

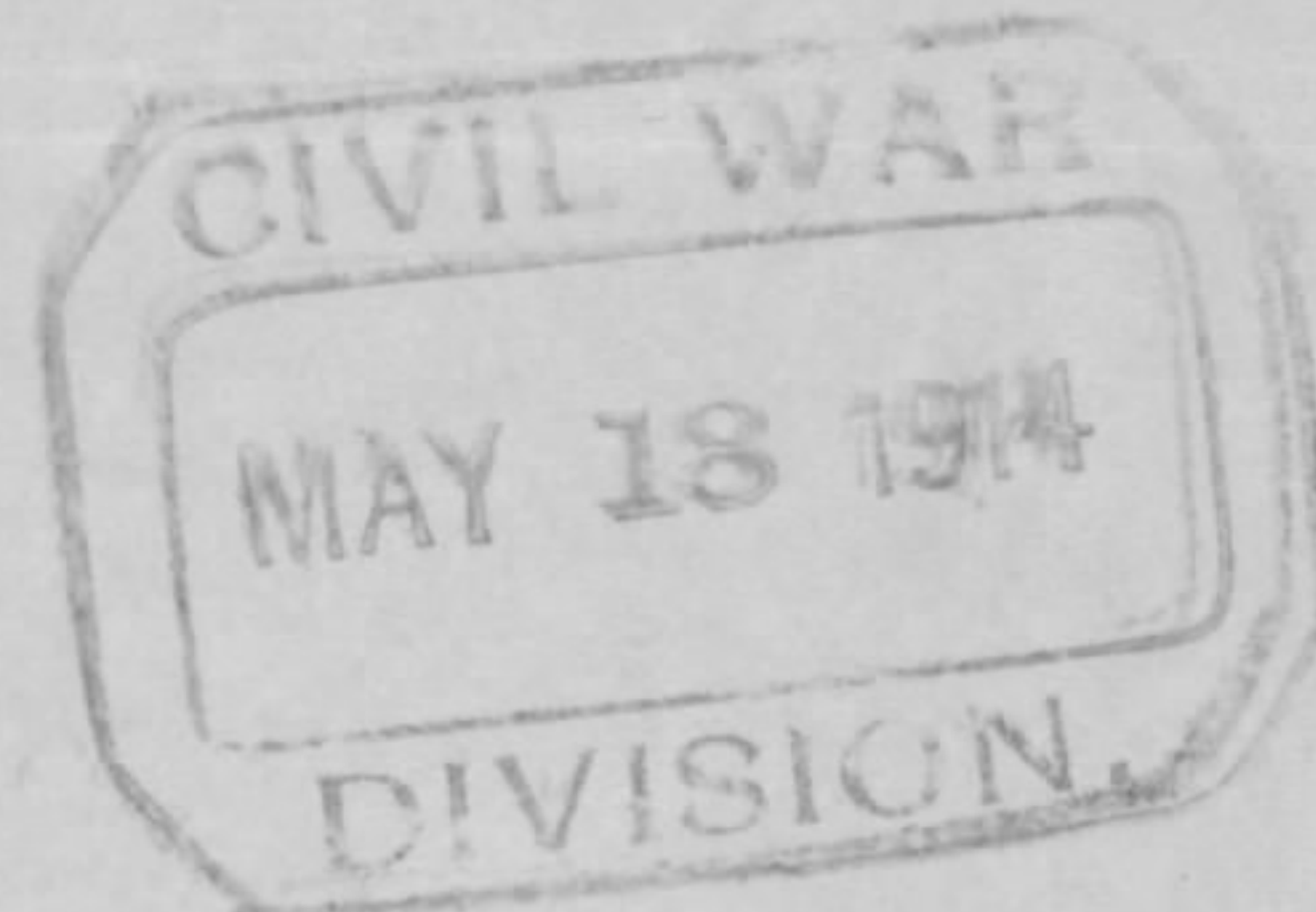
W.C. 26,498

PRIVATE NO. 22

APPROVED MAY 2 1914

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of the Interior be, and he is hereby, authorized and directed to place on the pension roll, subject to the provisions and limitations of the pension laws-

The name of Ellen A. Clements, widow of Nathan C. Clements, late of Company G, Fourteenth Regiment Connecticut Volunteer Infantry, and pay her a pension at the rate of \$20 per month in lieu of that she is now receiving.

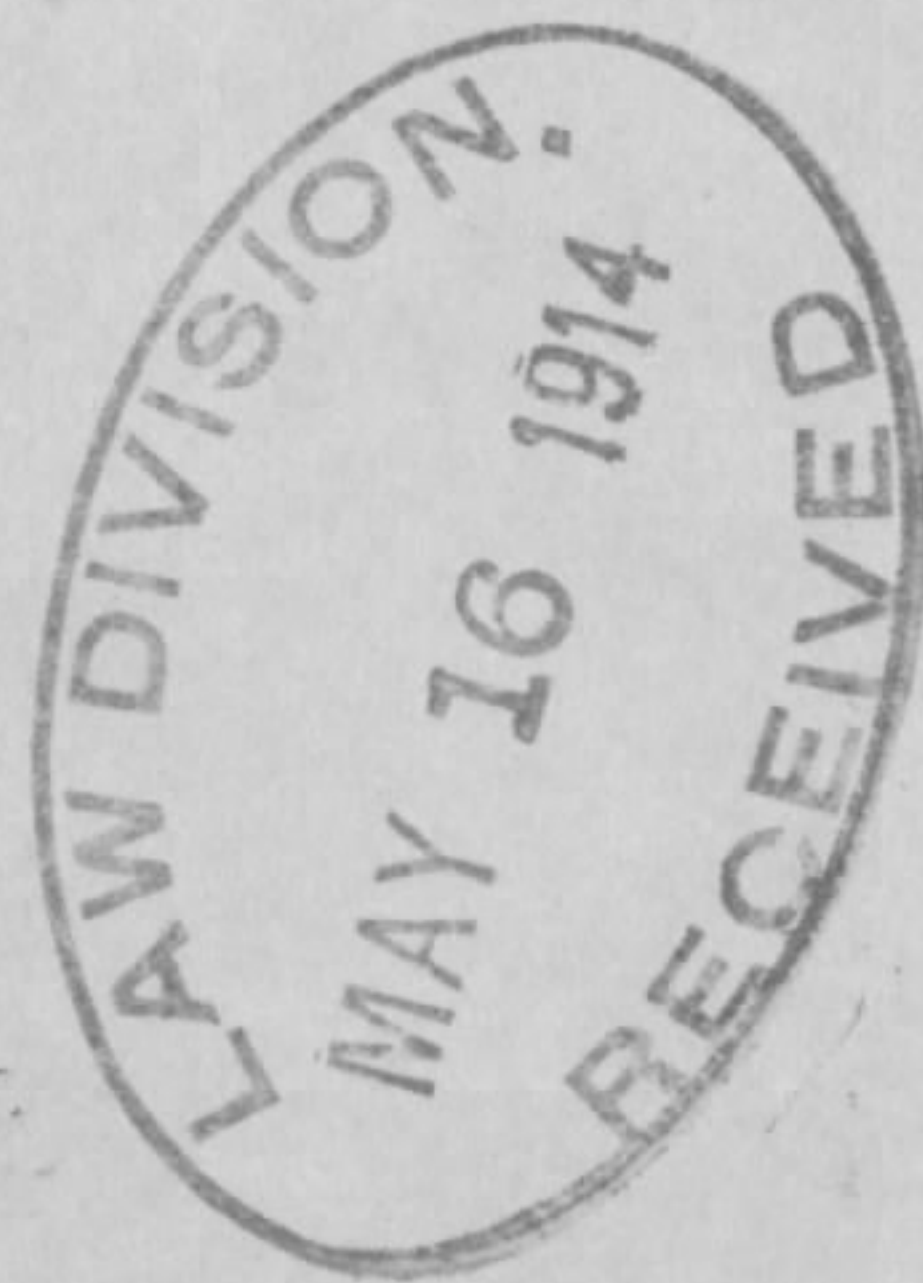


I hereby certify that the above is a true copy of that part of act relating to beneficiary named, as it appears in copy certified by Department and on file in Law Division.

A. D. Byington
Chief Clerk.

MAY 12 1914

Meriden
Conn



Special Act
Increase

3-360.

26.498 ✓ p

WIDOW'S PENSION.

can Boston Hartford

Claimant, *Ellen A Clements*
P. O., *Meriden*
County, *New Haven*
State, *Connecticut*

Soldier, *Nathan C. Clements*
Rank, *Corporal*
Company, *G*
Regiment, *Connecticut Inf*

Rate, \$ *20* per month, commencing *May 2 1914*, and ~~and \$2 a month additional for each child, as stated below:~~

All pension to terminate _____, date of _____
Payments on all former certificates covering any portion of same time to be deducted.

Civil War

By former marriage.	<i>Under Special Act</i>	Born, _____	Sixteen, _____	Commencing, _____
		Born, _____	Sixteen, _____	" _____
By last marriage.		Born, _____	Sixteen, _____	" _____
		Born, _____	Sixteen, _____	" _____
		Born, _____	Sixteen, _____	" _____
		Born, _____	Sixteen, _____	" _____
		Born, _____	Sixteen, _____	" _____
		Born, _____	Sixteen, _____	" _____

NO RECOGNIZED ATTORNEY.

Name, _____ Fee, \$ _____ Agent _____ to pay.
P. O., _____ Articles filed _____, 1 _____

APPROVALS.

Submitted for *advs. May 23, 1914* *W. Wyche*, Examiner.

Approved for *Increase to \$20. per month under* origin and *Special Act approved May 7, 1914.* death resulted from _____
continuation of _____ accepted due to _____ which has been legally accepted.

May 15, 1914 *J. M. Dodge* Legal Referee.
May 25, 1914 *O. W. Skis* Re-Reviewer.

Medical Examiner. _____
Medical Reviewer. _____
_____, 19____, _____
Medical Referee. _____

IMPORTANT DATES.

Enlisted <i>August 4, 1862</i>	Former marriage of soldier <i>None</i> , 1 _____
Mustered _____, 1 _____	Death of former wife _____, 1 _____
Discharged _____, 1 _____	Former marriage of claimant <i>None</i> , 1 _____
Died <i>January 28, 1864</i>	Death of former husband _____, 1 _____
<i>Special Act May 2, 1914</i>	Claimant's marriage to soldier <i>June 1, 1851</i>
Invalid appl'n filed _____, 1 _____	Claimant not remarried <i>no divorce</i>
Invalid last paid to _____, 1 _____	

M. C. *None* Claimant does _____ write.

22/15

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 Connecticut }
COUNTY OF New Haven } ss.

On this 10th day of Aug., A. D. one thousand nine hundred and 22, personally appeared before me, a Notary Public, Theresa Warner, aged 33 years, a resident of New Haven, County of New Haven, State of Connecticut, 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 Mrs. Ellen A. Clements, who was a pensioner of the United States by certificate No. 26,498, on account of the service of Nathan C. Clements in Cavalry - C. G. 14th Regiment Connecticut Infantry. That pension was last paid to June 4, 1922.

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? Ellen A. Clements

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow

- 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?
(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. Ellen A. Clements died June 30 - 1922
(f) Was he ever divorced? (Answer yes or 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.)

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.)

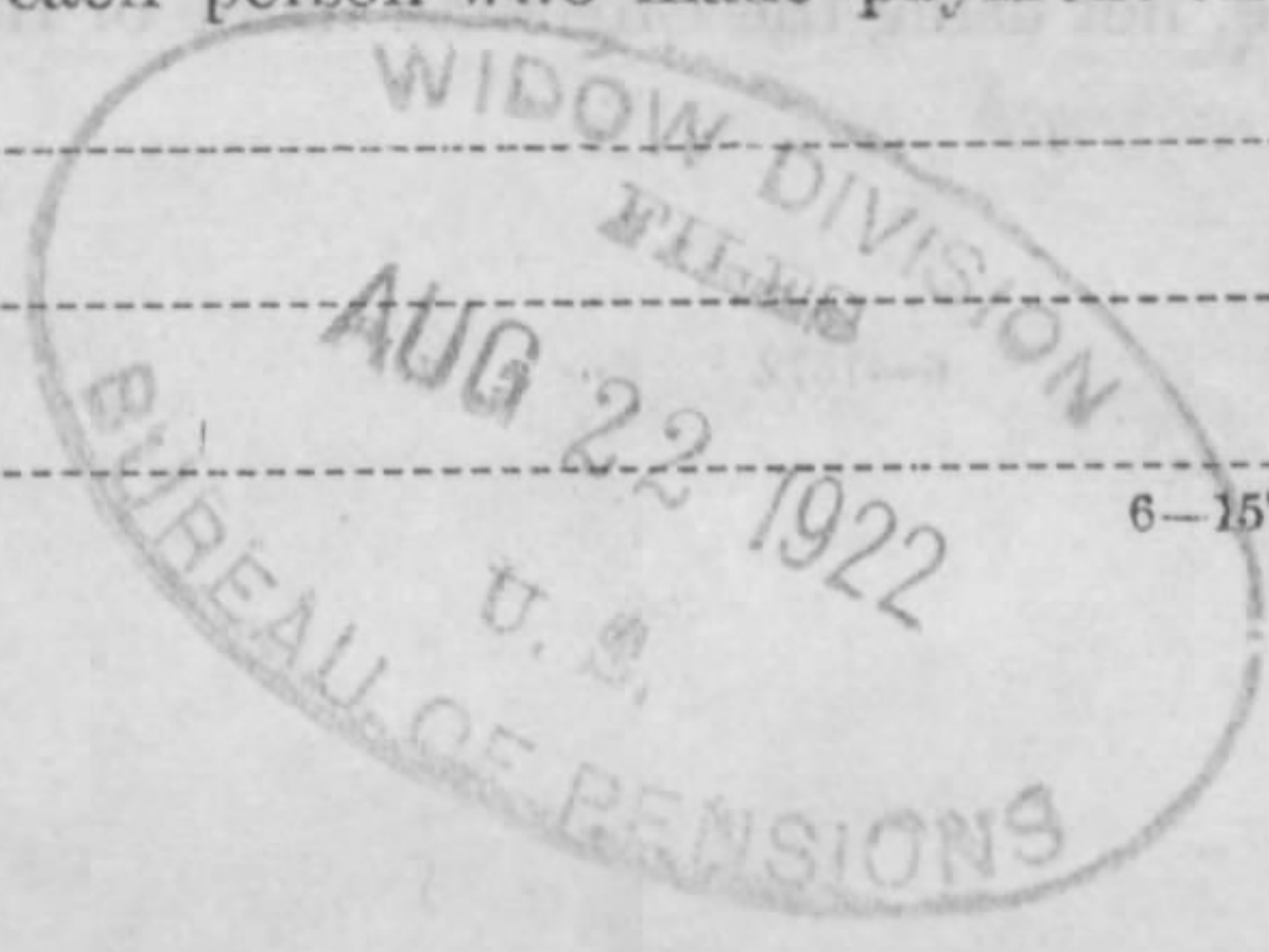
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written No.

9. Who was the beneficiary named in each policy? None

10. What was the relation of each beneficiary to the pensioner? Daughter

11. Were the premiums paid by the deceased pensioner? Yes

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account



RECEIVED
AUG 18 1922
DIVISION

RECORDED
AUG 19 1922
DIVISION

- 13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? *No*
- 14. Did the deceased pensioner leave any money, real estate, or personal property? *No*
- 15. If so, state the character and value of all such property _____
- 16. What was the assessed value (last assessment) of the real estate? *✓*
- 17. How was the pensioner's property disposed of? *✓*
- 18. Did pensioner leave an undorsed pension check? (Answer yes or no.) *No*
- 19. What was your relation to the deceased pensioner? *Daughter*
- 20. Are you married? (Answer yes or no.) *Yes*
- 21. What was the cause of pensioner's death? *Cancer of Stomach*
- 22. When did the pensioner's last sickness begin? *March 5 - 1922*
- 23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *March 5 - 1922*
- 24. Give the name and post-office address of each physician who attended the pensioner during last sickness
Michael J. Sheahan, 1204 Chapel St.
- 25. State the names of the persons by whom the pensioner was nursed during the last sickness
*Daughter Mrs. Theresa Warner
Mrs. Lillian Fitzgibbons*
- 26. Where did the pensioner live during last sickness? *23 Ann St. New Haven Ct.*
- 27. Where did the pensioner die? *23 Ann St.*
- 28. When did the pensioner die? *June 30 - 1922*
- 29. Where was the pensioner buried? *Center St. Cemetery Wallingford Ct.*
- 30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) *No*
- 31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<i>Thomas J. Masen</i>	Physician	<i>None</i>	<i>None</i>
<i>Mrs. Theresa Warner</i>	Medicine	<i>Paid</i>	<i>\$15.00 ✓</i>
<i>Mrs. Lillian Fitzgibbons</i>	Nursing and care	<i>No.</i>	<i>12.56.00 ✓</i>
<i>The Burial Home</i>	Undertaker	<i>Paid.</i>	<i>12.10.25 ✓</i>
	Livery		<i>None.</i>
	Cemetery		<i>Chapin Funeral Bill</i>
	Other expenses and their nature:		<i>None.</i>
	TOTAL		<i>481.25</i>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) *Yes*

That my post-office address is No. *23*, on *Ann St.* street, town or city of *New Haven*, County of *New Haven*, State of *Connecticut*.

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be received to her in her own name.)

Mrs. Theresa Warner
(Claimant's signature in full.)