

THE NATIONAL ARCHIVES

CERT. NO. 793300

PENSIONER: Sarah A.

Widow OF

VETERAN: Oliver A. Walker

CAN NO: 61224

BUNDLE NO: 8

RECORD & PENSION OFFICE

AUG 4 1486975 1897

WAR DEPARTMENT

3-464.

Co. Div. W. J. V. Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., July 2, 1897

Respectfully returned to the  
Chief of the Record and Pen-  
sion Bureau, War Department  
with request for report of the  
service of the within-named  
soldier while a member  
of Capt. Frederick Worth's  
Co. - K. 8<sup>th</sup> Ma. Regt. Inf.  
C. S. A. Claimant states that  
he enlisted in said organi-  
zation - some time in 1862

No other reports in case  
Orig. Ser. 873.561  
Oliver A. Walker Co. A. 2<sup>nd</sup> Fla. Cav.

Commissioner.

(o 6-059)

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,  
Washington, AUG 4 1897

Respectfully returned to the  
Comr. of Pensions  
with the information that Oliver A.  
Walker (Age 26) private  
Co "K." 8<sup>th</sup> Ma. Inf. C. S. A.  
is reported on Mus-  
ter roll dated  
Oct. 27/61 (first on file)  
Enlisted Sept. 15/61 - at  
Fampa. 12 months.  
Presence or absence  
not stated.

Roll from  
Oct. 27/61 to Feb. 28/62  
Present  
April 30/62 - Present  
Enlisted Oct. 27/61 - at  
Fampa. 12 Mos. "dis-  
mounted by order  
Genl. Trapier Feb. 6/62"  
June 30/62. Present \$50.00

"Bounty due" Rolls from  
June 30/62 to Feb. 28/63  
Borne as O Walker,  
Absent "Sick in Hospital"  
April 30/63. O A  
Walker. "Absent on sick  
furlough" AN 25 1901  
August 31/63. Oliver  
Walker. Present.  
Oct. 31/63. Absent "Wounded  
at the battle of Bristow  
Oct. 14/63, and is now  
in Hospital"  
Dec. 31/63. Absent "Wounded  
at the battle of Bristow  
Oct. 14/63. now on fur-  
lough."  
Feb. 28/64. "Absent with  
out leave."  
June 30/64. same remark  
Oct. 31/64. (last on file)  
"Absent without leave  
since Jan. 6/64"  
No record of service  
BY AUTHORITY OF THE SECRETARY OF WAR  
1897

Per  
(323a)

Colonel, U. S. Army, Chief of Office.

30173.



S. M. Ex'r.

Div. No. 872561

Olin A. Walker  
Co. H, 2nd Regt Fla. Cav.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept 20, 1898.

SIR:

Will you kindly 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 family.

Very respectfully,

Olin A. Walker,  
President  
Fla.

J. L. Thompson  
Acting Commissioner.

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

Answer: I am a married man. Sarah A Walker  
her maiden name Sarah A Head

No. 2. When, where, and by whom were you married? Answer:

Was married 3<sup>rd</sup> of Oct 1865. Station 2 in  
Jefferson Co. by James Jackson

No. 3. What record of marriage exists? Answer:

at Tallahassee Marriage Recorded

No. 4. 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. Elizabeth  
Gigger. died Aug 21<sup>st</sup> 1865 at Tampa Fla

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer:

I have living children. Joseph de  
Walker. Dec 23, 1866. George W Walker Borne  
Aug 31, 1869. James W. Walker Feb 29, 1872  
John A Walker Dec 18, 1875. Viola Walker  
Aug 23, 1881 Jefferson A Walker July  
8<sup>th</sup> 1883.

Date of reply, Oct 13, 1898.

Olin A. Walker  
(Signature.)

This is a true copy of Death Certificate on file in this office

Alice N. Seawell  
Social Registrar - Notary Public

MARGIN RESERVED FOR BINDING

N. B.—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.

V. S. No. 4

FLORIDA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Sarasota District No. LA-01  
 Precinct No. 60-047 State File No. \_\_\_\_\_  
 Precinct (Write name, not number)  
 or Inc. Town Bee Ridge City or Town No. \_\_\_\_\_  
 or City No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Sarah A. Walker  
 (a) Residence: No. Bee Ridge St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, married, widowed or divorced (write the word) Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Oliver A. Walker

6. DATE OF BIRTH (month, day and year) Jan 25-1848

7. AGE Years 87 Months 9 Days 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Ala.

MOTHER FATHER

13. NAME John Bassus

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Ala.

15. MAIDEN NAME Nancy Ann Oxtrey

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Ala.

17. INFORMANT Joseph G. Walker (Address) Bee Ridge

18. BURIAL, CREMATION, OR REMOVAL Place Fruitville, Fla. Date Nov. 20- 1935

19. UNDERTAKER Thacker & Van Gilder, Inc. (Address) Sarasota Fla.

20. FILED Nov. 20- 1935 Alice N. Seawell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Nov. 19-, 1935  
 I last saw him alive on Nov. 19-, 1935, death is said to have occurred on the date stated above, at 8:45 pm.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
Apoplexy  
 Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) B. B. Wilson M.D.  
 (Address) Sarasota Fla.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance in order of onset were as follows: <i>Arteriosclerosis</i> <i>Chronic interstitial nephritis</i> <i>Cerebral hemorrhage</i>	Date of onset 1915 1921 July 5, 1927	The principal cause of death and related causes of importance in order of onset were as follows: <i>Attack of epilepsy</i> <i>Run over by street car</i> <i>Peritonitis</i>	Date of onset 1 week ago 1 week ago 3 days ago
Contributory causes of importance not related to principal cause: <i>Fracture of arm</i> <i>Automobile accident</i>	May 3, 1927	Contributory causes of importance not related to principal cause: <i>Influenza</i>	7 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

# DECLARATION FOR WIDOW'S PENSION.

STATE OF Florida  
COUNTY OF Manatee } ss:

On this 24th day of December, A. D. one thousand nine hundred and fourteen personally appeared before me, a Notary Public within and for the county and State aforesaid, Sarah A. Walker, aged 67 years, a resident of Sarasota, county of Manatee, State of Florida, 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 APRIL 19, 1908.

That she is the widow of Oliver A. Walker, who was private under the name of Oliver Walker, at Florida, on the 10th day of April, 1864, as a private in Co. A Second Regiment Florida Cavalry, and honorably discharged November 27th, 1864 having served ninety days or more during the late civil war. That he also served \_\_\_\_\_ (Here give a complete statement of all other services, if any.)

That he was not in the military or naval service of the United States otherwise than as stated above. That she was married under the name of Sarah A. Head to said soldier at Jefferson County, Florida, on the Third day of October, 1865, by Rev. James Jackson; that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had not been previously married, that his former wife died at Tampa, Fla. sometime during the year 1864 (If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

and that neither she nor said soldier married otherwise than as stated above. That the said soldier died November 27th 1914, at Sarasota, Florida that she was not divorced from him, and that she has not remarried since his death. 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.) All children are over 16 years of age.

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 her post-office address is (street and number) \_\_\_\_\_, R. F. D. \_\_\_\_\_

city or town of Sarasota, county of Manatee, State Florida  
Attest: (1) E. B. Tucker  
(2) Matthew C. Jones Sarah A. Walker  
(Claimant's signature in full)

Also personally appeared Emmett B. Tucker, residing in Fruitville, Fla. and Matthew C. Jones, residing in Sarasota, Fla., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Sarah A. Walker, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her of 40 years and 40 years, respectively, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

Emmett B. Tucker  
Matthew C. Jones  
(Signatures of witnesses.)

Subscribed and sworn to before me this 24th day of December, A. D. 1914 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 this claim.

DECLARATION ACCEPTED AS CLAIM UNDER THE ACT OF APRIL 19, 1908.  
A. CHAS. LAW DIVISION.  
[L. S.]  
8-116

PENSION  
H  
DEC  
26  
1914  
OFFICE

Cary B. Lusk  
(Signature.)  
Notary Public, State of Florida  
(Official character August 29, 1916.)

MAN DIVISION  
DEC  
23  
1914  
RECORDED

## AN ACT

To increase the pension of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts, inconsistent with the provisions of this Act are hereby repealed: Provided, however, That this Act shall not be so construed as to reduce any pension under any Act, public or private.*

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war, and who has been honorably discharged therefrom, has died, or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands, if living, would have a pensionable status under the Joint Resolutions of February fifteenth, eighteen hundred and ninety-five; July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section, or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every such offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved April 19, 1908.

6-1182

3-007.

ACT OF APRIL 19, 1908.

Claim for Pension.

*A* WIDOW.

*J. C. H.*  
Number *1094935* — *Page*

Name *Sarah A. Walker*

Soldier *Oliver A. Walker*

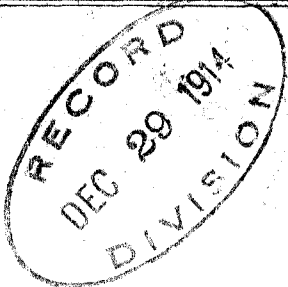
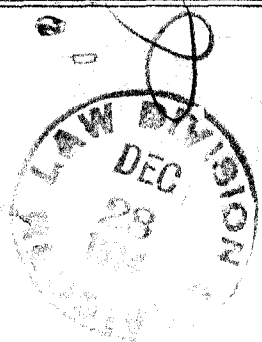
Service *A 2 Fla Cav*

*Indian War*

INSTRUCTIONS.

This form may be used for original pension under Act of April 19, 1908.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Florida, County of Manatee, ss:

On this 14<sup>th</sup> day of June, A. D. one thousand nine hundred and twelve personally appeared before me, a Notary Public within and for the county and state aforesaid,

Oliver A. Walker, who, being duly sworn according to law declares that he is 75 years of age, and a resident of Sarasota County of Manatee, State of Florida, and that he is the identical person who was ENROLLED at Fort Myers Fla under the name of Oliver A. Walker, on the 15<sup>th</sup> day of April, 1864 as a Private in C. A. 2<sup>nd</sup> Florida Cav

(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 Gallehessee Fla, on the 29 day of Nov, 1865

(State name of war, Civil or Mexican.)

That he also served In the Indian War under General Robert Bullard in Florida

(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 6 feet ✓ inches; complexion, white; color of eyes, blue; color of hair, dark; that his occupation was farming; that he was born April 8<sup>th</sup>, 1837 at Wair Co. Georgia

That his several places of residence since leaving the service have been as follows: Oneco Fla - Sarasota, Fla

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 1094.935-873.561

That he has — applied for pension under original No. —

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 11, 1912.

That his post-office address is Sarasota county of Manatee State of Florida

Attest: (1) Jama Jones (2) Ramsey R. Marsh Oliver A. Walker (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 14<sup>th</sup> day of June, A. D. 1912

[I. s.] and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words 1912, erased, and the words —, added and that I have no interest, direct or indirect, in the prosecution of this claim.

C. E. Hite (signature.)  
Notary Public (Official character.)  
Nov 13<sup>th</sup> 1915

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Validity acknowledged as to execution  
Notary Public  
WES

ACT APPROVED MAY 11, 1912

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months fifteen dollars and fifty cents per month; one year, sixteen dollars per month, one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the civil war and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act; Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seventh, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year 1914 tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

ACT OF MAY 11, 1912

CLAIM FOR PENSION

Certificate No. 1094.935  
Name, *Clavin A. Walker*  
Service. *A. 2<sup>d</sup> Fla  
Cav*

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

E. H. GELSTON & CO.

WASHINGTON, D. C.

Printed and sold by W. H. Morse & Co., 511 11th St. N. W., Box 269, Washington, D. C.

# Declaration for an Original Invalid Pension

This must be Executed before a ~~Court of Record or some Officer thereof having Custody of the Seal~~ <sup>some officer authorized to administer oaths</sup>

State of Florida, County of Manatee, 55.

On this 9<sup>th</sup> day of August, A. D. one thousand eight hundred and eighty Ninety eight personally appeared before me J. B. Grant of the County a Court of Record within and for the County and State aforesaid Olive A. Walker aged 68 years, who, being duly sworn according to law, declares that he is the identical Olive

A. Walker who was ENROLLED on the 15<sup>th</sup> day of Apr, 1864, in Company A of the 2<sup>d</sup> regiment of Fla Cav, Commanded by C. S. Carme & O. Chapman and was honorably DISCHARGED at Tallahassee Fla on the 29 day of Nov, 1865; That his

personal description is as follows: Age 68 years; height 5 feet 7 inches; complexion light hair black; eyes blue. That while a member of the organization aforesaid, in the service and in the line of duty at Cedar Keys in the State of Florida on or about the 15<sup>th</sup> day of Nov, 1864, he incurred injury to

shoulder and back under the following circumstances: He incurred injury to Here state the name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

I was in line of duty and was one of a number who were trying to tow or pull a boat off the bank where it had grounded.

We were in small boats with tow lines attached to the grounded vessel which was a large schooner, and were obtaining with all our might to move her. I pulled at her all day with using a pair of oars, and the constant strain and exertion injured my shoulder and back to such an extent that I was disabled and laid up for a long time and I have never gotten over it.

That he was treated in hospitals as follows: The military hospital at Fort Myers Fla Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

do not remember when it was but it was only a short time after my injuries within a day or two.

That he has not been employed in the military or naval service otherwise than as stated above except that he served in the Indian War in 1856. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the 29 day of Nov, 1865

That since leaving the service this applicant has resided in the Counties of DeSoto & Manatee in the State of Florida, and his occupation has been that of a farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farmer. That he is now totally disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation

**E. H. GELSTON & CO., OF WASHINGTON, D. C.,**

his true and lawful attorneys, to prosecute his claim. That he has not received but applied for a pension; that his residence is No. no. 873, 561 street.

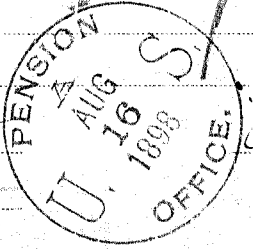
and that his Post Office Address is

Braidentown Fla

Alex B. Roach

G. M. Prege

[Two witnesses who can write sign here.]



Olive A. Walker  
[Signature of Claimant.]

ATTY FILED.

Also personally appeared Alex C Rensch, residing at Princeton  
Manatee Co Fla, and G. M. Bragg  
residing at Princeton Manatee Co Fla, 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  
Oliver A. Walker, 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 ac-  
quaintance 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.

[If Affiants sign by mark, two persons who can write must sign here.]

Alex C Rensch  
G. M. Bragg  
[Signature of Affiants.]

Sworn to and subscribed before me this 9<sup>th</sup> day of August, A. D. 1898;  
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 sign his name  
, erased, and the words \_\_\_\_\_  
, added; and that I have no interest, direct or indirect, in the  
prosecution of this claim.

[L. S.]

W. H. Rensch  
Clerk of the Circuit Court

*Inv Or*  
*873, 561*

**INVALID.**

**CLAIM FOR PENSION.**

ORIGINAL.

*Olin A Walker*, Applicant.

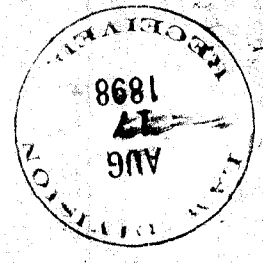
Co. *A*, *2* Reg't

*Head* Vols.

Enlisted *Apr 15* 18*67*

Discharged *Nov 29* 18*67*

FILED BY  
**E. H. GELSTON & CO.,**  
Box 725,  
WASHINGTON, D. C.



*6741*

See Ind. Surv. O. 6588

W

3-447

L.V.S. Ex'r.

Division.

I. O. No. 873561 Department of the Interior,

Oliver A. Walker BUREAU OF PENSIONS,

Co. A, 2 Reg't Fla Cav & Indian War Washington, D. C., June 9, 1904

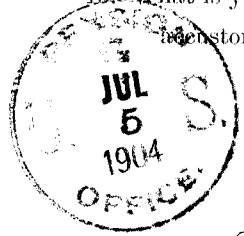
SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage. Very respectfully,

Mr. Oliver A. Walker  
Sarasota  
Fla.

*E. F. Ware*  
Commissioner.

- When were you born? Answer. Ware Co. Georgia in 1837, April 8th.
- Where were you born? Answer. \_\_\_\_\_
- When did you enlist? Answer. March 10 1857
- Where did you enlist? Answer. Fort. Nelson, Orange Co. Fla
- Where had you lived before you enlisted? Answer. Marion Co. Fla.
- What was your post-office address at enlistment? Answer. Orange Springs, Marion Co. Fla.
- What was your occupation at enlistment? Answer. Farmer
- When were you discharged? Answer. Sept 10, 1857
- Where were you discharged? Answer. Ft. Nelson, Orange Co. Fla.
- Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.  
In Marion Co. Fla. in Orange Co. Fla. and since 1860 in Manatee Co.
- What is your present occupation? Answer. farming, when able to do anything
- What is your height? Answer. 6 feet 2 inches. Your weight? \_\_\_\_\_  
The color of your eyes? Blue The color of your hair? grey Your complexion? fair  
Are there any permanent marks or scars on your person? If so, describe them.  
Scar from bullet through right calf, loss of second toe on left foot
- What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.



*his*  
Oliver Asbury X Walker  
always signs it *make* Oliver A. Walker,

WITNESSES:

- E. J. Wilson*
- Rose Wilson*

Date: June 29th, 1904

[Witnesses who can write sign here.]