

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 836,421

VETERAN Alford B. Robinson

RANK Pvt.-

SERVICE Co. D. - 7th Tenn. Vol. Cav. -

CAN No. 17197

BUNDLE NO. 4

Act *Jan 10 1903* *20*
(Old No. 3-405.)

PENSIONER DROPPED.

United States Pension Agency,
Knoxville Tenn

Oct 8" 190*3*

Certificate No. *836421-*
Class *Invald OK*
Pensioner *Alford B Robinson*
Soldier _____
Service *Co D 7 Tenn V. Cav.*

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ *12* to *Aug* 190*3*
has been dropped because of *death*
Reptd by auditors
Card 10/6/03-

Very respectfully,

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once,
and when cause of dropping is death, state date of death
when known.

No other claims

RECORD DIVISION,
Section E.-A. & N. S

RECORD DIVISION
OCT 10 1903
S 150

OCT 21 1903
RECORD DIVISION
OCT 1903

RECORD DIVISION
OCT 14 1903

CERTIFICATE DIV.
OCT 10 1903
RECEIVED.

JUN 30 1891

Write nothing above this line

(3-080 a.)

MILITARY SERVICE.

War Department,

Record and Pension Division,

JUN 30 1891

NAME OF SOLDIER:

Alfred B. Robinson

Respectfully returned to the

COMMISSIONER OF PENSIONS

No. 999604
Bureau of Pensions,
June 29, 1891

The rolls show that Alfred B. Robinson

SIR:

mentioned in the preceding indorsement, was enrolled

AUG. 4, 1862 and
M. S. Box 25, 1863

It is alleged that the above-named man enlisted Aug. 25, 1862, and served as Pvt. in Co. F, 1st Regt. Ill. Cav. also as Sgt. He was discharged at Memphis, Tenn., Oct. 25, 1863



No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,
Green B. Rowland
Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT. 0-4

BY AUTHORITY OF THE SECRETARY OF WAR:

William A. Rorer
Major and Asst. Surgeon, U. S. Army.

DECLARATION FOR INVALID PENSION

ACT OF JUNE 27, 1890.

To be Executed Before Any Officer Duly Authorized to Administer Oaths, but must have a seal affixed to this Declaration.

State of *Texas*, County of *Cook*, ss:

On this.....day of....., A. D. one thousand eight hundred and ninety..... personally appeared before me a.....*Notary Public*..... within and for the county and State aforesaid,.....*Alfred B Robinson*..... aged..... years, a resident of the town of *Bulcher*..... County of..... State of....., who, being duly sworn according to law, declares that he is the identical..... person..... who was enrolled on the..... day of....., 18..... in..... Here state rank, Co., and Regt. if in military service, or vessel, if in the Navy

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at *Memphis Tenn*..... on the..... day of....., 18..... That he is..... unable to earn a support by reason of..... Here name the diseases or injuries from which disabled
Rheumatism & other complaints Paralysis and breast complaint

That said disabilities are not due to his vicious habits, and to the best of his knowledge and belief permanent. That he has..... applied for pension under application No..... That he is a pensioner under certificate No..... If a pensioner, the certificate number only need be given; if not, give 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 provision of the act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation

W. H. WILLS, OF WASHINGTON, D. C.

his true and lawful attorney to prosecute his claim and hereby agrees to pay a fee of \$10 on allowance of claim. That his P. O. address is.....

County of..... State of.....

Attest :.....
D. W. Reavis
Brantley H. Hatter

.....
Alfred B Robinson
Claimant's Signature

Also personally appeared D. W. Robinson, residing at Sumner, Iowa and Brantley Wallis, residing at Sumner, Iowa, persons whom I certify to be respectable and entitled to credit and who, being duly sworn, say that they were present and saw Alfred B. Robinson, 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 an acquaintance with him for 40 years and 10 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.

D. W. Robinson

Brantley Wallis
Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 14 day of September, A. D. 1896, 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.

[L. S.]

W. A. Morris, Notary
Signature
Public Notary
Official Character.

NOTES.

- The act of June 27, 1890, requires, in the case of a soldier:
(1) An honorable discharge (but the certificate need not be filed unless called for).
(2) Must have served at least 90 days.
(3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
(4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
(5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

I have never seen the original of this application and I have no way of knowing if it is a copy of the original or not.

Alfred B. Robinson
Soldiers Application.

Name Alfred B. Robinson
Age 40 Years 10 Months 13 Days
Profession Butcher
Address Sumner, Iowa
Tex.



FILED BY
W. H. WILLS,
Attorney at Law and Solicitor of
CLAIMS AND PATENTS
WASHINGTON, D. C.

Date of Execution Sept. 4/96
No claim in new law
3-21-91-284

3-402.

Certificate No. 836421 Department of the Interior,
Name, Alford B. Robinson 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,

Lella
Carroll County
Tenn

McKay Brand
Commissioner.

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

Answer. was Elizabeth Robinson nee Martin & Elizabeth Jackson

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

Answer. in year 1847 in the year June by E. J. Martin

Third. What record of marriage exists?

Answer. _____

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. no died 14 - Jan 1881 back to Lella

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

Answer. W. H. Robinson born
Dec 7 - 1849

Date of reply, Aug 4, 1898

attest
W. J. Boyd

Alford B. Robinson
(Signature)
mark