

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Ohio
County of Fayette } ss.

On this 22 day of May, A. D. one thousand nine hundred and Twelve
personally appeared before me, Notary Public Magruder, within and for the county
and State aforesaid, Joshua L. Magruder, who, being duly sworn according to law,
declares that he is 70 years of age, and a resident of Willsboro
county of Fayette, State of Ohio; and that he is the

identical person who was ENROLLED at Welling Va Virginia under the name of
Joshua L. Magruder, on the 7th day of August, 1862
as a private, in Company No. 15th Va Regiment
Volunteer Infantry (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 Richmond, Vir, on the 1st day of June, 1865
(State name of war, Civil or Mexican)

That he also served
(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, five feet 10 1/2 inches;
complexion Light; color of eyes, Gray; color of hair, Dark; that his occu-
pation was Cigar Maker; that he was born February 17th, 1842

That his several places of residence since leaving the service have been as follows: Six years
following war at Subura Ohio, balance of
time in Fayette County Ohio
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 547.749
That he has not applied for pension under original No. 547.749

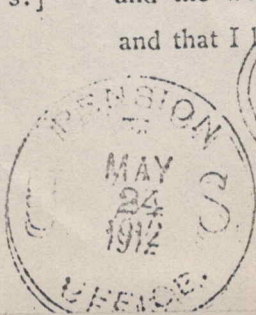
That he makes this declaration for the purpose of being placed on the pension roll of the United
States under the provisions of the act of May 11, 1912.

That his post-office address is Willsboro, county of Fayette
State of Ohio

Joshua L. Magruder
(Claimant's signature in full.)

Attest: (1) J. O. Post
(2) W. E. Smith

SUBSCRIBED and sworn to before me this 22nd day of May, A. D. 1912,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant before me, and that he swore, including
words Joshua L. Magruder as in execution, and that he was duly sworn, including
and the words S. A. Cuddy, Chief, Law Division, added;
[L. s.] and that I have no interest, direct or indirect, in the prosecution of this claim.



J. D. Mc Mahan
(Signature)
Notary Public Fayette Co.
(Official character)

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

Certified Copy of Marriage Record

Probate Court, *Jayette* County, Ohio

ENTRY

..... *August 29th 1872*

Marriage License was this day granted to..... *Joshua S. Magruder*

and *Nancy Acton*

..... *J. B. Priddy*

Probate Judge.

MARRIAGE CERTIFICATE

No. *5913*

The State of Ohio, *Jayette* County, ss.

I do Hereby Certify, that on the *29th* day of *August* A. D. *1872*

I solemnized the marriage of Mr. *Joshua S. Magruder*

with M^{rs}. *Nancy Acton*

..... *J. D. Drake*

Mrs.

Filed and recorded, 192....

..... Probate Judge.

THE STATE OF OHIO, *Jayette* County, ss.

I, *W. E. Gregg* Judge and Ex-Officio Clerk of the Probate Court, within and for said County, do hereby certify the foregoing to be a full and complete transcript from the Record of Marriages, Vol. *2* Page. *822*, required by the Laws of Ohio to be kept in the Probate Court of said County.

WITNESS my signature and the seal of said Court, at

Washington, O. this *10th* day of

October A. D., 192*4*.

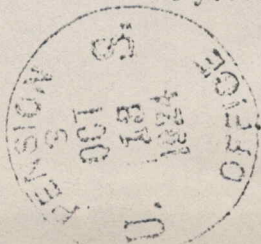
..... *W. E. Gregg*

Judge and Ex-Officio Clerk of the

Probate Court of..... *Jayette* County, Ohio.

By..... *W. J. Sturgeon*

Deputy Clerk.



DECLARATION FOR WIDOW'S PENSION.

Act of May 1, 1920.

State of Ohio, County of Fayette

On this 17th day of June, 1924, personally appeared Nancy Magruder before me the undersigned, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That she is 76 years of age, that she was born February 27th 1848, at Milledgeville Ohio, and that her post-office address is Milledgeville Ohio

That she is the widow of Joshua L. Magruder, who ENLISTED August 7th, 1862, at Wheeling West Va, under the name of Joshua L. Magruder, in Co 'H' 15th Reg West Va Inf

(Here state company and regiment, if in the Army; or vessel, if in the Navy.) and was honorably DISCHARGED June 14th, 1865, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED June 14th, 1924, at Milledgeville Ohio

That he also served in _____ (Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered.)

and that, except as herein stated, said soldier (or sailor) was _____ employed in the military or naval service of the United States; THAT SHE WAS MARRIED to said soldier (or sailor) August 29th, 1870, at West Lancaster Ohio, by L. F. Drake

that she had not been previously married, that he had _____ been previously married; That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death; That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age;

(If he left no children under sixteen years of age, the claimant should so state.)
_____, born _____, 1_____, at _____
Has never been married before never divorced, and has no children
under 16 years of age.
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____

That she has not heretofore applied for pension, the number of her former claim being _____; that said soldier (or sailor) was _____ a pensioner, the number of his pension certificate being 547 749

Two attesting witnesses
(1) C. C. Smith
(Signature of first witness.)
Milledgeville Ohio
(Address of first witness.)
(2) Fred Fritchman
(Signature of second witness.)
Milledgeville Ohio
(Address of second witness.)

Nancy Magruder
(Claimant's signature in full.)
Milledgeville Ohio
(Claimant's address in full.)

Subscribed and sworn to before me this 17th day of June, 1924, 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.

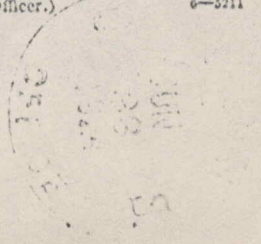
W. E. Smith
(Signature.)

Notary Public
(Official character.)

Milledgeville Ohio
(Post-office address of Officer.)

[L. S.]

Declaration accepted
for widow's claim
under Act of May 1, 1920.
CLERK, LAW DIV.
JUN 24 1924



DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

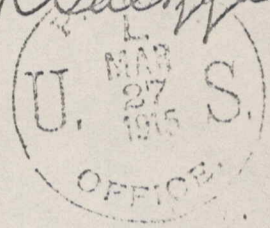
WASHINGTON, D. C., January 2, 1915.

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. Sackgaber

JOSHUA L. MACRUDER
MILLEDGEVILLE OHIO
547749 ACT MAY



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? Answer. *Jan 18 1842 Marshall Co West Va.*
The name of organizations in which you served? Answer. *15th West Va. Infantry*

No. 2. What was your post office at enlistment? Answer. *Wheeling West Va.*

No. 3. State your wife's full name and her maiden name. Answer. *Nancy E. Magruder Acton*

No. 4. When, where, and by whom were you married? Answer. *West Leavelle Ohio*

Rev. L. H. Drake
No. 5. Is there any official or church record of your marriage? *Washington C.H. Ohio*
If so, where? Answer.

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*

FOLD HERE.

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. *I am living with her*

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.
Chas E. Magruder July 4th 1873
Viola Magruder Oct 17th 1874

Date *March 26, 1915*

(Signature) *Joshua L. Magruder*

GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE

ORDER FOR PHOTOCOPIES
CONCERNING VETERAN

(See reverse for explanation)

DO NOT WRITE IN THIS SPACE

RECEIPT NO.

45073

DATE

12/6/66

SEARCHER

ll ll

FILE DESIGNATION

Joshua L. Magruder
WC 954011

Copy 11

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 378 File No. _____
Township Jasper Primary Registration District No. 4571 Registered No. _____
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
2 FULL NAME Joshua L. Magruder
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident 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 Male 4 COLOR OR RACE white 5 Single, Married, Widowed or Divorced (write the word) Married
6a If married, widowed or divorced HUSBAND of (or) WIFE of Nancy E. Magruder
6 DATE OF BIRTH (month, day, and year) Feb. 17 - 1842
7 AGE Years 82 Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Mason and Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 14 1924
17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1922 to June 14, 1924 that I last saw him alive on June 14, 1924 and that death occurred, on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Cardiac Weakness

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) South Jackson, M. D. (Address) Willedgeville
*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 additional space.)

9 BIRTHPLACE (city or town) Alexandria Va. (State or country) _____
10 NAME OF FATHER John Magruder
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
12 MAIDEN NAME OF MOTHER Margaret Porter
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____
14 Informant C. E. Mc Gruder (Address) Springfield O 228 24, col
15 Filed June 16 1924 R. E. Patch REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Willedgeville Ohio DATE OF BURIAL June 17 1924
20 UNDERTAKER, License No. 122 ADDRESS Washington
E. A. Plevner

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.

STOP PAYMENT NOTICE

Date January 30, 1937

FEB 9 1937
DECISIONS
MADE HERE
Leaf

FROM: Widow Subdivision, Dependents Claims Service
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

TO: Deceased Beneficiaries Accounts Subdivision, F. S., Room 629
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

SUBJECT: Stop payment on Death pension (\$40.)
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee Nancy Magruder
2. Effective date of action December 17, 1936
3. Reason for action Death of payee December 17, 1936 (abstract required)
4. Name of veteran Joshua L. Magruder

Submitted by _____
(Signature and title)

Approved by *Gallansich* _____
(Signature and title)

Adjudicator

6. No. 74E. 350

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner
of Pensions.

James S. Magawin
Co. H, Regt. 15th Wis. Inf. Regt.
was enrolled Aug 7, 1862
and Dr. Smith Rec. June 14, 1865

From Feb 29, 1864, to Aug 2, 1864
he held the rank of Corporal & Sergeant

and during that period the rolls show him
present except as follows: Aug 31/64,

Dr. Smith & Leonard
24/64
When present he performed
nothing additional beyond
upon this case,

The medical records show him treated as
follows Co. H, 15th Wis. Inf. Regt.
Sept. 5 to 15 '64, Warrenton, Ore.
Asst. to duty.
Nothing additional found.

By authority of the Secretary of War:

H. A. ...
Captain and Asst. Surgeon, U. S. Army

Date MAY 24 1890

(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.