

ORDER FOR COPIES OF VETERANS RECORDS

Please see Page 1 of this form for instructions.

000010

Date Received (NNMS)

1986 MAY 16 PM 12:17

1. FILE TO BE SEARCHED (Check one box ONLY)		<input type="checkbox"/> PENSION		<input type="checkbox"/> BOUNTY-LAND WARRANT APPLICATION (Service before 1856 only)		<input checked="" type="checkbox"/> MILITARY	
REQUIRED MINIMUM IDENTIFICATION OF VETERAN Items 2, 3, 4, 5 (and 6 when applicable) MUST be completed or your order cannot be serviced.		2. VETERAN (Give last, first, and middle names) Peeples William		3. BRANCH OF SERVICE IN WHICH HE SERVED <input checked="" type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps		6. IF SERVICE WAS CIVIL WAR <input type="checkbox"/> Union <input type="checkbox"/> Confederate	
		4. STATE FROM WHICH HE SERVED South Carolina		5. WAR IN WHICH, OR DATES BETWEEN WHICH, HE SERVED. Revolution Dec. 1, 1778-July 1, 1781			
PLEASE PROVIDE THE FOLLOWING INFORMATION, IF KNOWN							
7. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc., name of ship) 3rd S.C. Regiment		8. IF SERVICE WAS ARMY, ARM IN WHICH HE SERVED <input checked="" type="checkbox"/> Infantry <input type="checkbox"/> Cavalry <input type="checkbox"/> Artillery If other, specify:			9. KIND OF SERVICE <input type="checkbox"/> Volunteers <input type="checkbox"/> Regulars		
13. DATE OF BIRTH 1757		14. PLACE OF BIRTH (City, County, State, etc.) ?			11. IF VETERAN LIVED IN A HOME FOR SOLDIERS, GIVE LOCATION (City & State)		
15. DATE OF DEATH 1791		16. PLACE OF DEATH (City, County, State, etc.) ?					
		10. PENSION/BOUNTY-LAND FILE NO.			12. PLACE(S) VETERAN LIVED AFTER SERVICE		
		17. NAME OF WIDOW OR OTHER CLAIMANT John-brother ?					

Do NOT write below — Space is for our reply to you

YES We have located the file you requested above. The cost is \$5.00 for the file. We have copied all or part of the file for you. Make your check or money order for \$5.00, payable to **NATIONAL ARCHIVES TRUST FUND (NNMS)**. Do NOT send cash. **Return your payment AND this invoice in the enclosed envelope.** If the return envelope is missing, send your payment AND this invoice to: Cashier (NJC), National Archives Trust Fund, 8th and Pennsylvania Avenue, NW, Washington, DC 20408. We must have this invoice to match your payment with your copies. WE WILL HOLD THESE COPIES AWAITING RECEIPT OF PAYMENT FOR 30 DAYS ONLY, FROM DATE STAMPED BELOW.

NO We were unable to locate the file you requested above.

REQUIRED MINIMUM IDENTIFICATION OF VETERAN WAS NOT PROVIDED. Please complete items 2 (give full name), 3, 4, 5, and 6, and resubmit your order.

A SEARCH WAS MADE BUT THE FILE YOU REQUESTED ABOVE WAS NOT FOUND. When we do not find a record for a veteran, this does not mean that he did not serve. You may be able to obtain information about him from the archives of the State from which he served.

See attached forms, leaflets, or information sheets.

NNMS USE ONLY	SEARCHER JYJ	DATE 6/7/86
	FILE DESIGNATION Peeples, William	
	3rd S.C. Reg't	

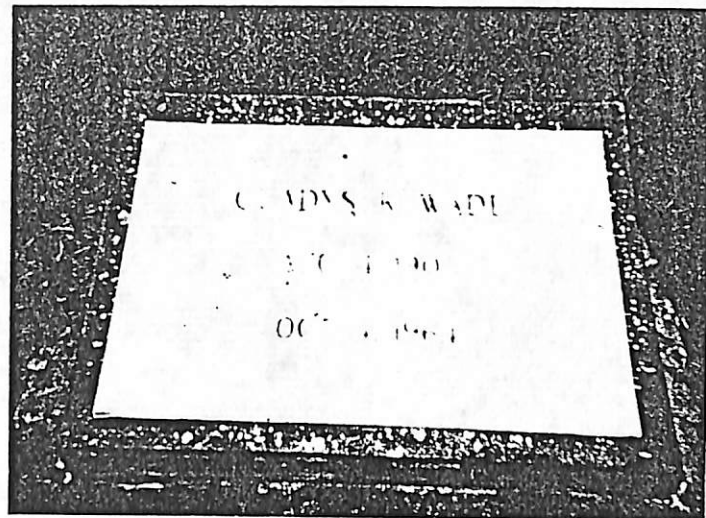
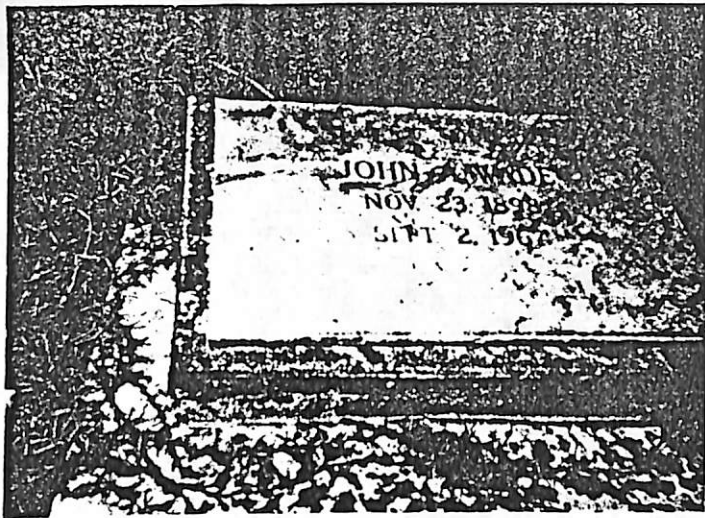
369725

19 JUL 1985

THIS IS YOUR MAILING LABEL. Print your name (Last, First MI) and address within the block below. **PRESS FIRMLY - the information MUST appear on all copies.**

NAME (last, first, middle) Margaret Anne	
STREET 129 South Main St.	
CITY, STATE Brookside, Mo. 63078	

(Zip Code)



Generation II
Thelma Ann Wade Dawson
Annuttaliga Chapter 3108-FL
Brooksville, Florida
12 Nov. 1985

WILLIAM PEOPLES

These tombstones are located in the Indian Hill Cemetary in Sumter County, Florida on Highway 476. It is just over the Withlacoochee River.

HOLY BIBLE,

CONTAINING THE

OLD AND NEW TESTAMENTS,

TRANSLATED OUT OF

The Original Tongues;

Generation II
Thelma Ann Wade Dawson
Annuttaliga Chapter 3108-FL
Brooksville, Florida
12, Nov., 1985

AND WITH THE WILLIAM PEOPLES

FORMER TRANSLATIONS DILIGENTLY COMPARED AND REVISED

NEW YORK:
AMERICAN BIBLE SOCIETY,

INSTITUTED IN THE YEAR MDCCCXVI.

[Pica, ref. quarto.]

1870.

FAMILY RECORD.

BIRTHS.

BIRTHS.

Gen III

J. J. Knight Born Mar. 30, 1849
 J. C. Knight Born May 6, 1870
 W. R. Knight Born Jan 14, 1879
 J. L. Knight Born June 16, 1881
 D. C. Knight Born July 19, 1889
 H. F. Knight Born June 9, 1891
 J. E. Knight Born Nov 30, 1893
 L. A. Knight Born Aug. 7, 1895
 W. D. Knight Born June 24, 1898
 E. L. Knight Born Dec. 8, 1901
 G. Knight Born Aug. 4, 1904
 L. J. Knight Born April 29, 1911

J. E. Knight Born Nov 30, 1893
 L. B. Knight Born Sep. 19, 1905
 E. C. Knight Born Sept 25, 1923
 L. H. Knight Born Jan. 13, 1925
 W. C. Knight Born Jan. 13, 1925
 H. E. Knight Born Feb. 15, 1928

Gen II

Generation II
 Thelma Ann Wade Dawson
 Anuttaliga Chapter 3108-FL
 Brooksville, Florida
 1986, March 28

WILLIAM PEOPLES

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. _____

REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY Sumter		CODE NO. 70-XXX	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Sumter
b. CITY, TOWN, OR LOCATION Bushnell (Rural)		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY, TOWN, OR LOCATION Bushnell (Rural)	
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rt. 1, Box 48			4. STREET ADDRESS Rt. 1, Box 48		
3. NAME OF DECEASED (Type or print) Gen. JOHN ANDREW WADE			4. DATE OF DEATH Sept. 2, 1967		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 23, 1908	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Road Dept.		10b. KIND OF BUSINESS OR INDUSTRY State of Florida		11. BIRTHPLACE (State or foreign country) Sumter County, Florida, USA	
13. FATHER'S NAME Alfred Franklin Wade			14. MOTHER'S MAIDEN NAME Virginia Connell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 265-22-5407		17. INFORMANT'S SIGNATURE Thelma Ann Dawson Address P.O. Box 935, Brooksville, Fla.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Died of Natural Causes. Apparent Heart Failure. Found dead.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at Approx. 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE County Judge & Ex-Officio Coroner			22b. ADDRESS Bushnell, Florida		22c. DATE SIGNED 9/5/67
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Sept. 5, 1967		23c. NAME OF CEMETERY OR CREMATORY Indian Hill Cemetery	
				23d. LOCATION (City, town, or county) (State) Sumter County, Florida.	
24. FUNERAL DIRECTOR'S SIGNATURE L. O. Powell - BUSHNELL, FLA			25. DATE RECD. BY LOCAL REG. 9-5-67		26. REGISTRAR'S SIGNATURE Lois Graham

WILLIAM PEOPLES

Generation II
Thelma Ann Wade Dawson
Annattaliga Chapter 3108-Fl
Brooksville, Florida
12 Nov. 1985

MEDICAL CERTIFICATION

this 9 day of April 1, A. D. 1923

E. C. May

County Judge. m m

S. J. Montgomery }
J. S. Miller } witness

575
w

STATE OF FLORIDA, CITRUS COUNTY.

To any Minister of the Gospel or any Officer legally authorized to solemnize the Rite of Matrimony:

WHEREAS, Application having been made to the County Judge of Citrus County, of the State of Florida, for a License for Marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the Marriage now sought to be solemnized,

These are, therefore, to authorize you to unite in the Holy Estate of Matrimony John Andrew Ward and Gladis Wright, both of Bushnell, Fla and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness My Name as County Judge, and the seal of said Court, at the Courthouse in this 5 day of April, A. D. 1923

E. C. May

County Judge. m m

I certify that the within named John Andrew Ward and Gladis Wright were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of the within License.

Done this 8 day of April, A. D. 1923
M. R. Maguire }
Louis H. Harris } Notary Public

M. R. Maguire
Notary Public

Filed for record this 14 day of April, A. D. 1923, and recorded in Marriage Record 3
this 14 day of April, A. D. 1923

E. C. May

County Judge. m m

Generation 11
Thelma Ann Wade Dawson
Annattaliga Chapter 3108-FL
Brooksville, Florida
12 Nov. 1985

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY Hernando		CODE NO. 37-027	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Sumter
b. CITY, TOWN, OR LOCATION Brooksville		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Bushnell	
d. NAME OF HOSPITAL OR INSTITUTION Hernando County Hosp.		e. LENGTH OF STAY IN J.S. 11 days	d. STREET ADDRESS Rt. 1, Box 48		
3. NAME OF DECEASED (Type or print) Gen III GLADYS WADE			4. DATE OF DEATH Month October Day 4 Year 1964		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1904		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Sumter County, Florida		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Knight Gen III			14. MOTHER'S MAIDEN NAME Julia Katherine Peoples Gen III		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE <i>Elmer Reed</i> Address Rt. 1, Box 48, Bushnell, Fla.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart failure and Dehydration DUE TO (b) Arteriosclerosis DUE TO (c) C.A. of the Cervix PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) C.A. of the Cervix					INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20a. TIME OF INJURY Hour 10:52 P. Month 10 Day 4 Year 1964					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Brooksville, Fla	
21. I attended the deceased from 9.24.64 to 10.4.64 and last saw her alive on 10.4.64 Death occurred at 10:52 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J.C. Scamille, M.D.</i>			22b. ADDRESS Brooksville, Fla		22c. DATE SIGNED 10.6.64
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE Oct. 4, 1964	23c. NAME OF CEMETERY OR CREMATORY Indian Hill Cemetery		23d. LOCATION (City, town, or county) (State) Sumter County, Florida
24. FUNERAL DIRECTOR'S SIGNATURE <i>John D. Powell</i> ADDRESS Bushnell, Fla.			25. DATE RECD. BY LOCAL REG. 10.16.64		26. REGISTRAR'S SIGNATURE <i>Berneston Smith</i>

Write plainly with permanent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete & accurate.

Generation II
Thelma Ann Wade Dawson
Annuttaliga Chapter 3108-F1
Brooksville, Florida
12 Nov. 1985

WILLIAM PEOPLES