

Moffett, William George – Pension 1930-

UNITED STATES VETERANS BUREAU  
 ADJUDICATION SERVICE—Form 515, Rev. May, 1930  
 Form approved by Comptroller General U. S.  
 October 23, 1928

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

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

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

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

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

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
(Und)	William G. Moffett Same  C.W.V.	3 - 11 - 31 Same	101.00

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

For the Director, U. S. VETERANS BUREAU,

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

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

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

Date \_\_\_\_\_ § \_\_\_\_\_  
 Reimbursement Claims Authorization Officer.

**ACCOUNTING DIVISION—FINANCE SERVICE**

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

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

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

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

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

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

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

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

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

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

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
John C. Noll & Son, (Und.) East Southern Avenue and Main Street, South Williamsport, Pa.	William G. Moffett, South Williamsport, Pa.  Civil War Veteran. Non-Bureau Beneficiary.	March 11, 1931, South Williamsport, Pa.	\$100.00

*Total 335.00  
 15-  
 3320.00*

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have ~~not~~ been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Sub-section (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the Bureau; and that this voucher is approved for \$ **100.00**, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date \_\_\_\_\_

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

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

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

Date \_\_\_\_\_

§ \_\_\_\_\_  
 Reimbursement Claims Authorization Officer.

**IR/ceb 5/15/31**

**ACCOUNTING DIVISION—FINANCE SERVICE**

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

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

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

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

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

DECLARATION FOR WIDOW'S PENSION  
ACT OF MAY 3, 1930

State of Pennsylvania, County of Lycoming, ss:

On this 13th day of March, 1931, before me, the undersigned personally appeared Ella R. Moffett, who makes the following declaration as an application for pension under the provisions of the act of Congress approved June 3, 1930 and for accrued pension.

That she is 72 years of age, that she was born August 30, 1858, at Northumberland County, Delaware Twp., Pa.

That she is the widow of William G. Moffett, who ENLISTED October 6, 1868 at \_\_\_\_\_, under the name of William G. Moffet in Co. G, 1st Battalion, 14th Regt. (Here state company and regiment, if in the Army; or vessel, if in the Navy)

U. S. Inf. and was honorably DISCHARGED Oct. 6th, 1885, 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 Mar. 11th, 1931 at South Williamsport, Pa.

That he also served in \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered) and that, except as herein stated, said soldier (or sailor) was not employed in the military or naval service of the United States;

THAT SHE WAS MARRIED to said soldier (or sailor) March 16th, 1876, under the name of William G. Moffet at Turbotville, Pa., by Rev. Uriah Myers; that she had not been previously married, that he had not been previously married;

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

That neither she nor said soldier was ever married otherwise than as stated above. That she was NOT divorced from the soldier (sailor or marine); and that she has NOT remarried since his death. That the following are the ONLY children OF THE SOLDIER (sailor or marine) 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)

None under 16. born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 1 \_\_\_\_\_, at \_\_\_\_\_

That she did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 7, 1917 and July 2, 1921, or at any time during said period. That a member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917 and July 2, 1921, or at any time during said period. Paul R. Moffett Capt. Air Production, now deceased. (If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead; and, if so, give the names.)

That she has not heretofore applied for pension, the number of her former claim being --; that said soldier (sailor or marine) was -- a pensioner, the number of his pension certificate being 1,053,689. Applicant claims the benefits of the Act of July 3, 1926, if entitled. also Act of June 3, 1930.

That she hereby appoints with full power of substitution and revocation Elbert A. Porter of #317 Pine St., Williamsport, Pa. her true and lawful attorney to prosecute this claim, and receive therefor the legal fee.

(Signature of first witness) Root W. Moffett (Signature of claimant) Ella R. Moffett  
(Address of first witness) Coatesville, Pa. (Claimant's address in full) 26 East Southern Avenue, South Williamsport, Pa.

(Signature of second witness) L.H. Moffett (Address of second witness) Lakewood Ohio

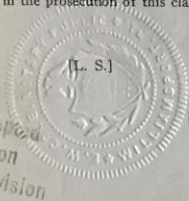
Subscribed and sworn to before me this 13th day of March, 1931 and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(Signature) E. H. Leal  
Notary Public  
(Official character.)  
Williamsport, Pa.  
(Post-office address of officer.)

My commission expires Feb 19 1935

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION.

RECORDED



Validity accepted as to execution  
Chief, Record Division  
por

"In view of age of claimant; her allegation as to the service rendered by the soldier and manifest intent this application may be accepted as a declaration for widow's pension under act of May 1, 1920 as amended by the Act of June 3, 1930."

No Will claim

Act of ~~May 1, 1920~~ June 8, 1930.

DECLARATION FOR WIDOW'S PENSION

No. Soldier's Cert. 1,053,689 *page*

Claimant Ella R. Morfett

Soldier William G. Morfett

Service G. I. Battl' n. 14 Regt. U. S. Inf.

*a 14 n 8 reg*

FILED BY  
Albert A. Porter,  
317 Pine Street,  
Williamsport, Pa.

ACT OF MAY 1, 1920

Under the provisions of the Act of May 1, 1920, the widow of any person who served in the Army, Navy, or Marine Corps during the Civil War for ninety days or more, and was honorably discharged, or regardless of the length of service was discharged for or died in service of a disability incurred in the service in line of duty, may be entitled to pension, without regard to her financial condition, provided she was married to him prior to June 27, 1905. The rate of pension is \$30 per month, and \$6 additional for each of his children under the age of 16 years. Pension commences from the date of filing a valid declaration in the bureau.

"That no claim agent or attorney or other person shall be recognized in the adjustment of claims under this Act, except in claims for original pension, and in such cases no more than the sum of \$10 shall be allowed for services in preparing, presenting, or prosecuting any such claim, which sum shall be payable only on the order of the Commissioner of Pensions; and any person who shall violate any of the provisions of this section, or shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension allowed or due to such pensioner or claimant under this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding \$500 or be imprisoned not exceeding one year, or both, in the discretion of the court."

ACT OF JULY 3, 1926

The widow of any person who served in the Army, Navy, or Marine Corps of the United States during the Civil War for 90 days or more and was honorably discharged from such service, or regardless of the length of service was discharged for or died in service of a disability incurred in the service and in the line of duty, may be entitled to \$50 per month if she was the wife of such person during the period of his service in the Civil War. No widow will be entitled to, or paid this rate, if an inmate of any National or State soldiers' home.

INSTRUCTIONS—READ CAREFULLY

Declaration and testimony must be executed before some 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.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of her family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.



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 Department of Health, as directed by Act of the General Assembly.

March 31-1931  
(Date)

PENNSYLVANIA  
APR 23 1931  
OFFICE

*Charles Jones*  
(State Registrar)

Form V. S. No. 5

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County of *Wyoming*  
Township of *Leola*  
Borough of *Williamstown*  
City of *Williamstown*

Registration District No. *41-02-24*

File No. *28014*

Primary Registration District No. ....

Registered No. *20*

2. FULL NAME *William George Moffett Sr.*  
(a) Residence, No. *26 E. Southern Ave.* St. *1st* Ward. (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. (If death occurred in a Hospital or Institution give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

16. DATE OF DEATH *March 11* 19*31*  
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ella R. Moffett*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 10*, 19*30* to *March 11*, 19*31*, that I last saw him alive on *March 11*, 19*31*, and that death occurred, on the date stated above, at *10:30 a.m.* The CAUSE OF DEATH\* was as follows:

6. DATE OF BIRTH (month, day and year) *Oct 9 - 1847*  
7. AGE Years Months Days IF LESS than 1 day  
*83 4 22* ..... hrs. or ..... min.

*Cerebral Hemorrhage recurrent*  
(duration) ..... yrs. .... mos. .... days  
CONTRIBUTORY *Sclerosis General*  
(Secondary) (duration) *3* yrs. .... mos. .... days

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Retired*  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of employer

18. Where was disease contracted if not at place of death? *Home*  
Did an operation precede death? *no* Date of *none*  
Was there an autopsy? *no*  
What test confirmed diagnosis? *Signs & symptoms*  
(Signed) *Geo. G. Chesler* M.D.  
*March 11* 19*31* (Address) *Williamstown Pa* D.O.

9. BIRTHPLACE (city or town) (State or Country) *Edinboro Penna*

10. NAME OF FATHER *Henry L. Moffett*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *New Jersey*

12. NAME OF MOTHER *Rachel Shides*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Penna*

14. Informant *J. M. Knotzer*  
(Address) *310. Walnut St. Johnstown Pa*

\* 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.)

15. Filed *Mar 9*, 19*31* *R. O. Ball*  
Registrar

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Woodwood Home* DATE OF BURIAL *March 14* 19*31*

20. UNDERTAKER *John L. Hill* ADDRESS *298. Main St.*

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 full. State the name of the physician who attended the deceased. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

(OVER)

State of Pennsylvania )  
County of Lycoming ) ss:

I, ROBERT G. BATES, Clerk of the Orphans' Court of Lycoming County, Pennsylvania, at Williamsport, do hereby certify that Ella R. Moffett has this day exhibited to me the old Family Bible in which is recorded the date of her birth. That the Bible in which appears said record of birth was published, as appears by the title page, by H. & E. Phinney, at Cooperstown, N. Y., in the year 1845. That the record of the births of all of her father's children as therein contained is as follows:

Eliza Ann Wertman was Born Sept. 6th, A. D., 1847.

Emma Jane Wertman was Born March 17th, A. D., 1852.

✓ Eliza Wertman was Born August 30th, A. D., 1858. ✓

Isaac Harmon Wertman Born June 19th, 1867.

That the entries therein contained appear to be very old and to have been made at or about the dates stated, and are free from erasures and alterations except as to the entry of Eliza Ann Wertman.

Witness my hand and official seal this 27th day of March, A. D., 1931.



*Robert G. Bates*

Clerk of the Orphans' Court.



State of Pennsylvania )  
County of Lycoming ) ss:

Before me, the subscriber, a Clerk of the Orphans' Court in and for the County and State aforesaid, personally appeared Harman L. Wertman, aged 63 years, whose post office address is R. D. 1, Montgomery, Pa., who being duly sworn according to law doth depose and say:

That Ella R. Moffett is his sister. That he has been personally acquainted with the said Ella R. Moffett from the time she became of marriageable age to the present time. That the said Ella R. Moffett was never married before her marriage to William G. Moffett.

That he knew the said William G. Moffett since before his marriage to his said sister, Ella R. Moffett, and remembers when he came to see her before they were married. That the said William G. Moffett and Ella R. Moffett lived together as husband and wife from the time of their marriage to the date of death of William G. Moffett, and were never divorced from each other.

That he has in his possession the old Family Bible in which is recorded the births of his ~~xxxxxxx~~ sisters and himself. That in said record his sister, Ella R. Moffett's birth is recorded as follows: "Elmira Wertman was Born August 30th, A. D., 1858."

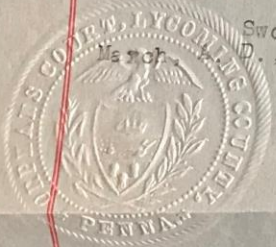
That the said "Elmira Wertman" is the same person as Ella R. Moffett, to wit, his said sister, and the widow of William G. Moffett. That in said Bible record his name appears as "Isaac Harmon Wertman."

*Harman L. Wertman*

Sworn to and subscribed before me this 27th day of  
March, D., 1931.

*Robert A. Bate*

Clerk of the Orphans' Court.



State of Pennsylvania }  
County of Lycoming } ss:

Before me, the subscriber, a Clerk of the Orphans' Court in and for the county and State aforesaid, personally appeared William H. Myers, aged 77 years, whose post office address is No. 1240 High Street, Williamsport, Pennsylvania, who being duly sworn according to law doth depose and say:

That he was personally acquainted with William G. Moffett for upwards of four years before the marriage of William G. Moffett to Ella R. Moffett. That when he knew the said William G. Moffett before said marriage the said William G. Moffett was known and regarded as a single man and unmarried. That he never had any knowledge of the said William G. Moffett having been married prior to his marriage to Ella R. Moffett.

That he was personally acquainted with Ella R. Moffett from the time of her marriage to William G. Moffett.

That he was personally present at the marriage of William G. Moffett and Ella R. Moffett, whose maiden name was Ella R. Wertman, and witnessed their marriage. That they were married at Turbotville, Northumberland County, Pennsylvania, by Rev. Uriah Myers, said Rev. Uriah Myers being deponent's brother. That the date of said marriage was, to the best of his knowledge, March 16, 1876, as he remembers leaving there the latter part of April of that year, and this was shortly before he left.

That he has seen William G. Moffett at more or less frequent intervals from the time of his marriage up to the time of his death; and has also seen Ella R. Moffett occasionally from the time of said marriage up to the present time. That William G. Moffett and Ella R. Moffett have lived together as husband and wife, without divorce, from the time of their marriage up to the date of death of the said William G. Moffett.

*William H. Myers*

Sworn to and subscribed before me this 27th day of March, A. D., 1931.

*Robert A. Bates*

Clerk of the Orphans' Court.





State of Pennsylvania )  
County of Lycoming ) ss:

Before me, the subscriber, a Clerk of the Orphans' Court in and for the County and State aforesaid, personally appeared Mary J. Lyvers, aged 73 years, whose post office address is No. 812 Ames Place, Williamsport, Pa., who being duly sworn according to law doth depose and say:

That she was personally acquainted with William G. Moffett since the time she was about ten years of age, or about the year 1868, up to the time of his death.

That she has been personally acquainted with Ella R. Moffett since the time she was about thirteen years of age up to the present time. That she and the said Ella R. Moffett are just about the same age, and went to school together when they were about thirteen years old.

That the said William G. Moffett, when she first became acquainted with him and up to the time of his marriage to Ella R. Moffett, was a single man. That she never had any knowledge that the said William G. Moffett was ever married before his marriage to Ella R. Moffett, and that if there ever had been any prior marriage on the part of the said William G. Moffett she believes she would have known it.

That Ella R. Moffett was never married before her marriage to William G. Moffett. That Ella R. Moffett's maiden name was Ella R. Wertman.

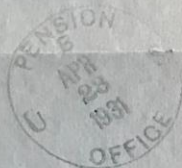
That William G. Moffett and Ella R. Moffett lived together as husband and wife from the time of their marriage to the date of death of the said William G. Moffett, and were never divorced from each other.

*Mary J. Lyvers*

Sworn to and subscribed before me this 27th day of  
March, A. D. 1931.

*Robert H. Bates*

Clerk of the Orphans' Court.



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 Department of Health, as directed by Act of the General Assembly.

*Conley Jones*  
(State Registrar)

April 7-1931  
(Date)

Form V. S. No. 5

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County of *Lebanon*  
Township of .....  
or  
Borough of *Williamport*  
or  
City of .....

Registration District No. *41-22-21*

Primary Registration District No. ....

File No. *28312*

Registered No. .... *20*

2. FULL NAME *William George Mossett Sr.*  
(a) Residence, No. *16 S. Southern* 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.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

10. DATE OF DEATH *March 11*, 19*31*  
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elba R. Mossett*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 10*, 19*30* to *March 11*, 19*31*, that I last saw him alive on *March 11*, 19*31*, and that death occurred, on the date stated above, at *10:30 a.m.*  
The CAUSE OF DEATH\* was as follows:

6. DATE OF BIRTH (month, day and year) *Oct 19, 1847*  
7. AGE Years *83* Months *4* Days *22* IF LESS than 1 day ..... hrs. or ..... min.

*cerebral hemorrhage*  
*secondary*  
(duration) ..... yrs. .... mos. .... days

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ..... *Retired* (b) General nature of industry, business or establishment in which employed (or employer) ..... (c) Name of employer .....

CONTRIBUTORY *Sclerosis General* (Secondary) (duration) *3* yrs. .... mos. .... days

9. BIRTHPLACE (city or town) *Orwinge* (State or Country) *Penna.*

18. Where was disease contracted if not at place of death? *home*  
Did an operation precede death? *no*... Date of *none*

10. NAME OF FATHER *Henry W. Mossett*  
11. BIRTHPLACE OF FATHER (city or town) *New Jersey* (State or Country) *New Jersey*

Was there an autopsy? *no*  
What test confirmed diagnosis? *Signs of Myocarditis* (Signed) *Geo. L. Schmeider*, M.D. *March 11, 1931* (Address *Williamport, Pa.*) D.O.

12. NAME OF MOTHER *Rachel Shires*  
13. BIRTHPLACE OF MOTHER (city or town) *Kennas* (State or Country) *Kennas*

\* 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.)

14. Informant *J. M. Krutner* (Address) *210 North Ave, Spangsdome Pa.*

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Wildwood Home* DATE OF BURIAL *March 14 1931*

15. Filed *March 13, 1931* *A. O. Ball* Registrar

20. UNDERTAKER *John Le Moll, 293-7 Main St.* ADDRESS

State of Pennsylvania }  
County of Columbia } ss:

Before me, the subscriber, a Justice of the Peace  
in and for the county and State aforesaid) personally appeared  
(Rev.) Uriah Myers, aged 74 years, whose post office address is  
Catawissa, Columbia County, Pennsylvania, who being duly sworn  
according to law doth depose and say:

~~That~~ That he was the officiating clergyman and married  
William G. Moffett and Ella R. Wertman. That they were married  
at Turbotville, Northumberland County, Pennsylvania, on March 16th,  
1876.

Rev Uriah Myers

April Sworn to and subscribed before me this 2nd day of  
~~March~~, A. D. 1931.

Charles A. Baker

Justice of the Peace

My commission expires 1st Mon. Jan. 1932



# AFFIDAVIT SUPPORTING BURIAL CLAIM

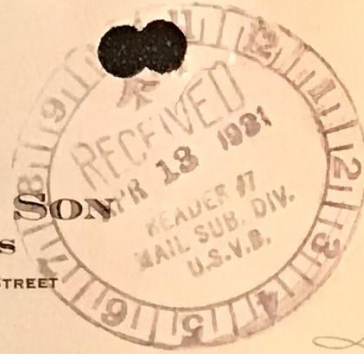
(To be executed by next of kin, or other near relative, or friend of deceased)

*W. J. J.*

1. (a) Full name of deceased William S. Moffett  
(b) Rank and organization Private of Capt. David Krauss, Co. G 1st Batl. 14th Regt. 24th Infantry  
(c) Date of enlistment Oct 6th 1862 (d) Date of discharge Oct 6th 1865  
(If dates of service can not be furnished, state war in which veteran served)  
(e) Age of deceased 84 years (f) Legal residence at time of death 26 E. Southern Ave. So. Wmport. Pa  
(g) Date of death March 11, 1931 (h) Place of death " " " " " "  
(i) Date of burial March 14, 1931 (j) Place of burial Wildwood Cemetery, Wmport, Pa.  
East Southern Ave. + Main Street,  
(k) Name and address of undertaker John C. Nell & Son, So. Wmport, Pa.
2. Was deceased single, married, widowed or divorced? Married
3. (a) All cash money left by deceased None  
(b) All amounts due and collectible from solvent debtors at date of death including accrued salary or commission None  
(c) Nature and value of all other personal property left by deceased None  
(d) All real property owned by deceased at date of death None  
(e) Actual value thereof at date of death \_\_\_\_\_  
(If actual value can not be given state assessed value)  
(f) Total encumbrances thereon \_\_\_\_\_  
(g) If property owned consists of house and land, state whether or not it was occupied or claimed as the home of the deceased at date of death \_\_\_\_\_
4. (a) State total amount of all debts contracted and owing by the deceased at date of death exclusive of encumbrances on real property shown in 3 (f) above Doctor Bill 138<sup>00</sup>/<sub>100</sub>  
Funeral Expenses 320<sup>00</sup>/<sub>100</sub>  
(b) Were the expenses of funeral, burial and transportation of the deceased entirely or in part paid by a state or other political subdivision, beneficial society, lodge, union, fraternal organization or national home for disabled volunteer soldiers? Part



**JOHN C. NOLL & SON**  
**FUNERAL DIRECTORS**  
 EAST SOUTHERN AVENUE AND MAIN STREET  
 SOUTH WILLIAMSPORT, PA.



April 10, 1931

H. H. Milks  
 Chief, Awards Division.

Dear Sir;

Kindly return the inclosed discharge to us as soon as possible.

We thank you for the supply of blanks youso thoughtly sent us.

Very truly yours

John C. Noll & Son

*to Moffett, William George*

*all ok*

CMN\*BD

*Moffett, William George*

*Edward*

100  
1687690  
WILLIAM G. MOFFETT,  
WILLIAMSPORT, PA  
1053669  
26 ~~3-10-31~~ SOUTHERN AVE.  
**DROP REPORT—PENSIONER**

..... Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class ACT OF JUNE 9, 1930 (C.W.)

**RECORD DIVISION**

....., 19  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
....., 19.....

.....  
*Chief, Record Division.*

**FINANCE DIVISION**

APR 11 1931, 19

The name of the above-described pensioner who  
was last paid at the rate of \$ 100 per month  
to MAR 4 1931, 19....., has this day  
been dropped from the roll because of Death  
mar 11. 1931

O. J. RANDALL  
*Chief, Finance Division.*

**OUTCHARGE**

Date 4/13/31

File No. 801 - Moffett Wm. G. (Pa.) E.M.W.

Subject Co. G 1 Bn. 14 Reg. Inf. Died 3/11/31

Enl - 10/6/02 Dis 10/6/05 B

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

Deliver to Reim

Searcher Ken 4/21

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

**REQUEST FOR ARMY INFORMATION**  
FOR USE OF— **REIMBURSEMENT SECTION**

April 21, 1931, 19

DIVISION Awards SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ FAB UNIT 920

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

*Connect*

Name MOFFETT, William G. *as* Army Serial No.: S. Civil War Veteran  
(Last.) (First.) (Middle.)  
Rank and organization Pvt. Co. G, 1st Batl. 14th Reg. U. S. Inf.  
Date October 6, 1862  
Date of enlistment \_\_\_\_\_  
Date of discharge or death October 6, 1865  
Home address \_\_\_\_\_  
Status of allotment through Z. F. O. \_\_\_\_\_  
Has final settlement been made? \_\_\_\_\_  
Certified copies of Forms 1-B \_\_\_\_\_  
Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By O. W. CLARK, Assistant Director

- Name MOFFETT, William G.  
(Last.) (First.) (Middle.)
- Army Serial No. \_\_\_\_\_
- Rank and organization at discharge A Pvt. of Co. G, 1st Batt. of 14th U.S. Inf.
- Date of enlistment Oct. 6, 1862
- Physical defects at enlistment \_\_\_\_\_
- Was he medically examined and accepted at camp? \_\_\_\_\_
- Date and hour of induction by draft board \_\_\_\_\_
- Defects noted by draft board \_\_\_\_\_
- General or limited service \_\_\_\_\_
- Date of discharge Oct. 6, 1865
- Character of discharge Hon.
- Date of indefinite furlough \_\_\_\_\_
- Physical defects at discharge \_\_\_\_\_
- Complete medical history \_\_\_\_\_
- Future address \_\_\_\_\_
- Date of reenlistment (new army) \_\_\_\_\_
- Present rank, organization, and location \_\_\_\_\_
- Date and cause of death \_\_\_\_\_
- Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_
- Emergency address \_\_\_\_\_
- Date of birth \_\_\_\_\_
- Date and rank of retirement \_\_\_\_\_
- Dates and history of desertion or absences with court-martial findings \_\_\_\_\_

Report below on National Guardsmen only.

- Date of President's call (World War) \_\_\_\_\_
- Date answered President's call \_\_\_\_\_
- Date mustered into Federal Service \_\_\_\_\_
- Date of physical examination for Federal Service (World War) \_\_\_\_\_

APR 28 1931  
U. S. VETERANS BUREAU  
RECEIVED  
APR 30 1931  
File - 100-100000-81123



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

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

33. Occupation at time of enlistment .....

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

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

31. Insurance canceled ..... Reinstated .....

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

*5/7/31*

Camp or station

Organization

Period served in particular organization

From ..... 19....., to ..... 19.....

U. S. GOVERNMENT PRINTING OFFICE: 1929 2-9742

The records show that this soldier served within the period of the Civil War.

No record of any other service.

4/27/31

*B. H. Bridges*

Major General,  
The Adjutant General.

By *DS.*



REQUEST FOR ARMY INFORMATION

FOR USE OF— REIMBURSEMENT SECTION

4-27-  
April 21, 1931

U. S. VETERANS BUREAU  
Record Verification Unit  
APR 28 1931

DIVISION Awards SUBDIVISION SECTION FABB UNIT 920

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

Name MOFFETT, William G. (Last) (First) (Middle) Army Serial No.: S Civil War Veteran  
Allotment No.: A  
Rank and organization Pvt. Co. G, 1st Batl. 14th Reg. U. S. Inf. Compensation Claim No.: C  
Date October 6, 1862 Camp U. S. Inf. Converted Insurance No.: K  
Date of enlistment October 6, 1862 Term Insurance No.: T  
Date of discharge ~~October 6, 1862~~ October 6, 1865 Allotment deductions, Class A Class B  
Home address From 19 to 19  
Made subsequent to 19  
Premium deductions: From 19 to 19  
Status of allotment through Z. F. O.  
Has final settlement been made?  
Certified copies of Forms 1-B

Additional information  
complete service record

Alleged disability Incurred at  
Treated at Hospital No. at from 19 to 19  
Treated at Hospital No. at from 19 to 19  
Treated at Hospital No. at from 19 to 19  
Treated at Hospital No. at from 19 to 19

By O. W. CLARK, Assistant Director

- 1. Name MOFFETT, William G. (Last) (First) (Middle.)
- 2. Army Serial No.
- 3. Rank and organization at discharge A Pvt. of Co. G, 1st Batt. of 14th U.S. Inf.
- 4. Date of enlistment Oct. 6, 1862
- 5. Physical defects at enlistment
- 6. Was he medically examined and accepted at camp?
- 7. Date and hour of induction by draft board
- 8. Defects noted by draft board
- 9. General or limited service
- 10. Date of discharge Oct. 6, 1865
- 11. Character of discharge Hon.
- 12. Date of indefinite furlough
- 13. Physical defects at discharge
- 14. Complete medical history
- 15. Future address
- 16. Date of reenlistment (new army)
- 17. Present rank, organization, and location
- 18. Date and cause of death
- 19. Death in line of duty? Death due to own misconduct?
- 20. Emergency address
- 21. Date of birth
- 22. Date and rank of retirement
- 23. Dates and history of desertion or absences with court-martial findings
- 24. Date of President's call (World War)
- 25. Date answered President's call
- 26. Date mustered into Federal Service
- 27. Date of physical examination for Federal Service (World War)

APR 25 1931

Report below on National Guardsmen only.

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

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

33. Occupation at time of enlistment .....

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

Camp or station

Organization

Period served in particular organization

From ....., 19....., to ....., 19.....

U. S. GOVERNMENT PRINTING OFFICE: 1922 2-9732

The records show that this soldier served within the period of the Civil War.

No record of any other service.

4/27/31

RECEIVED  
MAY 4 - 1931  
AWARDS DIVISION

*C. H. Bridges*  
Major General,  
The Adjutant General.  
By *D.S.*

RECEIVED  
MAY 4 1931  
GENERAL RECORDS  
FILE UNIT 3  
8/18/31

**REQUEST FOR ARMY INFORMATION**  
**REIMBURSEMENT SECTION**  
FOR USE OF—

April 21, 1931, 19

Awards DIVISION SUBDIVISION SECTION UNIT  
FAB 920

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

Name (Last) **HOFFETT, William G.** Army Serial No.: S.....  
(First) **Pvt. 081 G, 1st Batt. 12th Reg.** Allotment No.: A.....  
(Middle) **U. S. Inf.** Compensation Claim No.: C.....  
Rank and organization **U. S. Inf.** Converted Insurance No.: K.....  
Date **October 6, 1865** Term Insurance No.: T.....  
Date of enlistment **October 6, 1865** Allotment deductions, Class A ..... Class B .....  
Date of discharge or death From ....., 19....., to ....., 19.....  
Home address Made subsequent to ....., 19.....  
Premium deductions:  
From ....., 19....., to ....., 19.....  
Status of allotment through Z. F. O. **additional information record**  
Has final settlement been made?  
Certified copies of Forms 1-B

Alleged disability incurred at ....., 19.....  
Treated at Hospital No. at from ....., 19....., to ....., 19.....  
Treated at Hospital No. at from ....., 19....., to ....., 19.....  
Treated at Hospital No. at from ....., 19....., to ....., 19.....  
Treated at Hospital No. at from ....., 19....., to ....., 19.....

**O. W. CLARK, Assistant Director**

By .....

- Name (Last) (First) (Middle)
- Army Serial No.
- Rank and organization at discharge
- Date of enlistment
- Physical defects at enlistment
- Was he medically examined and accepted at camp?
- Date and hour of induction by draft board
- Defects noted by draft board
- General or limited service
- Date of discharge
- Character of discharge
- Date of indefinite furlough
- Physical defects at discharge
- Complete medical history
- Future address
- Date of reenlistment (new army)
- Present rank, organization, and location
- Date and cause of death
- Death in line of duty? Death due to own misconduct?
- Emergency address
- Date of birth
- Date and rank of retirement
- Dates and history of desertion or absences with court-martial findings
- Report below on National Guardsmen only.
- Date of President's call (World War)
- Date answered President's call
- Date mustered into Federal Service
- Date of physical examination for Federal Service (World War)

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

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

33. Occupation at time of enlistment .....

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

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

31. Insurance canceled ..... Reinstated .....

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

*Camp or station*

*Organization*

*Period served in particular organization*

From ..... 19....., to ..... 19.....

State of Pennsylvania )  
County of Lycoming ) ss:

Before me, the subscriber, Clerk of the Orphans' Court in and for the County and State aforesaid, personally appeared Ella R. Moffett, claimant, aged 72 years, whose post office address is No. 26 E. Southern Avenue, South Williamsport, Pennsylvania, who being duly sworn according to law doth depose and say:

That all the evidence she submits in her claim for pension as the widow of William C. Moffett, is the best she is able to produce. That she knows of no persons now living who knew her and her late husband longer than those whose testimony she furnishes.

That in the certified record of her birth, herewith submitted, her name appears as "Elmira Wartman". That she was born August 30, 1858, in Lycoming County.

That the only member of her family who served in the World War between the dates of April 6, 1917 and July 2, 1921 was her son, Paul R. Moffett, who was commissioned a Captain in the Aviation Section of the Signal Officers' Reserve Corps of the Army of the United States on May 11, 1918. That he enlisted on or about May 11, 1918, and was discharged in February, 1919. He died March 9th, 1925. That she has not filed a claim in the United States Veterans Bureau on account of such service.

*Ella R. Moffett*

Sworn to and subscribed before me this twenty-first day of April, A. D. 1931.

*Robert G. Pate*

Clerk of the Orphans' Court.

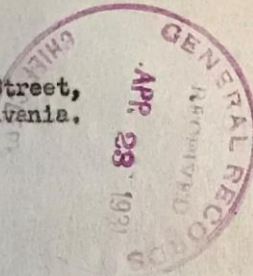


April 22, 1931

e ↖  
John C. Noll & Son,  
Funeral Directors,  
East Southern Ave. & Main Street,  
South Williamsport, Pennsylvania.

PABB

DI  
MOFFETT, William G.  
Civil War Veteran



Gentlemen:

Receipt is acknowledged of your letter dated April 10, 1931 with which was forwarded claim for burial allowance in the above case.

The discharge from the military service is herewith returned as its use is no longer required. Your claim will receive as prompt attention as possible.

By direction,

H. H. MILKS,  
Chief, Awards Division.

Encl.

Milks  
24-22



AES:lm

OUTCHARGE

Date 5-4-31  
File No. 801- Moffatt, William G  
Subject busch  
Put. Co G, 1<sup>st</sup> bat. 14<sup>th</sup> reg. B  
Letter, memorandum, indorsement, telegram, last date 4-22-31 5/25/31  
Deliver to Reim Searcher RR



WIDOW PENSION

2 Briefs

ACT ~~MAY 1, 1930~~ June 9, 1930 W.C. No. 1,687,696,

✓ Claimant	Ella R. Moffett,	Soldier	William G. Moffett,
Guardian		Rank	Private,
✓ P. O.	23 East Southern Avenue,	Service	Co. G, 1st Battalion,
	South Williamsport,		14th U. S. Infantry,
	Pennsylvania,		

2639527

Rate, \$ 40 per month, commencing March 14, 1931.  
 and \$ \_\_\_\_\_ per month \_\_\_\_\_ additional for each child,  
 as follows: \_\_\_\_\_

All pension to terminate \_\_\_\_\_

None,	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,

✓ Attorney Elbert A. Porter,  
317 Pine Street,  
 P. O. Williamsport, Pennsylvania, Fee, \$ 10.00,  
 Articles filed \_\_\_\_\_, 19\_\_\_\_

Submitted for Admission, May 5, 1931, J. H. Dwight, Examiner.

Approved for Admission - Act June 9, 1930

Age over 70  
May 29, 1931 M. A. Slent Legal Reviewer.

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

\_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_  
 Medical Reviewer. Medical Referee.

✓ Enl. <u>October 6, 1862,</u> Dis. <u>October 6, 1865,</u>	Former marriage of <u>soldier,</u> <u>Nons,</u> _____, 1_____
Enl. <u>No other service,</u> Dis. <u>--</u>	Death } of <u>--</u> _____, 1_____
Enl. <u>--</u> Dis. <u>--</u>	Divorce } _____, 1_____
Soldier's claim filed <u>May 12,</u> _____, 1892	Former marriage of <u>claimant,</u> <u>Nons,</u> _____, 1_____
✓ Died <u>March 11,</u> _____, 1931	Death } of <u>--</u> _____, 1_____
✓ Present claim filed <u>March 14,</u> _____, 1931	Divorce } _____, 1_____
✓ Date of birth alleged <u>August 30,</u> _____, 1858	Clnt.'s marriage to <u>soldier,</u> <u>March 16,</u> 1876 ✓
M. C. <u>Nons,</u>	Remarriage of <u>--</u> _____, 1_____
	Death } of <u>--</u> _____, 1_____
	Divorce } _____, 1_____

U. S. S. } Certificate issued JUN 2 - 1931, 19\_\_\_\_  
 H. R. }

3-438 Sol. Cert. 1,053,669,

Act May 1, 1920,

*Jas.* JUN 2 - 1931

ACCRUED PENSION

Class Soldier,

Pensioner William G. Moffett,

Date of death March 11, 1931, , KX Certificate not filed.

Claimant Ella R. Moffett, widow,

23 East Southern Avenue,

South Williamsport,

Pennsylvania,

Attorney ~~None~~, *Albert A. Porter*  
Address *317 Pine St. Williamsport, Pa.*

The fee of \$ \_\_\_\_\_ allowed on issue of \_\_\_\_\_ to \_\_\_\_\_ of \_\_\_\_\_ to be paid when payment is made on accrued.

Submitted for adm., May 5, 1931, *J. H. Dwight*, Examiner.

Approved for *admission*

*B*

*W. H. Slout*, Reviewer, *May 29*, 1931

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

Claimant --- writes. None, \_\_\_\_\_, M. C.

WIDOW PENSION

2 Briefs

ACT ~~MAY 1, 1930~~, *June 9, 1930* W.C. No. 1,687,696,

✓ Claimant	Ella R. Moffett,	Soldier	William G. Moffett,
Guardian		Rank	Private,
✓ P. O.	23 East Southern Avenue,	Service	Co. G, 1st Battalion,
	South Williamsport,		14th U. S. Infantry,
	Pennsylvania.		

2639527

Rate, \$ *40* per month, commencing *March 14, 1931*.  
 and \$ \_\_\_\_\_ per month \_\_\_\_\_ additional for each child,  
 as follows: \_\_\_\_\_

All pension to terminate

None,	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,
	Born _____,	Commencing _____,
	Sixteen _____,	Commencing _____,

✓ Attorney *Elbert A. Porter,*  
 317 Pine Street,  
 P. O. *Williamsport, Pennsylvania,*

Fee, \$ *10.00,*  
 Articles filed \_\_\_\_\_, 19 \_\_\_\_\_

Submitted for Admission, *May 5,* 19 *31,* Examiner. *J. H. Dwight*

Approved for *Admission -* *At June 9, 1930*

*Age over 70*  
*May 29, 1931* *M. A. Stout*  
 Legal Reviewer.

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

\_\_\_\_\_, 19\_\_\_\_\_, Medical Reviewer. \_\_\_\_\_, 19\_\_\_\_\_, Medical Referee.

✓ Enl. <i>October 6, 1862,</i> Dis. <i>October 6, 1865,</i>	Former marriage of <i>soldier,</i> <i>None,</i> _____, 1 _____
Enl. <i>No other service,</i> Dis. <i>--</i>	Death } of <i>--</i> _____, 1 _____
Enl. <i>--</i> Dis. <i>--</i>	Divorce } _____, 1 _____
Soldier's claim filed <i>May 12,</i> _____, 1892	Former marriage of <i>claimant,</i> <i>None,</i> _____, 1 _____
✓ Died <i>March 11,</i> _____, 1931	Death } of <i>--</i> _____, 1 _____
✓ Present claim filed <i>March 14,</i> _____, 1931	Divorce } _____, 1 _____
✓ Date of birth alleged <i>August 30,</i> _____, 1858	Clmt.'s marriage to <i>soldier,</i> <i>March 16, 1876</i> ✓
M. C. <i>None,</i>	Remarriage of <i>--</i> _____, 1 _____
	Death } of <i>--</i> _____, 1 _____
	Divorce } _____, 1 _____

U. S. S. Certificate issued *JUN 2 - 1931*, 19 \_\_\_\_\_  
 H. R. \_\_\_\_\_



SC 1053669  
MC 1687696  
noa

VETERANS ADMINISTRATION

UNITED STATES VETERANS BUREAU

WASHINGTON

May 20, 1931

THIS LETTER REFERS TO  
YOUR FILE NUMBER:

Mr. William Moffett,  
361 George St.,  
South Williamsport, Pa.

IN REPLY REFER TO: FABB

MOFFETT, William G.  
Civil War Veteran



Dear Sir :

Referring to claim filed with this Bureau for an allowance on burial and funeral expenses in the case of the veteran named above, you are informed that upon the evidence submitted there has been found allowable the sum of \$ ~~100.00~~. Accordingly an award of the amount stated has been made in favor of

~~John C. Noll & Son, Undertaker, East Southern Avenue and Main Street, S. Williamsport, Pa.~~  
and settlement thereunder will follow in due course.

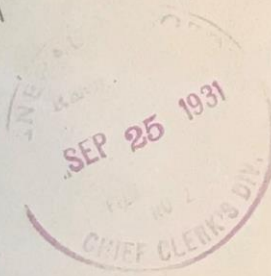
By direction,

*H. H. MILKS*

H. H. MILKS,  
Chief, Awards Division.

IE/eob

*File*  
*5-20-31*



3-915

-----  
VETERANS ADMINISTRATION  
BUREAU OF PENSIONS  
**LAW DIVISION.**

Name .....

Official Character.....

State.....

County.....

Date called for.....

Date of call.....

Case of.....

Moffett

Why not May 1, 1920  
mtt

MAY 21 1931

Record Division

Dwight

INVALID.

Cert. No. 1053669

Name, William G. Moffett

Rank, Pfc ; Service, Co G, 1 Batt<sup>on</sup>  
14 U S Inf

Agency or Group No. Original Roll :  
Transfd . . . 1 . . . to  
" . . . 1 . . . to

Issued Dec 17, 1924  
Rate, \$ 72 from Sept 18, 1924

Class  
Issue

Deductions:  
ACT OF MAY 1, 1920  
Disability:

Issued  
Rate, \$ . . . . . from

Class  
Issue

Deductions:  
Disability:

Issued  
Rate, \$ . . . . . from

Class  
Issue

Deductions:  
Disability:

Issued  
Rate, \$ . . . . . from

Class  
Issue

Deductions: Accrued Pension Order  
Issued JUN 2 - 1931  
Disability:

INDORSEMENTS.

CLASS Widow

NUMBER 1687696

Other claim S.C. 1053669 ✓

Claimant Ella R. Moffett

Soldier William S. Moffett

Service G 1 Bn. 14 U.S. Inf., a 14 U.S. Inf.

Notified Atty & Chmt.

Mich. 25, 1931 ES.

B.R.B.

7/2  
2-24-31, J.T.H.

APPLICATIONS FILED

W.

DATE	ACT	DISPOSITION
<u>1931, Mar. 14</u>	<u>Act of May 1, 1920</u>	<u>Adm. JUN 2 - 1931</u> ✓

ISSUES

DATE	ACT	RATE	COMMENCEMENT
<u>JUN 2 - 1931</u>	<u>Act of June 9, 1930</u>	<u>\$40.-</u>	<u>Mich. 14, 1931</u>

INDORSEMENTS




**OUTCHARGE**

9/24/31  
File No. 897- Maffett, William S.  
Date 9/24/31  
Subject Bm Cur  
Pa  
Letter, memorandum, indorsement, telegram, last date 5/20/31  
Deliver to Remb Searcher JJ

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

DROP ~~PO~~ W-PENSIONER

ELLA R MOFFETT  
23 EAST SOUTHERN AVE.  
1687696 JUNE WID  
SOUTH WILLIAMSPORT PA

..... Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class .....

Remarks .....

FEB 4 1933

MAR 4 1933

Canceled (payee deceased)

ACCOUNTING DIVISION

FEB 21 1933

....., 193  
The name of the above-described pensioner

who was last paid at the rate of \$ 40

per month to ..... JAN 3 1933 ..... , 193

has this day been dropped from the roll be-

cause of DEATH JAN 7 1933

Vet. Adm.  
Fin. Form 1411  
Rev. Mar. 1932

Wm. H. HOLMES,  
Chief Accounting Division.  
By.....

DEPARTMENT OF THE INTERIOR,

Bureau of Pensions,

Washington.

A War Department report  
on file in the Army and Navy  
Division shows the following  
stations of Co. G.

1<sup>st</sup> Battl. 14<sup>th</sup> U.S. Inf

in Virginia from

July 1, 1865, to Aug. 5

1865;

in N. Y. to Oct. 65; see

route to and in Calif.

and Arizona to Sept.

1866.

*L. B. Stur*

Chief A. & N. Div.

*ASW*

