

936706

PS 707

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals who on August 29, 1935, were in the active compensated service of or in an employment relation to an employer under that Act. Only such individuals should fill out this form. Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 708-05-8927

2. Name Robert Allen Babcock 3. Race White
(PRINT) (First) (Middle) (Last)
Address Eland Shawano Wisconsin 4. Sex Male
(Street and number) (Town or city) (County) (State) (Male or female)
5. Date of birth June 13th. 1885 6. Place of birth New London Waupaca Wisconsin.
(Month) (Day) (Year) (PRINT) (Town or city) (County) (State)
7. Father's William none Babcock Mother's Mary none Cass
(First name) (Middle name) (Last name) (First name) (Middle name) (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? no If not, were you
(Yes or no) (Yes or no)

on August 29, 1935: on furlough and ready and willing to serve? yes; on leave of absence? -; or absent
(Yes or no) (Yes or no)

on account of sickness or disability? -
(Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate block for each employer. Start with a new line of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) Chicago & North Western Ry. Co. Robert A. Babcock.
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Car Repairer	Mar.	1907	Sept	1913	Car Dept.	Ashland.
Handyman	Dec.	1915	Apr.	1916	Motive Power	Eland, Wis.
Machinist	Apr.	1916	Dec.	1931	" "	"
Laborer	Feb.	1936	Mar	1936	" "	"

(b) Chicago & North Western Ry. Co. Robert A. Babcock.
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Machinist	Dec.	1936	(Not ended)		Motive Power	Adams, Wis.

(Additional blocks are provided on the back of this form)

16-7408

Date 4-2, 1941
(Month) (Day) (Year)

(Signed) Robert A. Babcock
(Sign in ink or indelible pencil—do not print)



Sheet No. 1 of 1 R. R. B. No.

RECORD OF EMPLOYEE'S PRIOR SERVICE

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Babcock

Robert

Allen

(Last name)

(First name)

(Middle name)

Eland

Shawano

Wisconsin

(Street and number)

(Post office)

(County)

(State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

CHICAGO & NORTH WESTERN RAILWAY COMPANY

(Name of employer)					
Name on pay roll Babcock		Robert		A.	
(Last name)		(First name)		(Middle name)	
NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (Month, year)	DATE ENDED (Month, year)	DEPARTMENT	LOCATION OR DIVISION
1 Same	Car Repr	3-1907	9-1913	Car	Ashland
2 "	Handyman	12-1915	4-1916	Mot Power	Eland, Wis
3 "	Machinist	4-1916	12-1931	"	"
4 "	Laborer	2-1936	3-1936	"	"
5 "	Machinist	12-1936		"	Adams, Wis
6					
7					
8					

WJY

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

New London

Waupaca County

Wisconsin

(City)

(County, parish, or other civil division)

(State or country)

on **June** **13** **1885**, which ~~has~~ (has not) been verified, and that such date of birth was entered on records of the employer during the year of **1936**

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? **No** If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

PS 707

936704

Section 5.—PERSONNEL RECORD

	OCCUPATION	DEPARTMENT OR DIVISION	FROM—		TO—	
			Month	Year	Month	Year
1						
2						
3						
4	NO AUTHENTIC INFORMATION AVAILABLE FOR THIS SECTION.					
5						
6						
7						
8						

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan.						C	C	C	C	C	C	C	C			X	C	C	C	C
Feb.	C					C	C	C	C	C	C	C	C			X	C	C	C	C
Mar.	X					C	C	C	C	C	C	C	C			X	C	C	C	C
April						C	C	C	C	C	C	C	C			X	C	C	C	C
May						C	C	C	C	C	C	C	C			X	C	C	C	C
June						C	C	C	C	C	C	C	C			X	C	C	C	C
July						C	X	C	C	C	C	C	C			X	C	C	C	C
Aug.						C	X	C	C	C	C	C	C			X	C	C	C	C
Sept.						C	C	C	C	C	C	C	C			X	C	C	C	C
Oct.						C	C	C	C	C	C	C	C				C	C	C	C
Nov.						C	C	C	C	C	C	C	C				X	C	C	C
Dec.	C					C	C	C	C	C	C	C	C	C			X	C	C	C
Total																				

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan.	C																			
Feb.	C	C																		
Mar.	C	C																		
April	C	C																		
May	C	C																		
June	C	C																		
July	C	C																		
Aug.	C	C																		
Sept.	C	C																		
Oct.	C	C																		
Nov.	C	C																		
Dec.	C	C																		
Total																				

SPECIAL INSTRUCTIONS FOR AUGUST AND SEPTEMBER 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

NOTE.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Babcock Robert A.
(Last name) (First name) (Middle name)

COMPENSATION													OCCUPATION					
	1931		1930		1929		1928		1927		1926		1925		1924		Year	Title on Pay Roll
Jan.																	1st	Machinist
	199	00	191	20	195	18	179	62	180	00	180	00	169	92	175	68	1931	
Feb.																	2d	"
	171	20	178	40	169	13	175	13	171	20	161	68	170	92	160	92		
Mar.																	1st	"
	196	80	191	60	190	50	188	63	183	20	176	96	177	22	175	96	1930	
Apr.																	2d	"
	188	80	188	80	178	13	181	87	178	90	170	32	170	32	172	84		
May																	1st	"
	192	00	200	00	190	40	181	31	180	00	184	32	174	24	167	04	1929	
June																	2d	"
	190	40	182	40	194	40	178	50	178	32	177	12	169	92	155	52		
July																	1st	"
	188	80	206	40	207	60	180	00	184	90	181	04	178	56	157	84	1928	
Aug.																	2d	"
	198	40	190	40	198	00	185	25	183	20	196	24	178	56	184	10		
Sept.																	1st	"
	182	40	190	40	186	80	184	87	184	31	139	88	180	00	162	45	1927	
Oct.																	2d	"
	196	80	195	20	196	40	187	98	188	72	178	56	177	12	167	44		
Nov.																	1st	"
	162	40	187	20	197	80	179	25	173	62	172	80	167	04	167	76		
Dec.																	1st	"
	X		192	00	196	60	137	25	190	98	186	86	181	08	155	82	1925	
Total																	2d	"
	2067	00	2294	00	2300	94	2139	66	2177	35	2105	78	2094	90	2003	37		
																	1st	"
																	1924	
																	2d	"

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

LB

Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

1-1-24 to 12-31-31 _____ \$ _____
Other service prior to 1-1-37 _____
C _____ M _____ A _____
Computer _____ Reviewer _____

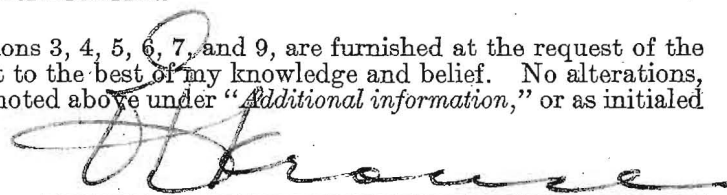
Section 9.—ADDITIONAL INFORMATION

- 1 Information in Section 6 taken from payroll records.
- 2 Information in Section 7 taken from income tax records.
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "Additional information," or as initialed by me.

Date JUL 25 1941


(Signature)
SPECIAL ACCOUNTANT
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " * * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year."

APPLICATION FOR EMPLOYEE ANNUITY UNDER
THE RAILROAD RETIREMENT ACT

(DO NOT WRITE IN THESE SPACES)

A375422

officially filed
Sept 1, 1948
Water Alaska
Contract Rpr.

ALL ITEMS ON THIS FORM MUST BE ANSWERED. THE COMPLETED FORM IS TO BE RETURNED
TO THE RAILROAD RETIREMENT BOARD

1. Social Security Account No. 708-07-8927
 2. Name (PRINT) Robert Allen Babcock
If married woman, give maiden name
(FIRST) (MIDDLE) (LAST)
 3. Race White
 4. Sex Male
(MALE OR FEMALE)
 5. Date of birth June 13 1883
(MONTH) (DAY) (YEAR)
 6. Place of birth (PRINT) New London Waupaca Wis.
(TOWN OR CITY) (COUNTY) (STATE)
 7. Father's William
(FIRST NAME) (MIDDLE NAME) (LAST NAME)
 - Mother's Mary
(FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)
 8. Are you now single, married, divorced, or widowed? Married If now married give wife's Cara
(STATE WHICH) (FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)
 9. Are you applying for an annuity to begin before age 65? No (a) If so, are you totally and permanently disabled for regular employment for hire? _____, or are you disabled for work in your regular occupation? _____; (b) what is your principal disabling condition? _____; (c) what was your regular occupation in employer service during the last 5 years? _____; (d) during the last 15 years? _____; (e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act? _____
 10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? Yes If "Yes," have you filed with the Board a statement of such service on Form AA-15? Yes
 - 11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")
- | LAST EMPLOYER | | NEXT TO LAST EMPLOYER | |
|---------------------------|------------------------------------|---------------------------|----------------------|
| NAME OF EMPLOYER | <u>Chicago & North Western</u> | NAME OF EMPLOYER | |
| PAYROLL NAME | <u>Robert A. Babcock</u> | PAYROLL NAME | |
| LAST OCCUPATION | <u>Machinist</u> | LAST OCCUPATION | |
| LAST DEPARTMENT | <u>Motor Power</u> | LAST DEPARTMENT | |
| LAST DIVISION OR LOCATION | <u>Galena Ill.</u> | LAST DIVISION OR LOCATION | |
| WORKED FROM | <u>Feb 1907</u> | TO | <u>Still Working</u> |
| (DATE) | (DATE) | (DATE) | (DATE) |
- 11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act Will cease service about Sept 30, 1948
 12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? Yes
If so, give the names of all such employer(s) Chicago & North Western
 13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights _____

Date you relinquished these rights: Month _____ Day _____ Year _____

- 14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

NAME	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR

- 14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? _____
15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? _____ If so, give date forwarded _____ Name and location of employing officer _____
- 16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? No If "Yes," give _____

(DATE OF ENTRY)

(PLACE OF ENTRY)

(BRANCH OF SERVICE)

(MILITARY ORGANIZATION OR VESSEL)

(SERIAL NUMBER - IF NONE, GIVE RANK)

(PLACE OF DISCHARGE)

(DATE OF DISCHARGE)

- 16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? _____ If so, give your Veterans Administration "C" number _____ If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for _____
17. (ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.) If you are granted a disability annuity AND if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were LAST employed prior to the date your annuity begins? _____
18. Are you applying for an annuity to begin on the earliest date permitted by law? Yes If you wish a later date give: Month _____ Day _____ Year _____ (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 2 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.) _____

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

(SIGN IN INK OR INDELIBILE PENCIL - DO NOT PRINT)

(STREET AND NUMBER)

(CITY)

(ZONE NUMBER)

(STATE)

PENALTIES. SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL..... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED BUDGET BUREAU NO. 70-R047.2	FORM NO. G-88a (7-7) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION	CLAIM NO. <div style="font-size: 1.5em; font-weight: bold;">A-3754-vv</div> SOCIAL SECURITY ACCOUNT NO. <div style="font-size: 1.2em; font-weight: bold;">708-05-8927</div> DATE RELEASED
THIS SIDE TO BE COMPLETED BY THE EMPLOYER		

A.	EMPLOYER
<div style="font-size: 1.2em; font-weight: bold;">CHICAGO & NORTH WESTERN RAILWAY SYSTEM</div>	

B. EMPLOYEE IDENTIFICATION			
NAME	<div style="display: flex; justify-content: space-between;"> Babcock Robert Allen </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> LAST FIRST MIDDLE </div>	DATE LAST WORKED 9-30-48	DATE RIGHTS RELINQUISHED 9-30-48
ADDRESS	Eland, Wis.	OCCUPATION Machinist	LOCATION Loco. Dept.
PAYROLL NAME	R. A. Babcock	DEPARTMENT OR DIVISION Chgo. Shops	

C. STATEMENT OF SERVICE MONTHS AND COMPENSATION
<p>EMPLOYERS REPORTING ON AN ANNUAL BASIS: IF THIS REPORT IS SUBMITTED <i>BEFORE JUNE 1</i> OF ANY YEAR, REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING THE PERIOD BEGINNING WITH JANUARY 1 OF THE PRECEDING CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED. IF THIS REPORT IS SUBMITTED <i>AFTER MAY 31</i> OF ANY YEAR, REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING THE CURRENT CALENDAR YEAR TO DATE LAST WORKED.</p> <p>EMPLOYERS REPORTING ON A QUARTERLY BASIS: REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING THE LAST TWO COMPLETED CALENDAR QUARTERS AND THE PERIOD AFTER SUCH QUARTERS TO THE DATE LAST WORKED.</p> <p>NOTE: REPORT ANY ALLOWANCES PAID FOR PERIODS AFTER LAST DAY WORKED IN SECTION D.</p>

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
1948	286.34	255.76	271.05	266.88	244.64	289.12	289.12	255.76	250.20				2408.87

D. ALLOWANCES FOR PERIODS AFTER DATE LAST WORKED	REMARKS																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">PERIOD COVERED</th> <th rowspan="2" style="text-align: center;">AMOUNT</th> <th rowspan="2" style="text-align: center;">REASON FOR PAYMENT</th> </tr> <tr> <th style="width: 15%; text-align: center;">FROM</th> <th style="width: 15%; text-align: center;">TO</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	PERIOD COVERED		AMOUNT	REASON FOR PAYMENT	FROM	TO													<div style="font-size: 2em; font-weight: bold; text-align: right;">V</div>
PERIOD COVERED		AMOUNT			REASON FOR PAYMENT														
FROM	TO																		

E. CERTIFICATION	
CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION II OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.	CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED \$300 FOR ANY CALENDAR MONTH.
SIGNATURE	SIGNATURE
TITLE Supt. Loco. & Car Shops	TITLE AUDITOR DISBURSEMENTS
DATE 9-30-48	DATE JAN 26 1949 *UNIT

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

FORM APPROVED BUDGET BUREAU NO. 70-R047.2		FORM NO. G-88 (7-7) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD		CLAIM NO. (IF ASSIGNED)	
THIS SIDE TO BE COMPLETED BY THE EMPLOYEE		EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS			
		SOCIAL SECURITY ACCOUNT NO. 708- 27 ⁰⁵ -8927			
IMPORTANT: IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.					
1. NAME AND ADDRESS OF EMPLOYEE <i>Robert Allen Babcock</i> <i>Clark Wisconsin</i>			5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
2(a) NAME OF LAST EMPLOYER <i>Chicago & North Western</i>			5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY		
2(b) OCCUPATION <i>Machinist</i>			STREET AND NUMBER		
2(c) DIVISION OR DEPARTMENT AND LOCATION <i>Tolena Nev</i>			CITY OR TOWN STATE		
3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* AND THAT I LAST WORKED FOR ABOVE EMPLOYER* FOR COMPENSATION ON MONTH <u>Sept.</u> DAY <u>30</u> YEAR <u>1948</u>			5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY MONTH _____ DAY _____ YEAR _____		
4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON MONTH <u>Sept.</u> DAY <u>30</u> YEAR <u>1948</u>			5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY MONTH _____ DAY _____ YEAR _____		
			5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE MONTH _____ DAY _____ YEAR _____ NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT		
NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.					
SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD.					
NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS" BELOW.			SIGNATURE OF APPLICANT <i>Robert A Babcock</i>		
			DATE SIGNED <u>9-30-48</u>		
REMARKS					
*DEFINITION OF EMPLOYER THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART I OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.			PENALTIES SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART "ANY.....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT.....FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."		

This
record
MUST
be made
in black
ink.PLACE
OF
BIRTHCounty of Waupaca
Township }
Village } of Mukwa
City } (Cross out two)

No. [REDACTED]

STATE OF WISCONSIN
Board of Health—Bureau of Vital Statistics
COPY
ORIGINAL BIRTH RECORD—DELAYED

FULL NAME AT BIRTH Robert A. Babcock

Sex Male Color or Race White Social Security No. 708-05-8927 Date of birth June 13, 1883
(Month) (Day) (Year)

Father's Full Name William Babcock Mother's Maiden Name Mary Cass

Signature Robert A. Babcock
(To be signed by registrant if 12 years of age or over)Subscribed and sworn to before me
on May 12 1948

SEAL

M. H. Johanknecht

Notary Public

My Commission Expires March 23- 1952

(SEAL)

Do NOT write below this line.

ABSTRACT OF SUPPORTING EVIDENCE Name and kind of document, and by whom issued and signed		Date original document was made
1 Affidavit of Eldon Babcock, R 1, New London, Wis., born 1874, cousin and former teacher of registrant. Mayme Johanknecht, notary for Waupaca co.		signed 5/12/48
2 1905 census record in custody of co. clerk, checked by registrar. Town of Mukwa lists family of Mary E. Babcock.		census as of 6/1/05

OFFICE OF REGISTER OF DEEDS,
Waupaca County, Wisconsin.

I, ALICE LARKEE Register of

Deeds of said Waupaca County, do hereby certify that I have compared the within and foregoing copy of
Birth Record with the record of the same recorded in my office, and that said
copy is a true and correct transcript and copy of such Record and of the whole thereof.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed Official

(L.S.) Seal this 12th day of May A. D. 1948

Alice Larkee
Register of Deeds, Waupaca County, Wisconsin.

APPLICATION OF WIFE FOR SPOUSE'S ANNUITY

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR
TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE
RAILROAD RETIREMENT BOARD.

A-375-422

(DO NOT WRITE IN THIS SPACE)

OFFICIALLY FILED

RRB-MILWAUKEE, WISC, JAN 9 1952
CBuell

Print

Husband's Name Robert Allen Babcock 708-05-8927
(FIRST) (MIDDLE) (LAST) (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, Cora Lucinda Babcock, hereby apply for the wife's
(PRINT APPLICANT'S NAME: FIRST (MIDDLE) LAST)
annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? no If "Yes,"
(YES OR NO)
give your name and account number as shown on your social security card:

(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)

(SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? Cora Lucinda Matteson
(b) When were you born? Month January Day 2 Year 1882
(c) Where were you born? Town of Ellington Outagamia Wisconsin
(CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)
(d) Your father's name Josiah Matteson
(FIRST) (MIDDLE) (LAST)
(e) Your mother's name Rhoda Brown Matteson
(FIRST) (MAIDEN) (LAST)

3. (a) When were you and your husband married? Month November Day 14 Year 1906
(b) Where were you and your husband married? New London Wisconsin
(CITY) (STATE)
(c) Indicate by (✓) whether the marriage ceremony was performed by:

☒ Clergyman ☐ Authorized public official ☐ Other (EXPLAIN)

4. Were you married before your marriage to your present husband? no If "Yes,"
(YES OR NO)
give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

5. (a) Are you and your husband living together at the same address? yes If "No,"
(YES OR NO)
answer (b), (c) and (d) below.

(b) Is he under order by any court to contribute to your support? _____
(YES OR NO)

(c) Is he contributing to your support? _____ (Contributions may be in cash, or in
(YES OR NO)
kind such as your living rent free in a house which he owns.) If "Yes," state how
often he contributes and in what amounts _____

(d) State why you and your husband are not living together _____

6. (ANSWER THIS QUESTION ONLY IF YOU ARE UNDER AGE 65.) (a) Do you have in your care,
individually, or jointly with your husband, any of your husband's children under
18 years of age and unmarried? _____ If "Yes," list below the name of each child
(YES OR NO)
and answer (b), (c) and (d) of this item. Include stepchildren, adopted and ille-
gitimate children. Show relationship by placing a check (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO YOUR HUSBAND			
	MONTH	DAY	YEAR	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE

(b) Are all the children named in (a) above now actually living in the same household
with you? _____
(YES OR NO)

(c) If your answer to (b) is "No," give the following information about each child not
living with you now:

FULL NAME OF CHILD	GIVE REASON CHILD IS NOT LIVING WITH YOU AND STATE HOW LONG HE HAS BEEN AWAY

(d) Has any child named above ever been adopted by anyone other than your husband?

_____ If "Yes," give the name of child, by whom adopted, and when _____
(YES OR NO)

7. (a) Have you ever worked for any person, company, or institution, whether or not covered by the Railroad Retirement Act? no If "Yes," answer (b), (c) and (d) below.
(YES OR NO)

(b) Are you still working? _____ If "Yes," give name and address of your employer _____
(YES OR NO)

Date you began work: Month _____ Day _____ Year _____

Date you intend to stop working: Month _____ Day _____ Year _____

(c) If you have stopped working, give date you last worked and the name and address of your last employer: _____
(DATE LAST WORKED) (NAME OF EMPLOYER)

(ADDRESS)

(d) Do you still hold seniority or other rights to return to the employment of any person, company, or institution? _____ If "Yes," give name and address of such person, company, or institution _____
(YES OR NO)

(e) Were you in active military or naval service after September 15, 1940, and before July 25, 1947? no
(YES OR NO)

8. Have you filed an application for any annuity or lump sum under the Railroad Retirement Act? no If "Yes," give your Railroad Retirement Board claim number _____
(YES OR NO)

9. Have you ever filed an application for benefits under the Social Security Act? no
(YES OR NO)
If "Yes," give:

Name of individual on whose account number you filed your claim _____

Individual's social security account number, if other than your own _____

10. Are you applying for an annuity to begin on the earliest date permitted by law? yes If "No," specify: Month _____ Day _____ Year _____
(YES OR NO)

SECTION I.
IS NOT PAYABLE FOR ANY MONTH IN WHICH

A SPOUSE'S ANNUITY FOR A WIFE

- (a) The husband works for a railroad or other employer under the Railroad Retirement Act or for the last person, company, or institution (if any) by whom he was employed before his retirement annuity or pension began; or
- (b) The wife works for a railroad or other employer covered by the Railroad Retirement Act; or
- (c) The wife works for the last person, company, or institution (if any) by whom she was employed before her annuity began.

SECTION II

A SPOUSE'S ANNUITY FOR A WIFE TERMINATES WITH THE MONTH BEFORE THE MONTH IN WHICH

- (a) The husband dies; or
- (b) An absolute divorce is granted; or
- (c) The wife, while still under age 65, no longer has in her care a child of her husband under age 18 and unmarried.

11. Do you agree to notify the Railroad Retirement Board promptly when any of the events described in Sections I and II occur? yes
(YES OR NO)
12. Do you agree to return promptly any check for benefits received by you if you are not entitled to it because of the occurrence of any of the events described in I and II above? yes
(YES OR NO)

REMARKS:



CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____
(NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)
2. _____
(NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

SIGNATURE OF APPLICANT

Cora L. Babcock

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS:

Eland (STREET AND NUMBER)

(CITY) (ZONE NUMBER)
Shawano Wisconsin
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

Wittenberg 514 R. 9
(IF NONE, WRITE "NONE")

DATE SIGNED January 5 1952
(MONTH) (DAY) (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

OUTAGAMIE COUNTY SCHOOLS

OFFICE OF THE SUPERINTENDENT

APPLETON, WISCONSIN

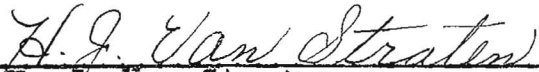
HENRY J. VAN STRATEN
SUPERINTENDENT

January 4, 1952

TO WHOM IT MAY CONCERN:

This is to certify that according to records on file in the office of the County Superintendent of Schools, Outagamie County, Wisconsin, Cora Matteson, who is now Mrs. Robert Babcock, attended School District No. 1 in the town of Ellington for the term beginning November 9, 1896 and ending June 25, 1897 and at that time was recorded as being 15 years of age.

Yours truly,



H. J. Van Straten
County Superintendent

HJVS:es

WISCONSIN STATE BOARD OF HEALTH

State Birth No.

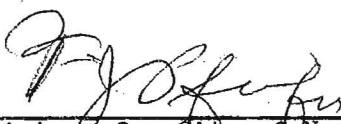
CERTIFICATE OF DEATH

Local Registrar's No.

1. PLACE OF DEATH a. COUNTY Waupaca			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Wisconsin b. COUNTY Waupaca		
b. CITY, TOWN, OR LOCATION Rural, Town Little Wolf		c. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY, TOWN, OR LOCATION Rural, Town Mukwa	
d. HOSPITAL OR INSTITUTION (If not in hospital, give street address) Little Wolf Rest Home -		e. LENGTH OF STAY IN 1 yr. 8 mos.		e. STREET ADDRESS (If rural, give mailing address)— Route 3, New London	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Allen c. (Last) Babcock			4. DATE OF DEATH (Month) (Day) (Year) November 29, 1962		
5. SEX male	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 June 13, 1883	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Mechanic - Retired Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Tn. Caledonia, Wisconsin	
13. FATHER'S NAME William Babcock			14. MOTHER'S MAIDEN NAME Mary Cass		
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. 708-05-8927		17. INFORMANT Clare Babcock - son Route 3, New London	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration DUE TO (b) Coronary Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH months years
20a. 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 WORK <input type="checkbox"/> 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 August 1961 to November 29, 1962 and last saw him alive on November 28, 1962 Death occurred at 10:00 p. on the date stated above: and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Lloyd P. Maasch M.D. (Degree or title)		22b. ADDRESS Weyauwega, Wisconsin		22c. DATE SIGNED 12-4-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-4-62		23c. NAME OF CEMETERY OR CREMATORY Northport Ostrander Cemetery Town Mukwa, Wisconsin	
24. NAME OF FUNERAL HOME AND ADDRESS Cline and Hanson Funeral Home, New London, Wisconsin					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Orin Hanson	

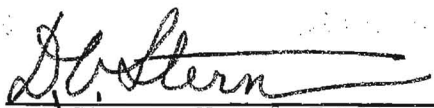
MEDICAL CERTIFICATION

I hereby certify that this is a true and exact copy of the original death
certificate of Robert Allen Babcock from which I have issued the burial permit.


Sub-Registrar
Registrar for City of New London, Wisconsin

Subscribed and sworn to before me

this 17th day of December 1962, A.D.


D.V. Stern, Notary Public
My commission expires February 3, 1963.

