

GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE

ORDER FOR PHOTOCOPIES
CONCERNING VETERAN

(See reverse for explanation)

DO NOT WRITE IN THIS SPACE

FILE DESIGNATION <i>William Nixon</i> <i>70936413</i>	RECEIPT NO. <i>35702</i>	DATE OF FORM NA-332	
UNIT NGR	NAME OF SEARCHER <i>KME</i>	DATE <i>2/4/65</i>	PAGES
NWC			

TO ENSURE PROPER MAILING OF YOUR ORDER,
PRINT YOUR NAME AND ADDRESS IN THE BLOCK
TO THE RIGHT.



NAME <i>Mr. Richard S. Nixon</i>
STREET ADDRESS <i>1229 Pebble Beach Drive</i>
CITY, ZONE, AND STATE <i>Tempe, Arizona</i>

INSTRUCTIONS

FRC 6/12/57

- Fill out this form as fully as you can. As we often have files for several different veterans of the same name, the more information we have, the quicker and surer will be our recognition of the correct file.
- Use a separate form for each veteran.
- Enclose one dollar, preferably a money order or check payable to GENERAL SERVICES ADMINISTRATION.
- Mail completed form with remittance to:

General Services Administration
National Archives and Records Service
The National Archives Building
Washington 25, D. C.

- If you want us to send you more copies of this form, enter the number of copies desired in the box to the right.

<input checked="" type="checkbox"/>

IDENTIFICATION OF VETERAN

1. NAME (Full name, last name first) <i>William Nixon</i>		2. NAME OF STATE FROM WHICH HE SERVED <i>Minnesota</i>	
3. WAR IN WHICH OR DATES BETWEEN WHICH HE SERVED <i>Civil</i>	4. BRANCH IN WHICH HE SERVED <input type="checkbox"/> INFANTRY <input type="checkbox"/> CAVALRY <input type="checkbox"/> ARTILLERY <input type="checkbox"/> OTHER (Specify)		
5. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc.) <i>The First Regiment - Co. A.</i>	6. KIND OF SERVICE (Check) <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> REGULARS	7. IF SERVICE WAS CIVIL WAR (Check) <input type="checkbox"/> UNION <input type="checkbox"/> CONFEDERATE	
NOTE - If you checked "Confederate" in item 7, you need NOT fill in the following items:			
8. VETERAN'S PLACE OF BIRTH <i>Wales</i>		9. DATE OF BIRTH <i>ae 18-29 Apr 1861</i> <i>abt. 1844</i>	
10. VETERAN'S PLACE OF DEATH		11. DATE OF DEATH	
12. FILE NUMBER OF PENSION OR BOUNTY LAND RECORD			
13. PLACE(S) WHERE HE LIVED AFTER SERVICE			
14. IF VETERAN LIVED IN A HOME FOR SOLDIERS, ENTER LOCATION (City and State)			
15. NAME OF WIDOW OR OTHER CLAIMANT FOR PENSION OR BOUNTY LAND			

BE SURE TO ENTER YOUR MAILING ADDRESS IN THE BLOCK TO THE LEFT.

**GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE**

EXPLANATION OF ORDER FOR PHOTOCOPIES

Some years ago, in order to reduce the cost of our service and to decrease the likelihood of copying errors, we discontinued the practice of transcribing genealogical information from the records and adopted, instead, the practice of furnishing photocopies of the original documents for a fee. This practice has proved, on the whole, satisfactory to our patrons.

Now, in order to reduce the average amount of fees and to speed up our service, we have installed a flat fee system.

Please use the reverse of this form to order photocopies of records relating to a person who served in the United States or Confederate Armed Forces. We can furnish photocopies relating to the following subjects:

- a. United States military service before World War I and Confederate military service;
- b. United States (not Confederate or State) pensions claimed on the basis of service before World War I; and
- c. United States (not State) bounty lands claimed on the basis of service before 1856.

Send us the completed form with one dollar. If you send more than one form at one time, your remittance should be for as many dollars as you send forms. Each order will be handled separately; so you may not receive all your photocopies at the same time. Be sure to enter your name and address on each form.

If we find a file for the person identified by your order, we will send photocopies of the documents we think most likely to be of interest to you. If we do not find a file that we can identify with the person in whom you are interested, we will refund your money.

VOLUNTEER SERVICE.
(Civil War or War with Spain.)

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

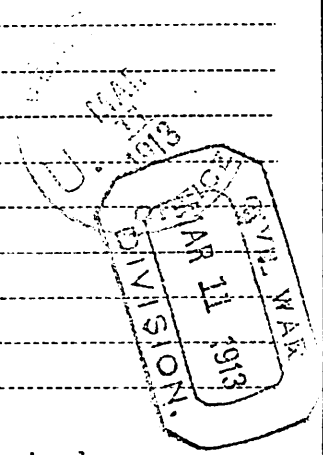
Commissioner of Pensions.

William Alison,

Co. *A.*, 1 Reg't *Minn. Inf.*,
age *18*, height *5* feet, *2 7/8* inches,
complexion *fair*,
eyes *brown*, hair *black*,
place of birth *Wales, England*,
occupation *grocery merchant*;
was enrolled *April 29*, 1861,
and *re-enlisted Co. May 3*, 1864.

From *re-enlist*, 18*64*, to *re-enlist*, 18*64*,
he held the rank of *private and musician*.

and the rolls on file for that period do not show him
absent, except as follows:



Geo. Andrews

The Adjutant General.


Per

Washington, D. C., *Mich, 10 1913.*

(Commissioner of Pensions.)

(A. G. O. 119-1)

GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE ORDER FOR PHOTOCOPIES CONCERNING VETERAN (See reverse for explanation)	DO NOT WRITE IN THIS SPACE		
	FILE DESIGNATION 44-1111 70936412	RECEIPT NO. 35802	DATE OF FORM NA-332
	UNIT	NAME OF SEARCHER	DATE
	NGR	KME	2/4/65
NWC			

CERTIFICATE OF LEGALITY OF APPOINTMENT AND ADEQUACY OF BOND			
TO: Director, Dependents & Beneficiaries Claims Service Veterans Administration Central Office Washington 25, D.C.		FROM: CHIEF ATTORNEY	
LAST - FIRST - MIDDLE NAME OF VETERAN NIXON, William		C-NO. XC 936 413	
NAME OF FIDUCIARY Ben. H. Brown Public Guardian	ADDRESS 808 N. Spring Street Los Angeles 12, California	FIDUCIARY DESIGNATED AS Guardian of Person & Estate	
BENEFICIARIES			
NAME		NAME	
1. Nettie F. Nixon, also known as Nettie R. Nixon,		9.	
2. an incompetent person		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	
NAME OF COURT APPOINTING FIDUCIARY Superior Court	COUNTY Los Angeles	STATE California	DATE June 15 1951
AMOUNT OF BOND No bond required	NAME OF PRINCIPAL in accordance with the provisions of Sec. 5182 of the Welfare and Institutions Code of the State of California.	NAME OF SURETY	
THIS APPOINTMENT IS IN FULL FORCE AND EFFECT AS OF THIS <u>13th</u> DAY OF <u>March</u> 19 <u>52</u> .			
CERTIFICATION - THIS IS TO CERTIFY THAT THE APPOINTMENT OF THE ABOVE-NAMED FIDUCIARY OF THE BENEFICIARY OR BENEFICIARIES HAS BEEN REVIEWED AND IS FOUND TO BE LEGAL IN EVERY RESPECT IN THAT THE COURT HAD PROPER JURISDICTION, THE PROCEEDINGS WERE LEGAL AND IN ACCORD WITH THE LAWS OF THE STATE, THE PAPERS WERE IN DUE FORM AND AN ADEQUATE BOND OF AN AMOUNT SPECIFIED ABOVE WAS FURNISHED AND IS SATISFACTORY.			
ATTACHMENTS The Supreme Court of the State of California has held: "In view of the provisions of Welfare and Institutions Code, Sections 5178-5180, that all authority of a predecessor in the office of public guardian shall vest in the successor succession becomes a statutory matter without necessity for removal of the predecessor and appointment of the successor as in cases of private guardianships." In view of the above, no letters of guardianship are attached.			
SIGNATURE OF CHIEF ATTORNEY  EDGAR LEWIS		LOCATION (Regional office) VA Regional Office 1380 South Sepulveda Blvd. Los Angeles 25, California	

Huntington Park, California, July, 3, 1939.

Ollie R. Croyle, being duly sworn, deposes and says-I am the oldest child of William Russel and Aurilla H. Russel, I was born April 28th., 1866 at Macomb, Ill.

There were six (6) girls in our family, named as follows in the ratio of their ages: towit-Alice Lamore, born December the first 1867, Nettie F. Russel, the applicant was born, August 28th., 1869, Eva H. born November 27th., 1871, Flora E., born July 28th., 1876 and Wauneta, born, July 28th., 1881.

The five older children were born in Macomb, Ill. and Wauneta, the youngest was born in Emporia Kansas.

The old family records being lost and the public records not available I am hereby taking oath that the dates and records of birth as set forth above are correct.

I further aver that Nettie F. Nixon nee Russel was united in marriage to William Nixon in Council Bluffs, Pottawattamie County Iowa on July fifth, 1899.

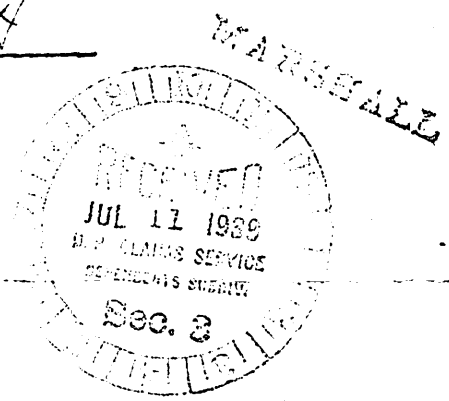
Further deponant saith naught.

Ollie R. Croyle

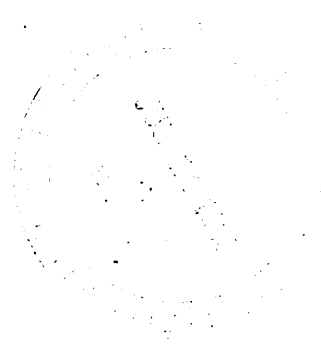
Subscribed and sworn to in my presence, this third day of July, 1939.

Keith E. Varro

Notary Public, in and for County of Los Angeles, State of California.



once in trip



CIVIL WAR CIVIL WAR
DECLARATION FOR REMORRIED WIDOW'S PENSION

Act of September 1, 1922

CIVIL WAR WINKSPARAZPHIPPENINSURECTIONAZRACHINESEBOXERREBELLION CIVIL WAR

STATE OF California, COUNTY OF Los Angeles, ss:

On this 27th day of July, 1931, before me, the undersigned, personally appeared Nettie F. Nixon, who makes the following declaration as an application for pension under the provisions of the

ACT OF CONGRESS APPROVED SEPTEMBER 1, 1922:

That she is 59 years of age, that she was born on August 28th, 1872, at McComb, Ills.

That she was formerly the widow of William Nixon, who ENLISTED on April, 1861, at St Paul Minn under the name of William Nixon, in Musician Co. A. 1st Minn Vol. Inf. (Here state company and regiment, if in the Army; or vessel, if in the Navy.)

and was honorably DISCHARGED April, 1864, having served ninety days or more, or died in service, or was discharged for a disability incurred in service and line of duty in the Army, Navy, or Marine Corps of the United States during the war with Spain, the Chinese Boxer Rebellion, or the Philippine Insurrection between April 21, 1898, and July 4, 1902, and who DIED December 26th, 1915, at Farmington, Minn.

That he also served in no other service (Here give a complete statement of all other military, naval, or marine corps service, if any, at whatever time rendered.)

and that, except as herein stated, said soldier (sailor or marine) was not employed in the military or naval service of the United States:

THAT SHE WAS MARRIED to said soldier (sailor or marine) on July 5th, 1899 under the name of Nettie Russell, by a minister at Council Bluffs Iowa; that she had not been previously married, that he had had been previously married;

That she was NOT divorced from the soldier (sailor or marine); that after his death she REMARRIED to John W. Wedge at Las Vegas, Nev.

or that she was divorced from him without fault on her part on July 21st, 1931, at Pioche, Nev.; that he did not serve in the Army, Navy, or Marine Corps of the United States

(If said husband rendered service, here describe same and give number of any pension claim based thereon.)

That she did not marry again after the death of the soldier (sailor or marine), except to named above.

(If claimant contracted any other marriage after the death

of the soldier (sailor or marine), name of husband, date and place of marriage, and date and manner of its dissolution should be stated.)

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).

No minor children, born, at, born, at, born, at, born, at

That she has heretofore applied for pension, the number of her former claim being 834518; that said soldier (sailor or marine) was a pensioner, the number of his pension certificate being unknown.

That she hereby appoints with full power of substitution and revocation

Dr. O. E. HOWE & Co., of Washington, D. C.

her true and lawful attorneys, to prosecute this claim, and receive therefor legal fee.

Two Attesting Witnesses

(Signature of first witness.)
505 Broadway

(Signature of second witness.)
707 1/2 - 3rd St

Nettie F. Nixon
(Claimant's signature in full.)

1740 1/2 Beloit Ave
(Claimant's address in full.)
West Los Angeles, Calif.

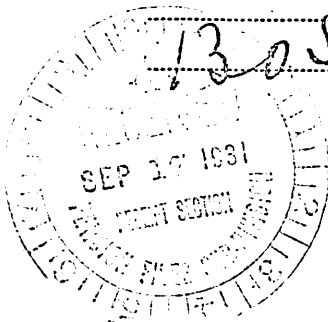
Subscribed and sworn to before me this 27th day of July, 1931, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(Signature of Notary Public)
Blanche W. Atterton

(Official character)
Notary Public for the County of Los Angeles State of California

(Post-office address of officer.)
1305 Broadway, S.A.

[L. S.]



DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908,
Amended by Act of September 8, 1916.

STATE OF Minnesota, COUNTY OF Dakota, ss:

On this 8th day of November, 1916, personally appeared before me, a Notary Public within and for the County and State aforesaid, Nettie F. Nixon, who, being duly sworn by me according to law, declares that she is 45 years of age and that she was born Nov 27th 1871 at McComb, Illinois

That she is the widow of William Nixon, who enlisted April 29, 1861 at Fort Snelling, Minn., under the name of William Nixon, as a Private in Company A, First Regiment of Minnesota (Rank.) and was honorably discharged May 3rd, 1864, having served ninety days or more during the Civil War.

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

That otherwise than as herein stated said soldier (or sailor) was _____ employed in the United States service.

That she was married to said soldier (or sailor) of Nettie F. Russel at Council Bluffs, Iowa by July 5th, 1899; that she had not been previously married; that he had _____

been previously married, divorced from Delia Nixon (Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former consorts.) certified copy of divorce in Pension office and certified copy of marriage also in Pension office.

and that neither she nor said soldier (or sailor) was ever married otherwise than as stated above.

(If any former husband rendered military or naval service, here describe same and give number of any pension claim based thereon.)

That said soldier (or sailor) died December 26, 1915, at Farmington, Minnesota that she was not divorced from him; 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 under sixteen years of age, namely:

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

None, born _____, 1 _____, at _____
_____, born _____, 1 _____, at _____
_____, born _____, 1 _____, at _____
_____, born _____, 1 _____, at _____

That the above-named child _____ of the soldier (or sailor) {is} _____ now receiving a pension, and that such child _____ {is a} member of her family and _____ cared for by her.

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 7445-77

(Two attesting and identifying witnesses.)

(1) A. D. Bailey
(Signature of first witness.)
Farmington, Minn.
(Address of first witness.)
(2) F. W. Bremer
(Signature of second witness.)
Farmington, Minn.
(Address of second witness.)

Nettie F. Nixon
(Claimant's signature in full.)
Farmington, Minnesota
(Claimant's address in full.)

SUBSCRIBED and sworn to before me this 8th day of November, 1916, 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 or sailor

[L. s.] _____, added;

and that I have no interest, direct or indirect, in the prosecution of this claim.

John A. Grant
(Signature.)

(Official character.)

Declaration accepted as a claim under act April 19, 1908, amended by act Sept 8, 1916.

Chief Law Division

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Minnesota, County of Dakota, ss:

On this 14th day of June, A. D. one thousand nine hundred and twelve, personally appeared before me, Notary Public, William Byron, who, being duly sworn according to law, declares that he is 49 years of age, and a resident of Hammetts, county of Dakota, State of Minnesota; and that he is the identical person who was enrolled at Fort Snelling, Minnesota, under the name of William Byron, on the 29th day of April, 1861, as a Private, in Co A 1st Regt Minn. Vol.

(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 Fort Snelling, on the 3rd day of May, 1867. That he also served in no other service.

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 3 1/8 inches; complexion, fair; color of eyes, Brown; color of hair, Blue; that his occupation was Soldier, Infantry; that he was born March 14th, 1843 at Wales, England; that he hereby appoints the Adjutant General of the State of Minnesota of St. Paul, Minn., his true and lawful attorney to prosecute this claim.

That his several places of residence since leaving the service have been as follows: When discharged resided 1 1/2 years St. Paul Minn. then moved to Minneapolis Minn. then 1 year when moved to Hammetts Minn. remained here since.

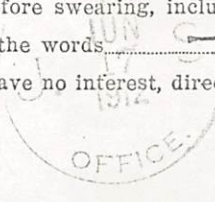
That he is a pensioner under certificate No. 744537. That he has not applied for pension under original No. 744527.

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 Hammetts, county of Dakota, State of Minnesota.

Attest: (1) G. T. Johnson, Notary Public, State of Minnesota. (2) William Byron, Claimant's signature in full.

Subscribed and sworn to before me this 14th day of June, A. D. 1912. I certify that the contents of the above Declaration were fully made known and explained to the applicant before swearing, including the words... and that I have no interest, direct or indirect, in the prosecution of this claim.



W. A. Gray, Notary Public, State of Minnesota, My Comm. Expires Aug 18th 1913. Official character.

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

PLACE OF DEATH

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Dakota

Township Farmington

Village Farmington

City Farmington

Reg. District No. _____ No. in Registration Book 20
(Above numbers to be filled in only by local registrar or his deputy.)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Nixon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, married, Widowed, or Divorced, (Write the word)

6 DATE OF BIRTH March 14, 1842
(Month) (Day) (Year)

7 AGE 73 yrs. 9 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, Profession, or particular kind of work Merchant (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) England

10 Name of Father William Nixon 1816

11 Birthplace of Father (State or country) England

12 Maiden Name of Mother McKeehan

13 Birthplace of Mother (State or country) Ireland

14 The above is true to the best of my knowledge (Informant) _____ (Address) _____

15 Filled W. J. ..., 101 _____ Registrar Address Farmington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 26th, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191...., to _____, 191...., that I last saw h..... alive on _____, 191...., and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Tuberculosis
of the lungs
(Duration)..... yrs..... mos..... ds.

Contributory _____ (Duration)..... yrs..... mos..... ds.

(Signed) W. J. ..., M. D.

_____, 191.... (Address) Farmington

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

H. B.—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.

Sub-Registrar