A02054

APPLICATION FOR INCREASE IN PENSION.
STATE POARD OF DENISIONS Bullow Fla., aug 6 = 191 V
STATE BOARD OF PENSIONS,
Tallahassee, Florida.
I, Jusper Rymuer Pensioner No. 7594 of the State of Florida hereby
make application for increase in pension because of being unable to earn a livelihood by manual labor. I am 76
years of age.
Within: Signed: Jas Junian 4 min
years of age. Within: Signed: Jaspuring Rynner Address: Benton Florida
Address: Ouncon Ton
PHYSICIAN'S AFFIDAVIT.
Before me an officer duly authorized to to take acknowledgments and administer oaths personally appeared
and Di and Di.
both well known to me to be reputable licensed physicians and each for himself deposes and says that the above applicant for increase in pension has been examined by him and that said applicant by reason of disease, injuries or age
is unable to earn a livelihood by manual labor, That the applicant is for meanly
mable to earn a living by manual
(State briefly the nature of the disability—Do not use technical terms)
Labor- He has chrine Brights circon
* gemenal debeling
Subscribed and sworn to before me this 6th day of D. 72, Cone
The state of the s
13 F. Bulloch not R.a. Barnett, M. D. Physician.
(Athx Seal)
Physician.

Widow's Pension Claim

UNDER THE ACT OF 1917

FORM A.

STATE OF FLORIDA,	
County of . Co. s. M. M. J. W	
On this 121 day of 7005	, A. D. One Thousand Nine Hundred
and Eighteen personally appeared before me, a Notary	in and for the
County and State aforesaid Cossie Rymer	
a resident of Benton County of	bolumbia
State of Florida, who being duly sworn according to law, makes the following	owing declaration in order to obtain a
pension under the provisions of Chapter 7259, Laws of Florida, approved	
That she is the lawful widow of hone RM	
who enlisted under the name of Masher Rymer	
	in Company
Regiment of the State of	
and who was honorably discharged at	Mind to recomme our same farther Montain
on account of	
(Here give complete statement of other service,	
That he also served	
(State here if husband drew a pension, and	when.)
1 / Refer)	to #7594
That she was lawfully married to the said Annual	Rynner
under the name of Essie St	pleton
in the County of Marri Uton, State of	Vorida
on the 28 day of Felium 190	6, 18, and that she was not
divorced from him before nor has she remarried since his death, which	occurred on the day of
71/6, 1915, in the County of 65lux	Lia, State of Horida
except as hereinafter stated.	
That she is a resident of Oslumbia County,	Florida, and has continuously resided in

150

That she was heretofore granted a pension from the State of Florida under Certificate No That
she is not a pensioner of any other State.
That her Postoffice address is Binton, County of Columbia
State of Florida.
(Signature of Claimant.)
Attest:
(1) DN bon
(2) Essie m Cone
Sworn and subscribed before me this 12 day of 11, A. D. 1918,
I hereby certify that the above declaration, etc., was made known and fully explained to the applicant before
swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.
O.L.Con Natang Public
my Commission expires July 17
(a)
State of Florida
County of Hauritton
1, 13. 13. Johnson, of Hawilton County, Florisa,
hereby certify that the records in this office show that a marriage license was issued to Jasforz Pythre and Essie Stufleton on the 28 day of Fabring 1, A. D. 1906
and Casic Stepheton on the 28 day of Floring , A. D. 1906
The records further show that the above named parties were married on the 28 40 day of
Teleproon , A. D. 1706 and that the ceremony was performed by 5-15.
Jourson County Judges 13. 13. 15 Johnson
(SEAL)
(b)
State of
County of
Before me, ain and for the County and State aforesaid, personally
appeared, who,
being duly sworn according to law, deposes and says each for himself that he was present at the marriage of
andand
which occurred at, on theday of, A. D,
in the County of, State of, and that the ceremony was performed
by
(L.S.)
(L.S.)
Sworn to and subscribed before me thisday of, A. D. 19

	(c)
State of Monda	I MASSIMAL AND A LANDER
County of Ookum ba	计数量和 数
Before me, a My any Public	, in and for the County and State aforesaid, personally
appeared by toom	and Lessiembone,
who, being duly sworn according to law, deposes and	says, each for himself, that he knows of his own personal
	2, on the day of Heby, A. D. 191
	5. Noone (L.S.)
	Essin M Cone (LS)
Sworn and subscribed before me thisd	ay of #
Oll. Cong Watery Fu	
my Commission Expires &	
(SEAL)	
REPORT OF COUNT	Y COMMISSIONERS.
We, the undersigned, County Commissioners in	and for the County of, Florida,
do hereby report that at a meeting of the Board of	County Commissioners held this day, the foregoing appli-
cation of fo	r a pension under the Laws of Florida, was investigated
by us; that we are satisfied that the applicant has b	een a bona fide citizen of the State of Florida f
years just preceding the date of this application,	and that the representation made in the petition and affi-
davits are true, and that a pension should be granted	the applicant.
Witness our hands this day of	March, A. D.1918
	(1) & OGreene
	Chairman.
	(2) 66 Williams.
	· (3) S.S.Thus
	(4) Imsuas
	(5) Henry Dicks
	County Commissioners.
By the County Commissioners. Attest:	

Clerk Circuit Court.

Note: All Blanks must be filled out. All information required must be fully and accurately given.

Applicant may use use either form (a) or (b) for proof of marriage, or she may attach certified copy of marriage certificate.

Applicant may attach certified copy of official record of husband's death in lieu of form (c) if preferred.

Where the applicant for pension has remarried since the death of the soldier husband, upon whose service she is applying for pension, she must establish the fact that she has again become a widow in the same manner as prescribed in above paragraph, or if divorced, she should forward certified copy of decree granting a divorce annulling such marriage.

Soldiers and Widows of Soldiers who were mustered into regular service of the Confederate States Army and members of the State Troops and Home Guards of Florida, upon proper proof, are entitled to a pension under Act of June, 1917. State Troops, Reserves and Home Guards of other States are not entitled to a pension under said Act.

APPLICANT MUST GIVE PERMANENT ADDRESS.

		REMARKS	Enlisted	Company W. D. RECORD	Enlisted	Company	Witnesses	Res. PROOF OF WAR SERVICE	Co. Com.	These Blanks to be filled in by Pension Boara Claim No
T. J. Appleyard, State Printer, Tallahassee, Fla.	Qualification of Board.	With pay from MAY 4 - 1918 With pay from MAY 4 - 1918 At the rate of \$ 80 000 per annum	APPROVED AND FILED IN COMP-	FILED IN PENSION DEPARTMENT 6M 19.18		WIDOW OF	Benton Postoffice County	Coul Ryment	CLAIM FOR PENSION	Former Claim No. 2/202 Application No. 2/202 Pensioner No. 2054

AND DESCRIPTION OF SOME PROPERTY OF SOME PROPERTY OF SOME U.S. AND SOUTH AND SOUTH SEASON OF SOME

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SOLDIER'S PENSION CLAIM

UNDER THE ACT OF 1909.

(FORM A.)
STATE OF
County of b.d. lumbia
On this. L.C. day of
personally appeared before me, a
personally appeared before me, a
according to law, declares that he is. 7. Z. years of age, having been born on theday ofday ofday.
18, in the county of
is a bona fide citizen of the county of
the State of Florida continuous, since theday of
That he is the identical person who enlisted at
186. 2., in Company. B. Regiment. 7. of the State of. H. L. v. 1.d.9.
186. L., in Company
in the service of the
and who was HONORABLY DISCHARGED atR.o.ch. Island, in the State of
on account of
(Here state fully any other military service performed by the applicant.)
Lee Lunier front
(Here give date and place of capture, imprisonment, exchange or parole.)
That I served faithfully until HONORABLY DISCHARGED from the service of the
by der at in the year 186.5., and did not desert the service of the
surrender of the Confederate Armies.
Here state whereabouts at close of Civil War.)
That I was A

That I do not own property, including real estate, personal property, stocks, bonds, mortgages or other
collateral securities of any kind in this or any other State, nor does my wife own with me jointly or separately,
property to exceed in value the sum of five thousand dollars.
That the following is a true and correct statement of all the property owned by me or by my wife, jointly
and separately in this or any other State:
Real estate, located at\$\$
Real estate, located at\$\$
Dispurphs starts but requested but the start and the start at the star
. Discreption attests. Days, viceway, and, and, and an account of the contract
Aph. 2004.000.000
Cattle, horses and other live stock
Personal property\$\$
Stocks
Bonds\$11.77\$11.77\$11.77\$11.77
Mortgages, notes and other securities
Total\$\$
That I have heretofore been granted a pension from the State of Florida under pension certificate No.
That I have heretofore been granted a pension from the State of Florida under pension certificate No.
That I have heretofore been granted a pension from the State of Florida under pension certificate No.
Africal at the mate of & 12/0 per annum.
Africal at the mate of & 12/0 per annum.
(Here state any disabilities, physical or mental.)
(Here state any disabilities, physical or mental.)
(Here state any wounds received, or loss of limbs and eyesight.) W.o. unded
(Here state any wounds received, or loss of limbs and eyesight.) W.o. unded
(Here state any wounds received, or loss of limbs and eyesight.) W. O. unded
(Here state any wounds received, or loss of limbs and eyesight.) W. O. unded
(Here state any wounds received, or loss of limbs and eyesight.) That my postoffice address is. State of Florida. Description: (Claimants must sign name in full.)
(Here state any wounds received, or loss of limbs and eyesight.) W. O. unded A. M. S. M. S. M. County of County of State of Florida. State of Florida. Attest: At
(Here state any wounds received, or loss of limbs and eyesight.) W. O. unded. That my postoffice address is. State of Florida. Attest: (1) A Company of A County of A Cou
(Here state any wounds received, or loss of limbs and eyesight.) W. O. unded. That my postoffice address is. State of Florida. Attest: (1) A Company of A County of A Cou
(Here state any wounds received, or loss of limbs and eyesight.) That my postoffice address is County of County of Characters. State of Florida. Attest: (1) Carrolla Carr
(Here state any wounds received, or loss of limbs and eyesight.) W.O. Landed A. M.
(Here state any wounds received, or loss of limbs and eyesight.) That my postoffice address is County of County of Characters. State of Florida. Attest: (1) Carrolla Carr

STATE OF FLORIDA,
County of Q.6. Lumbs. q
We, the undersigned citizens of Lo. u. L
certify that we personally know
a pension under the laws of Florida, and that from our own personal knowledge, and from the best information
available, we believe that the applicant does not own property (including the property of his wife) to exceed in
value the sum of \$5,000, and that the statements made by him relative to the value of his property are true and
correct.
(To be signed by two citizens.)
Sworn and subscribed before me, this
(FORM C.)
Physician's Affidavit.
STATE OF FLORIDA,
County of
Before me personally came, who
being duly sworn, deposes and says, that he is a physician; that he is a resident of the State and County afore-
said; that he personally knows
the applicant named in the foregoing application for a pension. This deponent further says that he has care-
fully examined the said applicant's physical condition and finds:
(Here state nature, character and extent of wounds, disease or disability. Please avoid technical terms.)
This deponent further says that the said
is permanentlydisabled by reason of such
from earning a livelihood for himself by manual labor.
(Please note carefully resolution below before certifying to total disability.)
Sworn and subscribed before me, this
day of

At a meeting of the State Board of Pensions held July 10th, 1907, at which the Governor, Comptroller and Treasurer were present, the following resolution was adopted:

Resolved: That persons entitled to Pensions under the Laws of Florida, who apply for the amount allowed in cases of total disability, must submit the affidavit of a reputable physician stating specifically the personal ailment and conditions that render the applicant entirely helpless and incapacitated, physically or mentally, for any work or business.

Report of County Commissioners.

We, the undersigned, County Commissioners in and for the County of Lo. Lund
Florida, do hereby report that at a meeting of the Board of County Commissioners held this day, the foregoing
application of Assler Krimes for a pension
under the Laws of Florida, was investigated by us; that we are satisfied that the applicant does not own property
(including the property of his wife) to exceed the value of \$5,000, and that the representations made in the
petition and affidavits are true, and that a pension should be granted to the applicant.
Witness our hands this. Oday of Queg, A. D. 195.7
(1) Cells Wakeson
Chairman,
$(2) \dots (2) \dots (2) \dots (2) \dots (2) \dots \dots$
(3) (3) (3)
(4)S.S. Skein
(5) DH Herlong
County Commissioners.
By the County Commissioners. Attest:
Clerk Circuit Court.

Note-All blanks must be filled out. All information required must be fully and accurately given.

APPROVED AUG 30 1909 AUG 30 1909 With pay from. JUL. 1. 1909 At the rate of \$	LATE OF LATE OF Company Regiment AliG 12 1909, 19.	CLAIM FOR PENSION BERKER CHARLES COMMITTER COMMITTER	Former Claim No. 3431 Application No. 15719 Pensioner No. 2093
--	--	--	--

rapper that the distribution has tenestic interest and classification of the distribution of the distribut

Soldier's Application for Pension.

The second secon
STATE OF FLORIDA,
Moturbia 1
COUNTY.)
On this May of
On this
Clerk of the Circuit Court in and for said county and State, State, State, State, who be-
Cierk of the Circuit Court in and for said county and state,
ing by me duly sworn, declares he is the identical person who enlisted on or about theday of
May October, 1862., in Captain. Melhays Sweats. Company,
Male and the second
county of. Columbia, in the State of Marieland that while in actual
R. 7th . Flavida
service in said company, D
Company Florida on on
and in line of duty as such soldier, at
196 // and was honorably discharged at the expi-
about theday of
ration of my service on the
Cerriget to Rock Island and was
State. J. U, I
(Here state fully and clearly all the facts, showing the injury, its character, and especially
Discharged brown there after the
the extent of the injury and disability resulting therefrom.
the extent of the injury and disasting from the first that the first the fir
was wer and by the hard-
the first the same of the same
Shih aoue through with while
101000 grand with the sound for the
and Misson. Coulded dirth adjusted
Joseph a comment of the work
a a a land of a Aldren on the Marie al
and want to hear he will and
Mit the Alle to do an and the Atrian &
Just marie a morar very agranting
at all and a second
and that as the direct result of said injuries, thus received in line of duty during the war, I am now unable
to gain a livelihood by manual labor; that I have continuously since January 1st, 1885, been a citizen of
Florida; that neither I, nor my wife, nor both combined, own real and personal property to the value of
\$800 in this or any other State, and have not purposely disposed of our property for the purpose of avail-
ing ourselves of the provisions of the pension laws of Florida; that I am not otherwise enabled, or in a
position to earn, and have no income from any source sufficient for a livelihood by manual labor, and that
I never deserted the Confederate service, and that I poceive a pension from no other source.
01
Sworn and subscribed before me this
day 190 4
all all something
Clerk Circuit Court. Collins County. P. O. Address. Bunton File.
Clerk Circuit Court

	1st Pa - 11.
	I do solemnly swear that I was born on the
-	Lumter county, State of County, State of and that I am now
	past the age of sixty-five (65) years; that I was a bona-fide citizen of this State on January A. D. 1885,
	and have continuously resided in this State since that date; that I do not own property, real or person, or
	eal and personal, to the value of eight hundred dollars (\$800), and that I am by reason of age incapable
	of providing a living by manual labor for myself.
	Sworn and subscribed before me this 3.0 1 Ais
	Sworn and subscribed before the this. I will I will the this will be to the t
	Manual and much
	Clerk Circuit Court County P. O. Address
	Clerk Circuit Court County. County. 1. O. Address
	at the same of
TT	
	Lache Ringer
	We do solemnly swear that we personally knew Sashu Ruines.
11	the above applicant for pension during the Civil War of 1861 to 1865, that we served with him in Mustan Recall Island 1865. Regiment, and know of our
W	RACIC. Segment, and know of our
	own knowledge that he did receive the injuries set forth in the above application at the time and place
	daimed and that the disability therefrom elaimed to exist does exist and that he never deserted the Con
	claimed, and that the disability therefrom claimed to exist, does exist, and that he never deserted the Con-
	ederate Army.
	rederate Army. The construction of the constr
	Sworn and subscribed before me his. 3.01. Late of A. Co. 1. Hen. Reg. Cells.
	Sworn and subscribed before me inis. 3.01 (14/1)
	Sworn and subscribed before me his. 3.02 Late of A Co. 17 Lu Reg. Ceeln To be Subscribed by two Persons.
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	Sworn and subscribed before me his. 3.02 Late of A Co. 17 Lu Reg. Ceeln To be Subscribed by two Persons.
	Sworn and subscribed before me this. 3.01 Late of A. Co. Yell Reg. Cell To be Subscribed by two Persons. Maccarl overly Late of Co. Reg.
	Sworn and subscribed before me his. 3.0 Late of
	Sworn and subscribed before me this. 3.01 Late of A. Co. Yell Reg. Cell To be Subscribed by two Persons. Maccarl overly Late of Co. Reg.
	Sworn and subscribed before me his. 3.0 Late of
	Sworn and subscribed before me his 3.01. Late of Co. Yeld Reg. Culoto be subscribed by two Persons. Late of Co. Reg. We do solemnly swear that we are familiar with the value of all the property owned by
	Sworn and subscribed before me this. 3.01. Late of Co. Held Reg. Culous To be Subscribed by two Persons. We do solemnly swear that we are familiar with the value of all the property owned by Asher Mand his wife, directly or indirectly, in this or any other State, and that the actual combined value thereof does not exceed \$800; that they have not disposed of any prop-
	We do solemnly sweer that we are familiar with the value of all the property owned by We do solemnly sweer that we are familiar with the value of all the property owned by And that the actual combined value thereof does not exceed \$800; that they have not disposed of any property for the purpose of availing themselves of the provisions of the pension laws of Florida, and that he is not physically or otherwise able, or in a position to earn a livelihood, by manual labor.
	We do solemnly swear that we are familiar with the value of all the property owned by We do solemnly swear that we are familiar with the value of all the property owned by James American Ame
	We do solomnly swear that we are familiar with the value of all the property owned by

We, the undersigned physicians, residents of the State and county aforesaid, do solemnly swear
that we have carefully examined J. M. M. M. M. M. W. W. Who is personally
known to us to be the person above applying for a pension under the laws of Florida, and find.
by reason of age and and how
librie in in alle to the hard
Ming Many July
work and that he is unfilled
due and athe k' of ul wash
governo de de de la
Sworn and subscried before methis. Goth
Sworn and subscried before me this
day of MULY, 1904 Residence Dentin The
Mr. Hearborough
To the first of th
Residence
I certify that the above affidavits are genuine; that all of the affiants are persons of respectability
A certify that the above amanvits are genuine, that an or the amants are persons or respectability
and good reputation, and that their statements are worthy of belief; that the attesting officers are duly au-
thorized to attest said affidavits, and that their signatures thereto are genuine.
M M Santanial
Clerk of Circuit Court.
We, the undersigned County Commissioners of Tolling bia county, Florida, do hereby
certify that we have carefully investigated the above application for pension made by . Jaspel
ALLMANN
stated are true and correct, and that he is legally and justly entitled to the pension provided by the act,
approved May 3, 1901.
R. T. Browser
Chairman.
A + 0
gy// Greene
1' P M
County Commissioners.
By the County Commissioners, Attest:
11616 Ocarovorgh
Clerk Cironit Court.
REVISED STATUTES OF FLORIDA, CHAPTER II, ARTICLE I.
2077 The children of parents who are unable to support themselves, shall be required to make provisions for

their support.

2078. On information filed before the Justice of the Peace of the proper district by any person whomsoever, stating that certain persons have made no adequate provision for their father and mother, or either of them, the Justice shall cause a summons to be issued to said parties, and evidence to be taken as to the truth of the facts stated in the information, and if the same shall be found true, after a fair trial in which the defendants shall have the right to be heard by counsel, the Justice shall issue an order making an assessment on the said children for such amount as shall be necessary for the support of their parents.

2079. Said order shall carry with it the right of enforcement by execution, and shall have the force and effect of a writ of garnishment on the wages of such children, and shall further provide for the person to whom and the manner

in which the money assessed therein shall be paid.

FILED IN COMPTROLLER'S FILED IN EXECUTIVE DEPARTMENT LAIM FOR PENSION. APPROVED LATE OF . Secretary Regiment. .Company. OFFICE. The the said

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2 11 Se ce su

A. C. Morre

GOVERNOR COMPTROLLER TREASURER

DEPARTMENT OF PENSIONS, STATE OF FLORIDA.

Tallahassee, ang 30-09

Hon. F. C. Ainsworth, The Adjutant General,

Dear Sir:

Washington, D. C.

who is an applicant for a pension under the laws of Florida, claims to have been a member of Company B. 7-Th 2 longe,

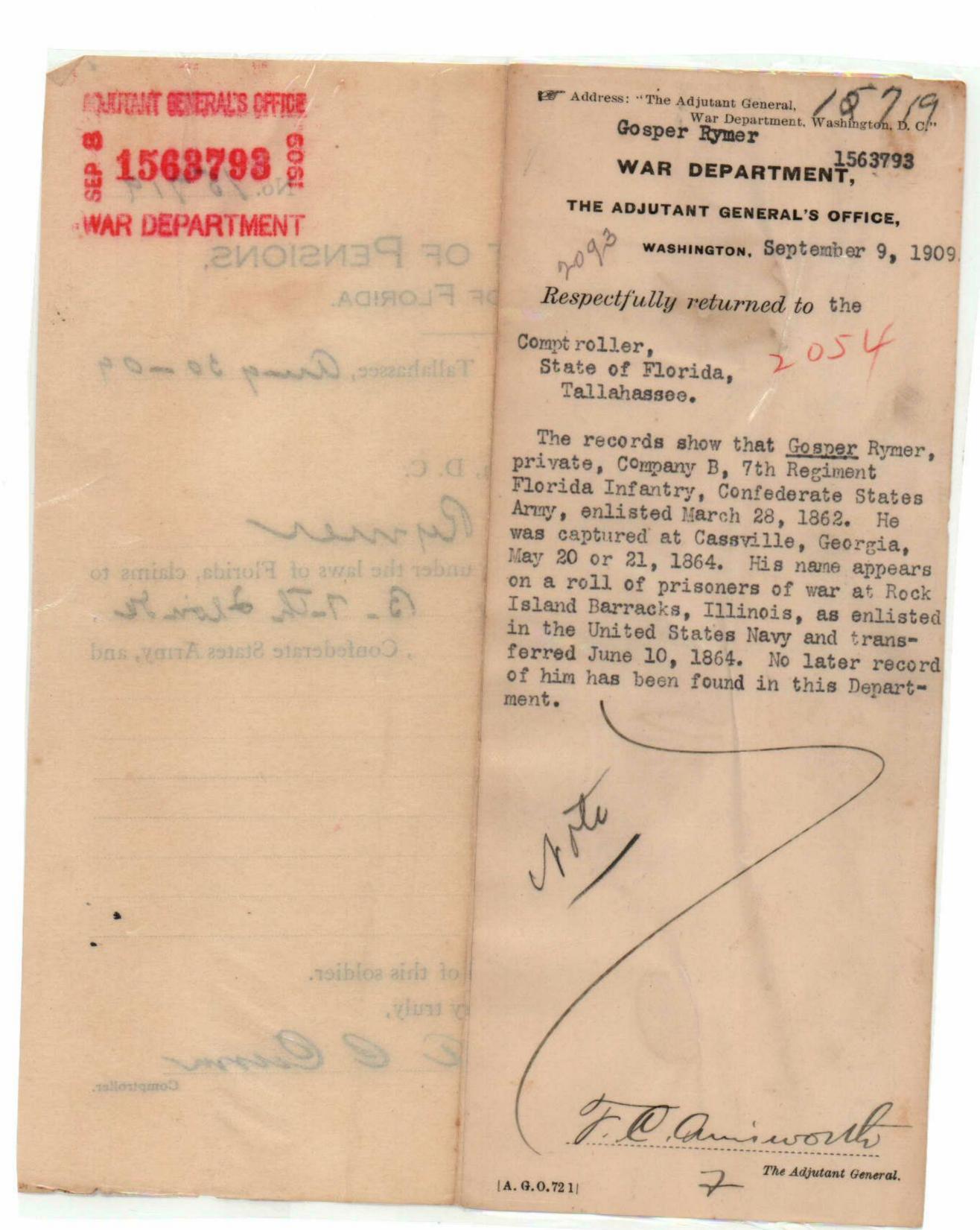
Regiment

, Confederate States Army, and

to have been

Please furnish me with the record of this soldier. Yours very truly,

a e Cum



Personally appeared before me Thomas B. Chiz and after being duly snown states that he served with Hasher Rymer, in Combrany B. 7 the Florida Reg., from May 8, 61 untill the latter part of 64. at Haires City, Tha, June 2, 04 Thomas B Ellis Witness Deslie R. More à à Reppord Motary Public State of Ha Commission Expures Magt, 07

November 4, 1958 Wr. E. E. Johnston, Director, Claims Service Veterans Administration Veterans Benefit Office Munitions Building Washington 25, D.C. C 21 011 396 Rymer, Jasper, 3072-212B Dear Sir: Confederate Pensioner No. 2054 In reply to your letter of October 27th with reference to claim for pension benefits under claim XC 211-011 396, from Mrs. Essie S. Rymer, 1319 Texas Street, Lake City, Florida, we are pleased to enclose the following photo copies taken from our files, showing Military service of Veteran. The enclosed information is all that we have available in our pension file covering this veteran's service, although her application states they were married February 28th, 1906 and that Jasper Rymer died February 6th, 1918, in Columbia County, Florida. Very truly yours RAY E. GREEN, COMPTROLLER By W. C. Hoffman, Chief Auditor Confederate Pensions WCH/mfs



VETERANS ADMINISTRATION

VETERANS BENEFITS OFFICE MUNITIONS BUILDING WASHINGTON 25, D. C.

OCT 27 1958

YOUR FILE REFERENCE:

• State Board of Pensions Tallahassee Florida IN REPLY REFER TO: XC 21 011 396 RYMER, Jasper 3072-212B

Gentlemen:

State of Florida.

We have pending a claim for death pension filed by Mrs. Essie S. Rymer, 1319 Texas Street, Lake City, Florida.

2054

Please send us your verification of the Civil War service of Jasper

his rank and organization with which he served.

Mrs. Rymer states she is receiving a Confederate pension from the

Rymer. Show the dates of his entry and discharge from service, and

Very truly yours,

E. E. JOHNSTON

Director, Claims Service

VETERANS ADMINISTRATION

MUNITIONS BUILDING
WASHINGTON 25, D. C.

OFFICIAL BUSINESS
RETURN AFTER FIVE DAYS

POSTAGE AND VETERANS ADM

HIRE THE HANDICAPPED—IT'S GOOD BUSINESS

Stemmed this of

20								20
21					The United Williams			21
22	MRS NITA STAPLETON DESIGNATED	11/13/68	1-103-0400	053097	0363580		32.88	22
23	AGENT & BENEFICIARY OF MRS ESSIERYMER							23
24	CONFEDERATE PENSIONER DECEASED							71
25								125
26				Territories	C 200	Francisco (26
27				1			32.88#	27
28_								

C-660

CLDS

STATE OF FLORIDA COMPTROLLER'S OFFICE TALLAHASSEE

November 12, 1968

Date

#205 Voucher Number

Inv. or Emp. No.			Object			War.		
Emp.	No.		Code	Amount	Amount	No.		
		Mrs. Nita Stapleton, designated Agent & Beneficiary of Mrs. EssieRymer, Confederate Pensioner, Deceased	4200	\$32.88	\$32.88			
		Pensioner died October 7, 1968 as per doctors certification attached.						
		Subject to payment of 31 days @ \$4.69 based on total allowable of \$150.00 per month						
					The state of the s			
			200	\$32.88	\$32.88			

PAYABLE FROM:

CODE NO: Confederate Pensions-Benefits

APPROVED

ACCOUNT: GR 1-10-103-0400

November 15, 1968 Mrs. Nita Stapleton 1319 Texas Street Lake City, Florida Mrs. Essie Rymer, Deceased Re: Confederate Pensioner Dear Mrs. Stapleton: Our File No. 2054 Attached you will find, state warrant no. 0363580, in the amount of \$32.88, which is the amount of accrued pension due you as beneficiary of the late Mrs. Rymer, who received a Confederate State Pension. This check covers the seven days in October, 1968 that she survived. Very truly yours FRED O. DICKINSON, JR., COMPTROLLER By Charles V. Page, Jr., Secretary State Board of Pensions CVP/ mfs 1 warrant enclosed

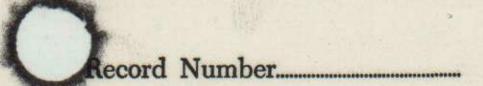
MAS. Nela Slaplaton
121 Lee St.
LAKE CIT, FIA.
ZIP CODE 32055



Tool O. Diebenson, 2r. Comptroller Capital TAllahassee, FIA.

Nov. 6 Florida 1968 .

(Certificate to be made by at	tending Physici	an of
Mrs. Essie Rymer	_, Confederate	Pensioner,
Deceased.)		
Full Name of Pensioner:		
Essie Rymer Certificate or Confederate Pe	nsion Number(if	known) No. 2054
Date of Birth 9 -3- 1883 Day	Month	Year
Date of Death 10-7-68 Day	Month	Year
Place of Death Lake City	Columbia	Florida State
(To be Signed by Physician) (Address)	L. G. Landrum, 2300 So. First Lake City, Fla	St.

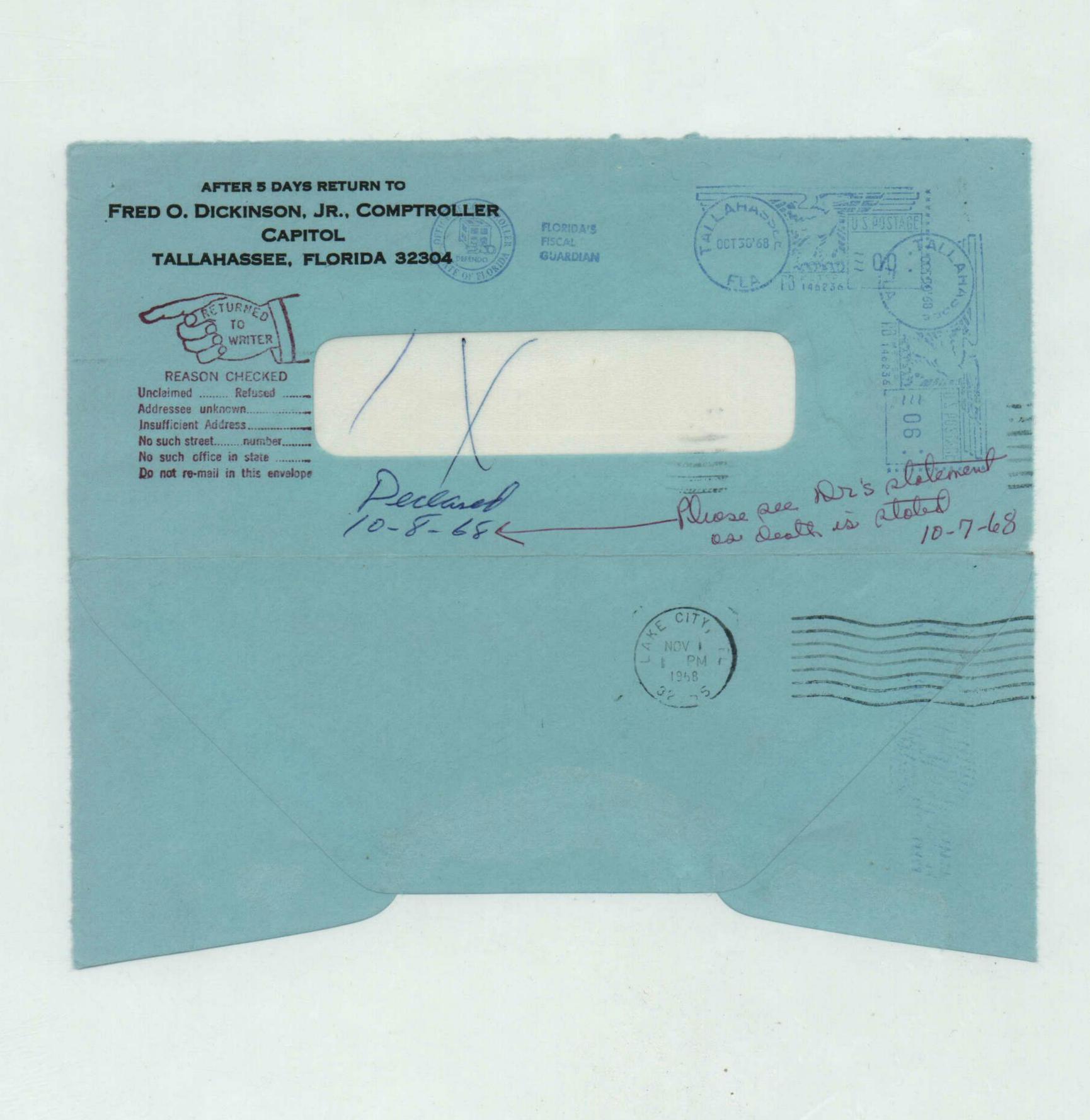


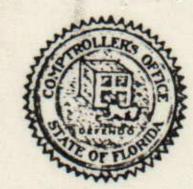
CANCELLATIONS

Month of November 4, 1968

(XX) Regular		
() Payroll		Date Restored
() Journal Vouche		
() Prior Year (Do	Not Restore to Appropriations)	
Warrant Number03	09527 to	
Date of Issue:	ber 23, 1968	
Name of Payee: Mrs	. Essie Rymer	
	9 Texas Street, Lake	City, Florida
Amount \$_15	0.00	
NAME OF ACCOUNT	CONFEDERATE PENSION	S - BENEFITS
CODE:	GR 1-10-103-0400	***************************************
		as, G.R.0- 00- 0000)

November 4, 1968 Mrs. Nita Stapleton 1319 Texas Street, Lake City, Florida Mrs. Essie Rymer Dear Mrs. Stapleton: Re: Confederate Pensioner Our File No. 2054 - deceased This is to advise that the Postmaster of Lake City, Florida, has returned to this office, the Confederate warrant addressed to Mrs. Essie Rymer, with the notation "deceased - October 8, 1968". We are sorry to learn of Mrs. Rymer's death and extend to you, her family and friends our sincere sympathy in their loss. Under date of March 5, 1965, as required by the Pension Law, Mrs. Essie Rymer executed a certificate designating Mrs. Nita Stapleton of 1319 Texas Street, Lake City, Plorida, as beneficiary to receive any accrued amount of her pension that might be due at the time of her death. The Law requires that a death certificate be filed with the Pension Department or in lieu thereof a certificate executed by the attending physician in the pensioner's last illness will be accepted. Copy enclosed to be completed by the attending physician and return to this office, in duplicate. As soon thereafter as possible, a beneficiary warrant will be issued to you as beneficiary for the accrued amount of the pension due you up to the date of Mrs. Rymer's death. Again we extend to you and yours our sympathy. Very truly yours FRED O. DICKINSON, JR., COMPTROLLER By Charles V. Page, Jr., Secretary State Board of Pensions CVP/ mfs l enclosure





STATE OF FLORIDA

OFFICE OF THE COMPTROLLER

RAY E. GREEN

TALLAHASSEE

February 25, 19-Safety-5

Mrs. Essie Rymer 1319 Texas Street Lake City, Florida

Dear Mrs. Rymer:

Reference to our Confederate Pension Records indicates that under date of August 3. 1959 you filed designation of beneficiary naming, Nita Stapleton, the person to whom you wish any amount of your accrued pension paid in the event of your death.

It has been our experience that in some instances the named beneficiary has pre-deceased the pensioner, and the courts have been required to determine beneficiary to whom any accrual due might be paid.

To bring your file up to date, you will find enclosed form for your use. If you desire to leave your beneficiary designation as indicated above in the first paragraph of this letter, and the beneficiary is still alive, please advise that this is your wishes. If the beneficiary designated has died, or you wish to change the name of your beneficiary, please execute the enclosed form before a Notary Public, indicating the name of the new beneficiary, and return the form to the under-signed.

Your assistance will be appreciated in bringing your record up to date.

Very truly yours,

RAY E. GREEN, COMPTROLLER

RV.

W. C. Hoffman, Secretary State Board of Pensions

WCH/vm

Encl.

RAY E. GREEN,



State of Florida

Comptroller's Office

Tallahassee

Pursuant to the conditions and provisions of (Chapter 291,) Section

291.32, Florida Statutes of 1957, I hereby designate	
5taple too of 1319 Texas H- late (1) -1	9
5taple too of 1319 Texas H- Lake (Lyp Plane) (Address of nominee)	
to receive from the State of Florida after my death, all amo	unts ac-
cruing to me as a Confederate pensioner of the State of Flori	da from
the date of the last payment of my pension that may be made t	o me
until the date of my death.	
This 39 day of Acq 1959.	
Witness:	
mostro Startet	
Signature of Pensi	alyn
Old Pensi	Loner .
STATE OF FLORIDA	
County of Columbia	
Before me, a Notary Public, or other officer authorized t	o take
acknowledgements, personally appeared Essie Remain	
who acknowledged that she signed the foregoing instrument for	the
purposes therein expressed.	
Dated at Sale City, Florida, this 3rd day	of
aug 1959.	
	25
Shulley M. D	ubeia
My Commission Expires April 24, 1962	0
(SEAL OF OFFICER) (Title of Officer))
My Commission expires	
	,-t-



(Seal of Officer)

STATE OF FLORIDA COMPTROLLER'S OFFICE TALLAHASSEE

Pursuant to the conditions and provisions of House Bill 80, Chapter 18045, Laws of Florida, Acts of 1937, I hereby designate Mrs. Ruth Richards (Daughter) (name of nominee) of 1674 N.W.36th Street, Miami, Florida (address of nominee) to receive from the State of Florida after my death, all amounts accruing to me as a Confederate pensioner of the State of Florida from the date of the last payment of my pension that may be made to me until the date of my death. This 22nd day of July 19 37. Witness: Cameron Mrs Essie Rymen (Seal) (Signature of pensioner) State of Florida County of Dade Before me, a Notary Public, or other officer authorized to take acknowledgements, personally appeared Mrs. Essie Rymer 2384 1.W. 3241 St. who acknowledged that _she signed the foregoing instrument for the purposes therein expressed. Dated at Florida, this 22mdday of Miami July 1937 My Commission Expires Dec. 10, 1937

(Title of Officer)

My Commission expires Dec.11-

DEATH REGISTRATIONS

REPORT FOR	PERSONS 21 YEARS AT	45 46 54	19	OFFICE AND ADDRESS OF THE PARTY	PAG		7.
N	AME AND ADDRESS OF DECEASED		AGE	CERTIFICATE NUMBER	SEX & RACE	MO.	_
LEE MASHINGTON ST LA	KE CITY FLA		90	92865	4	10	
THUNAS COULT SZZ W BALLHOAG ST LAM	MARY CITY FLA		92	93615	76	3	ŧ
POR PEGGY	ANN ITY FLA		31	53610	2	10	4
MATTHEMS NETTIE 1360 HELEN ST LANE CIT	Y FLA		73	Plote	2	10	
SHIPP DUMIS CIT	Y FLA		30	53621	2	10	*
LAIS S HAMILTON LAKE C	ELEZABETH TY FLA		7.4	53622	2	10	
PARKER JEASON ST LANS	CITY FLA		60	53623	3	10	40000
SCOTT PURUS ZOOL LANVALE ST LAKE	ITY FLA		73	53425	1	10	The state of
AYBER ESSIE 121 LUE ST LANE CITY	C.P. #2	054	10.5	93928	2	10	
DOUGLAS MANCY AT 2 BOX 244 LAKE CIT	MAE		36	110000	4	10	
HANGING THOMAS PO BOX 405 LAME GITY	GILES FLA		6.6	53637	1	10	
MARRIS JOHN RT I BOX 13002 LAKE C			70	53638	1	10	
JACKSON EUGENE 4 VALIENCIA DE LAKE C	ATY FLA		94	53642	1	10	
RODGERS LAURA 2020 LAME DR LAME CIT	Y FLA		20	53644	2	10	
PRISCHEL CHAMLES 2620 S MARION LAKE CI	LYNWOOD TY FLA		19	53645	1	10	
LEE BOX 23 LAKE CITY	FLA		60	53645	3	10	-
DHENS CHARLES RT 2 BUN 35 LAME CITY	FLA		7.5	93649	1	10	
MCDUPPIE GLACYS	E CITY ELA		78	53650	2	10	The same of the sa
UNDERHOOD CONALD RY 3 BOX 994 LAKE CIT	HURACE Y FLA		44	53653	2	15	- Service

A7594

10159

7594

JASPER RYMER

Filed with Number

2054

MRS. ESSIE RYMER