

**Dear Patron:**

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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No.

DC 36338

VETERAN

Jacob A. Heist

RANK

Pvt.

SERVICE

Co. E. C. Mich

CAN No.

480

BUNDLE NO.

8

N. B.—EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS BELOW.

# CERTIFICATE OF DEATH

(Approved by U. S. Census and American  
Public Health Association.)

**Instructions to Registrar.**—The registered number should be entered immediately upon receipt at your office, and the date of filing at your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower left-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information" except for death in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Michigan Department of Health, Lansing, Michigan, on the fourth (4th) day of the following month. Use the return envelope provided for this purpose, and include a Statement Card, properly filled out.

**Instructions to Sub-Registrars.**—Licensed embalmers, when duly authorized by the State Health Commissioner to act as sub-registrars, may issue permits to themselves for deaths in townships only. (Not in cities or incorporated villages.) They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the last day of the month in which the death occurs, without fail. The certificate should be numbered by the sub-registrars, but by the registrars who record and transmit as if originally filed with them.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foremen," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home,*

and children, not gainfully employed as *At school* or *At home*. Care should be taken to report specifically the occupations of the persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (Avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified if indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL Peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**None.**—Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicaemia, tetanus."

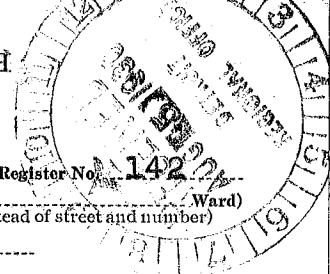
I hereby certify that this is a true & correct copy of the death certificate on file in my office

G. A. Van Epps  
City Clerk

MARGIN RESER FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County <b>Shiawassee</b>		MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics	
Township _____		CERTIFICATE OF DEATH	
Village _____		Register No. <b>142</b>	
City <b>Owosso</b>		(No. _____ St. _____ Ward _____)	
2 FULL NAME <b>Jacob A. Heist</b>			
a) Residence No. <b>905 Adams</b> St., Ward _____			
(Usual place of abode) (If non-resident give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <b>Male</b>	4 Color or Race <b>White</b>	5 Single, Married, Widowed or Divorced (WRITE the word) <b>Married</b>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <b>Louise Heist</b>			
6 DATE OF BIRTH (Month, day and year) <b>December 2, 1844</b>			
7 AGE Years <b>85</b>	Months <b>7</b>	Days <b>12</b>	If LESS than 1 day _____ hrs. OR _____ min.
8 OCCUPATION OF DECEASED			
(a) Trade, profession or particular kind of work <b>Farmer</b>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer.			
9 BIRTHPLACE (city or town) (state or country) <b>Buffalo, N. Y.</b>			
10 NAME OF FATHER <b>Jacob Heist</b>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <b>Germany</b>			
12 MAIDEN NAME OF MOTHER <b>Unknown</b>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <b>Unknown</b>			
14 Informant <b>Mrs. Louise Heist</b> (Address) <b>905 Adams St.</b>			
15 Filed <b>7-16-30</b> 192 <b>G. A. Van Epps</b> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <b>July 14, 1930</b>			
17 I HEREBY CERTIFY, that I attended deceased from <b>7-13-30</b> , 19____, to <b>7-14-</b> , 19 <b>30</b> that I last saw h. <b>im</b> alive on <b>7-14</b> , 19 <b>30</b> and that death occurred on the date stated above at <b>12:50 a</b> m.			
The CAUSE OF DEATH* was as follows: <b>Cerebral hemorrhage</b>			
(duration) _____ yrs. _____ mos. <b>1</b> ds.			
CONTRIBUTORY <b>Arterio-sclerosis</b> (Secondary)			
(duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted If not at place of death? Did an operation precede death? <b>No</b> Date of _____ Was there an autopsy? <b>No</b> What test confirmed diagnosis? <b>Exam.</b>			
(Signed) <b>A. L. Arnold, Jr.</b> , M. D. <b>7-14</b> , 19 <b>30</b> , Address <b>Owosso, Mich.</b>			
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <b>Oak Hill Cemetery</b>		Date of Burial <b>7-16</b> , 19 <b>30</b>	
20 UNDERTAKER <b>Jennings &amp; Son</b>		Address <b>Owosso</b>	



**PROTECTIVE WAR CLAIM AGENCY**  
OF THE  
U. S. SANITARY COMMISSION.

**Invalid Army Pension.**

STATE OF PENNSYLVANIA,

COUNTY OF PHILADELPHIA,

} ss.

On this *21<sup>st</sup>* day of *May* A. D. eighteen hundred and sixty-*four*, personally appeared before me, an Alderman and ex-officio Justice of the Peace, in and for the said County and State, *Jacob A. Heist* aged *Eighteen* years, a resident of *Saginaw County* and State of *Michigan*, who, being duly sworn, according to law, declares that he is the identical *Jacob A. Heist* who enlisted in the service of the United States at *Flrossa*, on the *11<sup>th</sup>* day of *October*, in the year *1861*, as a *Private* in company *"G"*, commanded by *Sicut. Am. Hull*, in the *1<sup>st</sup>* regiment of *Michigan Cavalry*, in the war of 1861, and was honorably discharged on the *21<sup>st</sup>* day of *May* in the year *1864*; that while in the service aforesaid, and in the line of his duty, he *received a shell wound in the left leg in action at Williamsport July 5<sup>th</sup> 1863 - in consequence of which his leg has been amputated - Before entering the U.S. Service he was a Farmer by occupation*

He hereby appoints W. N. ASHMAN, No. 1307 Chestnut Street, Philadelphia, Pa., to be his true and lawful Attorney, with full power to present and prosecute this claim and receive and receipt for any order, certificate, or money which may be payable under it.

Witnesses present:

*John Ward*  
*H. Morrison*

*his*  
*Jacob A. Heist*  
*Mark*

Also personally appeared *John Ward* and *John Mulligan*, residents of *Philadelphia* 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 *said claimant* sign his name to the foregoing declaration; and they further swear that they have every reason to

believe, from the appearance of the applicant and their acquaintance with him, that he is the identical person he represents himself to be; and they further state that they have no interest in the prosecution of this claim.

Witnessed at signing  
W. Smith  
H. Bunsen

John Ward  
his  
John X. Mulligan  
MunR

Sworn to and subscribed, and the foregoing power of Attorney duly acknowledged, before me, this 21<sup>st</sup> day of May ——— A. D. 1864; and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. Witness my hand and seal.

H. Munyon  
Alderman  
City of the Peace

Applicant's Post Office address: Cheaning - Saginaw Co.  
Michigan



APPLICATION FOR  
INVALID ARMY PENSION

Jacob C. Beal  
Co. 5<sup>th</sup> Private - 1<sup>st</sup> Regt  
Michigan Cavalry

March 21, 1864

P. J. McManis  
Saginaw Co.  
Michigan

P. W. M. Costman  
1307 Chestnut Street

PROTECTIVE WAR CLAIM AGENCY  
OF THE  
U. S. SANITARY COMMISSION.  
W. N. ASHMAN, Solicitor,  
1307 Chestnut Street, Philadelphia

2209

12-255

~~NOV 27 1898~~

GENERAL LAW.

3-402.

UNITED STATES DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,  
WASHINGTON, D. C.

Certificate No. 36.338

Name, *Jacob A. Heist*

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,

*Jacob A Heist*

*Avare*

*Mich*

*W. H. Brand*

Commissioner.

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

Answer. *Yes, maiden name Mary E. Kich*

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

Answer. *Early fall 1878 by Rev. Short's Cong. Minister at Avare Mich*

Third. What record of marriage exists?

Answer. *Marriage Cert. & Probate Co. Clerk's Record.*

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. *Yes Ellen Kourkhe Died in Bush Shuman Co. Mich Nov. 76*

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

Answer. *Elle born June 15, 1870, Rose Mich 9-72, Mary Aug 12-74, by first wife. Millie Aug 12-80, Leona Mich 13-81, Laurie May 21-85, John May 6-1887*

Date of reply, *June 3*, 189*8*

*W. H. Brand*  
*Jacob A X Heist*  
(Signature.)

0-8

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DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

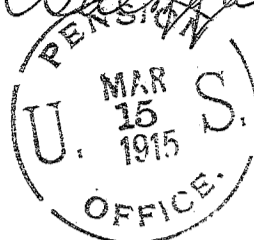
WASHINGTON, D. C., January 2, 1915.

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. Safford*

JACOB A. HEIST,  
OWOSSO, MICH.  
36338 CIV WAR  
1419 YOUNGS ST



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? *Answer. Dec. 2 - 1844 Buffalo N. Y.*  
The name of organizations in which you served? *Answer.*

No. 2. What was your post office at enlistment? *Answer. Owosso Mich*

No. 3. State your wife's full name and her maiden name. *Answer. Ellen Heist Ellen Bourke*

No. 4. When, where, and by whom were you married? *Answer. 5th March 1869 Oakley  
Lutina A. Segar*

No. 5. Is there any official or church record of your marriage? *yes*  
If so, where? *Answer. at Oakley*

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. was not married before but since my first wife is dead married the second time August 19 - 1877 in Owosso Mich to Mary Elizabeth Rich. D. H. Shanti Presbyterian Church*

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. 8. Are you now living with your wife, or has there been a separation? *Answer. yes*

No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Ellen Lucy Heist 15 - June 1870 Rose 3 - March 1872 Mary Louisa June 12 - 1875 - Fannie Irene 22 - April 1878. Willie - 19 - August - 1879. Lena 13 - March 1881. Louie. 21 May. 1885 - John 6 May 1887. Fannie died the 23rd January 1881. Willie died the 5th January 1899*

FOLD HERE.

Date *Mar 12 - 1915 -* (Signature) *Jacob A. Heist -*

# DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Michigan, COUNTY OF Shiawassee, ss:  
 On this 4 day of April, A. D. 1922, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Jacob G. Heist who, being duly sworn according to law, declares that he is 78 years of age, and a resident of Crosso City county of Shiawassee State of Michigan; and that he is the identical person who was ENROLLED at Grand Rapids, Mich. under the name of Jacob G. Heist on the 15 day of August, 1862, as a Private Co. 9. 6 Michigan Vol. Cavalry  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil War, and was HONORABLY DISCHARGED at Philadelphia, Pa. on the 20 day of June, 1864 That he also served war  
(State name of war, Civil or Mexican.)  
(Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, 5 feet 11 inches; complexion, Fair color of eyes, Blue; color of hair, Dark; that his occupation was Farmer; that he was born Dec 2, 1844, at Buffalow. N. Y.

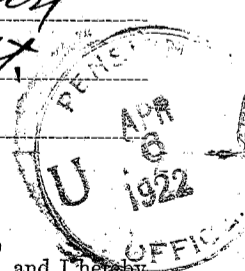
That he requires the regular personal aid and attendance of another person on account of the following disabilities:  
(State in this space the nature of any and all disabilities.)  
Rheumatism in Shoulders and legs also  
Continuous pain in the back

That since leaving the service he has resided at Crosso Mich. and his occupation has been Laborer

That he has not applied for pension under Original No. — That he is now a pensioner under Certificate No. 36338 That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 1, 1920.

(Two attesting witnesses.)  
 (1) Albert W Robertson  
(Signature of first witness.)  
Crosso Mich.  
(Address of first witness.)  
 (2) Paul Kibler  
(Signature of second witness.)  
Crosso Mich.  
(Address of second witness.)

Jacob G. Heist  
(Claimant's signature in full.)  
905. N. Adams St.  
(Claimant's address in full.)  
Crosso Mich.



SUBSCRIBED and sworn to before me this 4 day of April, A. D. 1922 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.

Declaration accepted as a claim under Sec. 2, act of May 1, 1920.  
 Chief, Law Div.  
C. J. P.

Julius E. Kibler  
(Signature)  
Notary Public  
(Official character.)  
Crosso Mich.  
(Post-office address of officer.)

(OVER.) 6-5172  
My Com. Ex Aug. 4-1923

3-026

Act Approved May 1, 1920.  
**DECLARATION FOR PENSION**

Number

Claimant

Service

**INSTRUCTIONS.**

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.

APR 8 1922  
 DIVISION

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 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 in support of 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; 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; 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.

There should also be filed claimant's statement whether any member of his family rendered military or naval service in the late World War and, if so, whether he has applied to the War Risk Insurance Bureau for compensation, or is in receipt of the same because of the death in or since the service of such member of his family.

Claimant should answer fully the following:

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

*Yousig Heist her maiden name was Louise Brend*

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

*Evossa Mich, on June 21-1921 by Theodore Hahn; & Evossa*

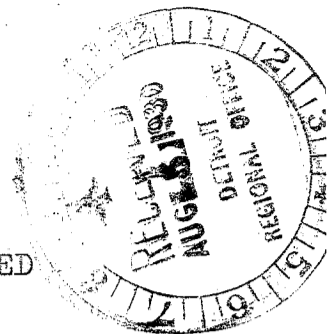
No. 3. What record of your marriage to her exists? Answer:

*Marriage Certificate*

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

marriage to each, and the date and place of death or divorce of each former wife. Answer:

*Mary Elizabeth Rich Singsing, Married Aug 19-1877 died May 31-1916; First wife name Ellen Bourke married Mar. 5-1869; died in Rush Township Shawanoes County Mich on to wit forty years ago from date hereof*



CERTIFICATE IN LIEU OF LOST OR DESTROYED  
DISCHARGE CERTIFICATE

TO WHOM IT MAY CONCERN:\*

Know me, that Jacob A. Heist, a private of Company G, Sixth Regiment of Michigan Cavalry volunteers, who was enrolled on the thirteenth day of September, one thousand eight hundred and sixty-two, to serve three years, was DISCHARGED from the service of the United States on the twenty-first day of May, one thousand eight hundred and sixty-four by reason of disability.

THIS CERTIFICATE is given under the provisions of the Act of Congress approved July 1, 1902, "to authorize the Secretary of War to furnish certificates in lieu of lost or destroyed discharges," to honorably discharged officers or enlisted men or their widows, upon evidence that the original discharge certificate has been lost or destroyed, and upon the condition imposed by said Act that this certificate "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowances, or as evidence in any other case."

Given at the WAR DEPARTMENT, Washington, D.C., this tenth day of April, one thousand nine hundred and twenty-two.

BY AUTHORITY OF THE SECRETARY OF WAR:

Signed- I. Erwin  
Adjutant General

STATE OF MICHIGAN  
COUNTY OF SHIAWASSEE

I, Milo B. Lyons, Notary Public for the aforesaid county, do hereby certify that I have compared the foregoing copy of Soldier's discharge with the original Form No. 150 A.G.O.L, and that it is a true and correct copy therefrom,

In testimony whereof, I have hereunto set my hand and affixed my seal of said commission. this 4th day of August A.D. 1930.

*Milo B. Lyons*  
Notary Public  
My Commission Expires Sept. 11-1933

Adjutant General's Office,

Washington, D. C.,

July 15<sup>th</sup> 1864

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. \_\_\_\_\_, and to return it herewith, with such information as is furnished by the files of this Office.

~~It appears from the Rolls on file in this Office, that \_\_\_\_\_ was enrolled on the \_\_\_\_\_ day of \_\_\_\_\_, 186\_\_\_\_, at \_\_\_\_\_ in Co. \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, to serve \_\_\_\_\_ years, or during the war, and mustered into service as a \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 186\_\_\_\_, at \_\_\_\_\_, in Co. \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, to serve \_\_\_\_\_~~

~~years, or during the war.~~ On the Muster Roll of Co. "C" of that Regiment, for the months of March & April, 1864, he is reported "Private Jacob A Heist is reported in Hospital at Annapolis." The Muster Roll of that Co. for May & June 1864 reports him "Discharged for disability May 21/64," placed not stated.

I am, Sir, very respectfully,

Your obedient servant,

Samuel Beck

Assistant Adjutant General.

The Commissioner of Pensions,

(2.)

Washington, D. C.

Memoranda

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

L. W.

# CERTIFICATE OF MEDICAL EXAMINATION.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Act June 5-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-fourth, one-half, three-fourths, or total.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the Board must be stated. When not due to such habits, this fact must be stated.

§72 Cases: In every instance where aid and attendance is alleged, the Board will state (in so many words) whether the regular aid and attendance of another person is or is not required.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Ino. Pension Claim No. 36338

Name of claimant: Jacob A. Hoist

Company G, Reg't 6th Mich, Cavalry

Address of Board: Owesse, Michigan P. O. State.

Claimant's post-office address: Owesse, Michigan.

Date of examination: June 21, 1922, 19

Names of disabilities: Amputation of left leg below knee. General debility.

He receives a pension of Sixty dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Shell wounds sustained in battle near Williamsport Maryland, July 6th, 1863.

Birthplace, Buffalo, N. Y.; age, 73 years; height, 70 in.; weight, 170 pounds; complexion, Dark; color of eyes, Blue; color of hair, Dark, now gray; Occupation, None; permanent marks and scars other than those described below, None.

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 88-92 [Sitting, standing, after exercise.]; respiration, 20-21 [Sitting, standing, after exercise.]; temperature, 98;

Claimant is fairly well nourished, not anemic, with seeming unimpaired mentality. Appetite is fairly good, bowels are constipated but no marked digestive disturbance. He states that on account of tenderness and soreness of leg stump he is unable to wear his artificial leg much of the time; and that on account of rheumatism of shoulders and legs he is unable to use crutches.

Chest, Heart and lungs show no evidences of disease. Abdomen and abdominal organs. No evidences of disease.

Extremities. Left tibia has been amputated 6 inches below knee and fibula 3 inches below knee. Flap is shrunken and scar adherent and tender over end of tibia. A large tender callus has formed over end of fibula, probably produced by wearing artificial leg. Rheumatism. - There is stiffness and lameness in muscles of neck, shoulders and arms, hips and thighs. There are no joint enlargements. There is crepitation in right shoulder joint on passive motion. On account of stiffness and pain claimant is unable to abduct right arm to a right angle with trunk. Motion in right shoulder and right knee is limited 33 1/3% in degree. Motion in left shoulder and hips is limited 25% in degree.

Hearing. - There is severe deafness of both ears. Claimant is able to hear very loud conversation at six inches from ear.

Kidneys. - A moderate amount of albumen is found in urine. There is a moderate degree of chronic interstitial nephritis. Claimant states that he has occasional attacks of dizziness and has fallen during such attacks.

On account of loss of left leg and condition of stump; rheumatism of muscles of trunk and extremities, interstitial nephritis and resulting dizzy attacks; and severe deafness, claimant requires regular aid and attendance of another person in dressing and undressing and in attending to the calls of nature.

On account of severe deafness and liability to attacks of dizziness it is unsafe for him to go out unattended

*J. Arthur ...*  
Examined

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

**CERTIFICATION.**—To be filled and signed when the examination is made by the full board of three surgeons.)

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_."

(Signature.) \_\_\_\_\_

(CLAIMANT'S WAIVER, to be filled by the member acting as secretary, and signed by the applicant, when the examination is made by two members of the board.)

\_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_."

Witnesses to mark \_\_\_\_\_

(Signature of Applicant.) \_\_\_\_\_

HOME ACT OF MAY 1, 1920

**CERTIFICATE OF MEDICAL EXAMINATION**

IN CASE OF

Jacob A. Heilst

Co. G, 6<sup>th</sup> Mich. Cav. Reg't

APPLICANT FOR Grnd.

I.C.No. 36338

DATE OF EXAMINATION:

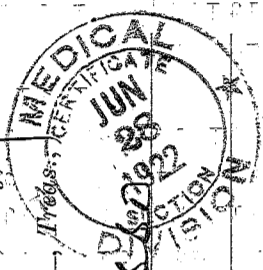
June 21, 1922.

Pres., \_\_\_\_\_

Sec'y, \_\_\_\_\_

Treas., \_\_\_\_\_

BOARD.



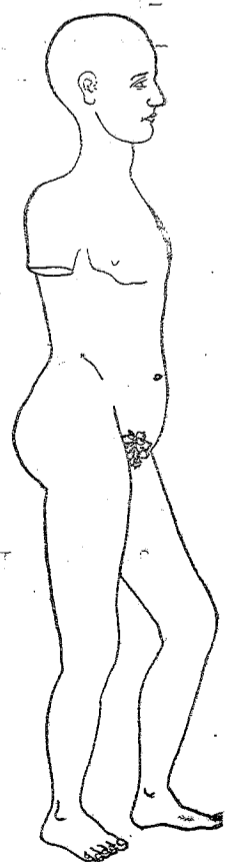
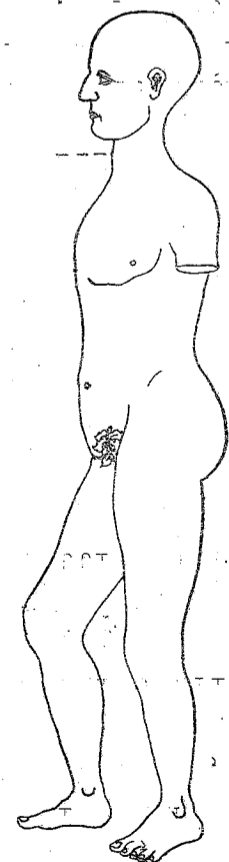
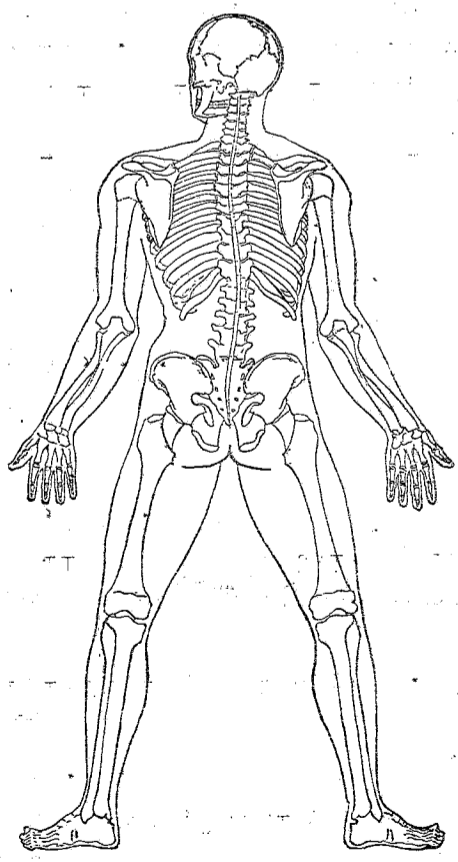
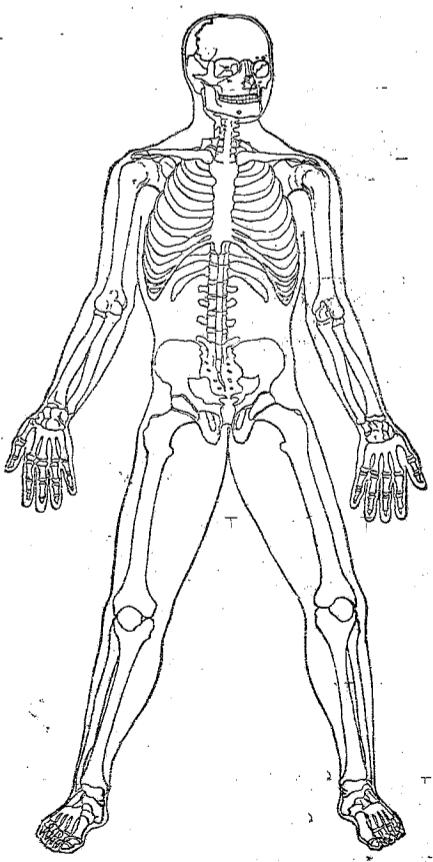
Post office, \_\_\_\_\_

County, \_\_\_\_\_

State, Mich.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

E.S.S.



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

U. S. VETERANS' BUREAU  
 Adjudication Service—Form 515, Rev. May, 1930  
 Form approved by Comptroller General U. S.  
 October 23, 1928

Voucher No. ....

D. O. Symbol No. ....

APPROPRIATION: .....  
 BUDGET ALLOTMENT NUMBERS: .....  
**VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND  
 TRANSPORTATION OF BODY OF DECEASED VETERAN**

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Mrs. Louise Heist, 905 N. Adams St., Grosse, Mich.	701 Jacob A. Heist, Grosse, Mich. Civil War Veteran Non-Bureau Beneficiary	July 14, 1930 Grosse, Mich.	\$107.00

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have \*..... been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for \$..... **107.00** ....., of which no amount represents a payment in excess of that allowed by law.

GENERAL RECEIVED  
 OCT 4 1930  
 FILE SECTION

For the Director, U. S. VETERANS BUREAU,  
 Reimbursement Claims Authorization Officer.

*File 10-3*

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed \$1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date .....  
 Reimbursement Claims Authorization Officer.

ASB/smm 10/2/30

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

*10-3*



→ Pth 124513'D  
mm

**OUTCHARGE**

File No. 807-Heist, Jacob A. Date 12/3/30

Subject Bm CWR  
mch

Letter, memorandum, indorsement, telegram, last date 10/1/30

Deliver to Runk Searcher JP file 8,24

**OUTCHARGE**

10-8-30  
Ming - 26-30.  
Date

File No.

801-Heist, Jacob A. (a.w.v.) Miel

Subject

Baur -

Letter, memorandum, indorsement, telegram, last date

9-18-30

Deliver to

Reim -

Searcher

J.M.

NOTE.—This form must not be detached until returned to files

Invalid Division  
I.C. 55,538  
Jacob A. Heist  
G, 6 Mich. Cav.

May 19, 1927.

Mr. Jacob A. Heist,  
905 N Adams St.  
Owosso, Michigan.

Sir:

In your claim for increase under the act of July 3, 1926, there should be furnished an additional affidavit from Dr. J. H. Blue, setting forth whether you are bedfast and totally helpless or can feed, bathe, dress, undress yourself and attend the calls of nature unaided.

Respectfully,

*Winfield Scott*  
WINFIELD SCOTT  
Commissioner.

JK lma

UNITED STATES VETERANS BUREAU  
Form 3101  
Revised July, 1929

**REQUEST FOR ARMY INFORMATION**

FOR USE OF— FABB:WRB:AES:dms

9-28  
Sept. 9, 1930

U. S. VETERANS BUREAU  
Record Verification Unit  
SEP 12 1930

DIVISION Awards SUBDIVISION \_\_\_\_\_ SECTION Reimb. UNIT Room 927

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name <sup>901</sup> HEIST, Jacob A.  
(Last.) (First.) (Middle.)

Rank and organization Pvt. Co. G, 6th Reg. Mich. Cav. Vols. Date \_\_\_\_\_ Camp \_\_\_\_\_

Date of enlistment Sept. 13, 1862

Date of discharge or death May 21, 1864

Home address \_\_\_\_\_

Status of allotment through Z. F. O. \_\_\_\_\_

Has final settlement been made? \_\_\_\_\_

Certified copies of Forms 1-B \_\_\_\_\_

Army Serial No.: S. CIVIL WAR VETERAN

Allotment No.: A \_\_\_\_\_

Compensation Claim No.: C \_\_\_\_\_

Converted Insurance No.: K \_\_\_\_\_

Term Insurance No.: T \_\_\_\_\_

Allotment deductions, Class A \_\_\_\_\_ Class B \_\_\_\_\_

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Made subsequent to \_\_\_\_\_, 19\_\_\_\_

Premium deductions: From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Additional information \_\_\_\_\_

Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By *H. L. McCoy*  
H. L. McCoy, Acting Ass't Director

1. Name Heist, Jacob A.  
(Last.) (First.) (Middle.)

2. Army Serial No. \_\_\_\_\_

3. Rank and organization at discharge Pvt., G, 6th Mich. Cav.

4. Date of enlistment Sept. 13/62

5. Physical defects at enlistment \_\_\_\_\_

6. Was he medically examined and accepted at camp? \_\_\_\_\_

7. Date and hour of induction by draft board \_\_\_\_\_

8. Defects noted by draft board \_\_\_\_\_

9. General or limited service \_\_\_\_\_

10. Date of discharge May 25/64

11. Character of discharge Hon.

12. Date of indefinite furlough \_\_\_\_\_

13. Physical defects at discharge \_\_\_\_\_

14. Complete medical history \_\_\_\_\_

15. ~~Future address~~ Records indicate no other services

16. Date of reenlistment (new army) \_\_\_\_\_

17. Present rank, organization, and location \_\_\_\_\_

18. Date and cause of death \_\_\_\_\_

19. Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_

20. Emergency address \_\_\_\_\_

21. Date of birth \_\_\_\_\_

22. Date and rank of retirement \_\_\_\_\_

23. Dates and history of desertion or absences with court-martial findings \_\_\_\_\_

SEP 15 1930  
OLD RECORDS DIVN

Report below on National Guardsmen only.

24. Date of President's call (World War) \_\_\_\_\_

25. Date answered President's call \_\_\_\_\_

26. Date mustered into Federal Service \_\_\_\_\_

27. Date of physical examination for Federal Service (World War) \_\_\_\_\_

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Effective date, amount of insurance and premiums \_\_\_\_\_  
\_\_\_\_\_

33. Occupation at time of enlistment \_\_\_\_\_

34. \_\_\_\_\_ Statement of service from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

30. Insurance increased to \$\_\_\_\_\_ on \_\_\_\_\_  
19\_\_\_\_, from \$\_\_\_\_\_

31. Insurance canceled \_\_\_\_\_  
Reinstated \_\_\_\_\_

32. Insurance reduced to \$\_\_\_\_\_ on \_\_\_\_\_  
19\_\_\_\_, from \$\_\_\_\_\_

Camp or station

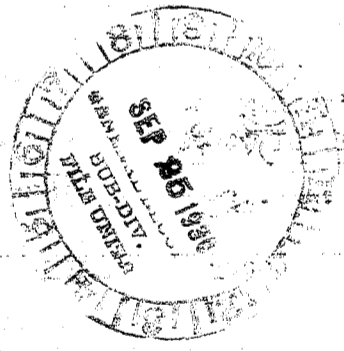
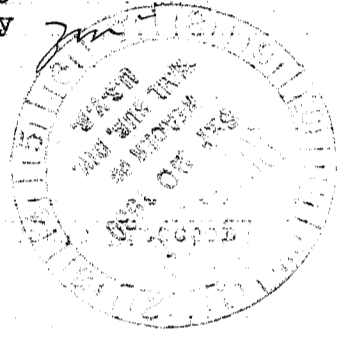
Organization

Period served in particular organization

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

O.R.D.  
9-28-30

*C. H. Bridges,*  
Major General,  
The Adjutant General.  
By *jm*



UNITED STATES VETERANS BUREAU  
Form 3101  
Revised July, 1929

### REQUEST FOR ARMY INFORMATION

FOR USE OF— ~~CLASS: FEB; AAS; One~~

*28*  
Sept. 9, 1930, 19

DIVISION Awards SUBDIVISION \_\_\_\_\_ SECTION Reimb. UNIT Room 927

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name HEIST, Jacob A.  
(Last) (First) (Middle)

Rank and organization Pvt. Co. G, 6th Reg. Mich. Cav. 10th.

Date of enlistment Sept. 13, 1902 Date \_\_\_\_\_ Camp \_\_\_\_\_

Date of discharge or death May 21, 1904

Home address \_\_\_\_\_

Status of allotment through Z. F. O. \_\_\_\_\_

Has final settlement been made? \_\_\_\_\_

Certified copies of Forms 1-B \_\_\_\_\_

Army Serial No.: S CIVIL WAR VETERAN

Allotment No.: A \_\_\_\_\_

Compensation Claim No.: C \_\_\_\_\_

Converted Insurance No.: K \_\_\_\_\_

Term Insurance No.: T \_\_\_\_\_

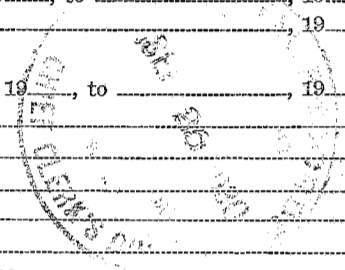
Allotment deductions, Class A \_\_\_\_\_ Class B \_\_\_\_\_

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Made subsequent to \_\_\_\_\_, 19\_\_\_\_

Premium deductions: From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Additional information \_\_\_\_\_



Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

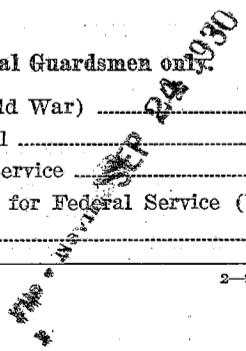
By H. L. MCCOY, Acting Ass't Director

- Name Heist, Jacob A.  
(Last) (First) (Middle)
- Army Serial No. \_\_\_\_\_
- Rank and organization at discharge Pvt., Co. G, 6th Mich. Cav.
- Date of enlistment Sept. 13/02
- Physical defects at enlistment \_\_\_\_\_
- Was he medically examined and accepted at camp? \_\_\_\_\_
- Date and hour of induction by draft board \_\_\_\_\_
- Defects noted by draft board \_\_\_\_\_
- General or limited service \_\_\_\_\_
- Date of discharge May 25/04
- Character of discharge Hon.
- Date of indefinite furlough \_\_\_\_\_
- Physical defects at discharge \_\_\_\_\_
- Complete medical history \_\_\_\_\_
- Future address Records indicate no other service.
- Date of reenlistment (new army) \_\_\_\_\_

- Present rank, organization, and location \_\_\_\_\_
- Date and cause of death \_\_\_\_\_
- Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_
- Emergency address \_\_\_\_\_
- Date of birth \_\_\_\_\_
- Date and rank of retirement \_\_\_\_\_
- Dates and history of desertion or absences with court-martial findings \_\_\_\_\_
- Date of President's call (World War) \_\_\_\_\_
- Date answered President's call \_\_\_\_\_
- Date mustered into Federal Service \_\_\_\_\_
- Date of physical examination for Federal Service (World War) \_\_\_\_\_

Report below on National Guardsmen only.

(SEE REVERSE SIDE)



79-26

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? \_\_\_\_\_

30. Insurance increased to \$\_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_, from \$\_\_\_\_\_

31. Insurance canceled \_\_\_\_\_ Reinstated \_\_\_\_\_

29. Effective date, amount of insurance and premiums \_\_\_\_\_

32. Insurance reduced to \$\_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_, from \$\_\_\_\_\_

33. Occupation at time of enlistment \_\_\_\_\_

34. \_\_\_\_\_ Statement of service from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

*Camp or station*

*Organization*

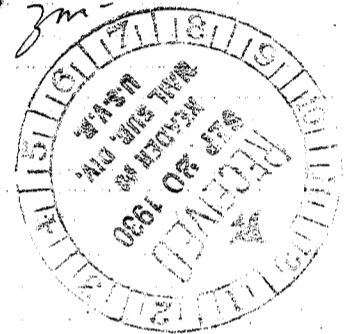
*Period served in particular organization*

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

O.B.D.  
9-28-50

C. H. Bridges,  
Major General,  
The Adjutant General.

By



SEP 30 1950  
ADJUTANT GENERAL'S OFFICE  
DEPARTMENT OF THE ARMY

UNITED STATES VETERANS BUREAU  
Form 3101  
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF ~~REGISTRATION~~

Sept. 9, 1950, 19

DIVISION Awards SUBDIVISION \_\_\_\_\_ SECTION Retab. UNIT Room 927

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name 801 ELIOT, Jacob A. RS  
(Last) (First) (Middle)

Rank and organization 7th. Co. G, 4th Reg. Mich. Cav. York

Date of enlistment Sept. 15, 1918 Camp \_\_\_\_\_

Date of discharge or death Nov 21, 1918

Home address \_\_\_\_\_

Army Serial No.: S CIVIL WAR VETERAN

Allotment No.: A \_\_\_\_\_

Compensation Claim No.: C \_\_\_\_\_

Converted Insurance No.: K \_\_\_\_\_

Term Insurance No.: T \_\_\_\_\_

Allotment deductions, Class A \_\_\_\_\_ Class B \_\_\_\_\_

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Made subsequent to \_\_\_\_\_, 19\_\_\_\_

Premium deductions: From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Additional information \_\_\_\_\_

Status of allotment through Z. F. O. \_\_\_\_\_

Has final settlement been made? \_\_\_\_\_

Certified copies of Forms 1-B \_\_\_\_\_

Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By E. L. MOODY, Acting Asst. Director

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Army Serial No. \_\_\_\_\_

3. Rank and organization at discharge \_\_\_\_\_

4. Date of enlistment \_\_\_\_\_

5. Physical defects at enlistment \_\_\_\_\_

6. Was he medically examined and accepted at camp? \_\_\_\_\_

7. Date and hour of induction by draft board \_\_\_\_\_

8. Defects noted by draft board \_\_\_\_\_

9. General or limited service \_\_\_\_\_

10. Date of discharge \_\_\_\_\_

11. Character of discharge \_\_\_\_\_

12. Date of indefinite furlough \_\_\_\_\_

13. Physical defects at discharge \_\_\_\_\_

14. Complete medical history \_\_\_\_\_

15. Future address \_\_\_\_\_

16. Date of reenlistment (new army) \_\_\_\_\_

17. Present rank, organization, and location \_\_\_\_\_

18. Date and cause of death \_\_\_\_\_

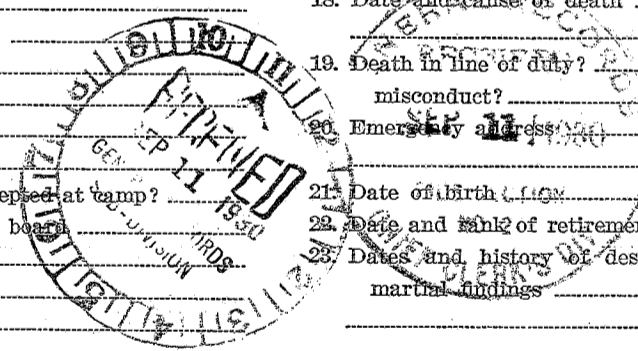
19. Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_

20. Emergency address \_\_\_\_\_

21. Date of birth \_\_\_\_\_

22. Date and rank of retirement \_\_\_\_\_

23. Dates and history of desertion or absences with court-martial findings \_\_\_\_\_



MS 9-9

Report below on National Guardsmen only.

24. Date of President's call (World War) \_\_\_\_\_

25. Date answered President's call \_\_\_\_\_

26. Date mustered into Federal Service \_\_\_\_\_

27. Date of physical examination for Federal Service (World War) \_\_\_\_\_

(SEE REVERSE SIDE)



28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? \_\_\_\_\_  
\_\_\_\_\_

29. Effective date, amount of insurance and premiums \_\_\_\_\_  
\_\_\_\_\_

33. Occupation at time of enlistment \_\_\_\_\_

34. \_\_\_\_\_ Statement of service from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

30. Insurance increased to \$\_\_\_\_\_ on \_\_\_\_\_  
19\_\_\_\_, from \$\_\_\_\_\_

31. Insurance canceled \_\_\_\_\_  
Reinstated \_\_\_\_\_

32. Insurance reduced to \$\_\_\_\_\_ on \_\_\_\_\_  
19\_\_\_\_, from \$\_\_\_\_\_

*Camp or station*

*Organization*

*Period served in particular organization*

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

98713  
**OUTCHARGE**

Date 8-23-30

File No. 801-Heist, Jacob A. - Mich (C W V)

Subject Burial - ~~Mich~~ July 14 - 1930

End Sept 13 1862

Letter, memorandum, indorsement, telegram, last date \_\_\_\_\_

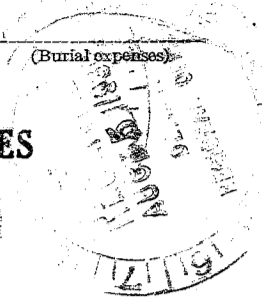
Deliver to Reimb Searcher L S G

NOTE.—This form must not be detached until returned to files U. S. GOVERNMENT PRINTING OFFICE: 1928 2-14548

MO 801-2568-23

UNITED STATES VETERANS BUREAU  
ADJUDICATION SERVICE  
Form 531—Revised March, 1927

File No. \_\_\_\_\_  
(Burial expenses)



### CLAIMANT'S AFFIDAVIT IN SUPPORT OF BURIAL EXPENSES

I, Mrs. Louise Heist  
(Name of person who paid expenses) or (Undertaker, if expenses have not been paid)

of 905 N. Adams St. Owosso Michigan  
(No.) (Street) (City or town) (State)

on oath depose and say that I am the widow  
(Relationship to deceased) or (Undertaker)

of } 80 Jacob A. Heist  
for } (Name of deceased)

Pvt., Company G, Sixth Reg. Michigan Cav. Volunteers  
(Rank) (Organization)

who died { at } Owosso, Michigan on the 14th  
in { (Place of death)

of July, 1930, { ~~before~~ } discharge or resignation from service; that expenses  
were incurred for the return home, funeral and burial of the body of the deceased, amounting in all  
to \$ ~~375.00~~ 382.00

(1) That the foregoing amount has been paid by me from my personal funds and reimbursement therefor has not been received.

~~(2) That the foregoing amount was charged by me for all services rendered and payment therefor has not been received.~~

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are herewith attached and made a part of this affidavit.

Mrs Louise Heist  
(Signature of Affiant)

Subscribed and sworn to before me this 1st day of August, 1930

[SEAL]

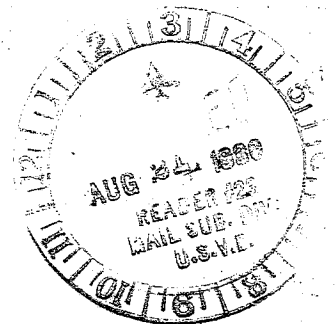
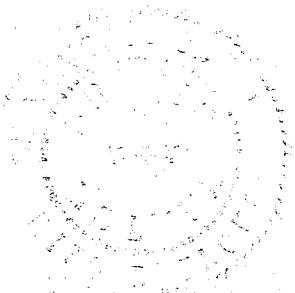
Milo B. Lyons  
Notary Public.  
My Commission Expires Sept 11-1933

#### INSTRUCTIONS

If claim is made by the person who has paid expenses, cross out statement number two. If claim is made by person or firm performing services, cross out statement number one. No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be. Signatures made by mark must be witnessed by two persons to whom the person making affidavit is personally known and the addresses of such witnesses shown.

If claim is made by an undertaking firm the firm name should be shown and the person acting for the firm should state his capacity, as "President," "Treasurer," "Secretary," etc.

RECEIVED  
Reimbursement Section  
AUG 25 1930  
AWARDS DIVISION



UNITED STATES VETERANS BUREAU  
 ADJUDICATION SERVICE—Form 515, Rev. May, 1938  
 Form approved by Comptroller General U. S.  
 October 23, 1928

Voucher No. \_\_\_\_\_

D. O. Symbol No. \_\_\_\_\_

APPROPRIATION: \_\_\_\_\_

BUDGET ALLOTMENT NUMBERS: \_\_\_\_\_

**VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN**

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
<i>Mrs. Louise Heist</i> <i>905 N. Adams St.</i> <i>Owosso,</i> <i>Mich.</i>	<i>Jacob A. Heist</i> <i>Owosso,</i> <i>Mich.</i> <i>CV</i> <i>not</i>	<i>7-14-30</i> <i>Owosso,</i> <i>Mich.</i>	<i>107</i>

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have †\_\_\_\_\_ been paid from the personal funds of claimant and for which payment has not been received as shown by the affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Sub-section (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for \$107, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date \_\_\_\_\_

† \_\_\_\_\_  
 Reimbursement Claims Authorization Officer.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed \$1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date \_\_\_\_\_

*over* \$ \_\_\_\_\_  
 Reimbursement Claims Authorization Officer.

**ACCOUNTING DIVISION—FINANCE SERVICE**

Examined and passed for payment in the amount and from the appropriation above stated.

(Title) \_\_\_\_\_

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. \_\_\_\_\_, dated \_\_\_\_\_

\* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonbureau beneficiary."  
 † Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.  
 ‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.  
 § Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.

Across.

Jennings Funeral Home

casket 230.

US flag 7

bill 382.

Pd in full by  
Mrs. Louise Heist

(properly signed)

*Mrs. A. V. C.*

JULIUS E. KEBLER, Bachelor of Laws  
Notary Public and Conveyancer of all Legal Documents  
Fire Insurance and Barber

Union Phone 545

THEO. KEBLER, Restaurant, Cigars, Tobacco  
Furnished Rooms by Day or Week

# REAL ESTATE AND LOANS

Money Loaned on all Kinds of Chattel Security

Business Strictly Private and Confidential

(Established 1894)

OFFICES { 818 W. Main St.  
          { 123 N. Lansing St.

Owosso, Mich., Mar. 20-29 19

Department of the Interior  
Bureau of Pensions  
Washington D.C.

Group 3

Invalid Ctf. 36338

Dear Sir:-

On Dec. 6-1928 I made application to the aforesaid department for the increase of Pension to the amount of \$90.00 per <sup>month</sup> as I am Totally unable to care for myself, said appliaction was made thru a Mr. William Conford of Corunn City Mich.

My Name is Jacob A. Heist of Owosso City, Mich. and my pension Certificate number is 36338,

Please let me know whether or not you have received affidavits relative to the above mentioned application, and when can we expect the \$90.00 per <sup>month</sup> as perscribed by the Pension Laws of the U.S.

Please answer this letter at once as I am nearly destitute and have no money to pay my attendant.

Yours very truly.

*Jacob A. Heist*  
Owosso City, Mich.

#905 North Adams Street.

(executed in duplicate)



Certificate and check mailed March 19, 1929, Finance

*Jacob A. Heist*  
ACT OF JULY 3, 1926  
Ctf. # 36338  
Increase \$90 date of Commencement 12/5/28  
date of Ctf. March 8, 1929  
Paid at \$72 to March 4, 1929  
Increase \$53.40 Paid 3/19/29  
\$72 to \$90 - 12/5/28 to 3/4/29  
2 mos 29 sup at \$18.00 p mo.  
SS/ok  
APR - 2 1929



*Heist*

UNITED STATES GOVERNMENT  
OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED  
MAY 10 1941

# REAL ESTATE AND TRUSTS

Division of Real Estate and Trusts

General Supply Division and Commercial

(Employee List)

OFFICE OF THE ATTORNEY GENERAL  
WASHINGTON, D. C.

Mr. [Name]

Room #1141

Washington, D. C.

Dear Sir:

Reference is made to your letter of [Date] regarding [Subject].  
The Bureau has reviewed the matter and has determined that [Action].  
It is requested that you advise the Bureau of any further developments.  
Very truly yours,  
[Signature]

*Mrs. A. V. G.  
Room #1141*

Very truly yours,  
[Signature]

39

Enclosure

Handwritten notes and stamps at the bottom of the page, including a date stamp and various illegible markings.



3-2452

ACT OF JULY 3, 1926

INCREASE

Cert. No. 36338

*Des Mich 8*

Claimant *Jacob A. Heist*

Rank *Private* Service *Co G 6 Mich Cav*

Rate, \$ *90* per month, commencing *December 5, 1928*

INVALID DIVISION

APPROVAL

Submitted for *Bd. Action Apr 26*, 1927, *Koontz* Examiner.

Approved for *Increase* Approved for \$ *90*  
*Ad July 3 1926* from *December 5, 1928*.

*Apr 30 1927* *W. W. Johnson* *Mar. 1, 1929* *J. R. Frow*  
*Feb 27 1929* *J. W. Wood* Reviewer. Medical Reviewer.  
Medical Referee.

Pensioned at \$ *72* per month, under *ACT OF MAY 1, 1920*

Claim filed *Aug 6* 1926

*No* M. C.

*# 905 W. Adams, Crosson, Mich.*

*44*

M. H.

Invalid Division

3-2453

*J.C. 36338*

*Jacob A. Heist*  
*U. 6 Mich. Cav.*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

*November, 10, 1926*

*Mrs. Jacob A. Heist*  
*905 North Adams Street*  
*Owosso, Michigan*

Sir:

The act of July 3, 1926, provides a rate of \$90 per month for one who is "totally helpless or blind." The evidence now on file in the case does not show a condition of total helplessness or blindness.

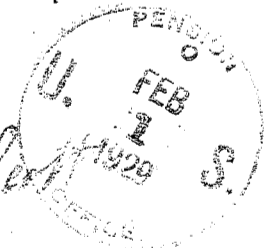
There should, therefore, be furnished the sworn statement of a physician, preferably that of the attending or family physician, describing fully and clearly existing conditions so that a conclusion may be arrived at as to the present degree of helplessness or blindness. The date from which such condition has existed should be stated.

If the statement of a physician can not be furnished, the sworn statement of the attendant or nurse covering the points indicated in the preceding paragraph should be furnished.

Respectfully,

*Winfield Scott*

Commissioner.



Owosso, Michigan  
April 8, 1927

Department of Interior  
Bureau of Pensions  
Washington, D. C.

Gentlemen:

Relative to the pension of Jacob A. Heist, 905 North Adams Street, Owosso, Michigan, I have been in professional attendance upon him and hereby make statement to the effect that he is now in a physical condition demanding constant attendance. The attendant in this case is his wife who is well able to take care of him.

He is suffering with advanced sclerosis, extreme deafness, partial blindness and vertigo to the extent of not being able to walk without staggering and sometimes falling. This necessitates the wife being constantly at his side. If ever there was a case eligible for the maximum pension I think this is one.

*Vertical handwritten note on the left margin.*

*J.C. 36338*  
*96 Mich Car*

*J. J. Blue*  
\_\_\_\_\_  
J. J. Blue M. D.  
Owosso, Michigan

Sworn and subscribed to before me this 8 day of Apr 1927.

*[Signature]*  
\_\_\_\_\_  
Notary Public in and for Shiawassee  
County, Michigan. My commission  
expires July 1st 1930.

*Reissue*  
3-371

Cert. No. *36338*

ACT OF MAY 1, 1920

INCREASE

Claimant *Jacob A Heist*  
P. O. \_\_\_\_\_ Rank *Private*  
County \_\_\_\_\_ Service *Co G*  
State \_\_\_\_\_ *6 Mich Cav.*  
Rate, \$ *72* per month, commencing *April 6, 1922.*

STATE REPRESENTATIVE. *no*

APPROVAL

Submitted for *Ad* *May 15, 1922*, *L E Rogers*, Examiner.  
*Re* *Med dm July 6, 1922* *W B Bredt*

Approved for \_\_\_\_\_

Approved for *#72.*

INCREASE, SECTION 2,  
ACT OF MAY 1, 1920.

*July 6/22*  
*no* ~~Medical Examination~~

*Reissue from General Law*

*May 16, 1922*, *J. M. Beckett*  
*Reviewer.*  
\_\_\_\_\_, 192\_\_\_\_, \_\_\_\_\_  
*Rereviewer.*

*G. M. Beckett*  
*Medical Examiner.*  
*July 11, 1922*

*W. H. ...*  
*Medical Referee.*

Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_  
Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_  
Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_  
Length of pensionable service \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.  
Pensioned at \$ *50.60* per month, under *General Law*, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

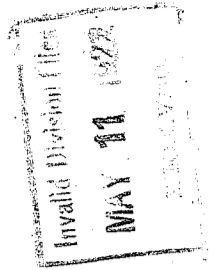
Declaration filed *Apr 6*, 1922

Claimant does *not* write.

*no*, M. O.

M,46

Invalid Division



State of Michiga,  
County of Shiawassee

SSS

Clf,36338  
Jacob A,Heist  
Co,6 Mich, Cav,

*Copy*

We,Louisa Heist,Rosa Gilchrist ,Floyd Kibby and Aurelia Herman all of Owosso City, Shiawassee County, Mich,

all personally appeared before me a Notary Public who being duly sworn,each for her self and himself and <sup>not</sup> one for the other depose and say That they have been personally acquainted Mr. Jacob A, Heist Two years and over and since april 6-1922 we have been in ~~xx~~ and about his home nearly every day and by our personal observatin know that the following statement at to his physical condition are True,That the said Jacob A,Heist,claimant mind is nor very claer, needs a ~~g~~regular attendand is confined to the bed abkout half of the time and always is confined to his house,and he is unable to dress himself and part of the time is unable to feed himself and attend to the calls of nature,and it is absolutely unsafe for him to go out on the street unattended,

The aforesaid Louisa Heist is 56 years old,and resid~~es~~in Owosso Mich, Rose Gilchrist is 50 years old and resides in Owosso Mich, Floyd Kibby is 29 years old and resides in Owosso City, Mich, and Aurelia Hermas ~~ixis~~ is 30 years old and resides in Owosso City, Michigan,

Further deponents say not,

In witness whereof we have hereunto set our hands and seal~~s~~

This 9th, day of May A.D.1922

Signed in presence of

Julius E. Koble  
Albert Robertson

Louisa Heist (56)  
Rosa Gilchrist (50)  
Floyd Kibby (29)  
Aurelia Hermans (30)



*R*

Subscribed and sworn to before me a Notary Public this 9th, day of May A.D.1922

Julius E. Koble  
Notary Public

My commission expires Aug, 4-1923

3-355.  
(Old No. 3-145.)

Certificate No. 36,338

Esth  
36338  
Detroit

Increase INVALID PENSION.

Claimant, Jacob A. Heist

P. O., 703 Dimmick st.  
Oshtemo  
State, Michigan

Rank, Private  
Company, G.  
Regiment, 6-Mich. Vol. Cav.

Rate, \$ 40 per month, commencing March 2, 1903.

Pensioned for Loss of left foot

No RECOGNIZED ATTORNEY.

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

APPROVALS.

Submitted for Adm - April 9, 1903, RMSabin, Examiner.

Approved for loss of left foot.  
Entitled to increase to \$40, from  
March 2, 1900, under Act of Congress,  
approved said date.

Approved for loss of left foot  
\$40 from March 2, 1903.  
(Act of March 2, 1903.)

June 8, 1903, RM Spatman  
Legal Reviewer.  
\_\_\_\_\_, 190\_\_\_\_\_,  
Re-Reviewer.

Rice,  
Medical Examiner.  
June 10, 1903, Wason  
Medical Reviewer.  
Sam Houston  
Medical Referee.

Enlisted Oct. 11, 1862 Discharged May 21, 1864 Last paid to \_\_\_\_\_, 1 \_\_\_\_\_  
Pensioned at \$ 30 per month for loss of left foot.

PRESENT CLAIM.

Declaration filed \_\_\_\_\_, 1 \_\_\_\_\_, submitted under act  
of March 2, 1903.

Claimant does \_\_\_\_\_ write.

No, M. C.

# GENERAL AFFIDAVIT.

State of Michigan, County of Shiawassee, ss:

In the Matter of Jacob A. Heist Certificate No  
Here state name of claimant and of soldier and his military service.  
36338. Co "G" 6th Mich Cavalry Vol.

On this 28 day of July, A. D. 1903, personally appeared before me, a Notary Public in and for the aforesaid County and State, duly authorized to administer oaths,

Jacob A. Heist, aged 59 years, a resident of Arwosso

in the County of Shiawassee and State of Michigan

whose Post Office address is 703 Linnick St

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to the aforesaid case as follows:

That he does not remember of ever having a Supplemental Certificate: and has not got any such paper in his possession, if same was ever sent him, he does not remember it.

NOTE.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

\_\_\_\_\_ further declared that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned in its prosecution.

WITNESSES:

F. J. Miller  
J. O. Chase

his  
Jacob A. Heist  
Signature of affiant  
mark.

If affiant sign by mark, two persons who can write must sign here.



STATE OF Michigan, COUNTY OF Shiawassee, ss:

Sworn to and subscribed before me this 28<sup>th</sup> day of July, A. D. 1903  
by the above named affiant; and I certify that I read said affidavit to said affiant, including the words  
.....erased, and the words  
.....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 well known to me,  
and is a credible person.

Leo G. Brewer  
Signature.

Notary Public.

[L. s.]



FORM A

No.

ADDITIONAL EVIDENCE.

CLAIM OF

AFFIDAVIT OF

FILED BY



# DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

*Handwritten initials*

State of Michigan  
County of Shiawassee } SS:

On this 7th day of March, A. D. one thousand nine hundred and three personally appeared before me

a Notary Public within and for the County and State aforesaid  
Jacob A. Heist aged 59 years, a resident of  
Owosso, County of Shiawassee, State of  
Michigan, who, being duly sworn according to law, declares that he  
is a pensioner of the United States, duly enrolled at the Detroit Pension  
Agency, at the rate of thirty dollars per month, by certificate  
No. 36,338, for disability due to "Loss of left"  
(State the disability just as it is written in your pension certificate.)

incurred in the service of the United States while serving as a Private Co. "G"  
6th Mich Cav Vol.  
(Give rank, company and regiment, or other organization  
if in the Army; and rank and vessel, if in the Navy.)

and he believes himself entitled to an increase of pension upon the ground that his present rating is  
incommensurate with the degree of incapacity resultant from the disabilities named in his Pension  
Certificate, and that there has been a material increase of disability since his last medical examination by  
U. S. Examining Surgeons according to the new  
law, granting \$40.00 per month to  
those who have lost one foot.

He hereby appoints, with full power of substitution and revocation.

Leo G Brewer, of Owosso  
Michigan, his true and lawful Attorney to prosecute his claim.



That his Postoffice address is 703 Dimmick St  
(Give Town, County and State.) his

*Witnesses*  
W A Goodyear Jacob A. Heist  
C M Bailey mark

Also personally appeared Charles M. Bailey, residing at  
Owosso Mich., and W A Goodyear, residing at  
Owosso Mich., persons whom I certify to be respectable and entitled to credit  
and who, being by me duly sworn, say they were present and saw Jacob A. Heist

the claimant, ~~sign his name~~ (or 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.

Charles M Bailey  
W A Goodyear  
(Signatures of witnesses to identity of Applicant.)

Two attesting witnesses to signatures by X mark:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

ATTY AT L

SWORN TO AND SUBSCRIBED before me this 7<sup>th</sup> day of March

A. D. 1903 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 \_\_\_\_\_

(If any words have been erased in the application, enter

them here.)

[L. S.]

\_\_\_\_\_, erased, and the words

(If any words have been added in place of any erased, enter them here.)

\_\_\_\_\_, added;

and that I have no interest, direct or indirect, in the prosecution of this claim

Ernest O Chase

(Signature.)

Notary Public

(Official character.)

Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

Congress has passed a law which does away with the necessity of compelling the applicant to go to the County seat to have this paper executed, and it may be sworn to BEFORE ANY OFFICER authorized to administer oaths for general purposes. If such officer has no seal, then a certificate of a Clerk of a Court of Record, County Clerk, or other proper officer, attesting both the signature and official character of the officer before whom the application is executed, must be attached, UNLESS SUCH OFFICER HAS A GENERAL CERTIFICATE, covering his official acts, ON FILE in the proper Departments, IN WHICH CASE NO CLERK'S CERTIFICATE IS NECESSARY.

EAST. DIV.  
MAR 18 1903  
RECEIVED.

INVALID.

CLAIM FOR PENSION.

INCREASE.

Jacob A. Heist Applicant,

"G" 6<sup>th</sup> Reg't,

Mich Cav Vols.

No. of Pension Certificate 36,338

MAILED  
MAR 10 1903  
DIVISION

FILED BY

LEO. G. BREWER,  
PENSION ATTORNEY,  
108 W. EXCHANGE ST.,  
OWOSSO, - MICH.

*Handwritten initials*

# Declaration for the Increase of an Invalid Pension

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

State of Michigan, County of Shiawassee, SS:

ON THIS 31<sup>st</sup> day of December, A. D. one thousand nine hundred and Two

personally appeared before me, a Notary Public

within and for the County and State aforesaid, Jacob A. Heist,

aged 59 years, a resident of the City of Oshtemo

County of Shiawassee, State of Michigan, who, being

duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Detroit

Pension Agency, at the rate of Twenty four Dollars 20

per month, Certificate No. 36,338; by reason of disability from Loss of left

Foot.  
Here name the disability for which pension was granted

incurred in the Military service of the United States, while serving as a Private

Co. G, 6<sup>th</sup> Regiment Michigan Cavalry Here state rank, company

and regiment if in the army, or vessel if in the navy

That he believes himself to be entitled to an increase of pension on account of that he is

totally disabled, from the performance

Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of dis-

ability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of

assistance of an attendant. that he

hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.

asks to be placed on the pensions rolls

at \$36<sup>00</sup> per month, according to the

law governing his case,

..... That he hereby appoints, with full power of substitution and revocation,

M. C. Campbell of Orvid Mich.

his true and lawful attorney, to prosecute his claim.

His Post-Office address is 703 Dimmick St Oshtemo

Michigan.

1 W. S. G. Gloy Jacob A. Heist

2 H. P. Galpin mark

Signature of claimant

Two witnesses who can write sign here



Recd - July 17 - 1902

Also personally appeared Thomas E. Clary residing at Shiawassee town Michigan and Henry P. Calkins residing at Owosso Michigan 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 Jacob A. Heist, the claimant, ~~sign his name~~ (or 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.

1. Thomas E. Clary  
2. Henry P. Calkins  
Signatures of witnesses

Sworn to and subscribed before me, this 9<sup>th</sup> day of December A. D. 1902, and I do hereby certify that the contents of the foregoing 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.

Leo G. Brewer  
Official signature  
Notary Public  
Official character

[ L. S. ]

I, ....., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit was, at the time of so doing, ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 190.....

[ L. S. ]

Clerk of the .....

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the Clerk of the proper Court, giving dates of beginning and close of official term. If certificate on file, so state.

No Revenue Stamps Required.

114811

INVALID.

CLAIM FOR INCREASE.

Jacob A. Heist Applicant.

co. G, C Regt.  
Regt Mich. Cav.

Pensivy Certificate No. 36,338 Q

FILED BY  
W. Campbell

and  
Arthur Calkins

For sale by J. H. South Washington, D. C.  
NOV 11 1902  
M. V. ...

# GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Michigan County of Shawasssee, ss:

In the matter of the application for pension of Jacob A. Hiest  
Co G 6 Regt Mich Cav

ON THIS 12 day of December A D. one thousand eight hundred  
and ninty five, personally appeared before me, a Notary Public

in and for the aforesaid County, duly authorized to administer oaths John G. Sakis  
aged 57 years, a resident of Owosso

in the County of Shawasssee and State of Michigan  
whose Post Office address is Owosso and Charles

H. Selser aged 44 years, a resident of Owosso  
in the County of Shawasssee and State of Michigan

whose Post Office address is Owosso Michigan  
well known to me to be respectable and entitled to credit, and who being duly sworn declare in

relation to the aforesaid case as follows: That we have been well and personally acquainted  
with Jacob A. Hiest for 27 years, and 27

years respectively, and that He is in very poor health  
from his wounded leg and suffers

at times from it so he is not  
able to leave the house and

under the care of his wife  
and son who take care of

him and state on their oath  
speaks that he cant leave the

house thus we know from  
our own personal knowledge

and we make this statement  
before Newton Baldwin

Notary Public this 12 day  
of December 1895

of

of

of

of

of

of

of

of

**Instructions—read carefully.**

The witnesses must state: 1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether 1/4, 1/2, 3/4, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.

They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

**Instructions—Read Carefully.**

Under the order of the Commissioner of Pensions number 229, in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

Note.—The above instructions do not apply to cases in which the affidavit is in handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

.....  
.....  
.....  
.....  
.....

..... further declare that..... no interest in said case and..... not concerned in its prosecution.

*Charles E Seiler*  
*John Gray Bay*  
.....  
(Signature of affiants.)

(If affiants sign by mark two witnesses who write, sign here.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Michigan, COUNTY OF Shiawassee, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to the said affiant, including the words.....  
erased, and the words..... added, and deacquaint..... with its contents before..... 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..... personally known to me and that..... credible person.

*Newton Baldwin*  
.....  
(Official Signature.)

[L. S.]

*Notary Public*  
.....  
(Official Character.)

I,..... Clerk of the County Court in and for aforesaid County and State, do certify that..... Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time so doing,..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of....., 18.....

[L. S.]

Clerk of the.....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

*Out*  
*36.338*

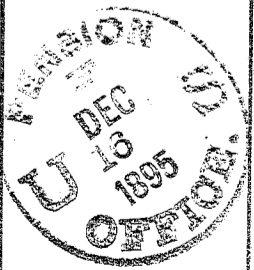
ADDITIONAL EVIDENCE.

CLAIM OF

*Charles E Seiler*  
*John Gray Bay*  
*Charles E Seiler*

AFFIDAVIT OF

*Charles E Seiler*  
*John Gray Bay*  
*Charles E Seiler*



FILED BY

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

# GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Michigan County of Shiawassee, ss:

In the matter of the application for pension of Increase Pension for Jacob A. West pr'd by 6 Regt Mich Cav  
ON THIS 4 day of December A D. one thousand eight hundred and ninty five, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths Frederick Weckel aged 65 years, a resident of Owosso in the County of Shiawassee and State of Michigan whose Post Office address is Owosso Michigan and Frederick B. Yearley aged 51 years, a resident of Owosso in the County of Shiawassee and State of Michigan whose Post Office address is Owosso Michigan

well known to me to be respectable and entitled to credit, and who being duly sworn declare in relation to the aforesaid case as follows: That we have been well and personally acquainted with Jacob A. West for 36 years, and

years respectively, and that he suffers severely from his wound blind since himself it is a running sore and he is for days that he can not leave his bed and under the care of his wife and son who attend to his care and we after our own view make this statement before Newton Baldwin this 4 day of December 1895 was not prompted by any return statement or printed slips or any other person but know of the testimony

**Instructions—read carefully.**

The witnesses must state:  
1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.  
2d. If they knew him before his enlistment what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.  
3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how long they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ ,  $\frac{1}{5}$ ,  $\frac{1}{6}$ ,  $\frac{1}{8}$ , or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.  
They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

**Instructions—Read Carefully.**

Under the order of the Commissioner of Pensions number 229, in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal must be written or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE.—The above instructions do not apply to cases in which the affidavit is in handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

*We* further declare that *we have* no interest in said case and *we are* not concerned in its prosecution.

*Fredrick Mangel*

*Fredrick B. ...*  
(Signature of affiants.)

(If affiants sign by mark two witnesses who write, sign here.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF *Michigan*, COUNTY OF *Shiawassee*, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to the said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and deacquaint \_\_\_\_\_ with its contents before *the* 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 *they are* credible person.

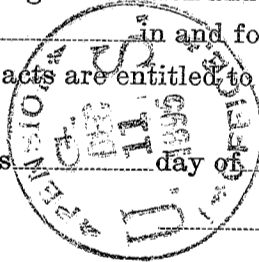
*Newton ...*  
(Official Signature.)

[L. S.]

*Notary Public*  
(Official Character.)

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time so doing, in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_\_



[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

*Ord Dec*

ADDITIONAL EVIDENCE.

CLAIM OF

*Special Agent*  
*George ...*  
*Michigan ...*

AFFIDAVIT OF

*...*  
*...*

FILED BY

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

*cut*  
*1036338*



# GENERAL AFFIDAVIT

State of Michigan, County of Shiawassee, ss:

In the matter of Increase Pension for Jacob Hiest  
Pr. No. 46-1027 Mich. Gen. Vol.

ON THIS 4 day of December, A. D. 1895, personally

appeared before me Notary Public in and for the afore-  
said County, duly authorized to administer oaths Mary Hiest

aged 44 years, a resident of awassd, in the County  
of Shiawassee, and State of Michigan

whose Post-office address is awassd Michigan

Willie Hiest, aged 16 years, a resident of awassd  
in the County of Shiawassee

and State of Michigan, whose Post-office address is awassd  
Michigan

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid

case as follows: We are the wife and son

of Jacob Hiest the above mentioned  
claimant

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

My husband at times has had  
spells with his wounded leg so  
that he can not wear the artificial  
leg on account of running sore so  
that he has to keep his bed  
at times the last 3 or 4 weeks  
at a time I have to take care of  
my self and my boy now present  
he has that I employ a nurse physician  
on account that he has a large  
family of small children to depart  
and needs all his present pension  
to depart them

We make this statement before  
Newton Baldwin this 4 day of December  
1895 Notary Public and we are  
not prompted by any written or  
printed slips we make this  
statement from our own personal  
knowledge

further declare that we have no interest in said case and we are  
not concerned in its prosecution.

Willie Hiest  
Mary Hiest

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

(Signatures of Affiants.)

**Instructions—**  
**Read Carefully.**

Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE.—The above instructions do not apply to cases in which the affidavit is in the handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

STATE OF Michigan COUNTY OF Shawassee, ss:

Sworn to and subscribed before me this day by the above named affiant S, and I certify that I read said affidavit to said affiant S, including the words

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted \_\_\_\_\_

with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that the are credible person .

Newton Baldwin  
(Official Signature.)

[L. S.]

Notary Public  
(Official Character.)

I, \_\_\_\_\_, Clerk of the County Court in and for afore-  
said County and State, do certify that \_\_\_\_\_

Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing \_\_\_\_\_

\_\_\_\_\_ in and for said County and State, duly commissioned and sworn;

that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

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.



cut  
AD 36.338

ADDITIONAL EVIDENCE.

CLAIM OF  
Barclay West  
Pr. Secy of Post  
Michigan

AFIDAVIT OF  
W. C. Lambert  
W. C. Lambert

FILLED BY

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

# Declaration for Additional and for Straight - Increase Pension

UNDER THE PROVISIONS OF LAW APPLICABLE THERETO.

This may be Executed before any Person Authorized by Law to Administer Oaths for General Purposes, having a Seal and whose Certificate is on File at Washington, D. C.

STATE OF Michigan, COUNTY OF Shiawassee, ss:

ON THIS 4 day of Sept, A. D. one thousand eight hundred and ninety five personally appeared before me, a Notary Public within and for the County and State aforesaid,

Jacob A. Heist, aged 50 years, a resident of the township of Owosso, County of Shiawassee, State of Michigan, who, being duly sworn according to law, declares that he is the identical Jacob A. Heist who was ENROLLED on the 10 day of October 1862, in Co. G 6 Regt Mich Cav

(Here state rank, company and regiment, in the 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 Philadelphia, on the 4 day of May 1864,

since which time he has not served in the Army, Navy or Marine Corps of the United States. That he is materially disabled from earning his support by manual labor, by reason of Loss of left foot

(Here name all the diseases, wounds or injuries which now disable him.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent in character. That he is a pensioner at the rate of \$ 36 per month, under Certificate No. 36338, on account of loss of left foot

(State the name of disability for which pensioned, and under what law, Old or New Law. If an increase of rate is claimed on account of pensioned disabilities, so state, giving the reason thereof. If an additional pension is claimed, so state, naming the new disability or disabilities.)

That he makes this declaration for the purpose of being placed on the pension roll under the laws of the United States applicable thereto relating to pensions. He hereby appoints, with full power of substitution, B. W. Loring and M. Fraser, of Owosso, Michigan, their successors or legal representatives, his true and lawful attorneys, to prosecute his claims above set forth, and agrees that they shall be paid in the event of the allowance of either or both of said claims, the maximum amount of fee to which they may be by law entitled.

That his Postoffice Address is Owosso Michigan

B. W. Loring  
M. Fraser

(Two witnesses who can write, sign here.)

Jacob A. Heist  
(Signature of Claimant)

[SEE OTHER SIDE.]

FILED

(FROM OTHER SIDE.)

Also personally appeared W. M. Loring, residing at Crosswicks and M. Fraser, residing at Crosswicks, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Jacob A. Heist, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, and do 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 interests in the prosecution of the claims herein set forth.

W. M. Loring  
M. Fraser  
(Signature of witness.)

Sworn to and subscribed before me this 4<sup>th</sup> day of September, A. D. 1896, 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 these claims.

George W. Loring  
(Official Signature.)  
Notary Public  
(Official Character.)

L. S. I

1. The act of June 27, 1890, provides a pension for surviving soldiers and seamen of the war of the Rebellion, if a service of not less than ninety days has been rendered and an honorable final discharge granted, and if a permanent disability not due to vicious habits now exists, without respect to its origin in or out of the service, or to whether the survivor is rich or poor.
2. The rates under the act are graded from \$6.00 to \$12.00, proportioned to the degree of inability to earn a support by manual labor, and are not affected by the service rank.
3. A pensioner under the old law may apply under the act of June 27, 1890; a pensioner under the act of June 27, 1890, may apply under the old law; but no person can draw more than one pension for the same period.
4. A pensioner drawing less than \$12.00 per month, whether under the old law or under the new law, may apply for an additional pension on account of a new disability, for an increase of pension on account of the increase of the disability for which pensioned, or for both.

Sum of \$36338 <sup>00</sup> W. H. P.

### Soldier's Application

— FOR —

ADDITIONAL AND INCREASE OF PENSION.

Name Jacob A. Heist

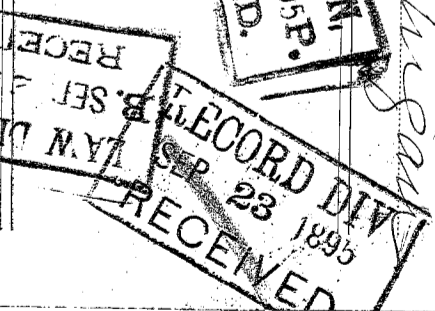
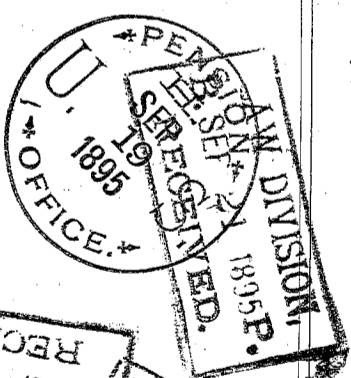
Service 1st Regt. 6th

Regt. 6th

Address

Crosswicks

Delaware



FILED BY W. M. Loring  
BYERLY & GREENING,

SOLICITORS OF CLAIMS,

Crosswicks, - - MICH.

36338

ACT OF MARCH 3, 1883.

INCREASE OF INVALID PENSION.

*Detroit*

Name, *Jacob A. Keist*  
 P. O., *Cheraning* Rank, *Priv*  
 County, *Saginaw* Company, *G.*  
 State, *Mich.* Regiment, *6 Mich Cav.*

Attorney not recognized. No fee payable.

Rate, \$24 per month, commencing March 3, 1883.

Disabled by *Loss left foot*

Submitted *May 15* 1883, by *W. M. [unclear]*, Examiner.

Approved *[Signature]*, Reviewer.

*Loss Left Foot \$30  
 Detroit  
 C. J. E.*

Increased to \$30.  
 SEP 15 1886  
 ACT AUGUST 4, 1883

*Admitted*

*1867*

WAR OF 1861.

ACT JUNE 6, 1866.

Brief in case of *Jacob A. Heist Private*  
of Company "C" *6<sup>th</sup> Regiment Michigan Cavalry*

POST OFFICE ADDRESS OF APPLICANT:

*Chesaning, Saginaw County, Michigan.*  
*Enlisted Oct 11<sup>th</sup>, 1862, Discharged May 21<sup>st</sup>, 1864.*

CLAIM FOR AN INCREASED INVALID PENSION.

DECLARATION AND IDENTIFICATION IN DUE FORM.

PROOF EXHIBITED.

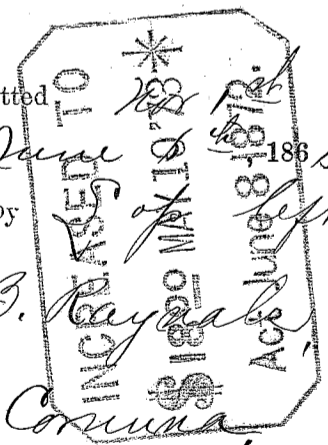
*Jan'y 10<sup>th</sup> '65 Pensioned at \$8 for loss of left leg.*  
*Pension Certificate surrendered.*

*Biennial Examination not required.*

Admitted *June 10<sup>th</sup> 1867*, 1867, to a pension of \$ *15* per month, commencing

Disabled by *loss of left leg.*

*S. B. Raynolds*



Name and Residence of Agent.

*Corunna Michigan.*

Examining Clerk.

*W. H. Taylor.*

STATE OF MICHIGAN,

County of Shiawassee } ss.

On this 12<sup>th</sup> day of October A. D. 1867, personally appeared before me the Clerk of the Circuit Court for said County

Jacob A Heist aged 23 years, a resident of St Charles in the county of Saginaw and State of Michigan who, being duly sworn according to law, declares that he is a pensioner

of the United States, duly enrolled at the Detroit Mich Pension Agency, at the rate of \$ 8-


per month, by reason of disability incurred in the military (or naval,) service of the United States, as a

Private Co & 6th Regt Mich Cavalry and that his present physical condition is such that

he believes himself entitled to receive an increased pension of the 3<sup>d</sup> grade, provided for in the first section of the Supplementary Pension Act, approved June 6, 1866. He further declares that he is disabled in the

following manner, to wit: At battle of Williamsport, Md, July 6, 1863, he was wounded by a shell which shot away his left leg below the knee, followed by amputation -

He hereby appoints S. B. Raynolds of Croun, Mich, his attorney in this case

Witness: George W Hanford Jacob A X Heist  Declarant's Signature.

William Wallace Neff

Also personally appeared before me, at the time and place aforesaid, George W Hanford of Caledonia Shiawassee County Mich and William Wallace Neff of Chessburg Saginaw County Mich

whom I certify to be credible persons, who being duly sworn, according to law, declare each for himself, that they well know Jacob A Heist who signed the foregoing declaration in their

presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they, or either of them, have no interest in

this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.

George W Hanford  
William Wallace Neff  
Witnesses' Signatures.

Sworn to and subscribed before me, this 12<sup>th</sup> day of October

A. D. 1867, and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. That the foregoing application was fully read over to both applicant and witnesses before signing, and understood by them.

W. Coleman  
Clerk of the Circuit Court

Application for Increase of Invalid Pension.

Jacob A Heist  
Pr Co., 6 6th Reg't.  
Mich Cavalry Volunteers.  
Claimant.

P. O. Address, Chessaning  
County, Saginaw  
State, Mich.

POST 1918

G. R. Raynolds  
Atty.  
Corunna  
Mich.



# OFFICER'S CERTIFICATE.

I Certify on honor, That Jacob A. Hoist  
 was a Private in Company "G" of  
6th Regiment, Michigan Cavly Volunteers,  
 in the war of 1861; that while in the service of the United States, and in the line  
 of his duty, he received a shell wound  
in the left leg in action at  
Willcampst July 6. 1863 by  
reason of which his leg was  
amputated

State when, where, and how the injury or disease originated, and how your knowledge of the facts was derived.

that previously to the date of the said disability, he was, to the best of my knowledge and belief, sound and able-bodied. That I have no interest, direct or indirect, in his claim for pension, and that my knowledge of the above facts is derived in the following manner, viz:

Dated at Camp Russell on this 29<sup>th</sup>  
 day of December 1864

Chas E. Stone

Capt Co G. 6<sup>th</sup> Mich Cav

Settled  
By



Pensioners  
cert. number / Dec-5-1915-

36338

C. L. Quoros  
Trich

~~W. W. ...~~

Disbursing Clerk

Dear Sir

My wife Mary Elizabeth  
Heist died the 25<sup>th</sup> day  
of Nov. 1915-

Jacob A Heist  
5-28 Grover Street

pd @ 12/4/15 Quoros  
Trich

DISBURSING OFFICE  
RECEIVED  
★ DEC 8 1915 ★  
BUREAU OF PENSIONS

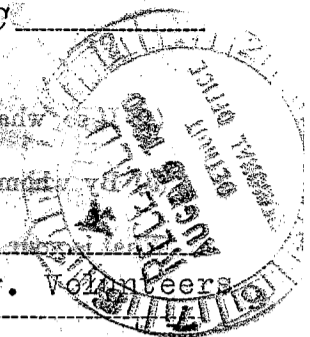
PENSION  
E  
DEC  
8  
1915  
U. S.  
OFFICE.

FINANCE DIVISION  
DEC 10 1915  
BUREAU OF PENSIONS

File No. XC

# AFFIDAVIT SUPPORTING BURIAL CLAIM

(To be executed by next of kin, or other near relative, or friend of deceased)



1. (a) Full name of deceased Jacob A. Heist  
 (b) Rank and organization Pvt. Co. G, Sixth Reg. Michigan Cav. Volunteers  
 (c) Date of enlistment Sept. 13, 1862 (d) Date of discharge May 21, 1864  
(If dates of service can not be furnished, state war in which veteran served)  
 (e) Age of deceased 85 yrs. (f) Legal residence at time of death Owosso, Michigan  
 (g) Date of death July 14, 1930. (h) Place of death Owosso, Michigan  
 (i) Date of burial July 16, 1930. (j) Place of burial Oak Hill Cemetery, Owosso  
 (k) Name and address of undertaker Jennings Funeral Home, Owosso, Michigan

2. Was deceased single, married, widowed or divorced? Married

3. (a) All cash money left by deceased None

(b) All amounts due and collectible from solvent debtors at date of death including accrued salary or commission None

(c) Nature and value of all other personal property left by deceased None

(d) All real property owned by deceased at date of death None

(e) Actual value thereof at date of death

(If actual value can not be given state assessed value)

(f) Total encumbrances thereon

(g) If property owned consists of house and land, state whether or not it was occupied or claimed as the home of the deceased at date of death

4. (a) State total amount of all debts contracted and owing by the deceased at date of death exclusive of encumbrances on real property shown in 3 (f) above \$3.00

(b) Were the expenses of funeral, burial and transportation of the deceased entirely or in part paid by a state or other political subdivision, beneficial society, lodge, union, fraternal organization or national home for disabled volunteer soldiers? Yes

UNITED STATES GOVERNMENT  
OFFICE OF THE SHERIFF



(c) If so, what amount was allowed? \$50.00

(d) By whom? Shiawassee County

5. What is your relationship to the deceased? Widow

STATE OF MICHIGAN  
COUNTY OF SHIawassee

I, Louise Heist of 905 Adams St., Owosso, Michigan

do on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Sign here) Mr Louise Heist

Subscribed and sworn to before me this 1<sup>st</sup> day of August, 1930

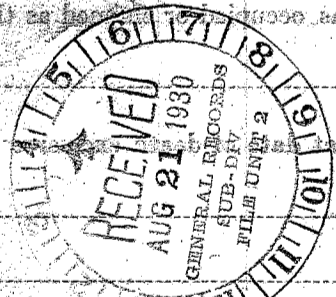
[SEAL] Milo B. Lyons  
Notary Public.

My Commission Expires Sept. 11, 1933

NOTE.—This form is intended for use by the next of kin, other near relative, or friend of the deceased having full knowledge of his financial affairs and never by the undertaker presenting claim. Each question on this form must be fully answered. This form need not be used in the presentation of claim for reimbursement of burial expenses if the deceased died while in service or while receiving pensions, vocational training, or authorized medical, surgical, or hospital treatment.

In answering questions under Section 3 above, state only the property of deceased veteran. If property was held in joint ownership, attach hereto certified copy of that portion of the deed showing joint ownership. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court, under seal of the court, stating that the person signing as notary public is the officer he professes to be.

Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known and the addresses of such witnesses shown.



REIMBURSEMENT SECTION  
AUG 21 1930

ARMY OF THE UNITED STATES. CERTIFICATE OF DISABILITY FOR DISCHARGE.



Private Jacob A. Heist, of Captain Leut Wm... Company, (C) of the Sixth Regiment of United States... was enlisted by Lt. Col. Smith of the... Regiment of... at Grand Rapids, Mich on the Seventh day of October, 1862, to serve 3 years; he was born in... in the State of New York, is eighteen years of age, five feet six inches high, dark complexion, blue eyes dark hair, and by occupation when enlisted a Farmer. During the last two months said soldier has been unfit for duty 60 days.\* Private Heist received a full wound of left ankle at Battle of Williamsport, N.Y. July 6th 1863, resulting in amputation lower 3rd left leg.

STATION: 1st Regt. Hosp. Christian St. Philad. DATE: May 14 1867

R. S. Seris, A.A. Surgeon in Charge, Commanding Company.

I CERTIFY, that I have carefully examined the said Private Jacob A. Heist of Captain Leut Wm... Company, and find him incapable of performing the duties of a soldier because of Amputation of left leg, Disability Complete, wound received in Battle. Declines the Invalid Corps.

R. S. Seris, A.A. Surgeon. USA

DISCHARGED, this twenty first day of May, 1867, at 1st Regt. Hosp. Christian St. Philadelphia Pa

R. S. Seris, A.A. Surgeon in Charge, Commanding the Regt.

The Soldier desires to be addressed at Town Cheesing County Saginaw State Michigan

\* See Note 1 on the back of this. † See Note 2 on the back of this.

## NOTE 1.

The company commander will here add a statement of all the *facts* known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the *facts* are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

## NOTE 2.

When a *probable* case for *pension, special care* must be taken to state the *degree* of disability—as  $\frac{1}{2}$ ,  $\frac{1}{3}$ , &c., &c.; to describe particularly the disability, wound, or disease; the extent to which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

## DIRECTIONS.

This certificate will be made out in *duplicate* by the soldier's company commander, or other officer commanding the separate detachment to which he belongs, and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these certificates *direct* to the Adjutant General United States Army, at Washington, D. C.; they will not, under any circumstances, be given into the hands of the soldier.

HEAD QUARTERS  
DEPT OF SUSQUEHANNA  
CHAMBERSBURG PA.

MAY. 17<sup>th</sup> 1864.

TO BE DISCHARGED THE  
UNITED STATES SERVICE

BY COMMAND OF  
MAJ. GEN. COUCH

*Geo Schultz*  
ASST ADJT GENL.

II  
DB  
380



CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF

*Jacob A. Leist*

a *Private* Co. *G.*

*Sixth* Reg't of *Mich. Cav*

APPROVED

*Wm. C. Allen*

SURGEON U.S.A.

MEDICAL DIRECTOR

DEPT. OF THE SUSQUEHANNA.

*Adjutant General's Office,*

*May 28 1864.*

*Duplicate for the Adjutant Office*

*Saml. Beck*

*Asst. Adjt. Genl*

Received (A. G. Office) \_\_\_\_\_, 186 .

INVALID. (Series \_\_\_\_\_)

Cert. No. 36338

Name, Jacob A. Heist

Rank, Priv.; Service, Co. G, 6<sup>th</sup> Mich. Inf. Cav.

Agency. { Original Roll: Detroit  
Transf'd \_\_\_\_\_, 190 \_\_\_\_\_, to \_\_\_\_\_  
" \_\_\_\_\_, 190 \_\_\_\_\_, to \_\_\_\_\_

Issue. Class Inc.  
Entered 116 Fee, \$ Atty. name

Issued June 27, 190

Mailed July 14, 190

Rate and Period, \$ 4.00, from Mar. 2, 190

Deductions:

Disability: Loss of left foot

Issue. Class  
Entered Fee, \$

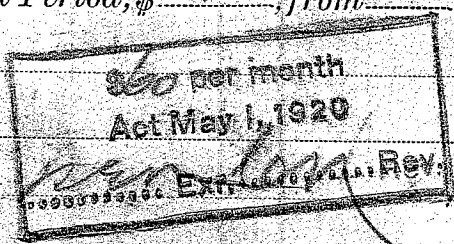
Issued \_\_\_\_\_, 190

Mailed \_\_\_\_\_, 190

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 190

Deductions:

Disability:



Entered  
Issue Class  
Fee, \$

Issued....., 190 .  
Mailed....., 190 .  
Rate and Period, \$....., from....., 190 .

Deductions :  
Disability

Entered  
Issue Class  
Fee, \$

Issued....., 190 .  
Mailed....., 190 .  
Rate and Period, \$....., from....., 190 .

Deductions :  
Disability

**INDORSEMENTS.**

Aug 11/03 Ex vs sold to P.C.  
with auth to waive  
sur of former exp of P.C.

No. 36,338

Michigan

Jacob A. Weist  
Rank Private

Company "G"

Regiment 6th Michigan Cav

Detroit

Agency.

Rate per month, \$ 8.

Commencing 21<sup>st</sup> May 1864

Certificate dated January 19<sup>th</sup> 1865

and sent to M. Washburn  
Phil<sup>a</sup>  
Pa

Act of 14 July, 1862.

Book G Vol 4 Page 100

E. P. Collier Clerk

cin 7 to Adjt Gen. July 11, 64  
July 20 by cin. 6.

247792

ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page \_\_\_\_\_

Jacob A. Heist  
Chesaning

Saginaw Co. Mich  
Private Co. G, 6<sup>th</sup> Mich. Cavalry  
Discharged May 21<sup>st</sup>, 1864.

Admitted Jan'y 9. 65  
\$ 8 from May 21. 64

*[Signature]*

Joseph M. Barrett

Commissioner.

Received, June 29<sup>th</sup> 1864.

W. N. Ashman

Philadelphia

Pa

Attorney.

Sept 27 '67 - Let that new decl  
is deficient - sign by mark.

Increase

No. 36.338

36.338

20 116

Michigan

Jacob A. Heist

Rank

Private

Company

G.

Regiment

6th Mich. Cav.

Detroit

Agency.

Rate per month, \$

15.00

Commencing

6th June 1866

Certificate dated

7th March 1867

and sent to

S. B. Raynolds  
Corumna

Mich.

ACT MAR. 23 1862.	
INCREASE TO \$15.00	
Oct. 15. 66	May 15 1867
Mar. 1867	11 19 1867

Act of 14 July, 1862

Book G.

Vol. 4

Page

180

*[Faint signature]*



*Habit  
K  
written*

ACT OF JULY 3, 1926

3-1638

INCREASE

Cert. No. *36338*

~~P. O.~~, *Jacob A. Heist.*

County, \_\_\_\_\_

State, \_\_\_\_\_

Application filed *August 6*, 1926

Service, \_\_\_\_\_

~~Nov 10 - 1926.~~

~~Chit. ev. for evidence total  
helplessness or blindness.~~

*W. H. Sw. Dir*

~~May 14, 1927 Chit. letter  
for add. med. ev. from  
Aler Blue~~

*JA (222)*  
DEC 1927  
1927 970

Attorney, \_\_\_\_\_

P. O., \_\_\_\_\_

County, \_\_\_\_\_

State, \_\_\_\_\_

Rogers ✓

3-1647.

Act. of May 1, 1920

Cert. 36,338

Name, Jacob A Heist

Application filed April 6, 1922

Service, 46 Mich Cav

~~April 18, 1922 Alt. in Ed. - 7th~~

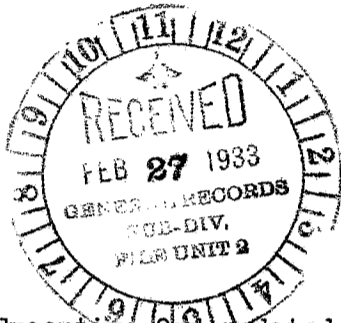
~~JUN 2 1922 Ex. Ord. Bd.~~

~~Quero, Mich. & U. - 7th~~

February 23, 1933

GAK

801  
24  
Mr. Jacob A. Heist,  
903 N. Adams Street,  
Owosso, Michigan.



*sent to desk  
2/24  
JH*

Dear Sir:

By an Executive Order dated November 4, 1930, effective December 1, 1930, all activities pertaining to the Artificial Limb Law, under which you are a beneficiary, were transferred from the Office of the Surgeon General to the Veterans Administration.

You are advised that your next installment covering commutation for an artificial limb or apparatus becomes payable March 3, 1933. A blank application form is enclosed for you to complete and return to this office. Your signature on this form should be written in ink and witnessed either by a Notary Public or your Postmaster, and the seal or stamp of the witnessing official must be affixed.

In the future all communications relating to your rights under the Artificial Limb Law should be addressed to the Medical Director, Veterans Administration, Washington, D. C.

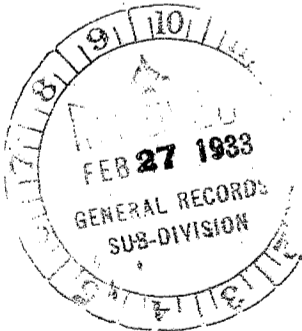
Very truly yours,

SIGNED *[Signature]*

FEB 26 1933

FILE *L*

CHAS. M. GRIFFITH,  
Medical Director.



2 Encls.

JFB/bem

*[Handwritten mark]*

*[Handwritten mark]*

S.C. 36338  
and C

March 11, 1933

Mr. Milo B. Lyons,  
409 West Main Street,  
Crosson, Michigan.

801  
GAK  
HEIST, Jacob A.  
2/17/33

Dear Sir:

Reference is made to your communication of March 7, 1933, requesting to be advised whether there is any partial payment due the widow of the above named deceased veteran for commutation on account of the loss of his left leg.

You are informed that the commutation last paid Mr. Heist was for the three year period beginning March 3, 1930, and no further payment would have been due him until March 3, 1933. As he did not live until the date last mentioned, there was nothing due him on this account at the time of his death and nothing is due his widow.

Very truly yours,

SIGNED & MAILED

MAR 12 1933

CHAS. M. GRIFFITH,  
Medical Director.

MAR 22 1933  
8861 24 JWW

RECEIVED  
MAR 10 1933  
RECORDS DIV.  
FILE UNIT 2

SIGNED & MAILED  
MAR 18 1933  
RECORDS  
DIV.  
FILE UNIT 2

JFB/ben

Handwritten initials and marks at the bottom of the page.

# CALL SLIP

Original No. \_\_\_\_\_

Certificate No. 36338

Claimant Hiest Chr. Class

Soldier \_\_\_\_\_

Service \_\_\_\_\_

Case called for PENDING FILES  
INVALID 192

By \_\_\_\_\_, Miscellaneous Div.

Charged 11-4, 1926

to July 3-26

Charged \_\_\_\_\_, 192

to \_\_\_\_\_

Charged \_\_\_\_\_, 192

to \_\_\_\_\_

Charged \_\_\_\_\_, 192

to \_\_\_\_\_

Charged \_\_\_\_\_, 192

to \_\_\_\_\_

**ADMITTED FILES**  
NOV 29 1926

3-417

RECEIVED  
11-11-32

# FILES SLIP

I. C. No. 36338

Heist

## CHARGE

DEPT OF THE INTERIOR  
RECEIVED  
NOV 11 1926  
TO BUR. PENSIONS  
SECS. OFF. - APPTS., MAILES & FILES.

*Record*

OFFICE OF  
THE CHIEF CLERK  
NOV 11 1926  
BUREAU OF PENSIONS

*Crossed Mich*  
*Nov. 8, 1926.*

*Dept. of interior  
Washington D. C.*

*Dear Sir*

*I am writing you and asking if you will kindly send me a blank for increase of my pension as I am in very bad shape now unable to get around at all. Would thank you very kindly if you would*

PC 36338  
Mich.

do this for me.

yours very truly

Jacob A. Hiest

905 N. Adams St.

Dwoss.

Heist Mich

~~P.S. My registration  
no. 36338.~~

✓

✓



Additional evidence  
files

INVALID 801 FILE COMBINED

Cert. No. 36.338

Name, Jacob A Heist

Rank, Pri; Service, Co G 6 Mach  
bar

801 FILE COMBINED

Agency or Group No.

Original Roll: 3

Transf'd \_\_\_\_\_, 1, to \_\_\_\_\_

" \_\_\_\_\_, 1, to \_\_\_\_\_

Class, *1st*  
Issued, July 19 1922

Rate, \$ 72, from Apr 6 1922

Deductions:

Disability: *7/28*

*m j d* ACT OF MAY 1, 1926

Class, *2nd*  
Issued, MAR 8 - 1929

Rate, \$ 90, from Dec 5 1928

Deductions:

*MR* ACT JULY 3, 1926

Disability:

Issued \_\_\_\_\_

Rate, \$ \_\_\_\_\_, from \_\_\_\_\_

Class

Issue

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Issued \_\_\_\_\_

Rate, \$ \_\_\_\_\_, from \_\_\_\_\_

Class

Issue

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

INDORSEMENTS.

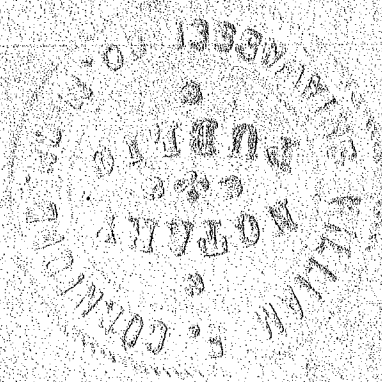
J.C. 36338

J. J. BLUE, M. D.  
OWOSSO, MICH.

January 29 1929

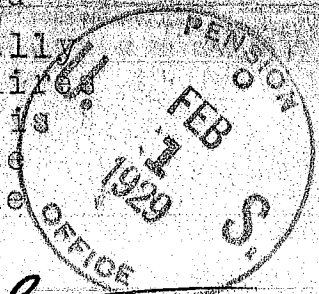
*Com. of Pensions.*  
~~U.S. Veterans Bureau,~~  
Washington, D.C.

In re: Jacob A Heist,  
I.C. 36 338  
G. 6th Mich Cav.



Gentlemen: To whom it may concern

This is to certify that I, J.J. Blue, M.D., a practising physician in Owosso Michigan. Graduated in 1917 and have been practising medicine since that time hereby certify that I am in professional attendance on Jacob A. Heist, 905 N. Adam Street, Owosso Michigan. That on December 5 1928 I was called to attend above named man for paralytic stroke, which has to date completely invalidated him to the extent of being indeed continually and totally unable to wait upon himself. He must be fed and requires constant bed attention. He is almost totally blind, is totally deaf and mentally unbalanced. I further state that I am not finically nor personally interested in the prosecution of this case.



*Subscribed and sworn to before me  
January 29th 1929. William E. Cornford.  
my com. Expires  
Feb 26-1930. Notary Public, Owosso Mich.*

*J. J. Blue*

*Copy*

I.C. 36338  
Hurst

CALL FOR EVIDENCE.

L 11-6-76

## MEDICAL DIVISION

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

May 3<sup>rd</sup>, 1927

No. Claim, \_\_\_\_\_

Cert. No. 36,338

Soldier, Heist

Invalid Division for  
 an additional state  
 report from Dr. J. J. Blue  
 showing whether  
 claimant is bedfast.  
 Can he feed, bathe,  
 dress and undress him-  
 self, and attend to calls  
 of nature unaided?  
 Is he totally help-  
 less?

Approved: \_\_\_\_\_

*J. Taylor*  
 Medical Reviewer.

*E. S. Rose*  
 Medical Referee.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

The Commissioner of Pensions;

Aug 6

1926.

Believing my condition is such that I am entitled to the \$90 rate provided by the act of July 3, 1926, for those who are totally helpless or blind, I request that my case be taken up for consideration to determine my right to increase to \$90 per month.

Name

*Jacob A. Herist*

Address

*905 1/2 Adams*

*J. B. Mackidy*  
*36338*

Inv. Cert. No.

*Shinnville*

WINFIELD SCOTT, Commissioner of Pensions.

1926

*paid*  
*D*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

The Commissioner of Pensions

The act of July 3, 1926 provides a pension of \$90 per month in the case of one entitled to Civil War service pension, if he is now, or hereafter may become, totally helpless or blind. You are now in receipt of \$72 per month for the degree of helplessness or blindness prescribed by the act of May 1, 1920.

*Taken care of*

If you are totally helpless or blind so as to entitle you to the \$90 rate, immediately notify the Pension Bureau so that your case may be taken up for consideration under this new law. For this purpose you may use the form on the other side of this slip.

(Over)

WINFIELD SCOTT, Commissioner of Pensions.



Comptroller of Treasury  
Jan. 14, 1921

APPLICANT'S NOTICE-BOARD-HOME, 3-168c

I.C. 36538  
P. 6 Mich. Cav.

LDGTO'R:cc m.i.76

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON

June 2, 1922



Mr. Jacob A. Heist  
905 N. Adams St.  
Owosso, Michigan

Invalid Division Files  
JUN 30 1922  
RECORDED

Sir:

You are informed that a member of the board of United States examining surgeons below named has been directed to examine you at your home with reference to your claim for pension.

The doctor should fill in the spaces below, and you will then return this notice to the Bureau, using the inclosed official envelope, which requires no postage.

Very respectfully,

*Washington Gardner*  
Commissioner.

The applicant above named was examined by me

*June 21<sup>st</sup>*, 1922  
*Walter H. Hume*  
Examining Surgeon.

*Owosso, Mich.*  
(P. O. address of examining surgeon.)

BOARD OF U. S. EXAMINING SURGEONS,

Dr. S.S.C. Phippen, Sec.  
Federal Building  
Owosso, Michigan

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE - If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the Clerk of the County Court, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Michigan COUNTY OF Saginaw SS

ON THIS 19 day of December A. D. one thousand eight hundred and eighty

personally appeared before me, a Notary Public within and for the County and State

aforsaid, Jacob A. Heist aged 45 years, a resident

of the Village of Cheaning, County of Saginaw State of

Michigan who being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Detroit Pension agency at the rate of thirty

dollars per month. Certificate No. 36,995 by reason of his disability from loss of left foot

(Here name the disability for which pension was granted.)

incurred in the Military service of the United States while serving as a Private in

(Military or Naval.)

(Here rank, company and regiment, is in the army; vessel)

(If in the Navy.) Co. B. 9 Regiment Mich Cavalry

That he believes himself to be entitled to an increase of pension on account of said left foot

shrinking away to such an extent that it

is with much difficulty to attach the crutches

limb and also having to rest so much

on his right leg and the fact he cannot

traveling over the right leg and

causes Rheumatism and severe pain in

said right leg and hip that it is with

much difficulty and pain for him to

get around and he also experiences

such pain at night that prevents him

from sleeping

that he hereby appoints, with full power of substitution and revocation

B. A. SNOW, Cheaning, Mich., Attorney for Claimant

his true and lawful attorney to prosecute his claim

Post Office address is Cheaning Saginaw Co Mich

David C. Quigley Jacob A. Heist

George W. Allen

[Signature of Claimant]

[Two witnesses who can write sign here.]

Also personally appeared David O. Quigley residing at Chesaning Mich  
and George W. Allen residing at Chesaning Mich  
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 Jacob A. Heist  
the claimant sign his name (make his mark) to the foregoing  
declaration; that they have every reason to believe from the appearance of 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.

David O. Quigley  
George W. Allen  
[If witnesses sign by mark, two persons who can write sign here.] [Signature of Affiant.]

Sworn to and subscribed before me this 19 day of December A. D. 1889

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 I have no interest direct or indirect in the prosecution of  
of this claim.

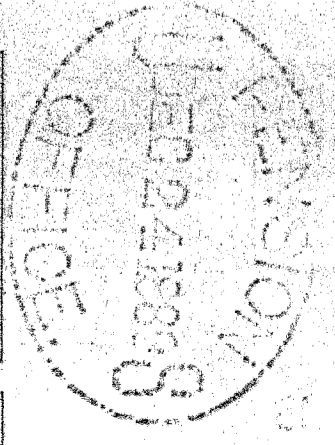
Samuel S. ...  
[Signature.]  
Notary Public  
[Official Character.]

L. S.  
I, Clerk of the County Court in and for aforesaid county  
and state do certify that, Esq., who has signed his name to the  
foregoing declaration and affidavit was at the time of so doing in and  
for the aforesaid County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit  
and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of 188

[L. S.] Clerk of the

CHESANING, MICH.  
B. A. SNOW,  
ATTORNEY



PENSION CERTIFICATE NO. 80985

Jacob A. Heist APPLICANT  
G. W. Allen REG'T  
Mich County VOIS.

INVALID  
CLAIM FOR INCREASE.

WAR OF 1861.

36.338

ACT JULY 14, 1862.

Approved  
Jan 10/65

Brief in case of Jacob A Heist Private  
of Company G, 6. Regiment Michigan Cavalry

POST OFFICE ADDRESS OF APPLICANT:

Chesaning Saginaw County Michigan  
Enlisted Oct 11, 1862., Discharged May 21, 1864.

CLAIM FOR AN INVALID PENSION:

Declaration and Identification in due Form.

PROOF EXHIBITED.

Certificate of disability Minor amputation  
of left leg

The cert Genl report. "In Hospital  
at Annapolis - discharged for disability."

The Capt says "amputation left leg, result  
ing from shell wound in action at Mill  
creek, put July 6. 63."

Permanent

Biennial examination not required

Admitted May 9, 1865, to a Pension of \$ 8.00 per month, commencing

May 21, 1864

Disability Fatal

Disabled by Amputation Left Leg

W. V. Ashman  
Phila  
Pa.

Name and Residence of Agent.

EXAMINING CLERK.

*[Signature]*

My name as it appears upon the Pension Certificate is Jacob A Heist  
 My present Post-Office address is  
 Chesaning Bay Mills County State of  
 Michigan My age - 34 years -  
 The number of my Pension Certificate is 36338 The rate per month  
 which I am now paid is 18.00  
 paid at Detroit, Michigan Agency  
 I am pensioned for loss of leg  
 the date of my Pension Certificate  
 is the 7<sup>th</sup> day of November - 1867  
 The date of the commencement of my  
 Pension January - 11<sup>th</sup> 1865 - I  
 was a private in Co G, 6<sup>th</sup> Regiment  
 Cavalry - Michigan Volunteers when  
 Wounded - The date of my discharge  
 from service was the 21<sup>st</sup> day of  
 May 1864 and I never re-  
 enlisted - And I respectfully  
 ask of the Pension Department  
 my arrears of Pension

Dated Chesaning Mich. March 11<sup>th</sup> 1869

witness

J. J. E. Johnston  
 W. C. Snyder

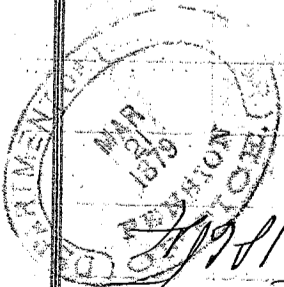
Jacob <sup>his</sup> X A Heist-  
 mark

State of Michigan }  
County of Wayne } 85

Subscribed and sworn to -  
before me this - 11<sup>th</sup> day of March  
A.D. 1879 - And I certify that - Jacob  
A Heist - within named - exhibited  
to me his Pension Certificate - No  
36338 and was fully identified  
as the pensioner - described therein  
and being acquainted with him  
do certify that he is the identical  
person mentioned in said Pension  
Certificate -

Witness my hand and seal this  
11<sup>th</sup> day of March - 1879

James J. E. Galanter  
Notary Public in  
and for the County of Wayne  
Michigan



Handwritten from date of  
exchange

36338

State of Michigan }  
County of Saginaw } ss

Subscribed and sworn to -  
before me this - 11<sup>th</sup> day of March  
A. D. 1879 - And I certify that - Jacob  
A Heist - within named - exhibited  
to me his pension certificate - of

STATE OF MICHIGAN }  
COUNTY OF SAGINAW } ss

I, BYRON G. STARK, Clerk of said County of Saginaw, and of the

Circuit Court therein, being a Court of Record, having a seal

Do hereby Certify, That *James J. E. Johnston* whose name is subscribed to the annexed

Affidavit, and therein written, was, at the time of taking such affidavit, a *Notary Public*  
in and for said County, duly *Commissioned* and qualified, and duly  
authorized by law to take the same. And further, that I am well acquainted with the hand-  
writing of such *James J. E. Johnston* and  
verily believe that the signature of the said affidavit is genuine, and, as such, entitled to full  
faith and credit.

In Testimony Whereof, I have hereunto set my hand, and affixed the Seal of said  
Circuit Court, at Saginaw, this *15<sup>th</sup>* day of *March* A. D. 187*9*

*Byron Stark* Clerk.



*Exchanged from the  
Michigan*

*150000*

STATE OF MICHIGAN,

County of Shiawassee }

On this 13th day of September A. D. 1866, personally

appeared before me the Clerk of the Circuit Court in and for said County and State,  
Jacob A Heist aged 21 years, a resident of

St Charles in the county of Saginaw and State  
of Michigan who, being duly sworn according to law, declares that he is a pensioner


of the United States, duly enrolled at the Detroit Mich Pension Agency, at the rate of \$2.00  
per month, by reason of disability incurred in the military (or naval,) service of the United States, as a Private

Co 6th Regt Mich Cavalry 1863 and that his present physical condition is such that  
he believes himself entitled to receive an increased pension of the Third grade, provided for in the first

section of the Supplementary Pension Act, approved June 6, 1866. He further declares that he is disabled in the  
following manner, to wit: at the Battle of Williamsport, Md, he was wounded by

a shell, which shot off his left leg, below the knee, rendering amputation  
necessary of the lower portion of said leg, which Battle was July 6, 1863

Witness:  
Charles A Cessna  
Michael Manschert

Jacob A Heist  
Declarant's Signature. 

Also personally appeared before me, at the time and place aforesaid, Charles A Cessna  
of Caledonia, Michigan and Michael Manschert of St Charles, Michigan

whom I certify to be credible persons, who being duly sworn, according to law, declare each for himself, that  
they well know Jacob A Heist who has made his mark signed the foregoing declaration in their  
presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in  
the manner alleged in said declaration. They further swear that they, or either of them, have no interest in  
this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its  
prosecution.

Charles A Cessna  
Michael Manschert  
Witnesses' Signatures.

Sworn to and subscribed before me, this 13th day of September

A. D. 1866, and I hereby certify that I have no interest direct or indirect, in the prosecution of this claim.  
that the Circuit Court for the County of Shiawassee of which I am Clerk  
is a Court of Record having a Seal - J. P. Coleman

Clerk



36.338

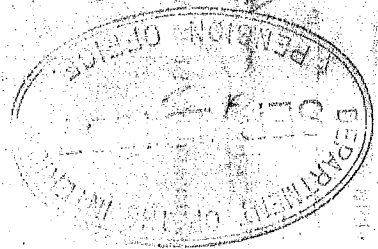
Application for Increase of Invalid Pension.

Jacob A. Kuist P.  
G. Co., Sixth Reg't.  
Michigan Cavalry Volunteers.

Claimant.

P. O. Address, Chesaning  
County, Saginaw  
State, Michigan

C. B. Raynolds, Atty  
Corunna Mich



*[Faint, mostly illegible handwritten text, possibly a letter or report, covering the majority of the page.]*

Home Correspondence Paper

Home Dressing 57

JACOB A HEIST

905 N ADAMS ST

36338

JULY 26

OWOSSO MICH

*Dudley*

3-1081

**DROP REPORT—PENSIONER**

----- Cert. No. -----

Pensioner -----

Soldier -----

Service -----

Class ----- ACT OF JUNE 8, 1930 (C.W.) -----

**RECORD DIVISION**

-----, 192

In the above-described case a declaration filed in this Division indicates that said pensioner died

-----, 19-----

*Chief, Record Division.*

**FINANCE DIVISION**

AUG 13 1930, 192

The name of the above-described pensioner who was last paid at the rate of \$ 90 per month

to JUL 4 - 1930, 19-----, has this day

been dropped from the roll because of death

*July 14, 1930*

*O. J. RANDALL*

*Chief, Finance Division.*



**END**