

This is to Certify, that the following is a true and correct copy of a certificate of death, filed in the Bureau of Vital Statistics, Pennsylvania State Department of Health, as directed by the Act of Assembly, approved May 1, 1905, P. L. 330.

Wilbur R. Beth

(State Registrar.)

Jan 30, 1913
(Date.)

Form V. S. No. 5.

1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

County of
Township of
or
Borough of
or
City of *Phila*

Registration District No.

Primary Registration District No.

File No. *119195*

Registered No. *27908*

No. *1816*, *Stiles* St., *47* Ward.)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME *Sarah M Jones*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *W*
(Write the word.)

16. DATE OF DEATH *12-17-1912*
(Month) (Day) (Year)

6. DATE OF BIRTH *12-4-1837*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *12/12* 1912, to *12/17* 1912 that I last saw her alive on *12/16* 1912 and that death occurred, on the date stated above, at *11a* M. The CAUSE OF DEATH* was as follows;

7. AGE *75* yrs. - *11* mos. - *11* ds. If LESS than 1 day how many.....hrs. ormin.?

Anaemia
(Duration).....yrs.....mos.....ds.
Contributory *Chronic Ulcer on leg*
(SECONDARY) (Duration) *10* yrs.....mos.....ds.

8. OCCUPATION (a) Trade, profession, or particular kind of work *None* (b) General nature of industry business, or establishment in which employed (or employer)

(Signed) *D. Lafayette Sargent* M. D. *12/17* 1912 (Address) *1635 E. 14th Ave*

9. BIRTHPLACE (State or Country) *N.Y.*

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

10. NAME OF FATHER *Thos. Morris*

11. BIRTHPLACE OF FATHER (State or Country) *Eng.*

12. MAIDEN NAME OF MOTHER *Mary Thompson*

13. BIRTHPLACE OF MOTHER (State or Country) *Eng.*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) *Mrs. Barton Hoopes* (Address) *Jenkintown Pa*

15. Filed *12/19* 1912 *B. M. Atherhall* Local Registrar

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Where was disease contracted, If not at place of death? Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL *W. P. Greenwood* DATE OF BURIAL *12/20* 1912

20. UNDERTAKER *Schugler & Son* ADDRESS *Broad & Duane*

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 on back of certificate.

Certificate No. 306530

Name, Patrick A. Jones

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,

Genl Patrick A Jones
Post Richmond
Staten Island N.Y.

W. C. C. Brand
Commissioner.

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

Answer. Yes - Sarah M. Jones - Sarah Morris

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

Answer. Nov 29th 1859 Rev Thos Morris at Ellicottville Pottersville N.Y.

Third. What record of marriage exists? The Clergymens Entries in his Books

Answer. I have kept none in the Clergymens Books

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. I was not married before

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

Answer. Yes Thos M. Jones & J. Morris Jones
Thomas, Nov 25 1859 - J M. June 27th 1866

Date of reply, May 4th, 1898

(Signature.)

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14 Patrick A Jones

Phone 0 gang 357 a

3-044.

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Pennsylvania
COUNTY OF Philadelphia } ss:

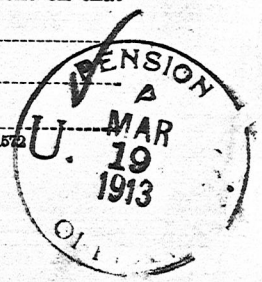
On this 4th day of March, A. D. one thousand nine hundred and thirteen, personally appeared before me, a notary Public within and for the County and State aforesaid, Heber E. Hoopes, aged 43 years, a resident of Pennsylvania, County of Montgomery, State of Pennsylvania, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Sarah M Jones who was a pensioner of the United States by certificate No. 584171, on account of the service of Patrick H. Jones (Name of soldier or sailor.) in _____ (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to 4th day of November, 1912 by the U. S. Pension Agent at Philadelphia

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Sarah M Jones
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow of Patrick H Jones
3. If decedent was pensioned as an invalid soldier or sailor— widow of Patrick H Jones
 - (a) Was he ever married? (Answer yes or no.) yes
 - (b) How many times, and to whom? once Sarah M. Jones
 - (c) If married, did his wife survive him? (Answer yes or no.) no
 - (d) If so, is she still living? (Answer yes or no.) no
 - (e) If not living, give full names and dates of death of all wives Sarah M. Jones died on the 17th day of December 1912
 - (f) Was he ever divorced? (Answer yes or no.) no
 - (g) If so, is the divorced wife still living? (Answer yes or no.) no (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death no
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) no
6. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) yes \$9000
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written The metropolitan
8. Who was the beneficiary named in each policy? her sister Mary H Morris
9. What was the relation of each beneficiary to the pensioner? Sister
10. Were the premiums paid by the deceased pensioner? yes
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account was Paid by Mary H Morris

112
30
142



12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) no
13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no
14. Did the deceased pensioner leave any money, real estate, or personal property? no
15. If so, state the character and value of all such property none
16. What was the assessed value (last assessment) of the real estate? none
17. How was the pensioner's property disposed of? none
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) none
19. What was your relation to the deceased pensioner? neice
20. Are you married? (Answer yes or no.) yes
21. What was the cause of pensioner's death? leucoid Ulcer on leg
22. When did the pensioner's last sickness begin? decemb-15th 1912
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? on the 15th of December 1912
24. Give the name and post-office address of each physician who attended the pensioner during last sickness D. Lafayette Snyder M. D. 1635 Grand Avenue Phila Pa
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance Helene E Hoopes
26. Where did the pensioner live during last sickness? 1816 Stiles St Phila Pa
27. Where did the pensioner die? 1816 Stiles St
28. When did the pensioner die? December 17th 1912
29. Where was the pensioner buried? Greenwich Cemetery Frankford
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) no
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

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

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<u>D. Lafayette Snyder</u>	Physician <u>---</u>		<u>10.50</u>
	Medicine <u>---</u>		
<u>David H Schryler</u>	Nursing and care <u>none</u>		<u>100.00</u>
	Undertaker		
	Livery <u>none</u>		
	Cemetery		
	Other expenses and their nature: <u>none</u>		
TOTAL			<u>110.50</u>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes
- That my post office address is No. 231, on Wynneville Road Centangtown street town or city of Centangtown, County of Montgomery, State of Pennsylvania
- (When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Helene E Hoopes
(Claimant's signature in full.)

[Handwritten signature]

Act of June 27, 1890.

CC

DECLARATION FOR WIDOW'S PENSION.

CC

STATE OF _____ }
COUNTY OF _____ } ss:

On this _____ day of _____, A. D. one thousand eight hundred and ninety-
personally appeared before me, a _____ within and for the county and
State aforesaid, _____, aged _____ years,
a resident of _____, County of _____
State of _____, who, being duly sworn according to law, makes the following declaration

in order to obtain pension under the provisions of the act of Congress approved June 27, 1890.

That she is the widow of Brig Gen. Patrick H. Jones, who was
Commissioned under the name of Patrick H. Jones
(Enrolled or commissioned.)
at Washington D.C. on the 18th day of April, 1865
as a Brig. Gen. in the Volunteer service of the U.S.A.
(Here state rank and designation of organization or name of vessel.)
and honorably discharged June 17th, 1865, having served ninety days or more during the late war of
the rebellion. That the soldier was _____ in the military ~~service~~ service of the United States ~~as~~ as stated above.

to rank from Dec. 6th 1864

(If any other service it should be stated in full.)
Major of 37th Regt. N.Y. Volunteers - Commissioned Colonel of the 154th Regt
N.Y.V. to rank from Oct. 8th 1862.

That she was married under the name of Sarah M. Morris to said soldier
at Ellicottville N.Y. on the 20th day of December, 1859,
by The Rev. Thomas Morris; that there was no legal barrier to the marriage;
that she had not been previously married; that the soldier had not been previously married.

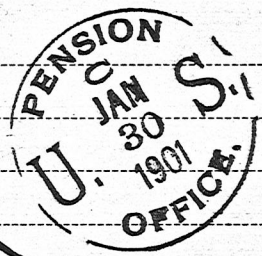
(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

That the said soldier died July 26th 23, 1900, at West Brighton S.I. (N.Y.);
that she was not divorced from him; that she has not remarried since his death; and that she is without other
means of support than her daily labor.

That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:

(If the soldier left no children, the claimant should so state.)

- _____ born _____, 18____, at _____
- _____ born _____, 18____, at _____
- _____ born _____, 18____, at _____
- _____ born _____, 18____, at _____
- _____ born _____, 18____, at _____
- _____ born _____, 18____, at _____



That she has not heretofore applied for pension. _____
(If prior application has been made, the number thereof, the service on which
it was based, and the name of the soldier should be stated.)

That she hereby appoints _____
(If she desires to employ an attorney.)

of _____, her true and lawful attorney, to prosecute this claim.
That her post-office address is N: 231- E. 67th St. % Geo. Colyer - N.Y. City
County of N.Y. State of New York

ATTEST: (1) Geo Colyer
(2) [Signature]

Claimant's signature.)

5147 V.S. 1884

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec. 1, 1884.

SIR:

I have the honor to acknowledge the receipt of your request of June 1, 1884, for certain information for use in the consideration of application for pension No. 513,504, and to return it herewith, with the following information from the records of this office:

It appears from the rolls, &c., on file in this office that Patrick H. Jones was mustered into the service of the United States as *Ensign with 25th Regt of New York Inf.*, to date June 7, 1861, to serve 10 years

~~or during the war. On the Muster roll of Company of that Regiment for the months of~~ *Sept. & Oct. to date Nov. 8, 1861, he is reported*

as Major. Same regt. to date Jan'y 21, 1862.

Rolls of Co. 16, to Aug. 31, 1861, report him present.

Sept. & Oct. 1861. Absent on recruiting service. Roll

of 7th Inf. for Nov. & Dec. 1861. Adjt. present. Jan'y 1 to July

1862, Major present & absent to Aug. 31, 1862.

Returns furnish nothing additional, and

there is no evidence of disability.

He was discharged to date Oct. 8, 1862,

to receive promotion.

Patrick H. Jones was mustered in as

Col. 154th N.Y. Inf. to date Oct. 8, 1862, for

3 years. Roll of 7th Inf. dated Oct. 31, 1862,

absent at Washington, sick. Sub. rolls

to April 30, 1863, present. May & June

1863, absent sick from wounds received

in action, May 2, 1863. (Regt. was in

action at Chancellorsville on said date.)

July & Aug. 1863, absent, wounded in eye.

Hospital, Washington, D.C.

The following is a copy of Army Cert. upon

which he was granted leave of absence

May 19, 1863:

Col. P. H. Jones of the 154th N.Y. Inf. having

applied for a Certificate on which to ground

Certificate on which to ground a leave of absence. I hereby certify that I have carefully examined this officer and find him suffering with Chronic Diarrhoea of 9th months standing. He has suffered continuously with it during the Lake Campaign from Atlanta to Savannah, which precludes him unfit for military duty, and I further declare that it is my opinion, he will not be able to resume his duties in a less period than thirty days, and that a change of climate, and mode of living is necessary to prevent permanent debility.

J. L. Dunwoody
Surgeon to the 1st Regt. 2d Div.

There are two Med. Certificates on file, dated respectively ^{Atlanta Ga} Jan 17 1865, to the effect that he is suffering from Chronic Diarrhoea and debility resulting therefrom.

Roll of 4th Regt. 1st Div. 1865 reports him absent, detached Comd. 2^d Regt. 2^d Div. 20th Dec. since March 26 1863.

Returns for Oct. 1862, Absent, sick in Hospital. Nov 1862 to Jan 1863 present.

Feb 1863 Absent with leave, Jan 17 to 27 1863 (Cause for which granted leave shown)

March 1863, Absent with leave from March 26 1863 (Cause for which granted leave shown)

May 1863, Absent was wounded at Chancellorsville, in the hip, and obtained permission to visit Philadelphia to get medical attendance.

Returns 2^d Div. 2^d Div. 20th Army Corps from June to Aug 8 1864; from Sept 19 1864 to Jan 1865 (when he received leave of absence) from March 29 to June 1865 report him present.

6 Certifying & furnish no evidence of disability.

an application for leave of absence, & do
hereby certify that I have carefully ex-
amined this officer, and find that he is suf-
fering from a gunshot wound of right hip,
received in action May 2, 1863, at Chancellors-
ville, Va., and that the consequences thereof,
he is in my opinion, unfit for duty. I
further declare my belief that he will
not be able to resume his duties in a
less period than thirty (30) days, without
risk of permanent disability.
Dated at Washington D.C. this 9th day
of May 1863. /
M. W. [Signature]

There is a Cut in file, dated Washington,
D.C. July 2, 1863, to the effect that he is
suffering from the effects of a Gun shot
wound of right side.

Roll of S. I. S. for Sept Oct 1863, reports him
about in detached duty at Annapolis, Md.
in charge of Paroled Prisoners, since Oct. 1863.
Nov. Dec. 1863 present. Jan. & July 1864
Absent on leave since July 6, 1864 (sent
on account of disability), March & April
1864, present. returned from leave of
absence March 22, 1864. May & June 1864
present, on special duty. Command of Regt.
July & Aug 1864 present, on special duty.
President Court Martial, Sub rolls to
Dec 31, 1864, about Army & Regt. 2 Div.
D. C. E. Jan & July 1865. Absent on leave
since July 12, 1865.

The following is a copy of Army Cut upon
which said leave was based:

Head Quarters 2 Regt. 2 Div. D. C. E.
Sacramento, Cal. Dec. 25, 1864.
Col. P. H. Jones of the 154th Regt. 14th Corps
2 Regt. 2 Div. D. C. E. having applied for

He was mustered out an Individual
mustered out Roll, May 19, 1865, he
accept appointment as Brig. Genl.
Volts.

Regimental Books 154 NY Volts furnish
evidence of disability or wound.

No Regt. Hospital records or Cont.
Mortality reports said regt. or organiza-
tion books 31 NY Volts in file.

Patrick H. Jones, was appointed Brig. Genl.
of Vols. December 6, 1864, and accepted May 20, 1865.
He commanded the 2nd Brigade, 2nd Division, 20th
Army Corps.

Attention is invited to report from the Surgeon
General's office, dated Nov. 25, 1864, herewith.

I am, sir, very respectfully,

Your obedient servant,

Thomas Hard,

Assistant Adjutant General.

THE COMMISSIONER OF PENSIONS,
Washington, D. C.

you