW, Washington DC, 20004, (202) 357-5400, (www.archives.gov).

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 South Dakota
COUNTY OF Mellette } ss:

On this 2nd day of October, A. D. 1929, before me, the undersigned, personally appeared J. E. Kent, aged _____ years, a resident of White River, County of Mellette, State of South Dakota, 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 John E. Kent, Sr., who was a pensioner of the United States by certificate No. _____, and who DIED June 14th, 1929, at State Soldier's Home, Hot Springs and was buried at White River, South Dakota. S.D.

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? John E. Kent, Sr.
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Soldier of the War of the Rebellion.
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? Once. Mary Ann Shults
 - (c) If married, did his wife survive him? (Answer yes or no.) No.
 - (d) If so, is she still living? (Answer yes or no.) Dead.
 - (e) If not living, give full names and dates of death of all wives. Mary Ann Shults, died September 1st, 192
 - (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.) No such child.
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid. No.
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) 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.
No such policy.
9. Who was the beneficiary named in each policy? No such policy.
10. What was the relation of each beneficiary to the pensioner? No insurance.
11. Were the premiums paid by the deceased pensioner? No insurance.
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account.
No insurance.



Also appeared J. T. Hocking and J. N. Sturdevant 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? June 14th, 1929
- 3. Did pensioner leave any property? If so, state its character and value Very rough tract of land which has no value and is not an asset.
- 4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 5 years and 5 Personal knowledge of deceased and his family, he having lived in White River for many years prior to his reception at Hot Spring, S.D.

Name J. N. Sturdevant Name J. T. Hocking
 P. O. Address White River, S.D. P. O. Address White River, S.D.

Subscribed and sworn to before me, this 2nd day of October A. D. 1929 ;
 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 good.

[L. S.]

Validity accepted
 as to execution
 Chief, Record Division
 per [Signature]

[Signature]
 (Signature)
 Notary Public, S.D.
 (Official character)
 White River, S. D.
 (P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full JOHN E. KENT
 Give date of commencement of pensioner's last sickness JUNE 13, 1929
 Give date of pensioner's death JUNE 14, 1929
 From what date did the pensioner require the regular and daily attendance of another person constantly until death? ALL OF THE TIME HE WAS A MEMBER OF THIS INSTITUTION
 During what period did you attend the pensioner? JANUARY 7, 1929 TO JUNE 14, 1929
 State nature of disease from which pensioner died SENILITY, INFIRMITIES OF OLD AGE -

Give name of any other physician who attended the pensioner in last sickness NONE OTHER

Does your bill include a charge for all medicine furnished the pensioner during last sickness? NO BILL
 Has your bill been paid; if so, by whom? SALARY, PAID TO ME BY STATE OF SOUTH DAKOTA, AS PHYSICIAN AT S.D. STATE SOLDIERS' HOME

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: CHRIST P. NELSON ATTENDANT - MRS LURA WILCOX NURSE - MR KENT WAS UNABLE TO CARE FOR HIMSELF OR ATTEND TO ANY BUSINESS BECAUSE OF MENTAL CONDITION

I certify that the foregoing statement is correct.
October 8, 1929
[Signature] Attending Physician.
[Signature] Attending Physician.

DEPARTMENT OF INTERIOR OFFICE

APPLICATION FOR REIMBURSEMENT

mother claim 105

Certificate No. 105,120

John E. Kent

Deceased Pensioner.

D. E. Hunt,
Claimant.

C 12 la Day

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.

DECLARATION FOR PENSION

Act of May 1, 1920

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE HEREOF

State of South Dakota, County of Mellette, ss:

On this 10th day of December, 1924, before me, the undersigned, personally appeared John E. Kent, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920:

That he is 84 years of age; that he was born March 19, 1840, at _____

That he is the identical John E. Kent who

ENLISTED Sept. 15, 1861, at ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Fayette, Iowa, under the name of John E. Kent in Co. C, 12th Iowa Infantry

(Here state company and regiment, if in the Army; or vessel, if in the Navy.)

DISCHARGED December 2, 1864 at Nashville, Tenn. and was honorably

the United States in the Civil War.

(State name of war, Civil or Mexican.)

That he also served None (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was _____ employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 6 inches; complexion light color of eyes ~~brown~~ grey; color of hair brown; that his occupation was farmer

That since leaving the service he has resided at Oelwin, Iowa; Belleplaine, Iowa; Hazelton, Iowa; White River, South Dakota.

and his occupation has been Farmer until about 1919, since then too feeble to be working.

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since December 1, 1923. on account of the following disabilities:

I am so feeble that it is necessary for my son and his wife to look after and care for me at all times. (State in this space the nature of any and all disabilities.)

That he did not serve in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period. (Did or did not.)

That a member of his family served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period. Leon F. Kent, enlisted at Huron, S. D.,

(If any members of claimant's family were in the military or naval service during the period

Company and regiment not known, but served in the army. He is still alive mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has has applied for pension under Original No. _____; that he is now a pensioner under Certificate No. _____

Two attesting witnesses:
(1) R. B. Beckley (Signature of first witness.)
White River, South Dakota. (Address of first witness.)
(2) John Schubert (Signature of second witness.)
White River, South Dakota, (Address of second witness.)

John E. Kent (Claimant's signature in full.)
White River, South Dakota. (Claimant's address in full.)
P. O. Box 463.

Subscribed and sworn to before me this 22nd day of December, 1924, 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 _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[Signature] (Signature.)

Notary Public. (Official character.)

White River, South Dakota. (Post office address of officer.)

[L. S.]

Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, Law Div. Per 16



BE SURE TO STATE THE DATE FROM WHICH REGULAR AID AND ATTENDANCE HAS BEEN REQUIRED.

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.

Act Approved May 1, 1920.

Declaration for Pension.

Number

Claimant

Service

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920, because he requires the regular personal aid and attendance of another person.

The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

GOVERNMENT PRINTING OFFICE

0-1172

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

INSTRUCTIONS.

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement—

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

READ CAREFULLY.

Under the law a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau covering the same period of time. That part of the declaration referring to service between April 6, 1917, and February 9, 1922, should show whether the claimant or any member of his family rendered any service in the Army, Navy, or Marine Corps of the United States during said period, and if so, the full name under which each such member served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

Compliance with these instructions will expedite the adjudication of the claim.

(Signature of claimant.)

John B. [Signature]

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. *Answer: No.*

wife died Sept. 6, 1922.

to each, and the date and place of death or divorce of each former wife. *Answer: Mary Schults, married 1865.*

No. 4. Were you previously married? *Answer: Yes.* If so, state the name of your former wife or wives, the date of your marriage

No. 3. What record of your marriage to her exists? *Answer: No marriage.*

No. 2. When, where, and by whom were you married to your present wife? *Answer: No present wife.*

died in 1922.

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. *Answer: Widower, my wife*

Claimant should answer fully the following:

State of South Dakota)
ss
County of Mellette)

I, Sime L. Kent of White River, S. Dak., being 52 years of age, and being first duly sworn according to law depose and say:

That on December 1, 1923, my father John E. Kent took a walk of about one and one half miles north of the town of White River, S. Dak., and the weather was quite cold and the ground was frozen, during my father's walk he walked into a large canyon, this canyon had real steep sides on it and my father undertook to walk up one of the steep sides of this canyon, my father being quite old and feeble fell several times in trying to climb out at last he managed to crawl out on his hands and knees, he was quite badly bruised up by his falls while trying to get out. After that time when my father had the above experience in the canyon he had a sick spell which kept him in the bed for several weeks, since that time he has required some one look after him all the time. My father suffered a slight stroke of paralysis about the first of March 1925, and has been confined to the house most of the time ever since.

Sime L. Kent

Subscribed, and sworn to before me this 30 day of April 1925, at White River, S. Dak.

W. Hutchinson
Notary Public.



Receipt of
Mail

S.D
White River, + - 10 - 1917.

Comin of Pensions
Washington D. C.

Dear Sir: About Feby 20th
I notified you that on March 19th
I would reach my 75th birthday
and if an application for a
re rating was still necessary to
send me suitable blanks. In a
few days I received a card stating
the matter would receive prompt
attention. Having heard nothing
further I thought best to bring the
matter to your attention again.

Very respectfully,
John E. Kent

Ex member of Co "C" 12th Iowa
Infly. Pension No. 105120.