

15 Ohio.  
James M. White  
Capt., Co. A, 15 Reg't Ohio Infantry.

Appears on  
Company Muster Roll  
for James M. White, 1865.  
Joined for duty and enrolled:  
When Jan. 10, 1864.\*  
Where Marion O. \*Period 3 years.\*  
Present or absent Absent

Stoppage, \$ 100 for  
Due Gov't, \$ 100 for  
Remarks: Recruit entitled  
to 300 as bounty

\* 45- See enrollment on card from muster-in roll.  
Book mark:  
Caldwell  
(358c) Copyist.

15 Ohio.  
James M. White  
Capt., Co. A, 15 Reg't Ohio Infantry.

Appears on  
Company Muster Roll  
for May J. Jones, 1865.  
Joined for duty and enrolled:  
When Jan. 10, 1864.\*  
Where Marion O. \*Period 3 years.\*  
Present or absent Recruit

Stoppage, \$ 100 for  
Due Gov't, \$ 100 for  
Remarks: Recruit. Entitled  
to 300 as bounty

\* 45- See enrollment on card from muster-in roll.  
Book mark:  
Caldwell  
(358c) Copyist.

15 Ohio.  
James M. White  
Capt., Co. A, 15 Reg't Ohio Infantry.

Appears on  
Company Muster Roll  
for Sept. 10, 1865.  
Joined for duty and enrolled:  
When Jan. 15, 1864.\*  
Where Marion O. \*Period 3 years.\*  
Present or absent Absent

Stoppage, \$ 100 for  
Due Gov't, \$ 100 for  
Remarks: Recruit. Entitled  
to 300 as bounty

\* 45- See enrollment on card from muster-in roll.  
Book mark:  
Caldwell  
(358c) Copyist.

15 Ohio.  
James A. White  
Capt., Co. A, 15 Reg't Ohio Inf.

Age 19 years.  
Appears on  
Co. Muster-out Roll, date  
San Antonio Tex. Nov. 21, 1865  
Muster-out to date Nov. 21, 1865  
Last paid to Apr. 30, 1865

Clothing account:  
Last settled, 186; drawn since \$ 100  
Due soldier \$ 100; due U. S. \$ 46  
Am't for cloth'g in kind or money adv'd \$ 100

Due U. S. for arms, equipments, &c., \$ 100  
Bounty paid \$ 187 100; due \$ 120 100  
Remarks: Entered service as  
recruit, at New Concord O.  
Aug 7, 1861, recruited as  
set forth in Ohio roll, Prom  
ed in action Dec. 31/62  
Discharged Apr. 10/63 cert. of di  
ability, rec'd for in this roll  
as set forth in this roll

\* As on roll  
Book mark  
By Duttrich, E.  
Caldwell  
(861) Copyist.

W 241  
White James W

Co. A, 15 Ohio Infantry.

Ormat      Ormat

CARD NUMBERS.

1	228878972	26
2	22882720	27
3	22882920	28
4	22882926	29
5	22883024	30
6	22883137	31
7	22879093	32
8	22879176	33
9	22883606	34
10	22883754	35
11	22883857	36
12	22883958	37
13	22884038	38
14	22884133	39
15	22884212	40
16	22884294	41
17	22884369	42
18	22884444	43
19	22884517	44
20	22884587	45
21	40131755	46
22	40131754	47
23	34118223	48
24		49
25		50

Number of personal papers herein..... 5

✓ Book Mark : .....

✓ See also .....

Registrar Certificate

New Concord, Ohio, May 29th, 1936.

I, Emmett L. Stockum, Registrar of Vital Statistics for District # 953, do hereby certify this to be an exact copy of the original Death Certificate of James Wilson White, who died April 13th, 1936.

*Emmett L. Stockum*

Registrar for District #953.

MARGIN RESERVED FOR BINL 4G

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.

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Meigs Registration District No. 953 File No. 80  
Township Union Primary Registration District No. 5462 Registered No. 80  
or Village No. St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of  
Length of residence in city or town where death occurred 15 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
2 FULL NAME James Wilson White Did Deceased Serve in U. S. Navy or Army yes  
(a) Residence No. New Concord, Rte. 2 St. Ward 60A-15-002  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) widowed  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosanna White  
6. DATE OF BIRTH (month, day, and year) 7-5-1843  
7. AGE Years 92 Months 5 Days 8 If LESS than 1 day, hrs. or min.  
OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation life  
12. BIRTHPLACE (city or town) (State or country) North  
13. NAME Joseph W. White  
14. BIRTHPLACE (city or town) (State or country) Ohio  
15. MAIDEN NAME Elizabeth Lorimer  
16. BIRTHPLACE (city or town) (State or country) Ohio  
17. INFORMANT The Signature of Maureen White and (Address) New Concord  
18. BURIAL, CREMATION OR REMOVAL Place Salt Creek Date April 15, 1936  
19. UNDERTAKER (Address) W. M. Beck  
19a. Was body embalmed? yes Embalmer's No. 37810A  
20. FILED 4-16, 1936 Emma H. Stokum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-13, 1936  
22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1936 to 4-13, 1936  
I last saw him alive on 4-12, 1936 death is said to have occurred on the date stated above at 8:45 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Broncho Pneumonia Date of onset 4/5/36  
CONTRIBUTORY CAUSES of importance not related to principal cause:  
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?  
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? no  
If so, specify  
(Signed) Herbert Payne M. D.  
Date 4-15, 1936 Address New Concord, O.

APPLICATION FOR BURIAL FLAG

No Rec  
EAS 4/15

The undersigned hereby makes application for a regulation burial flag to drape the casket of

James William White, "C" No. \_\_\_\_\_ (or if "C" number is not available) whose rank and organization in the active service was Bugler-Co A 15th Ohio Infantry

who died at R.F.D.-1- (Number) X C-2577430 (Street) New Concord Ohio (City) (State)

on April 13 (Month) 1936 (Year) and who will be buried at X (indicate by "X") Rich Hill Cemetery near Rixmills Ohio (City and State) April 15 (Day and Month) 1936

The deceased was an honorably discharged veteran of the Civil war

I am the (See Paragraph 1 of Instructions) Commander Legion Post New Concord

I agree, if flag is issued, to comply with Par. 2 of Instructions on this form.

I certify that to the best of my knowledge and belief the statements made above are correct and true; that a flag has not been previously applied for or furnished for the above deceased veteran; that I have carefully read Paragraphs 1 to 3 of the Instructions and that this application is not submitted in violation of Section 35 of the Criminal Code, which provides a fine of not more than ten thousand dollars, or imprisonment for not more than ten years, or both, for presenting any claim against the Government of the United States, knowing said claim to be false and with intent to defraud.

April 14 (Month) 1936 (Year) John C. Kirk (Signature) 15 Maple Ave., New Concord, Ohio. (Address)

RECORD OF ACTION TAKEN

(Show action taken by letter "X")

X Approved for issue. \_\_\_\_\_ Disapproved, flag not issued.

R. M. Hutcheson (Signature of Issuing Official) Cambridge Ohio (City) (State) Apr 14 (Date) 1936

Postmaster (Title of Issuing Official)

(Title of Issuing Officer) APR 28 1936

RECEIPT OF FLAG ACKNOWLEDGED: John C. Kirk (Signature)

7/14/36  
R.M. Hutcheson



READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

# APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Ohio  
COUNTY OF Muskingum } ss:

On this 6 day of Aug, A. D. 1936, before me, the undersigned, personally appeared J. Maurice White and Frank L. White, aged 66 and 48 years, a resident of Union Township, County of Muskingum, State of Ohio, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of James W. White, who was a pensioner of the United States by certificate No. XC-2577430, and who DIED April, 13, 1936, at R. F. D. # 3 New Concord, Ohio and was buried at Salt Creek Cemetery, Rich Hill Twp. Muskingum Co. Ohio.

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? James Willison White
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.)  
Soldier of Civil War
3. If decedent was pensioned as a soldier or sailor—
  - (a) Was he ever married? (Answer yes or no.) Yes
  - (b) How many times, and to whom? Once, Rosanna Sterrett
  - (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 Rosanna Sterrett
  - (f) Was he ever divorced? (Answer yes or no.) No
  - (g) If so, is the divorced wife still living? (Answer yes or no.) \_\_\_\_\_ (If living, a copy of the decree of divorce must be filed.)
  - (h) If not living, give her full name and the date of her death \_\_\_\_\_
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No
5. Is any such child still living? (Answer yes or no.) No
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid  
Undertaker rec'd \$100.00 from Soldier's Burial Fund
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written \_\_\_\_\_
9. Who was the beneficiary named in each policy? \_\_\_\_\_
10. What was the relation of each beneficiary to the pensioner? \_\_\_\_\_
11. Were the premiums paid by the deceased pensioner? \_\_\_\_\_
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account \_\_\_\_\_

*Filed 8/24/36  
moe*

Also appeared Mabel McConagha and E. A. Montgomery

who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

- 1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? No
- 2. When did the pensioner die? April 1936
- 3. Did pensioner leave any property? If so, state its character and value Not to my knowledge
- 4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 30 years and

Name Mabel McConagha Name E. A. Montgomery  
 P. O. Address New Concord, O. P. O. Address New Concord, Ohio  
 Subscribed and sworn to before me, this 6th day of August A. D. 1936,

and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is unquestionable

[L. S.]

S. D. Cox  
 (Signature)  
 Notary Public  
 (Official character)  
 New Concord, Ohio  
 (P. O. address)

S. D. Cox, Notary Public  
My Commission Expires Nov. 11, 1938

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full James Wilson White  
 Give date of commencement of pensioner's last sickness April 6, 1936  
 Give date of pensioner's death April 13, 1936  
 From what date did the pensioner require the regular and daily attendance of another person constantly until death? April 6 to April 13, 1936  
 During what period did you attend the pensioner? April 6 to April 13, 1936  
 State nature of disease from which pensioner died Broncho - Pneumonia

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? yes ✓

Has your bill been paid; if so, by whom? No ✓

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement:  
Mrs. & Mrs. Morris White  
Mrs. & Mrs. Frank White

I certify that the foregoing statement is correct.

\_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_



Hubert Baird  
Attending Physician.  
Attending Physician.

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? No Estate to administer
14. Did the deceased pensioner leave any money, real estate, or personal property? \$295.03 in money
15. If so, state the character and value of all such property \_\_\_\_\_
16. What was the assessed value (last assessment) of the real estate? None
17. How was the pensioner's property disposed of? By Deed in 1934
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) No
19. What was your relation to the deceased pensioner? Sons
20. Are you married? (Answer yes or no.) Yes
21. What was the cause of pensioner's death? Pneumonia
22. When did the pensioner's last sickness begin? April 6, 1936
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? April 6th to April 13, 1936
24. Give the name and post office address of each physician who attended the pensioner during last sickness J. Herbert Bain, New Concord, Ohio
25. State the names of the persons by whom the pensioner was nursed during the last sickness J. Maurice White and Nellie White, Frank L. White and Minnette White
26. Where did the pensioner live during last sickness? J. Maurice white
27. 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
28. Has there been or will there be an application filed in the Veterans Administration for a burial allowance? No

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(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. If no charge was made for any item, that fact should be indicated.

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
J. Herbert Bain	Physician	unpaid	22.50 <sup>OK</sup>
	Medicine		10.83 <sup>OK</sup>
J. Maurice White	Nursing and care	unpaid	284.00 <sup>OK</sup>
Robert L. Mock	Undertaker	Bal- unpaid	
	Livery		
J. Maurice White	Cemetery	unpaid	5.00 <sup>OK</sup>
	Other expenses and their nature:		
Enterprise Co-Op Co	Necessary burial clothes	unpaid	3.15 <sup>OK</sup>
TOTAL			325.48 ✓

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items: \_\_\_\_\_

Claimant's agree to pay all bills in full

J. Maurice White  
Frank L. White  
 (Claimant's signature in full)

R. F. D. # 3  
 (P. O. address)

New Concord, Ohio

(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.)

ACT OF MAY 1, 1920

DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

STATE OF Ohio COUNTY OF Muskingum
On this 16th day of April A. D. 1926, personally appeared before me, a Notary Public, James W. White, who, being duly sworn according to law, declares that he is 72 years of age, and a resident of New Concord Ohio county of Muskingum, State of Ohio; and that he is the identical person who was ENROLLED at Newark Ohio, under the name of James W. White, on the Jan 75th day of 1864 as a Private, in Co A 15th Regiment, 15th Regiment (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 (State name of war, Civil or Mexican.) war, and was HONORABLY DISCHARGED at San Antonio Tex, on the 21 day of Nov 1865 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 5 feet 9 inches; complexion Light; color of eyes Gray; color of hair light; that his occupation was Farmer; that he was born Nov 5th 1843 at Norwich Ohio That he has required regular aid and attendance since (State in this space the nature of the disability by reason of which the regular personal aid and attendance of another person is required)

That his several places of residence since leaving the service have been as follows: New Concord Ohio (State date of each change, as nearly as possible.)

That he is a pensioner under Certificate No. 19446 That he has Not applied for pension under original No. 19446

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 and identifying witnesses.)

(1) Mack Spier (Signature of first witness.) New Concord Ohio (Address of first witness.) (2) A J Noble (Signature of second witness.) New Concord Ohio (Address of second witness.)

James W. White (Claimant's signature in full.) New Concord Ohio (Claimant's address in full.)

SUBSCRIBED and sworn to before me this 16th day of April 1926 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 and that I have no interest, direct or indirect, in the prosecution of this claim.



David Noble (Signature.) Notary Public (Official character.)

Validity accepted as to execution per Chief Record Division

*W.E.B.*, Ex'r.

*Guid* Div.

*Off* No. *19446*  
*James W White*  
Col., 15 Reg't *Ohio Inf.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Sept 13, 1897*

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,

*James W. White*  
*Ripps Mill*

*A. C. Evans*

Commissioner.

*Ohio*

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

Answer: *Yes Rosanna Brown White Rosanna Brown Sterre*

No. 2. When, where, and by whom were you married? Answer: *January 13th 1869*

*at the home of the bride's parents* *Washington Co. O.* *Rev. John Conlin D.D.*

No. 3. What record of marriage exists? Answer: *Marriage Certificate*

*also a number of witnesses who were present*

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: *No*

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

*Maurice White* *October 17th 1869*

*Mary E. White* *November 4th 1873*

*Clyde W. White* *January 13th 1882*

*Arthur R. White* *August 22nd 1885*

*Frank L. White* *May 17th 1888*

Date of reply, *Sept. 16*, 1897

*James W. White*  
(Signature)

*Recd. of Rev. Sept 13-1897*

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,

JAMES W WHITE  
NEW CONCORD OHIO  
19446

*G. M. Saenger*



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? *Answer Nov-5-1843 Norwich Ohio*  
The name of organizations in which you served? *Answer Co. A 15th O.V.U.I.*

No. 2. What was your post office at enlistment? *Answer Norwich Ohio*

No. 3. State your wife's full name and her maiden name. *Answer Rosanna B. (Sterrett) White*

No. 4. When, where, and by whom were you married? *Answer Jan. 13-1869 at her home  
Near Pix Mills Ohio by Rev. John Conner*

No. 5. Is there any official or church record of your marriage? *Yes*  
If so, where? *Answer In our home*

FOLD HERE.

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.*

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.*

No. 8. Are you now living with your wife, or has there been a separation? *Answer Wife died May 26-1914*

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer James M. White*  
*Living*  
*Oct. 4th 1869, Mary E. White, Nov-4-1873, dead.*  
*Glyde W. White, Jan-13-1882, living.*  
*Arthur B. White, Aug. 22, 1885, "*  
*Frank L. White, May 17th 1888, "*