

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington,

Oct 17, 1885.

Respectfully returned to the Commissioner of Pensions.

540,412
Abraham B. Rainwater, a private of Company G,
45th Regiment Mo. Infy. Volunteers, was enrolled on the
5th day of Sept., 1864, at Linn Creek, for 1 yr.
and is reported: on roll dated Oct. 31/64 present,
same rept. to Feb. 28/65. Return for
Sept. 1864 does not rept. him absent.
Roll of Co. B. 48th Mo. Infy. Vols. (to which
transferred) for Mar. & Apr. 1865 present.
mustered out with Co., at Burton
Bks. Mo. June 29/65. Also borne as
A. B. Rainwater.

Name not borne on Regimental Hospital records
45 Mo. Vols from Dec 9. 64 (earliest on file) to Mch 6. 65.
Regimental Hospital records 48 Mo. Vols, not on file.

The records of this office furnish no
evidence of alleged disabilities.

Wm. M. ...
Assistant Adjutant General.
(2.)

CLAIMANT'S AFFIDAVIT.

State of Missouri, County of Camden County, ss.,

In the matter of Pension Claim No. 540,412, of A. B. Rainwater
late of Co. "G" 45th Reg. Mes. Inf. Vol.

ON THIS 11th day of July, A. D. 1886, personally appeared before me, a

a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

A. B. Rainwater aged 43 years, whose Post Office address is Go. Route, Camden

Co. Missouri

who, being duly sworn declared in relation to said case as follows:

NOTE—Affiants should state how they gain a knowledge of the

facts to which they testify.

In compliance with your require
ments I will try to give as correct a statement as I can
on the first I was out lame in the sun while I will be
cramped and my blood rushed to my head I had the stomachs but flashes
of a chilly sensations until I knew nothing recover my consciousness
I was weak and there was an inflammation it has been some
since as it is repeated it is still harder on me I have in
the same all through from first till now so much that it affects
the whole nervous system in debility almost a general prostration
impairing the hearing and eye sight I suffer with
a shortness of mind over half my time in so much that
when I am unable to do any work that I forget what I
am doing and has often found my self unable to
do my work this occurs whenever I am out in the heat of sun
and when I am out in any way that tends to plague
or irritate I suffer much with nervousness I am
feeling and out in the sun heat the lungs almost stop
with it my so that I can't get any breath deeper than the top of the
chest bone I suffer with nervous headache a great part
of the time shifting my rheumatism and neuralgia I so of will never
be doing to my own interest when I think it is necessary to
be out I have been kept out of 3/4 three fourths of my time since
I have been discharged I feel gradually increases

A. B. Rainwater

If affiant sign by mark, two persons who can write sign here.]

[Signature of Affiant.]

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PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but if not possible to secure such evidence, then two of the soldier's comrades should testify.

State of Missouri, County of Pulaski, ss.:

ON THIS 20th day of May, A. D. 1886, personally appeared before me, a Justice of the Peace, E. C. Ramsey, in and for the aforesaid County, duly authorized to administer oaths, E. C. Ramsey aged 50 years, a resident of Liberty Townships in the County of Pulaski and State of Missouri and Godfrey Cuthy aged 53 years, a resident of Richland in the County of Pulaski and State of Missouri who, being duly sworn according to law, state that he is acquainted with A. B. Ramwater applicant for Invalid Pension; and know the said A. B. Ramwater to be the identical person of that name who enlisted or volunteered as a Private in Company G 45th Regiment of Infantry Missouri Vols., and who was discharged at Benton Barracks, St. Louis Mo. on or about the 29th day of June, 1865 by reason of being mustered out close of war
(Here insert the reason of the soldier's discharge, if known; if not known, so state, or, if he died, so state.)

That the said A. B. Ramwater while in the line of his duty, at or near Providence in the State of Missouri did, on or about the 12 day of November, 1864 become disabled in the following manner, viz: Stroke while on drill was taken to Regt Hospital and from there sent to Post Hospital at Jefferson City Mo.
Here state the time, place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place where contracted, what caused it, the name of the sickness, and how it affected him.

That the facts stated are personally known to the affiant by reason of being in Command of Company
(Here state whether affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained.) All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

And deponent further state that he is well acquainted with the claimant, having known him for at least 23 years and further that his knowledge of the facts above stated is derived from said acquaintance, and from having served as Commandant "D" of the 45th Regiment of Inftry Volunteers, from the day of September 4 1864 to the 29th day of June 1865. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

(If affiant make mark, two witnesses who write sign he c.)
State of Missouri, County of Clarke SS:
Godfrey Luther
Late Capt Co "D" 45th Mo
[Signature of Witnesses]

Sworn and subscribed before me this day by the above-named affiant, and I certify that I read the said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and the said affiant is personally known to me, and that he is a credible person.

Clerk's Certificate showing my
Authority has been previously filed
in the Pension Office at Washington D.C.
with the Pension Claim of J. F. Wright.
NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Official Character hereon, and not on a separate slip of paper.
E. P. Ramsey Jr
[Magistrate's Signature]
E. P. Ramsey Jr
[Official Character]

I certify that Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

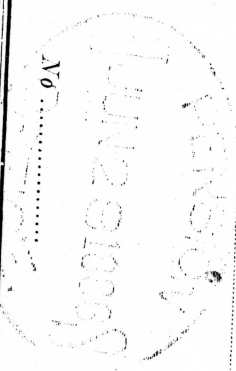
Witness my hand and seal of office, this day of 188 .

[L. S.]
CLERK OF THE COURT.

FILED BY
J. F. & S. T. WRIGHT,
WASHINGTON, D. C.

Captain

PROOF OF DISABILITY.



ADDITIONAL EVIDENCE
CLAIM OF

CLAIMANT'S AFFIDAVIT.

State of Missouri, County of Camden, ss

In the matter of Abraham B. Rainwater

ON THIS 17th day of July, A. D., 1886, personally appeared before me, a
Justice of the Peace in and for the said County, duly authorized to administer oaths,
Abraham B. Rainwater aged 41 years, whose Post Office address is Tananta
Camden County, Mo.

who, being duly sworn, declared in relation to said case as follows:

NOTE.—Affiants should state how they gain knowledge of the

I wrote to my family
Surgeon to get his certificate as to the
medical treatment that I received
of him while in the service, and he
the Surgeon refused to make any
affidavits in the case,
as to my family
physicians I have had two to state on me
since my discharge from the service, and
they are both dead. These are the reasons
why I can not get them affidavits.

If Affiant sign by mark, (two persons who can write sign here.)

Abraham B. Rainwater
(Signature of Affiant)

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Missouri, County of Camden, ss:

On this 21 day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid,

Abraham B. Rainwater, who, being duly sworn according to law, declares that he is 67 years of age, and a resident of Stoutland, county of Camden, State of Mo.

; and that he is the identical person who was ENROLLED at Lim Creek, Mo., under the name of Abraham B. Rainwater

on the 5th day of September, 1864, as a Private in

Co. G - 45th Reg. Mo. Vol. Inf.
(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 Benton Bks, Mo., on the 29th day of June, 1865.

That he also served _____
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born May 16th, 1845, at Camden Co. Mo.

That his several places of residence since leaving the service have been as follows:

Camden Co. Mo. Since
(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 412793. That he has _____ applied for pension under original No. _____

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 Stoutland, county of Camden, State of Mo.

Attest: (1) Mrs L C Hudson | Abraham B. Rainwater
(2) L. A. Burkans | (Claimant's signature in full.)

Subscribed and sworn to before me this 21 day of May, A. D. 1912, 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 _____

[L. S.]

erased, and the words _____ added; and that _____ accepted _____

as to execution
S. A. Cuddy,
Chief, Law Division.

Junie W. Burkans
(Signature)
Notary Public
(Official Character.)

per TOI

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

DECLARATION FOR ORIGINAL INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its Seal.

State of Missouri }
Camden County, } SS.

On this 13 day of May, A. D. one thousand eight hundred and eighty five personally appeared before me, Abel R. of the County Court, a court of record within and for the County and State aforesaid, A. B. Rainwater aged 40 years, a resident of the Town of Camden, State of Missouri, who, being duly sworn according to law, declares that he is the identical A. B. Rainwater who was ENROLLED on the 5th day of September, 1864, in Company "G" of the 40th Regiment of Mo. Vols. commanded by G. L. Luthy and was honorably DISCHARGED at Benton Barracks, Mo. on the 29th day of June, 1865; that his personal description is as follows: Age, 40 years; height 5^{ft} 8ⁱⁿ; feet, 8 inches, complexion, Light; hair, Light; eyes, Gray.

That while a member of the organization aforesaid, in the service and in the line of his duty at Providence, in the State of Missouri, on or about the 1st day of September, 1864, he contracted disability from sun-stroke while drilling on the banks of the Missouri River.

and since that time has been unable to perform but very little manual labor in the summer & fall seasons, as he is particularly affected by the sunshine and cannot breathe freely. He claims Pension upon disability from effects of sun-stroke, causing general debility as above described.

That he was treated in hospitals as follows: was treated by Regimental Doctor, John S. Bidder But was never sent to hospital.

That he has not been employed in the military or naval service otherwise than as stated above. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in County of Camden except 12 months in the State of Missouri, and his occupation has been that of a Farmer.

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now greatly disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, J. P. & S. I. WRIGHT, of WASHINGTON, D. C., his true and lawful attorney to prosecute his claim. That he has not received now applied for a Pension. That his POST-OFFICE ADDRESS is Town of Camden, county of Camden, State of Missouri.

ATTEST: M. Ellis Claimants signature, A. B. Rainwater
David Blonkerstif

Certificate No. 412 793

Name, Abraham B. Rainwater

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

Abraham B. Rainwater
Camden Co
Mo.

McKay Brand
 Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Sarah Cathern Rainwater; ^{maiden} Sarah Cathern Westers

Second. When, where, and by whom were you married?

Answer. October 17-1870 by Person W. Brown in Camden Co Mo

Third. What record of marriage exists?

Answer. on record at Ginn Creek Camden Co. Mo

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Once married

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes Sarah & Rainwater Sept 8th 1871. Mary J. Rainwater

Dec. 25/1872 Benjamin F. Rainwater Jan 5/1874 - George E. Rainwater Oct 24
1876, Jeremiah F. Rainwater May 20th 1879. William M. Rainwater Apr 14/84
Timothy F. Rainwater Oct 5th 1883 - Rebecca Rainwater Sept 17 1883. John F. Rainwater
Harisham Rainwater Oct 22 1890 - Levi R. Rainwater
Abraham B. Rainwater
 Date of reply, May 4, 1898 (Signature.)
 5801b750ml-98
 March 1898

Certificate No. 412 793

Department of the Interior,
Name, Abraham B. Rainwater
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

Abraham B. Rainwater
Camden Co
Mo.

McKay Brand
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Sarah Catharine Rainwater; maiden name Sarah Catharine Waters

Second. When, where, and by whom were you married?

Answer. October 17-1870 by Parson W. Brown in Camden Co. Mo.

Third. What record of marriage exists?

Answer. on record at 9 in back Camden Co. Mo.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Never married

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes - Sarah L. Rainwater Sept 8th/87; Mary J. Rainwater
Dec. 25/1872 Benjamin F. Rainwater Jan 5, 1874 - George E. Rainwater Oct 24
1876, Gertrude L. Rainwater May 20th 1877, William M. Rainwater Apr 14/84
Franky F. Rainwater Oct 5th 1883 - Rose A. Rainwater Sept 17, 1885, Jane F. Rainwater
Harison Rainwater Oct 22, 1890 - Levi P. Rainwater
Date of reply, May 4, 1898 (Signature.)
Abraham B. Rainwater. Feb 8. 96

March 1898

Names & Births of my Children
Blank not Big Enough



Question - No. 9

1. Sarah Linnette Barn Sept 8 - 1872
 - 2 Mary Lizzie Beth Barn December 25 - 1872
 - 3 Benjamin Franklin Barn Nov 5 1874
 - 4 George Edward Barn October 20 - 1876
 - 5 Rubin Butler Barn March 8 - 1878 } Died May 8, 1878
 - 6 Jeremiah Leland Barn May 20 - 1879
 - 7 William Meritt Barn April 4 1881
 - 8 Franky Valentine Barn October 5 - 1883
 - 9 Royce Anne Barn Sept 17 - 1885
 - 10 Joey Clarence Barn March 9, 1888
 - 11 Harrison Spryer Barn October 22 - 1890
 - 12 Stella Maybell Barn July 18 - 1894 } Died Feb 22, 1896
 - 13 Lem Oliver Barn Feb 8 - 1896
- Abraham B. Rainwater April 2 - 1915

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

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

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

ABRAHAM B RAINWATER
STOUTLAND MO
412793 CIV WAR

G. M. Safford

Commissioner.



FOLD HERE.

No. 1. Date and place of birth? Answer. *Born May 16-1845 in Camden Co. Mo.*
The name of organizations in which you served? Answer. *45 Missouri Volunteer Infantry*

No. 2. What was your post office at enlistment? Answer. *Wet Gleye Camden Co. Mo.*

No. 3. State your wife's full name and her maiden name. Answer. *Sarah Catherine Walters*

No. 4. When, where, and by whom were you married? Answer. *in October 20-1870 by William Brown a Miss. Synod Baptist Minister*

No. 5. Is there any official or church record of your marriage? *Official Record*
If so, where? Answer. *at Ginn Creek Camden Co. Mo.*

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *once married only once no divorce & 2 previous marriages from Eastern Side*

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *She never was married but the one time*

No. 8. Are you now living with your wife, or has there been a separation? Answer. *never with any separation living with her now & always has*

HERE.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

GROUP 2

3-1081

See letter

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

17. 11/4/17

NOV-9 1917, 191

Certificate No. 412,793

Class GENERAL LAW

Pensioner Abraham B. Rainwater

Soldier Pri. G. 45" Mo.

Service Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$17, to Aug. 4, 1917
has this day been dropped from the roll be-
cause of death Nov. 1, 1917.

Rep. Nov. 10-17.

Finance Division.

★ NOV 12 1917 ★

Very respectfully,

Bureau of Pensions.

W. H. Russell

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

6-2249

M. W.

3-7081

GROUP 2

See letter

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

NOV-9 1917, 191

Certificate No. 412,793

Class GENERAL LAW

Pensioner Abraham B. Rainwater

Soldier Pri. G. 45th Mo.

Service Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
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has this day been dropped from the roll be-
cause of death, Nov. 1, 1917.

FINANCE DIVISION.

NOV 12 1917

Very respectfully,

Chief of Pensions.

W. H. Campbell

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

6-2249

M. W.

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

N. 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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Camden		Registration District No.	275	File No.	14
Township	Anglaise		Primary Registration District No.	51703	Registered No.	14
Village	Stoutland		[If death occurred in a hospital or institution, give its NAME instead of street and number]			
City	(NO. _____) St. _____ Ward _____					
FULL NAME			Abraham B. Rainwater			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Male	White	Married	Nov. 10, 1917			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
May 16, 1845			July 10, 1917, to Nov. 1, 1917,			
AGE			that I last saw him alive on Oct. 30, 1917,			
72 yrs. 5 mos. 15 ds.			and that death occurred, on the date stated above, at 7 a.m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work			Chronic Inflammation			
(b) General nature of industry, business, or establishment in which employed (or employer)						
BIRTHPLACE			(Duration) _____ yrs. _____ mos. _____ ds.			
(City or town, State or foreign country)			Contributory _____			
NAME OF FATHER			(Duration) _____ yrs. _____ mos. _____ ds.			
Gideon Rainwater			(Signed) _____ M. D.			
BIRTHPLACE OF FATHER			Nov. 2, 1917 (Address) _____			
(City or town, State or foreign country)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
MAIDEN NAME OF MOTHER			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
			At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.			
BIRTHPLACE OF MOTHER			Where was disease contracted if not at place of death? _____			
(City or town, State or foreign country)			Former or usual residence _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			PLACE OF BURIAL OR REMOVAL			
(Informant) _____			Stoutland Mo.			
(ADDRESS) _____			DATE OF BURIAL			
8316 Highland Ave.			Nov. 3, 1917			
Kansas City, Mo.			UNDERTAKER			
Nov. 7, 1917			None			
W. O. Pool, M.D.			ADDRESS _____			
REGISTRAR						