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Records of the Railroad Retirement Board

Maureen Hill, Archivist
National Archives at Atlanta

October 1, 2022



5780 Jonesboro Road Morrow, GA 30260

National Archives at Atlanta

Textual Research Room is open
Monday – Friday, 9:00 – 4:00
by appointment only

Computer Room is not open at this time

atlanta.archives@nara.gov

Prior to the Railroad Retirement Board

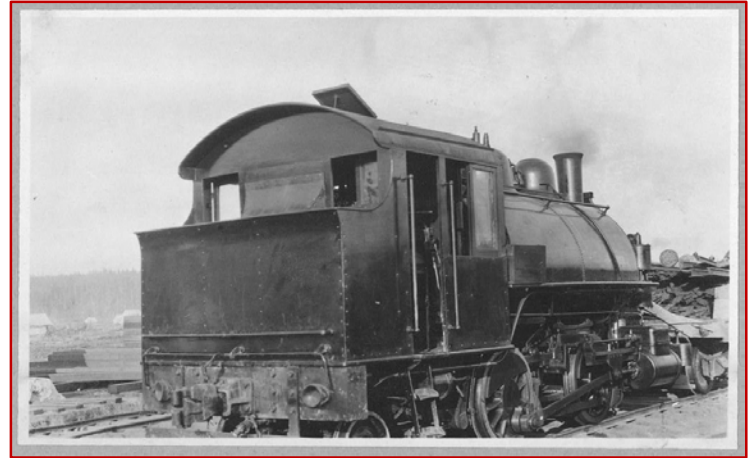
- Individual companies had pension plans, but were generally inadequate (no disability, financially unstable)
- Great Depression drove railroad pension system into a state of crisis
- Railroad Retirement Act of 1934 established RRB
- Legal issues delayed payments of benefits until 1936

Railroad Retirement Board (RRB)

Created in 1935 to provide benefits to railroad workers

- Retirement
- Survivor
- Unemployment
- Disability

Photo Courtesy of Library of Congress



RRB Timeline

1936-Retirement benefits with limited disability



1938-Unemployment benefits added



1946-Survivor, sickness, and occupational disability benefits added



1951-Spousal benefits added



1965-Medicare benefits added



1974-Introduction of a two tier benefit system



RRB Records at the National Archives at Atlanta

- We hold approximately 56,000 cubic feet of records
- Over 1.5 million files dating 1937-2000
- Files accessioned to NARA had been inactive for at least 7 years prior to 2010
- Possible privacy restrictions due to medical information and third party information

Database

RG184 RRB

Claim #	Location	SSN	Last Name	First Name	Date of Birth	Date of Death
A099635	X011	704180320	GILLESPIE	H	08/00/1880	00/00/1960
A099636	X008	704030068	CROUNSE	G	06/00/1873	00/00/0000
A099638	X008	715123357	HANICAK	A	01/00/1877	11/00/1961
A099647	X019	718161414	KIRBY	E	12/00/1876	12/00/1946
A099649	X011	712017004	LEE	A	09/00/1876	00/00/1939
A099650	X010	713120256	MALONE	H	05/00/1874	00/00/1946
A099651	X014	701098993	NYREEN	C	01/00/1873	00/00/1950
A099655	X008	714144168	SAUNDERS	W	03/00/1878	00/00/0000
A099665	X008	704146964	BURNETT	J	09/00/1877	00/00/1948
A099666	X009	702143299	FURST	F	11/00/1873	00/00/0000
A099667	X010	715141376	CATER	C	09/00/1877	00/00/1943
A099669	X018	719073677	THOMPSON	R	10/00/1900	07/00/1950

About the Claim Numbers

Social Security Numbers beginning with 700-728 were issued by the RRB

- Prefixes to 6 digit claim numbers:
A=Retired employee
D=Survivor annuitant
H=Widow/Widower



Typical Documents in the RRB Files Relating to Genealogy



Application for Annuity

Form AA-4
Rev. Nov. 1955

Read Instructions Before Filling Out This Form

DO NOT WRITE IN THIS SPACE

A220513

APPLICATION FOR ANNUITY UNDER THE RAILROAD RETIREMENT ACT

(ORIGINAL—To be returned to Railroad Retirement Board, Washington, D. C.)

Officially Filed

JUL 3 1 1954

McDonald

1. Social Security Account No. **704-02-8924**

2. Name **John** **None** **Henry** **None** 3. Race **Negro**

(First) (Middle) (Last)

Address **2825 Clifton Rd. Nashville, Davidson Tennessee** 4. Sex **Male**

(Street and number) (Town or city) (County) (State)

5. Date of birth **June 26 1889** 6. Place of birth **Rutherford Tenn.**

(Month) (Day) (Year) (FEDERAL) (Town or city) (County) (State)

7. Father's **Guy** **None** **Henry** **None** 8. Mother's **Mattie** **None** **Wade**

(First name) (Middle name) (Last name) (First name) (Middle name) (Last name)

9. Are you now single, married, divorced, or widowed? **Married** If now married **Annie Belle Allison**

(single or widowed) (name of wife) (First name) (Middle name) (Last name)

10. Have you ever filed with the Board: (a) A previous annuity application (on Form AA-4)? **No** (b) A joint and

Includes:

- Date and Place of Birth
- Parents' Names
- Mother's Maiden Name

Statement of Service Rendered prior to January 1, 1937

THE RAILROAD RETIREMENT BOARD, WASHINGTON, D. C.
PS 650
READ INSTRUCTIONS BEFORE FILING OUT THIS FORM

Do not write in this space
A220513

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

JUN 21 1941

This statement is to be filled out by the employee and will be required for use in connection with monthly applications based on whole or part-time service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be compensated only for individuals who on August 20, 1935, were in the active compensated service of or in an employer who was an employer under that Act. Only such individuals should fill out this form. Individuals who have already given a statement of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. **704-09-1964**

2. Name **JOHN** (Last name) **HENRY** (First name) **8. Initials** **JH**
Address **115 LENA ST NASHVILLE** (Street) **DAVIDSON** (City) **TENNESSEE** (State) **4. Sex** **MALE**
6. Date of birth **JUNE 25 1900** 7. Place of birth **MURFREESBORO** 8. Father's name **RUTHERFORD** 9. Mother's name **MADE**
10. Were you on August 20, 1935, in the active compensated service of an employer under this Act? **YES** (If not, were you on August 20, 1935, on furlough and ready and willing to serve? **NO** on leave of absence? **NO** or absent on account of sickness or disability? **NO**)
11. Statement of service prior to January 1, 1937. For all employees under the Act. (Use a separate block for each employer. Start with a new line of service which the block only when your compensation 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.)
JOHN HENRY (Last name) **JOHN HENRY** (First name)
Description Date Began Date Ended Location on Discharge
Month Year Month Year
LABORER **MAY 1910** **SEPT 1933** **FREIGHT** **NASHVILLE**
JOHN HENRY (Last name) **JOHN HENRY** (First name)
Description Date Began Date Ended Location on Discharge
Month Year Month Year
LABORER **SEPT 1933** **AUG 1934** **FREIGHT** **NASHVILLE TENN**

12. Date NOV 5 1935 (Month) (Day) (Year) (Signature) *John Henry* (Type in ink or typewritten name on page)

Includes:

- Date and Place of Birth
- Parents' Names
- Dates of Service Prior to 1937
- Name of Railroad and Occupation

Application for Spousal Annuity

FORM APPROVED JULY 17, 1973 FORM NO. 10-7
SOLICIT DATED JULY 17, 1973

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

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.

DO NOT WRITE IN THIS SPACE!
Originally filed, 10-1-50
Helen Cecil Epstein
Denver, Colo.

Print Husband's Name William Moyer Epstein (LAST) 700-01-2157 (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, Helen Cecil Epstein (FIRST) (MIDDLE) (LAST), hereby apply for the wife's annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? Yes (YES OR NO) If "Yes," give your name and account number as shown on your social security card:
Helen Cecil Epstein 522-14-6019 (NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? Helen Cecil Graff
(b) When were you born? Month Sept. Day 15 Year 1901
(c) Where were you born? Council Bluffs (CITY) Iowa (STATE OR FOREIGN COUNTRY)
(d) Your father's name Warren (FIRST) Pittsford (MIDDLE) Graff (LAST)
(e) Your mother's name Jessie (FIRST) Caldwell (MIDDLE) Graff (LAST)

3. (a) When were you and your husband married? Month Dec. Day 29 Year 1924
(b) Where were you and your husband married? Denver (CITY) Colo. (STATE)
(c) Indicate by (X) whether the marriage ceremony was performed by:
☒ Clergyman ☐ Authorized public official ☐ Other (SPECIFY)

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

PREVIOUS MARRIAGE	DATE	PLACE	HOW MARRIAGE ENDED	DATE	PLACE

Print Husband's Name William Moyer Epstein (FIRST) (MIDDLE) (LAST) 700-01-2157 (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, Helen Cecil Epstein (FIRST) (MIDDLE) (LAST), hereby apply for the wife's annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? Yes (YES OR NO) If "Yes," give your name and account number as shown on your social security card:
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2. (a) What was your maiden name? Helen Cecil Graff
(b) When were you born? Month Sept. Day 15 Year 1901
(c) Where were you born? Council Bluffs (CITY) Iowa (STATE OR FOREIGN COUNTRY)
(d) Your father's name Warren (FIRST) Pittsford (MIDDLE) Graff (LAST)
(e) Your mother's name Jessie (FIRST) Caldwell (MIDDLE) Graff (LAST)

Includes:

- Spouse's Maiden Name
- Spouse's Date and Place of Birth
- Spouse's Parents' Name
- Spouse's Mother's Maiden Name
- Spouse's Prior Marriages

Statement Regarding Student

FORM 872 (REV. 10-1-60) (7-61)

UNITED STATES OF AMERICA
NATIONAL PAYMENT BOARD

STATEMENT REGARDING STUDENT
AGE 18-21

Employee's SSN: 823424
Employee's Name: 700-01-2157
Employee's Name: WILLIAM MERRY EPSTEIN

I understand that the information furnished below will be used to determine whether my family can be received under the federal payment provision of the National Payment Act. The information furnished below about schools, school attendance, etc., will be verified by the Board. Payments made on the basis of information that cannot be verified will be corrected and will have to be repaid.

1. STUDENT'S NAME (FIRST, MIDDLE, LAST): JOHN DAVID EPSTEIN

2. Give the student's date of birth and relationship to the employee:

Date of Birth: 10/14/47

Relationship (Check one):
☒ LEGITIMATE CHILD
☐ ADOPTED CHILD
☐ STEP-CHILD
☐ ILLEGITIMATE CHILD

3. (a) Is the student now married? ☒ YES ☐ NO

(b) If the student is not now married, has he or she ever been married?
☒ YES ☐ NO
 If "YES," how did the marriage end?
☐ DEATH ☐ DIVORCE ☐ ANNULMENT
☐ OTHER (Specify):

4. If the employee is deceased, has the student been adopted by someone else?
☒ YES ☐ NO
 If "YES," what was the relationship of the adopting person to the student before the adoption took place? (If none, write "none")

5. Name and address of school attended by student: LAKE FOREST COLLEGE, LAKE FOREST, ILL.

6. Check below the type of school and give the information requested:

☐ HIGH SCHOOL (Day) ☐ NIGHT SCHOOL (Night) ☐ JUNIOR COLLEGE ☒ COLLEGE OR UNIVERSITY ☐ TECHNICAL, TRADE OR VOCATIONAL ☐ OTHER (Specify)

Enter the number of days per week the student attends classes: DATA PER WEEK

Enter the total hours of credit given for subjects student is taking: TOTAL CREDIT HOURS 15

Enter the total clock hours the student attends each week: TOTAL CLOCK HOURS PER WEEK

7. State below the dates for the student's last and current periods of full-time school attendance and the information requested on the last period.

	LAST	MO.	DAY	YR.
Enter date student's last period of full-time attendance ended	0	6	6	5
Enter date student's current period of full-time attendance began	0	9	2	5
Enter date student's current period of full-time attendance ends	0	6	6	6

Does the student intend to continue full-time school attendance?
☒ YES ☐ NO
 If "YES," enter date student's next period of full-time attendance begins

8. (a) Is the student employed? ☒ YES ☐ NO

(b) If (a) is "YES," is student attending school on part of his job?
☒ YES ☐ NO
 If "YES," explain in "Remarks" below. Include name and address of employer.

9. Does the student have a social security number? ☒ YES ☐ NO

(a) If (a) is "YES," give that number: [REDACTED]
 (b) If (a) is "NO," furnish the child's:
 PLACE OF BIRTH (CITY, COUNTY, STATE OR FOREIGN COUNTRY):
 FATHER'S NAME (FIRST, MIDDLE, LAST):
 MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST):

10. Does the student receive benefits from the Social Security Administration or from the National Payment Board?
☒ YES ☐ NO
 If "YES," give the name of the person or whose earnings paid the benefits or based on the SSA or NPB claim number.
 Name: SSA No.:
 NPB Claim No.:

11. In the present calendar year, did the student work or does he expect to work in employment for hire or as a self-employed person?
☒ YES ☐ NO
 If "YES," how much does the student expect his total earnings will be this calendar year? \$ 1600.00

Third Party
SSN Redacted

Designation of Beneficiary

IMPORTANT - Read Instructions on Back of Duplicate Copy Before Filing or This Form

700-10-5450

DESIGNATION OR CHANGE OF BENEFICIARY

To the Bureau of Employment, Washington, D.C.

NAME Frank Elmore Greene DATE January 1958

Address 4417 Walnut Street

City Oakland, California

State California

Zip 94609

Designate the person or persons named below in this section to receive any death benefits payable under section 1 of the National Retirement Act of 1937 and any amount payable due at my death under the National Retirement Act of 1937 or 1950. (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.)

NAME Mary Katherine Walsh ADDRESS 4417 Walnut Street RELATIONSHIP Wife

City Oakland, California

State California

Zip 94609

NAME Frank Elmore Greene, Jr. ADDRESS 4417 Walnut Street RELATIONSHIP Son

City Oakland, California

State California

Zip 94609

NAME William Mary Greene ADDRESS 4417 Walnut Street RELATIONSHIP Daughter

City Oakland, California

State California

Zip 94609

DATE January 1958

Signature Frank Elmore Greene

Full name of present employer Southern Pacific Company Department Maintenance of Way Location San Joaquin

By occupation Streetcar Location Bakersfield

Name Frank Elmore Greene Address 4417 Walnut Street City Oakland, California State California Zip 94609

OFFICIALLY FILED

RECEIVED

46

Includes:

- Beneficiary's Name and Maiden Name if Applicable
- Secondary Beneficiaries-Date of Birth and Relationship to Employee
- Employer and Occupation

Birth Certificate, Baptism, & Bible Verification

**MARYLAND
STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS**

Certificate of Birth Registration

This is to Certify, That a Certificate of birth bearing the name of Cleo Virginia Santymire born on January 2 1924 at Cumberland County of Allegheny Maryland, has been filed in the office of the State Registrar of Vital Statistics

Name of Father: Ernest L. Santymire
Maiden name of Mother: Mary Cowgill.

R. H. King
REGISTRAR OF VITAL STATISTICS
JAN 26 1924

Certificate of Baptism

Church of S. J. Manning
Pittston Pa.

- & This is to Certify -

That Anna R. Ropel
Child of Thomas Ropel
and Magdalen Boraki
born in Pittston Pa.
on the 11 day of June 1894
was
Baptized
on the 24 day of June 1894
According to the Rite of the Roman Catholic Church
by the Rev. Fr. Zlatomyski
the Sponsors being John Bogdanowski
Joseph Mincunsky
as appears from the Baptismal Register of this Church.
Dated Dec. 28-1954

Leonard L. Sullivan
pastor

NO. 204 P. J. KENNY CO. INC. N.Y.

Corriganville Md 5-26-93

Dear Sir just a couple of
Lines in ans to your Letter
My Correct Age is, June 20, 1901
That is the Bible Record
That is the date of My Birth

Yours truly
Richard B. Lindell

Adoption Papers

STATE OF INDIANA } ss.
COUNTY OF LAKE }
IN THE LAKE SUPERIOR COURT
SITTING AT EAST CHICAGO
ROOM NO. TWO

In re: Adoption of Infant Boy
Louis Huerta Case No. 11657

Come now Jesus Gonzalez and Maria Gonzalez, his wife, and file the following verified petition (incert) praying therein for an order of this court adopting as their child and heir at law, Luis Huerta, an infant age three years, eleven months - the owner of no property, real or personal, whose father is a non-resident of the State of Indiana and whose mother resides in the City of East Chicago, County of Lake and State of Indiana. And now come said Maria Viramontes, mother of said infant, and in open court consents that such adoption may be made, and also files her written consent thereto in these words (incert). And the court having examined said petition and heard evidence thereon, now finds the averments therein contained to be true, and that in the interests of said child, the prayer of said petition ought to be granted.

IT IS THEREFORE NOW ORDERED by the Court that said infant, Luis Huerta, be and he is hereby adopted as the child and heir at law of said petitioners, and that from and after this date he take and be known by the name of Luis Gonzalez, and have and receive by descent or otherwise, all rights and interests in their estates that he would be entitled to if their natural heir.

And said petitioners are ordered to pay the costs of this proceeding

/s/ Lawrence Butler
Judge

The United States of America

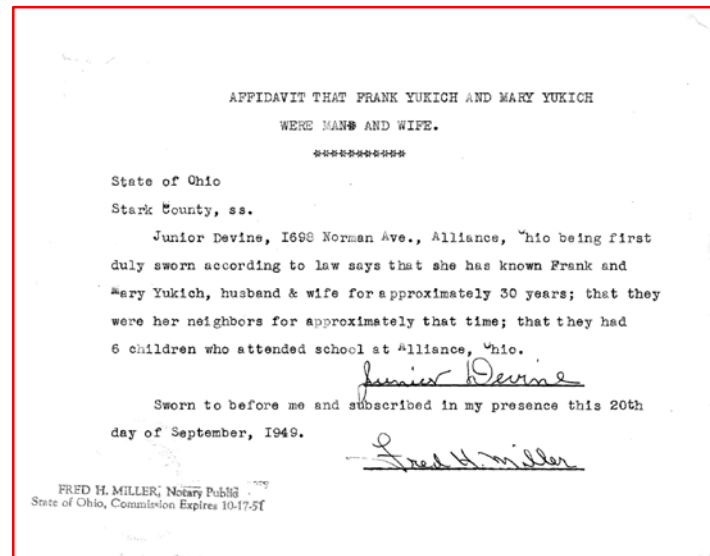
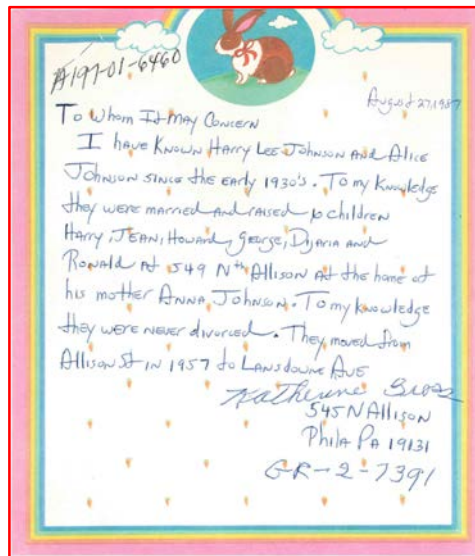
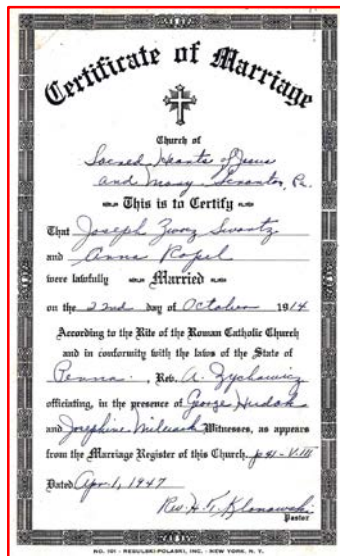


STATE OF INDIANA, COUNTY OF LAKE, ss:
I, the undersigned, Clerk of the Lake Superior Court of Lake County, and the keeper of the records and files thereof in the State aforesaid, do hereby certify that the above and foregoing is a full, true, correct and complete copy of order of Court had and entered on the 23rd day of February, 1940 in Cause No. 11657 entitled "IN RE: ADOPTION OF INFANT BOY LOUIS HUERTA" as fully as the same appears of record in my office as such Clerk.

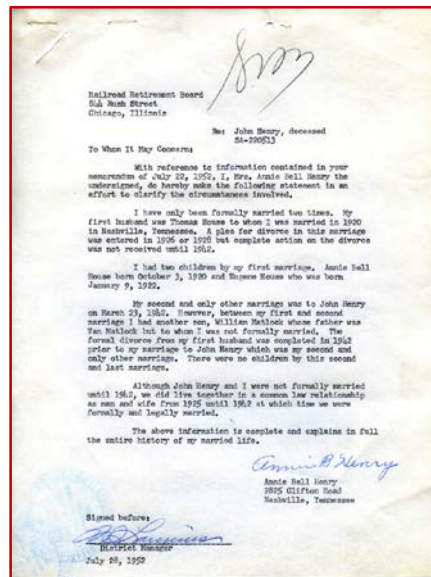
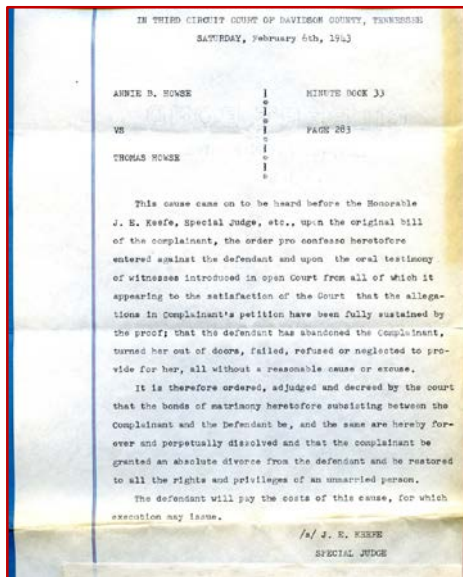
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court, at my office in East Chicago, in the said County, this 7th day of October, A. D. 1940.

John H. Kuyper
Clerk Lake Superior Court
Marguerite McDaniel
Deputy

Marriage Certificate and Verification

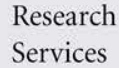


Divorce Papers



Death Certificate & State of Death by Funeral Director

CERTIFICATE OF DEATH STATE OF ALABAMA									
1. PLACE OF DEATH COUNTY: Houston		2. DATE OF DEATH 10-20-70		3. SOCIAL SECURITY NUMBER 718-11-7351		4. COUNTY Pike		5. CITY, TOWN, OR LOCATION Brundidge	
6. NAME OF DECEASED Simuel Wright Bowden		7. DATE OF BIRTH 1-10-1886		8. AGE IN YEARS 84		9. SEX Male		10. RACE White	
11. MARRIED Never married		12. SOCIAL OCCUPATION Retired		13. PLACE OF BUSINESS OR INDUSTRY Pike County, Alabama		14. U.S.A.		15. CITIZENSHIP U.S.A.	
16. NAME OF DECEASED'S NEXT OF KIN I. T. Bowden		17. SOCIAL SECURITY NUMBER None		18. INFORMANT'S NAME Inez Conner (Daughter)		19. ADDRESS Route 2, Brundidge, Alabama		20. CITY, STATE, AND ZIP CODE Brundidge, Alabama 36010	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Arteriosclerosis</i> INTERMEDIATE CAUSE (b) <i>Generalized ASCVD</i> OTHER CAUSE (c) <i>None</i>									
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (b) <i>None</i>									
23. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) INJURY OCCURRED (a) <i>None</i>									
24. PLACE OF INJURY (a) <i>None</i>									
25. DATE OF INJURY (a) <i>None</i>									
26. PLACE OF INJURY (b) <i>None</i>									
27. DATE OF INJURY (b) <i>None</i>									
28. PLACE OF INJURY (c) <i>None</i>									
29. DATE OF INJURY (c) <i>None</i>									
30. PLACE OF INJURY (d) <i>None</i>									
31. DATE OF INJURY (d) <i>None</i>									
32. PLACE OF INJURY (e) <i>None</i>									
33. DATE OF INJURY (e) <i>None</i>									
34. PLACE OF INJURY (f) <i>None</i>									
35. DATE OF INJURY (f) <i>None</i>									
36. PLACE OF INJURY (g) <i>None</i>									
37. DATE OF INJURY (g) <i>None</i>									
38. PLACE OF INJURY (h) <i>None</i>									
39. DATE OF INJURY (h) <i>None</i>									
40. PLACE OF INJURY (i) <i>None</i>									
41. DATE OF INJURY (i) <i>None</i>									
42. PLACE OF INJURY (j) <i>None</i>									
43. DATE OF INJURY (j) <i>None</i>									
44. PLACE OF INJURY (k) <i>None</i>									
45. DATE OF INJURY (k) <i>None</i>									
46. PLACE OF INJURY (l) <i>None</i>									
47. DATE OF INJURY (l) <i>None</i>									
48. PLACE OF INJURY (m) <i>None</i>									
49. DATE OF INJURY (m) <i>None</i>									
50. PLACE OF INJURY (n) <i>None</i>									
51. DATE OF INJURY (n) <i>None</i>									
52. PLACE OF INJURY (o) <i>None</i>									
53. DATE OF INJURY (o) <i>None</i>									
54. PLACE OF INJURY (p) <i>None</i>									
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56. PLACE OF INJURY (q) <i>None</i>									
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58. PLACE OF INJURY (r) <i>None</i>									
59. DATE OF INJURY (r) <i>None</i>									
60. PLACE OF INJURY (s) <i>None</i>									
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62. PLACE OF INJURY (t) <i>None</i>									
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64. PLACE OF INJURY (u) <i>None</i>									
65. DATE OF INJURY (u) <i>None</i>									
66. PLACE OF INJURY (v) <i>None</i>									
67. DATE OF INJURY (v) <i>None</i>									
68. PLACE OF INJURY (w) <i>None</i>									
69. DATE OF INJURY (w) <i>None</i>									
70. PLACE OF INJURY (x) <i>None</i>									
71. DATE OF INJURY (x) <i>None</i>									
72. PLACE OF INJURY (y) <i>None</i>									
73. DATE OF INJURY (y) <i>None</i>									
74. PLACE OF INJURY (z) <i>None</i>									
75. DATE OF INJURY (z) <i>None</i>									
76. PLACE OF INJURY (aa) <i>None</i>									
77. DATE OF INJURY (aa) <i>None</i>									
78. PLACE OF INJURY (ab) <i>None</i>									
79. DATE OF INJURY (ab) <i>None</i>									
80. PLACE OF INJURY (ac) <i>None</i>									
81. DATE OF INJURY (ac) <i>None</i>									
82. PLACE OF INJURY (ad) <i>None</i>									
83. DATE OF INJURY (ad) <i>None</i>									
84. PLACE OF INJURY (ae) <i>None</i>									
85. DATE OF INJURY (ae) <i>None</i>									
86. PLACE OF INJURY (af) <i>None</i>									
87. DATE OF INJURY (af) <i>None</i>									
88. PLACE OF INJURY (ag) <i>None</i>									
89. DATE OF INJURY (ag) <i>None</i>									
90. PLACE OF INJURY (ah) <i>None</i>									
91. DATE OF INJURY (ah) <i>None</i>									
92. PLACE OF INJURY (ai) <i>None</i>									
93. DATE OF INJURY (ai) <i>None</i>									
94. PLACE OF INJURY (aj) <i>None</i>									
95. DATE OF INJURY (aj) <i>None</i>									
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Correspondence

Mr. H.P. Lichborne
Director of Retirement Claims
844 Branch St
Chicago Ill

524
G/85
Released 6-30-80
709-09-2168

Dear Sir

I thought when I was paying retirement of my Rail Check my money should bring me as much as my brother down the Street who got tired as much as I do, and I work as long as he did. While you made me pay the same amount as my brother and pay me about half as much.

When I started to work, the Social Security here told me I could work all I wanted to and it would not affect my Pension. Now that my wife Cheryl, thank God, has almost died, and now you tell they law my pay will have to be cut when somebody else is getting a raise. I am paying the same price for food, gas as every one else. Now I am 81 years old and have to drag to work everyday trying make a decent living. And you come along and take my money that you made pay for and then you come and take it back from Lichborne, I paid for R.R. Retirement and I am supposed to have get money my whole life. Anybody else and with reference to Security, I am paying for it to.

I

It are right for me to pay for R.R. Retirement and pay for Social Security to but you can't get that out.

Now many one else will be getting a increase for the cost of living and I will be getting a clerical while do I have to be discriminate against me. The only reason I work at this age of 81 is because I like to feel useful and I am a man.

Let's try the Board there after I am 72 years old that I could make all the money that I could and I should get my Pension. So you see I paid what R.R. Retirement charge, and now I am paying Social Security charge as I see it I should get both full Pension and only pay for one.

Your Consideration will be appreciated

Yours truly
H.P. Lichborne 709-09-2168
844 Branch St
Chicago, Ill

More Correspondence

P.S.

Dear Sir:
I think this is ridiculous
the continuation of letters.
I, for one, think you're
not going to give my
mother anything and you
are ~~at~~ just bringing
this on and on. If I
can possibly find out
some way to put a
stop to this, I shall
certainly do what I can.
Dorothy Galush

11.
My Aunt Galush's claim no.
is \$3495.5.
As far as my salary
is concerned she cannot
give me much as she
needs clothes.

Please write me soon
and let me know
what steps you are
taking in my pension.
I hope this doesn't go
on for another no. of
years. I wish you would
get this business done
with as I need it
now and not 10 years
from now.

Mrs. Pauline Galush





How to Order or View the Records

- Claimant's Name
- Social Security Number
- RRB Claim Number
- Date of Birth
- Date of Death

Ancestry.com <https://www.ancestry.com/search/collections/61597/>

Midwest Genealogy Center <https://quicklook.midwestgenealogycenter.org/>

To schedule an appointment or to order copies of the records, please email atlanta.archives@nara.gov

We are open Monday-Friday, 9:00-4:00, by appointment only

Questions?

Thank You!

Photo courtesy of Library of Congress

