## **Dear Patron:**

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

The National Archives

Cert. no. 907364

Pensioner I Sabel

Widow of

Voteran John W. Bratcher

CAN NO. 67222

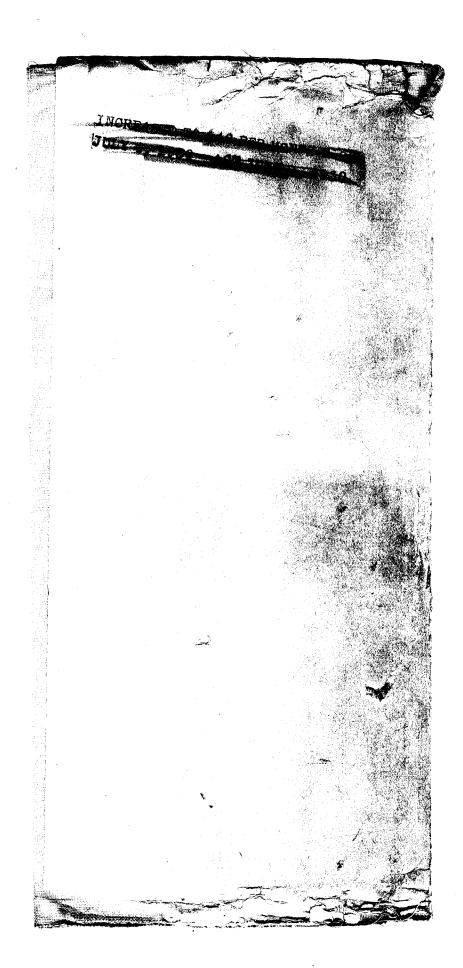
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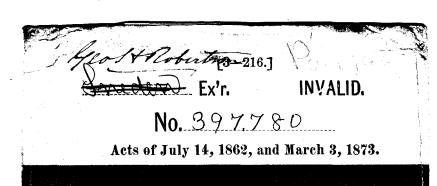


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No

0,

January 11,1922

Isabel Bratcher

Steff, Kentucky

#### Madam:

Replying to your letter of the second instant, you are advised that the pension accrued to the date of death in the case of the soldier, John W. Bratcher, is not an asset of his estate nor is it chargeable with the debts of his estate. The administrator has no interest whatever in this pension. It was granted to you for your sole and exclusive benefit as widow. You are also a pensioner in your own right under certificate number 907,364.

Very respectfully,

Commissioner

CGJ/kav

December 17, 1921.

House of Representatives

My dear Mr. Gilbert:

In re Isabel Sratcher, - 8.0. 907,864

toff. A.

at the rate of \$30 per month from Canuary 3, 1941, certificate for which was issued the first instead and numbered as above.

The train ours,

MJO/SAM

Commissioner.

Jan 13, 198/ DEPENDENT. Act of May 1, 1920 No other claim. Chain IC. 248403 12.1721, abouz, any 13, 1921 Elto P.O. ad. is Steff Grayson Co. Ky, H. 10.13 Application filed: Attorney: Mrc.
See S.C. 366,985, W. O. 386,870, +C.C. 402286
P. O. Robert W. Field

eg Ky Cav., r C 1 Yey L.a.

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#### W. B. MONTGOMERY

-DEALER IN-

#### DRUGS, PATENT MEDICINES

WINDOW GLASS

AND-

DEC 11 1920
BUREAU OF PETISIONS

CANEYVILLE, KY December 8th.1920.

Department of the Interior, Commissioner of Pensions, Washington, D E Dear Sir:

John W Bratcher, a pensioner of the U S Ctf #248,403 was notified by you Nov 18,1920 of an increase of pension under Act of May 1,1920, but the day it was received at his post office died.

This was on Nov 30,1920 and was buried Dec.lst at his family cemetery Steff Ky.

family cemetery Stell Ky.

Will his widow be entitled to all accrued pension un-

paid?

Please send me all papers necessary to make proof of death, and widow's claim for pension.

Yours very truly,

W B Montgomery.

Notary Public.



SIXTY-SEVENTH CONGRESS.

FREDERICK W. DALLINGER, MASS., CHAIRMAN.
JOHN M. ROSE, PA.
WILLIAM A. RODENBERG, ILL.
R. CLINT COLE, OHIO.
OSCAR R. LUHRING, IND.
GEORGE P. CODD, MICH.
CLAUDE B. HUDSPETH, TEX.
WILLIAM B. BOWLING, ALA.
RALPH GILBERT, KY.

C. FRIEDMAN, CLERK.

#### HOUSE OF REPRESENTATIVES U.S.

COMMITTEE ON ELECTIONS No. 1 WASHINGTON, D. C.

Nov. 16, 1921.

The Commissioner, Bureau of Pensions, Washington, D. C.

Dear Sir:

Will you kindly have the pension claim of Mrs. Isabel Bratcher, widow of John W. Bratcher, late of Co. H. 35th Regt. Ky. Mtd. Infantry., Claim number, 1167876 for adjustment and advise me as to action taken.

Respectfully,

Palle Silber





#### \* MONTGOMERY

DEALER IN-

2.

#### RUGS. PATENT MEDICINES

-AND

WINDOW GLASS

Isabel Bratsheer Well67876 Widow JohnWBratcher, Co H 35 Mtd Inf. CANEYVILLE, KY Oct.7,1921.

Commissioner of Pensions, Washington, D C. Dear Sir:

I am sending you a letter that I recently received from Mrs Isabel Bratcher, widow John W Brathcer which speaks for itself better than any words I could speak.

She has produced every bit of proof that the Dept. has call ed for. If any more is needed we have not been notified. She had a little money when her husband died almost a year ago. He was so old that he had not been able to work his farm for several years and had lived on his pension and thus could not save much. After his death his widow has been trying to resuscitate the old pl ce and has exhausted her resources, thinking her claim would speedily come in soon to assist her.

If there is any thing behind will you please notify me so I can help her out?

Yours very truly,

W B Montgomery nacc

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Widow Division W 0 1167876 Isabel Bratcher John W Bratcher H 35 mtd Inf.

State of Kentucky) (Sct County of Grayson)

before me a notary public in and for the county and state afore said Juda E Goff who being duly sworn according to law states that she is 62 years of age, a resident of Grayson Co. Ky, poat office address, Neafus, Ky. that she knew said soldier all her life, as far back as she can remember any thing, that she knew him while he was living with his first wife, and was present at his house the night when his first wife died and saw hher after she was dead, Further affiant states that she has known claimant for the past 40 years and has lived about two miles from them ever since caaimant was married to said soldier, and has been intimately acquainted with them ever since they were married and knows they lived together as husband and wife and that they were never divorced.

Further affiant states that she was present at the residence of soldier aand stayed there the night he died and till after he was murried on the 1st day of Dec. 1920 and knows that it was

said soldier that was barried.

Juda Ex Joff

Subscribed and sworn to by Juda E Goff this the 15th day of February, 1921, and I certify that above affidavit was read to subscriber and that she understood it, and I certify that affiant is known to me and that she is reliable and entitled to credit and that I amm in no wise interested in this claim.

Grace Shrewsbury.

Canequille, Ky.

Notary Public Grayson (M. Ky.

My commission expires Jan. 19th 192 /



Widow Division W 0 1167876 Isabel Brathher John W Bratcher H 35 Ky. Mtd.Inf

State of Kentucky)
(sct
County of Grayson)

In the matter of claim for pension in the above named case per sonally appeared before me, a notary public in and for the county and state aforesaid. Bettie Snider, who being duly sworn according to law makes the forlowing statement:

That she is 64 years of age, a resident of Grayson Co. State of Kentucky, whose post office address is Steff, Ky. That she has been acquainted for the past 50 years, that she knew him while he was living with his first wife, that she was present at the death of his first wife, that it occurred in January, 1889, but the exact date is forgotten.

That she knew claimant before her marriage to said soldier, and has been intimately acquainted with claimant and soldier ever since they were married, not living over one-half mile from them at any time till the date of soldier's death. That she knows they lived together as husband and wife till his death a and knows they were never divorced. Further affiant states that she was at the burial of soldier and that it occurred on the lst day of December, 1920, and that she saw the body before it was lowered in the grave and knows it was said soldier that was burried.

Subscribed and sworn to by Bettie Snider this the 15th day of february, 1921, and I certify that above affidavit was read to affiant and that she understood the contents before she signed it and that the words added in pen were added by Notary before it was executed and I further certify that affiant is well known to me to be reliable and entitled to credit and I am not in any wise interested in this claim.

Notary Public Grayson Uo, A.

Nonmission expires Jan 18 ff 1886.

Widow Division W 0 1167876 Isabel Bratcher John W Bratcher H 35 Ky Mtd Inf



In the matter of claim for pension in above styled case person ally appeared before me a retary public in and for the county of Grayson, State of My. W E montgomery. Who being duly sworn according to law makes the following statement: That he is 53 years of age, a resident of Caneyvill, e My, That during the year 1920, he was Master of the Masonic Lodge No 635 F & A m at Caneyville, My. and that on the 1st day of Dec. 1920 he was called to the residence of John W Fratcher to conduct Masonic Eurial service over the body of said soldier, That he has been acquainted with said soldier for the past 25 years and that upon reaching the residence of soldier he was shown the body of the deceased, and recognized it as the body of said soldier and that he conducted the ritualistic Masonic Burial service over the body after which he saw it deposited in the grave.

Subscribed and sworn to by W B Montgomery this the 15 day of Feb, 1921, and I certify that affiant is well known and entitled to credit and I am not interested in this claim.

Notary Public Grayson Co. Ky.

My commission expires Feb 6 1922.

Breste



Wodow Division W O No 1167876 Isabel Bratcher John W Bratcher H 35 Ky. Mtd Inf

State of Kentucky)
(sct
County of Grayson)

In the matter of claim for pension in above styled case personally appeared before me a notary public in and for the county and at and state afore said, Isabel Bratcher, claimant and after being duly sworn according to law states that she had no one of her family in the late World War either in the Army, Navy or arine corps of the U.S. nor is she receiving and compensation whatever for any service rendered by any one for such service rendered by any person whatever in the said World War.

Subscribed and sworn to by Isabel Bratcher this the 15th day of February,1921, and I certify that affiant is well known to me to be reliable and entitled to credit and further that I am in no wise interested in the prosecution of this claim

Notary Public Grayson Co. Ky.

Ly commission expires Jan./9th 192 4



Widow Division W.O. 1167876 Isabel Bratcher John W.Bratcher H 35" Ky. Mtd. Inf.

Before me, a notary public in and for the State of Kentucky, County of Ohio, personally appeared Juda E.Goff Kentucky, County of Ohio, personally appeared Juda E.Goff Who, having been duly swern ascerding to law, deposed and who, having been duly swern ascerding to law, deposed and who, having been duly swern ascerding to law, deposed and who, having been duly swern ascerding to law, deposed and who, having been deposed and that to the best of is Neatus, Grayson Co. Kentucky, and that to the best of is Neatus, Grayson Co. Kentucky, and that to the best of her belief and knowledge the following is a truestatement of her belief and knowledge the date of the death of Mrs. Emaline Bratcher first wife of John W.Bratcher,

1. That she was present at the time of the death of the said Emaline Bratcher and knows her death to have occurred during the early part of January 1889.

2. That owing to the long lapse of time she is unable to Made the exact day of the month on which the death occurred but that as he reasonably certain that it was between but that she is reasonably certain that it was between the 5th and 16th days of the month as she remembers the 5th and 16th days of the month as she remembers the 5th and 16th days of the month as at the time a few clearly that her sonly male child was at the time a few days more than one month old, the date of his birth being necessary 1888.

Sworn to and subscribed before me this the 25th dayof July, 1921.

My Commission Expires April 4, 1925 Robert Brotcher

Witness to frymature
Hanny C-Field,
W. D. Maratton



Widow Division W.O. 1167876 Isabel Bratcher John W.Bratcher H 35" Ky. Mtd. Inf.

Defore me, a notery sublicatin and for the State of Sentucki, County of Onio, personally appeared Juda 1.50ff who having been duly sworn according to law, deposed and says that she is (2) years of age, her post effice address is Neafus, Grayson Co. Kentucky, and that to the best of the heat of the best of the heat of the death of trugstatement of her kentledge of the date of the death of true. Emaline Bratcher filtes after of John W. Bratcher,

1. That she was present at the time of the death of the paid.
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during the early part of January 1889.

That owing to the long lapse of time she is unable to the the exact day of the month on which the deathscentred but this exact day of the month on which that it was between the this bith the light days are not as she remembers electly snot the large male child was at the time a few days not then the birth being days not the there are not the date of the birth being becomber at a seconder at the time of the birth being

Sworn to and subseribed before me this the

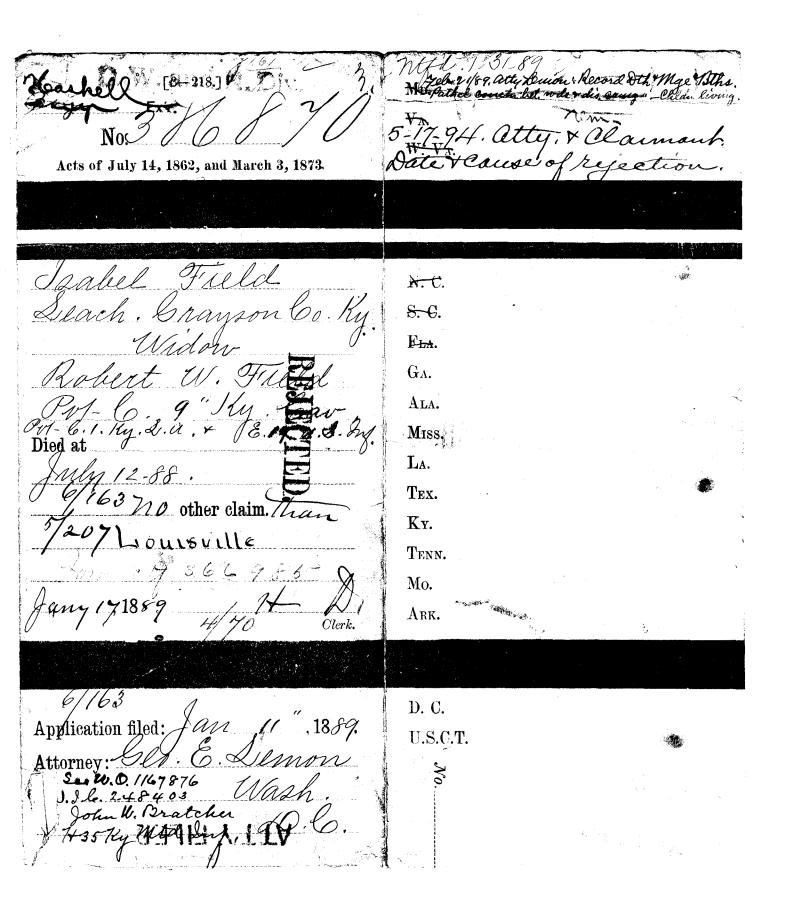
20th dayaof July, 1921.

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String Lick by 258 July 84

8 1 90 W Hudley Commerciones

Commerciones

Dear Sin I have been in Recufet of yours of Jul, 3d for Sound Termo. but being an anvaled have not been able to refely and now I am obliged to write in very bud which wearing our very mutola I have also are Order for Surg Eyan ination which I am mable to allend to but will try to do So tommon! I have furnished The Evidence you call for as nearly as I could to Fily gerald I Enclosed your Some papers from him which will Explain- Those attorney's have got my Case up it Seems bady as They only mention part of my Service + part of my disabilities, having had my hours brunch of late all my hapers were destroyed & now I cannot Though by reforing to my Descharge from 19th W.S. But I find I war direka greb at Nashville The 30 th of June 1862 by viason of Ohysical disability This is Signed by Stanley mathews Col 55.0.0.0 Somely Jost I was admid Thoro to No 6 or 7. Harfulat on College Str about The last The Invalid Camp 62, but was in

my full when discharged, I afterword Entitle have is in STE/Ty bant after Eychange was and in on my way from Louisville to Join all but my Keg at Lebanon Ky to your Day gt / bao when I was unable to proceed further Thoromy Than bardstown Ky Whave Dr/M middlohant Newman Fost Surgeon admitted Willis one to The Hispital Thave it-had been in other a catholic School I forget The Mas it Regto dis was Captured by Morgan & Stroped Robt. W. of bedding Ye & The min Paroled T left Ex Gor Charles Mickliffo Then member of Congress took how to his house I Cared for new This was mar Christman 1862 The day Col Halicy was Kill on Rolling for A. I fund from an old little to any Hather That I war an Fist Hospital at Mt Sterling 26 Jan 1865, whom I was when The war clined, This is all That I can State portively Though I was Hospital both at- Columbia & Louisville Ky. but Cant tell own any thing feverline about the my allowing. Ought to have all This is Filizerald & Gilmon, as O furnished as mar as I Could all That was Called for The above my entire Service, I Send you Some papere can get Some information I would be Sorry of it is not got enforight for I am too feell ever to undertake to Verry Respectfully zours

teby. 3, 85. gare Status to Linear No. 977. mel gin of Each dis depuratity Acts of July 14, 1862, and March 3, 1873. of oni Willis Field sach N. O. 1ª Field ofherwood as to tooff leftertiele 13,857 1- alla for in & existing is soon ring for aff. of the con. Fill - La Share + treet of canh Chan nisted: Jan 4. 86 to allon lietharged: chap of desertion Anne 30, 18 80 Mail eation filed: ay. 11.86 Lemm thep cent must opply 1. all. to server charge of Disertin Qual repet nov. 10, 26. Club chit de Chyd a much communical and opril 28, 87 Luna Gev. E. Tomo for aemi since July 26,65. Wila noval ...... Recognized. Contract. Cert. of Dis. Searched for AlStatus to Lanon 16.85: let to ally from gin of Each dis depuratity Acts of July 14, 1862, and March 3, 1873. of oni 1ª Field ofherward al to scoff lflettile 13,85; 1,- ally you in & existen is sure ring for aff. of the Fill - La Share + treat of canh Chan Jan 4. 86 to affor chys of desertion het club must opply 1. all. Qual repet nov. 10,16. Club chit to opril 28. 87, Lunon for aenic sine July 26,65, Mila noval Ges. E. Lem Recognized. Contract. Gert. of Dis. Searched for

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Claimants Testimony.

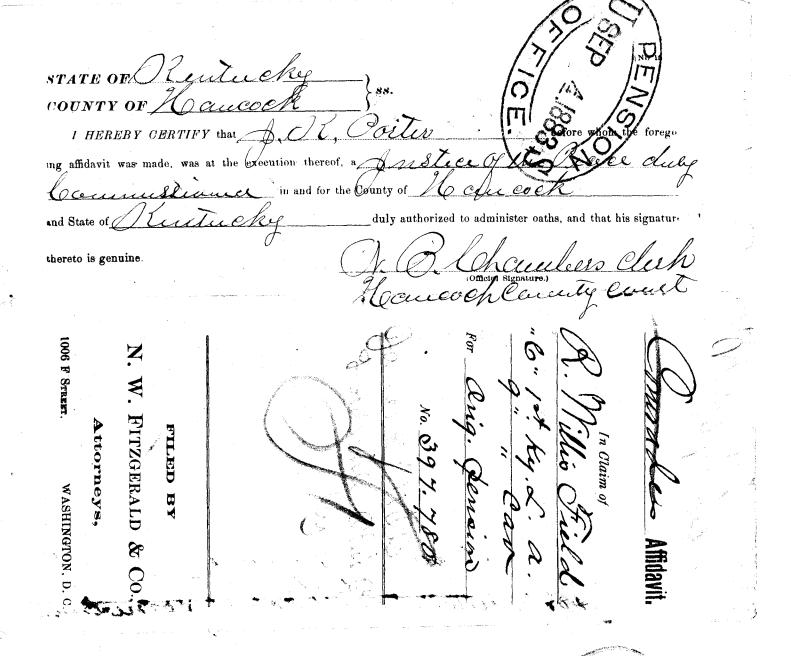
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| COUNTY OF Graypon ss.  |
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| John W Broker (Olaimant's Signature.)  |
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| witnesses.   |
|  |
| Subscribed and sworn to before me, this 23 day of August 1883. The affiant is the  |
| person represents the self to be and a credible witness. I certify that I read said affidavit to said affiant and ac-  |
| quainted Jun with its contents before executed the same. I am not interested in this claim.  |
| Witness my hand and seal the day and year above written.   |
| Elin Francis (Official Signature.) Too Court  My DW Batts DE   |
| Chris Gran (Ollicial Signature.) Co County   |
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|   |                                       | 1112                   | 10/10  | Co. marin  |
| ERAL WASH   |                                       | 16.4500                | 10/ 10   |  |
| AL  |                                       | 1                      | 3  | na L   |
|   |                                       |                        | 100  | 3.754/   |
| G<br>1960 - √ &   | X                                     |                        | 0 1  | es Jimony<br>Sand  |
| RALD & CO., eys, washinggon, b. c   |                                       | 6 A                    | 2  |  |
| .p. ()  | *                                     |                        | Ł  |  |
| 0   |                                       | •                      |  | V 1  |
|   | · · · · · · · · · · · · · · · · · · · |                        | ·  | •  |

.

# For Officer's or Comrade's Testimony.

| Officer's, Surgeon's or<br>Jomrade's Post Office                               | I, Jas 6 Millo a resident of Fords Ville   |
|--|--|
| eddress  | in the County of Ohio State of Startlicky late   |
|  | Provate of Company of the 15 Regiment of the Volland   |
|  | on oath, depose and say, that I was well acquainted with R Willis Fried  |
|  | late a Serf in Company C of the 9 Regiment of 12 Not Car   |
|  | of the war of 1861; that at the time of his enlistment, said R Will's Field  |
| Here state condition of soldier's health at                                    | was a Sound able bodied man be   |
| ime of enlistment.   | are every raised boys together is why I Know   |
|  | and while in the military service of the United States, in the line of his duty, and without fault or im   |
| ()   | proper conduct of his own, on or about the day of Oct 1862   |
|  | at The Battle of Perry Ville in the State of Kuntucky Was  |
| state time and place   | Mounded Shot in right chett. She   |
| of disability, and if by wound in battle, state name of battle; if by          | The state of the s |
| accident, state the cir-<br>numstances; and if by<br>sickness, state the cause | of shell of oreas, right side of head.   |
| and nature of the dis-   | Daw Him in Louisville afterwards & Soil  |
|  | The woulds. He was also Cafelured by In  |
|  | Brages Command. I sow Stim in Dousve   |
|  | on his very to leave behave this. to bee Exchan  |
|  | ged, and be stayed all day & kringht with  |
|  | the There have lived hear ever since the   |
|  | was he is neve well cant do farm   |
|  | work attall laught school Sometimes  |
| State your source of information.  | I know these facts from forsource abservatur   |
|  | and I have no interest whatever in the prosecution of this claim for pension.  |
|  | Dames Collilles  |
|  |  |
|  | Two Witnesses when signed to by mark:  |
|  |  |
| NOTE.  | Sworn to and subscribed before me this 26 day of 1883,   |
| Execute this before a clerk of the Court if possible. When executed            | at In the Country of 16 de 200/2   |
| before a Notary Public<br>or Justice of the Peace,                             | State of Flank etty . I certify that I am disinterested, that the affiant is to me well  |
| i certificate from the<br>Clerk of the Court should<br>be attached, certifying | known, and is respectable, and worthy of full credit as a witness, and that the contents of the affidavit were   |
| that the Notary or Jus-<br>ice had authority to act                            | made known to him before execution   |
|  | ( ) - J Caler J. J. J. O. O.   |
|  |  |



### AFFIDAVIT FOR

# Neighbors' and General Purpose.

| STATE OF Sentucky COUNTY OF Grayeon 88.  |
|--|
| Alling Full Milling The Strate   |
| 1. to a to Color Started Par least Wols  |
| On The Say of Milanal A. B., 188 3, personally appeared before me, a   |
| in and for the aforesaid county, duly authorized to administer oaths   |
| Routen Brutches aged 54 years, a resident of fring Fring Fring   |
| aged years, a resident of  |
| well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid cas- |
| I have Known the Claument Willis   |
| have known the canner to   |
| Field for a homber of years t for The  |
| past two years have lived in The Same<br>Hans with him I also Can certify That   |
| Hans with how and the  |
| he has been in bad health algreat  |
| Business of any Kinds, as to manual  |
| Labor on family he would not make  |
| more Than a 14 of a hand That would  |
| have to be at general work his disabilities  |
| have been Carried principly by wounds  |
| red in action at Perryolle 148.0ch   |
| 1862 O Know Then be to trong personal  |
| 1862. O Know Those facts from personal   |
| The Detelier on wasting whom him when  |
| Buck have often heard ham I others relate the  |
| The ancident of his Cafeture Vegeprisonment tohile wor   |
| Day Post Office address is Spring Lich Grayou Colly  |
| further declare that no interest in said case, and not concerned in it.3   |
| prosecution.   |
| Keulen Brutchele   |
| Lat-Pria Co 9 17, 14 Vol Dist  |
| (If Afflant's sign by mark, two persons who can write sign here.)  |

important.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complained of, and about to what extent (%,½,½,½), or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact which you testify.

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said

that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant 10

\_credible person

executed the same. I further certify

affiant and acquainted Kinnwith its contents before Kn

{No. 18.}

STATE OF

ally known to me, and that

Cruzz lo Fried

| SWORN TO AND SUBSCRIBE before me, this day of, 1880, and  |
|---|
| I hereby certify that the contents of the oregoing affidavit were fully made known and explained to the   |
| affiant before swearing thereto, including the words  |
|   |
| (If any words have been erased in this affidavit, enter them here.)   |
| in line, erased, and in line  |
| the words (If any words have been added in place of any crased, enter them here.) , added;  |
| that the affiant to me well known and M respectable and worthy of full credit, and that   |
|   |
| I have no interest, direct or indirect, in the prosecution of this claim.   |
|   |
|   |
| Phana I I   |
| [L. S.] Name of officer before whom executed:   |
| Daviers Collacist.  |
| (State whether Justice, Notary, Clerk, or Deputy Clerk.)  |
| The Officer before whom this Affidavit is executed must be sure and note in his certificate all   |
| erasures and interlineations, as indicated above.   |
| READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has tiled his commission, or certified copy thereof, in the Office of the Commissioner of Pensions. |
|   |
| State of  |
| County of   |
| )   |
| 1,, Clerk of the County Court in and for aforesaid  |
| County and State, do certify that   |
| name to the foregoing jurat, was at the time of so doing a  |
| (Justice of the Peace or Notary Public.) 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 thereto is genuine.  |
| Witness my hand and seal of office thisday of188  |
| [L. S.]   |
|   |
| Clerk of the  |

Additional Evidence.

CASE OF

RULL RULL

COUNTY FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

ATTORNEY,

Offices 615 Fiftcenth St. N. W..

P. O. Lock HOT 323.

WASHINGTON, D. O.

The Affiant should state in his own handwriting these facts following:

1. Length of time he has been practicing medicine.

2. Whether, or not, he knew the soldier hefore valistment. If he did know him, for how long a period ac knew him, for how long a period ac knew him, how intimately, and what his opinion is as to said soldier's soundness at enlist ment; adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension, or any tendency thereta the soldier where the home on firely whose him to home on firely whose him to have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while he may have been at home on firely while, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.

4. Whether where he has treated said soldier since

s discharge. f he have, he should state— (1) At about

first treated him. (2) his What

his physical condition was when he first treated him, giving tion or diag-nosis of his

disability.
(3) Period during which he has treated bim, giving approximate dates where exact dates cannot be given, and if dates of pre-scriptions or visits cannot be given, he should state

why.
5. Very Important. He will also state what has been THE DEGREE of claimant's incapacity
for manual labor, by reason of the disabilities on which his claim is oased, during cach month or year of the period by his treatment; in other words, what has been the average loss of time from labor, per month or month or year, or about what propor-tion of a sound able-bodied man's work he has been able to perform, whether %, %,

in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries. even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions. This Mullich STATE OF. ss: tt In the pension claim of \_\_\_ Personally came before me Notary Public, or Clerk of Court, as the case may be.) (Name of Physician or Surgeon.)
of the County of sworn, declares in relation to the tor And he further declares that he has no interest in said case, and is not concerned in its prosecution

IMPORTANT .- The affidavit of the Physician must conform to the instructions contained

out (Signature of Physician or Surgeon). If ever in the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARQWAL INSTRUCTIONS BY

SHOULD

|       | Sworn o and subscribed bef<br>sician in good professional stand<br>prosecution of this claim; and the<br>contents before he executed the sa  | ling; that I am in at I read the foreg   | nowise intere   | ested, either airectly o   | r indirectly, in th  |
|-------|--|--|---|--|--|
|       | consents to order to executed the st   |  |   |  |  |
|       | A STATE OF THE PARTY OF THE PAR | ***  |   |  |  |
|       |  | 191  | · <del>/</del>  |  |  |
| alis. | Witness my hand and offici   | al seal this   | d   | ay of DEClus   | 1885   |
| J 0   | [L., 9.]   |  | Sign her 2  | O Brown  | 1  |
|       | THE OFFICEN SEFORE WHON  | - Con ( ) ()   | lansu   | ce Notary, or Court,   | as the case may be.) HIS CERTIFICATE ALL   |
|       | ERASURES AN  | D INTERLINEATIONS WHI  | CH MAY BE MADE  | THE BODY OF THE AP   | TOAVIT.  |
|       | READ.—It is preferable that this is<br>the original paper, either direct or throu-<br>before a Justice of the Peace or Notary Po<br>of the Peace or Notary Public had autho-<br>filed his commission, or certified copy the  | igh the paper on which<br>ublic, a certificate from to<br>prity to act as such, exce | the jurat is mad<br>he Clerk of the Co<br>pt in cases where | e, if that be a separate part must be attached, cert<br>the Justice of the Peace | ifying that the Justice  |
|       | STATE OF   |  | Teller paller i James La Cape I Hel Architecture *          |  |  |
|       |  | <b>\</b>   | <i>ss:</i>  |  |  |
|       | County of  |  |   |  |  |
|       | I, (Name of Clerk  | of Court   | , Clerk   | of the County Court i  | n and for atoresaid  |
|       | County and State, do certify that.   |  |   |  |  |
|       | name to the foregoing jurat, was a   |  |   |  |  |
|       |  |  |   | (Justice of the Peace or Not   | try Public.)   |
|       | and for said County and State, dul   |  | sworn; that a   | ll his official acts are e   | ntitled to full faith  |
|       | and credit, and that his signature   | _  |   |  |  |
|       | Witness my hand and  | l seal of office this .  |   | lay of   | , 188  |
|       | [L. S.]  |  |   |  |  |
|       | For Asi  | -  |   |  | Mar. 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100 . 100   |
|       |  |  | Clerk of the  |  | ******   |
|       | · · · · · · · · ·  | ₩  | i i jaku  |  |  |
|       | ž į  |  |   |  | 11 6 2   |
|       | DIVISION.  |  |   |  |  |
|       | No   |  |   |  | FILED BY EORGE E. LEIMON,  fy and Counsellor at Law  lees, No. 615 Fifteenth Street N. W  k Dox 325. Washingron, D. C.   |
|       |  |  |   |  | MINOCOLUMNIA NO.   |
| w.°   |  | Ĕ  | ,   |  | WAS  |
| 7     |  | CLAIM OF   | æ   |  | FILED BY EORGE E. LEIMOR  FOR AND Counsellor at lees, No. 615 Fifteenth Street N. W. k Dox 325.  |
|       |  | 4IIA   | FOR   |  | OH HO  |
|       |  | 77.  | p-tred  |  | 日日 中 5 6 6   |
| ·;    | No.  |  |   |  | FIOE GIRD (1110) (110) |
|       | ; e  | 1  | 1   |  | 11 14 7 7 6  |

EST As this may reach the hands of some

possession, copies of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely known throughout the United States:

Note the Un

S. A. HURLBUT, Member of Congress, Fourth Congressional District, Illinois, Late Major-General V. S. Fols.

From several years' acquaintance with Captuin Geotice E. Lexos, of this city, I cheertally commend thin as a gradhem to integrity and world, and well quantited to attend to the colorede E. Lexos, and other claims against the Government. His experience in that line gives him superior advantages.

W. P. SPRAGUE, Mumber of Congress, JAS. D. STRAWBRINGE, Momber of Congress, Thirteenth Congressional District of Ohio.

EXECUTIVE MASSION, BOISE CITY,

Captain Gronds E. Levans, Autority and Agent for the collection of war claims at Washington City, is a thorough, able and exceedingly working the collection of war claims at Washington City, is a thorough, able and exceedingly working the ana sequence of high character, and entirely ment that their interests cannot be confided to actor hands.

M. IRANMAN,

Geography Person destring information as to hay standing and responsibility will, on request, so furnished with a satisfactory reference in his vicinity or Congressional District.

T T

Attorn P. O. Loci

Steff. Thy Jan 2 1922 Commissioner of Lusions Washington D.S. Dear Sio: In connection with my claim for pension (Claim # 1167876 - Widow of John It. Bratcher Co. H. 35 Thy Mily) which was allowed Dre 1st 1921 on Cert. 907364 I was allowed acrued Finsion due my husband at time of his death (\$141,80)\_ Dors This money belong to me in Jeroon or thould I deliver it to The administrator of my

husband's estate?

There bring some question as to whether this money is my property or a part of the estate of refer to your office as authority in the matter and were appreciate as early a reply as practical years practical years respectfully.

(ISABEL BRATCHER)

# Neighbors' and General Purpose.

| STATE OF Kentucky COUNTY OF Daviess SS   |
|--|
| In the matter of Pensiton belain of Re Willis Thill  |
| late on C. 9th Rig Ky Car Wols   |
| ON THIS /6 day of July A. D., 1882 personally appeared before me,  |
| ON THIS  |
| A STATE OF THE PARTY OF THE PAR |
| Bon 9 Failed aged 28 years, a resident of Oromoboro 12   |
| agod years, a resident of  |
| well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid cases sollows:   |
| The Claiment is my eldest Brother 4 all  |
|  |
| of whom were Solding Throughout the ever   |
| bry Brothers were all Robert young men   |
| pry Brothers vere all Robert young min   |
| with to the evar. They have all died Some but 2  |
| That were in The Service The 2 left are anvalid  |
| I of whom is a pursioner. O was at Home  |
| 3/1/2011 and Con 1. The the  |
| in Shellwill when my father went for and   |
| brought my Boother, Hohin from Rockcartte  |
| ford whose he had been left by Bun   |
| Brace who had cafetured him at Perryville  |
| Ky 8 oct 1862 he had been badly evoruled.  |
| To Thermore ersed who The family mursed him  |
| up will DEC when The Surgeon in Chara  |
| of the wound at shelly pronounced him  |
| The second of order pronounced him   |
| Convilesseent, he good then Sent to the Parole   |
| Campa at Carrely Chase Opio to Stay till Eychan  |
| Post Office address is Crims bord Davies Co 14,  |
| further declare that no interest in said case, and @ not concerned in its  |
| prosecution.   |
|  |
| (Affiant's Signature.)   |
|  |

<sup>(</sup>If Affiant's sign by mark, two persons who can write sign here.)

### AFFIDAVIT FOR

## Neighbors' and General Purpose.

| STATE OF Senderly COUNTY OF Dans SS.   |
|--|
| In the matter of Robb-Willis Feeled Late Co C 9 the Kg   |
| Leav Note  |
| On this first day of June A. D., 1883, personally appeared before me, a  |
| in and for the aforesaid county, duly authorized to administer oaths   |
| Q. C. Sherand aged 39 years, a resident of James bord  |
| aged years, a resident of  |
| well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows: |
| at The original of Both Willis Field   |
| Late Dergebet and Cafet- J. J. Harding, Cv C. 5th Ry   |
| en Ino Battle of Firmy Otto to eval fouch  |
| Saw Said Fild Gust before the Battle of Know   |
| the that he was him gow heath he was wounded   |
| + captured at Perry Vello + evas parroled 7 left-at-   |
| a county from at Noch carlly fond her father award with a carriage & brought him How and   |
| and I amused him untill be he got well   |
| enought to co to The harde Campes at Camp  |
| Chave the O san him again after his eyel   |
| him all long life he has much down any work  |
| Since The Battle except to dispured medicing   |
| I am my Ofenous he will sever be able to do any  |
| have outside of his profession he is deabled fully of  |
| May Post Office address is Concerns they   |
| further declare that no interest in said case, and not concerned in its  |
| prosecution.  To, O. Sherwood,   |
| And I'm  |
| (Afflant's Signature.)   |
| (If Affiant's sign by mark, two persons who can write sign here.)  |

IMPORTANT.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his cullistment, was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complained of, and about to what extent (%,¾,¾,%), or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

|  |                       |                              |   |  |   |                                       | -            |
|--|-----------------------|------------------------------|---|--|---|---------------------------------------|--------------|
|  | (No. 18.)             |                              |   | $\sim$   |   |                                       |              |
|  | •                     | Destua                       | La comme                                |  |   |                                       |              |
|  | STATE OF              | (WWW)                        | RY COUNT                                | Y OF JU  | vuso                                    | SS                                    |              |
|  | Sworn to and sul      | bscribed before me this da   | by the above named                      | affiant; and I certify   | y that I read said affic                | davit to said                         |              |
|  | Affiant and acquair   | nted 19 with its co          | ontents before                          | heexect  | ited the same. I fu                     | rther certify                         |              |
|  | that I am in nowise   | e interested in said case, n | or am I concerned in                    | its prosecution; and   | that said affiant                       | person                                |              |
|  | ally known to me,     | and that Lie is a            | credible person.                        |  |   |                                       |              |
|  |                       |                              | 1                                       | 11 872   | , ————————————————————————————————————— | a all                                 |              |
|  | · ·                   |                              | <u> </u>                                | an. VVI  | alling                                  | sy Cur                                | 6/           |
|  |                       |                              |   | $\gamma$ (OH)  | cial Signature.)                        | Je Con                                | -            |
|  | L. 8.                 |                              | $\mathcal{L}$                           | aville   | Consu                                   | g Con                                 | 1,           |
|  |                       |                              | <i>V</i> =                              | (Offi  | cial Character.)                        |                                       |              |
|  |                       | •                            |   |  |   |                                       |              |
|  |                       |                              |   |  | \$                                      |                                       |              |
|  | 1                     |                              | Clerk o                                 | f the County Court,  | in and for aforesaid                    | County and                            | *            |
|  | State, do certify th  | nat                          |   | Esq., who hath   | signed his name to th                   | ie foregoing                          | •            |
| ·                                      | affidavit, was at the |                              |   |  | in                                      | and for said                          |              |
|  | County and State,     | duly commissioned and s      | worn; that all officia                  | l acts are entitled to   | full faith and credit                   | and that his                          |              |
|  | ignature thereto is   | •                            |   |  |   |                                       |              |
|  | _                     | hand and seal of office, th  | nis day of                              | •  | 188                                     |                                       |              |
|  | •                     |                              | _                                       |  |   |                                       |              |
|  |                       |                              | *************************************** |  |   | <i>p</i>                              |              |
|  | [L. S.]               |                              | Clerk of the                            |  |   |                                       |              |
|  | (=                    |                              |   |  |   | to all the second second              |              |
|  |                       |                              |   |  |   |                                       |              |
|  |                       | ould be sworn to before a    |   |  |   |                                       |              |
|  | lip of paper          | Merk of County Court m       | ust add his certificate                 | or character on the o  | ack before, and not o                   | on a separati                         |              |
|  |                       |                              |   |  |   |                                       |              |
|  |                       |                              |   |  |   |                                       |              |
| ************************************** | and the second second |                              |   | and the second of the second o | ó                                       | eys: WASHINGTON, D:                   |              |
|  | _                     |                              | 3                                       |  | ) Š                                     | Z.                                    | - 14<br>- 14 |
| Í                                      | ESTIMONN              |                              |   |  | ₩ 3                                     | 6/10                                  | .^<br>       |
|  |                       |                              |   | . Production   | M .                                     | HIN                                   | nary Mil     |
|  | S                     |                              |   | A many   | BY                                      | X X X X X X X X X X X X X X X X X X X |              |
|  |                       | <b>小公</b> 88 小               |   |  | E. C.                                   | a e                                   |              |
|  | VAL TES               | /O/ 88 /c                    | )     C                                 | all returns  |   | 0                                     | and a        |
|  | L'a                   |                              |   |  | FILEGERALD                              | Attorneys.                            |              |
| March of Page 1                        |                       |                              | L. 6                                    |  |   | 4                                     | العقي        |
| g we had                               | DDITIONAL             |                              |   | garage mark  | Ĭ ×                                     |                                       | 4000         |
| 1985<br>1987<br>1987                   |                       | JUN 21.1883                  | 57                                      | and the second   |   | S &                                   | -            |
|  | year they             | 10 3                         | 7 4 4 5                                 | st.<br>Literatur   | z                                       | 1006 F Street.                        |              |
| Serve -                                | no militaria.         |                              |   | marin seed 2 see   | 1                                       | . 20                                  | 0            |
|  |                       |                              |   |  |   |                                       |              |
|  |                       |                              |   |  |   |                                       |              |

| Neighbors' and General Purpose.  |
|--|
| In the matter of af Roll Willing Field Late Sergent  |
| ON THE day of June A. D., 1883, personally appeared before me, a life of the aforesaid county, duly authorized to administer oaths. Thos Wayles aged 45 years, a resident of David Lee   |
| aged years, a resident of  aged years, a resident of  well known to me to be reputable and entitled to credit, and who being duly sworn, declare in relation to aforesaid cases follows: |
| Bost Wiffin Field at The Period of his enlictured and Defend and I always  |
| and able bodied man Dufert Knew or heard of him being Sich I have  |
| Limo & have never Kerburn him to attend<br>to do hard dobor of any Kind I do not<br>Know The Extent of his disabilit but   |
| I would not place his disability over  |
|  |
| Post Office address is Galvington Davis Cos Type further declare that Champo interest in said case, and and not concerned in its   |

AFFIDAVIT FOR

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

 ${\tt prosecution}.$ 

IMPORTANT.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment, was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complained of, and about to what extent (%,¼,½,½), or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

(Afflant's Signature.)

| [No. 18.]   | $\mathcal{C}_{\mathcal{C}}$  |
|---|--|
| STATE OF Kutucky  | COUNTY OF LOUISY SS  |
| Sworn to and subscribed before me this day by the abo   | ove named affiant; and I certify that I read said affidavit to said  |
| affiant and acquainted with its contents before   | reexecuted the same. I further certify   |
| that I am in nowise interested in said case, nor am I cond  | cerned in its prosecution; and that said affiant person  |
| elly known to me, and that he de credible   | person.  |
|   | ha that The Dall   |
|   | (Official Signature.)  |
|   | Our in the transfer of the tra |
| <b>L. S.</b>  | (Official Character.)  |
|   |  |
|   |  |
|   | Clerk of the County Court, in and for aforesaid County and   |
| State, do certify that  | Esq., who hath signed his name to the foregoing  |
| affidavit, was at the time of so doing  | in and for said  |
| County and State, duly commissioned and sworn; that   | all official acts are entitled to full faith and credit and that his   |
| ignature thereto is genuine.  |  |
| Wreness my hand and seal of office, this  | day of 188   |
| ·   | The state of the s |
| II 9)   |  |
| [L. S.]   | of the   |
|   |  |
|   | ert, Notary Public, or Justice of the Peace. If before a Justice sertificate of character on the back before, and not on a separate  |
| lip of paper  | tribute of character of the back before, and not on a separate.  |
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|   | 90 · i   |
| 8   | & CLON   |
| TESTIMONY  Sau &  Sau &  Lead  Land  Land | BY RALD & CO eys.  WASHINGTON, D.  |
| E + Hg 2 25 3   | FILED BY Attorneys.  Attorneys.  |
| H # 10 Joseph 1   | M w e EER  |
| AL TE   | FILED BY Attorneys  WASH   |
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| ADDITIONAL  (m. m. m   | N. W.  |
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| 1 . J. 0 . E  | 801  |
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## GENERAL AFFIDAVIT.

|             | 5 to metal  |
|-------------|---|
| •           | State of Stereline The  |
|             | Country of Archange 1   |
|             | In the matter of the Pension Claim of Character and number of public Fully 1357780  |
|             | Late Ser geard low Q. 12 Toat 5th Reg. Sty. Car Wolk.   |
|             | Personally came before mena Go Court Clirk in and for   |
| ď           | aforesaid County and State, Shirword where  |
|             | (Here write the name of afflant, or of each afflant, together with AGE, RESIDENCE, and POST-OFFICE address.) 13 44 years Non dence is owns for. Ky P.D. address |
| , C         | iz Ownstor Davies (c) Survey  |
| for         |   |
|             |   |
| Fxclusively | The clayment arrived at his fathers hours after   |
| <u> </u>    | The Battle, that will Say 14 to 18 day's Than were other  |
| X<br>Tr     | Seck Soldierz than What ever there Care of  |
| of.         | he was Sout to Parole Camper in Ohis. but he was not.   |
| ei Due      | and when he left we must Expected to See him again  |
| π<br>:      | as to the wounds They were an followy let a shot in   |
| Ç           | right Cherkbon passed under base of mose I out left corner  |
|             | of the mouth fragment of Shall fractured Skull on right sed   |
|             | of head also abother prices Continued ought Side of Chest   |
| ָ<br>בַּ    | left lestich which Supported & destroyed De Ver Relle Mintock   |
| ashinoton   | Evas The Bergeon delailed to attend to The Solding left at  |
| 8           |   |
| J-J-O       |   |
| Z           |   |
| FMON        | Lo Clink at No 1 Barrack's at Lou soille, I have Sunhing  |
| <u>L</u>    | more or less each year Since the way, he has always   |
| Ţ.          | foun looked Deflow is an Ornalide to the present time   |
|             | he is a grant this are to trust himself but to not able   |
| R           | to practice but very little the part 3 gears he have hear   |
| GFORGE      | This is all that I can analle at the at annualed by of use  |
| ī           |   |
| brenared by | it is so long and I can't reall every Thing Expecially day  |
| rec         | ie it was about from 10th Jan 1863 when he returned   |
| ς<br>α      | From Brison be Stayed This time till last of  |
|             |   |
| . <u>.</u>  |   |
| Rlank       |   |
|             |   |
| H<br>sid    |   |
| Ç           |   |
|             | further declare that no interest in said case, and not concerned in its prosecution.  |
|             | If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.  |
|             | 1 Martin by (Name of one witness to X mark.)  Signature of (  |
|             | Affiant, or of  |
|             | (Name of other witness to X mark.)  |
|             |   |
| V           |   |
| •           |   |
|             |   |

|                                       | sworn to And subscriber before me, this 28 day of Second 1887, and   |       |
|---------------------------------------|--|-------|
|                                       | I hereby certify that the contents of the loregoing affidavit were fully made known and explained to the   |       |
|                                       | affiant before swearing thereto, including the words   |       |
|                                       | (If any words have been erased in this affidavit, enter them here.)  in line, erased, and in line  |       |
|                                       | the words, added;  |       |
|                                       | that the affiant to me well known and respectable and worthy of full credit, and that (is or are.)   |       |
|                                       | (is or are.)  I have no interest, direct or indirect, in the prosecution of this claim.  |       |
|                                       |  |       |
| \$                                    |  | <br>/ |
|                                       | MAMAGITA OK  | *     |
| era<br>Sv<br>Miller                   | [L. S.]  (Name of officer before whom-executed.)   |       |
|                                       | (State whether Justice, Notary, Clerk, or Deputy Clerk.)   |       |
| 0<br>2<br>2                           | The Officer before whom this Affidavit is executed must be sure and note in his certificate all  |       |
|                                       | erasures and interlineations, as indicated above.  |       |
|                                       | READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.  |       |
|                                       | State of   |       |
|                                       | $\langle ss:$  |       |
|                                       | County of)   |       |
| e e e e e e e e e e e e e e e e e e e | I,, Clerk of the County Court in and for aforesaid   |       |
| ,                                     | County and State, do certify that  |       |
|                                       | name to the foregoing jurat, was at the time of so doing a   |       |
|                                       | 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 thereto is genuine.   |       |
|                                       | Witness my hand and seal of office thisday of188   |       |
|                                       | [L. S.]  |       |
|                                       |  |       |
|                                       | Clerk of the   |       |
|                                       |  |       |
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| 7                                     | Idition Idition  R. C. C.  C. C. C.  Offices Gi.  April 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  |       |
|                                       | Addition Addition  R. C. C.  GEORG  GEORG  Offices 615   |       |
| X                                     | A () 33 L   B :  |       |
|                                       |  |       |

#### AFFIDAVIT FOR

## Neighbors' and General Purpose.

| <i>k</i>                                | ++  | 163                   |   |   |
|---|---|-----------------------|---|---|
| ATE OF Sentucky                         | COUNTY OF   | Dray                  | son   | \$8.                                    |
| In the matter of                        | Wilet Sergh   | -Cue gl               | B Ky Ca   | ~ Vo                                    |
| Clair                                   | - for   | Pension               |   |   |
| On this 2 day of                        | to ang A. D   | , 188, personally     | appeared before                                       | me, »                                   |
| DEhitty Clark                           | in and for the aforesaid  | d county, duly author | ized to administer                                    | r oaths                                 |
|   | aged years,   | a resident of         |   | man                                     |
| John Baker                              | aged 38 years,  | a resident of         | agron Ci  | 14                                      |
| Known to me to be reputable and entitle | l to credit, and who being du   | ıly sworn, declare in | relation to aforesa                                   | aid cas                                 |
| ollows:                                 | ( b)  |                       | · <b>6</b> , (  | 2                                       |
| That Oh                                 | ovo Kno   | /                     |   | oldu                                    |
|   | con ha  |                       |   | - hi                                    |
| on land or                              | 01  | /                     |   | 1 1                                     |
| D. A.                                   | Shout T   |                       | <i>&gt;</i>   | 1-10                                    |
|   | ho recrei   |                       |   | ist                                     |
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| The hur                                 |   | our si                |   | Sid                                     |
| of Read be                              | sides ofh   |                       |   |   |
| 1- 1.                                   | 2 00  | ang a                 | Con   | rael                                    |
| after history                           | Delo mo   |                       | w. by   | nece                                    |
| of his cappell                          | in y In   | nfiriso               | mlu   | N                                       |
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|   | ***************************************   |                       | NOV. A C. A S. C. | and their respectively desired          |
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| A Post Office older :                   |   |                       |   | To the state of the state of            |
| Post Office address is                  | ny Slek   | ) [4]                 |   | *************************************** |
| further declare that                    | / hono interest in said   | case, and             | not concerns  | ed in its                               |
|   |   |                       | _   |   |
| secution.                               | , control control of the control of | A 1 ~ 1               | <del>/                                    </del>      | Mileyana aga mana salar -               |

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

1MPORTANT.—If testimony is given as to physical condition of claimant, it should be stated how long you have known him. If before his enlistment was he sound and free from his present disability; and what his physical condition was when you first saw him after his discharge; what he complained of, and about to what extent (½,½,½,½), or how much it has disabled him yearly during your knowledge of his case; also state how you know the fact to which you testify.

| (No. 18.)  |             |
|--|-------------|
| STATE OF Controlly COUNTY OF Louison SS  |             |
| Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said  |             |
| affiant and acquainted hum with its contents before the executed the same. I further certify   |             |
| that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant person   |             |
| ally known to me, and that he as a credible person   |             |
| $\mathbf{S}^{\prime}$ ( $\mathbf{S}^{\prime}$  |             |
| (Official Signature.)  |             |
|  | <u></u>     |
| L. B. Olerte of Transon (10 Com  | rl          |
| L. 8. Clerk of Francisco Con  (Official Official | é           |
|  |             |
| Clerk of the County Court, in and for aforesaid County and   |             |
| Chian de material de la constant de  |             |
| affidavit, was at the time of so doing in and for said   |             |
| County and State, duly commissioned and sworn; that all official acts are entitled to full faith and credit, and that his  |             |
| signature thereto is genuine.  |             |
| Witness my hand and sear of office, this day of188   | ,eu         |
|  | · •         |
|  | •           |
| (L. S.) Clerk of the   |             |
|  |             |
|  |             |
| 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 Courty Fourt must add his certificate of character on the back before, and not on a separate   | 4.          |
| slip of paper  | , president |
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| ESTIMONY,  San  San  San  Br  RALD & CO  ESS.  WASHINGTON, P.  WASHINGTON, P.  |             |
| TESTIMON  S. C. C.  S. PR.  S. BRA  S. |             |
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| ILED TZGERA  WANTED  |             |
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| ADDITIONAL TESTI  "   "   "   "   "   "   "   "   "   "  |             |
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#### DECLARATION FOR ORIGINAL INVALID PENSION.

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

| STATE OF Kenling  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |
|---|--|
| COUNTY OF The   | <b>S</b> s.  |
| On this day   | of   |
|   | appeared before me, County Court Chesh of the  |
|   | a court of record within and for the county and State  |
| aforesaid // W  | age 40 - years and resident of the   |
|   | meh States County of Jan D.  |
| State of  | who, being duly sworn according to law, declares that  |
| he is the identical.                                    | who enlisted under the name  |
| 1862 98 9 Serreans                                      | in companyof the   |
| Thy Wall Car  | commanded by leal 10-7. Jacob  |
|   | at la maire and & Jon the D. J. H. day of  |
|   | hat his personal description is as follows: Age years;   |
|   | exion  |
|   | zation aforesaid, in the service and in the line of his duty at  |
|   | in the State of Aline the con or about the   |
| 1   | /Turn state name or narroof disease or legation of wound and   |
|   | world wrish & hand - gun shor  |
| injury. If disabled by disease, state fully its causes. | To be wound or injury, the precise magner in which received?   |
| on gright side of                                       | Bud & chest & right arm  |
| I S gratum can  | very the intere loss of left Sixticlo  |
| while carrying &  | message from gent Sill to gent I to  |
| Museum, unmiss  | hearty gas batteren the 2 commanding   |
| stilled of max th                                       | New Jones oner & man Carried to  |
|   | ero placed in a enegginal I was  |
| attended by Thur  | Enguers at Their halls middle lewell   |
| pursuit clased a  | vhim Q. Iv an parded I at an dured   |
|   | 1 19   |
| as far as Rock castle of                                | follows: I was current from traggy forces Rever [Here state the names or numbers, and the localities of all bospitals in which I thin to arrolled & left as a betagen of auxo mostefeed my parents who had me carried for til I was carrales cens when I reported to to to Jamillo ? |
| treated, and the dates of treatment.] There             | notified my parents who had me carried for   |
| - · · · · · · · · · · · · · · · · · · ·                 | ······································   |
| for a few days then formed                              | erded to bamps I wole at bolumber this & remained  |
| have been under treasme                                 | That with light duty Ru en ex thange or dis charge of the time for einco otherwise than as stated above.   |
| Notice Review lie                                       | 19 19 U.S.) Capa & Demoder   |
| Here state what the service was, whether prior or su    | ided delt to that stated above, and the dates at which it began and ended.   |
| & des charges at Nas Kville                             | Fenn & Thuiss in aprl 1862 - I have a double name  |
| anthe rolls of the g. bar.                              | me one are my name mas mad paraparly placed .  - tug mas corner as the 19 Res Infel 8.  October - A. D. 1865, he has not been employed in  |
| That since the  | from the service.]   |
|   | United States. That since leaving the service this applicant has   |
|   | hara in the State of Strantinety   |
| -   | That prior to his entry into the   |
| service above named he was a man o                      | f good, sound physical health, being when enrolled a   |
| Van not ceartain The                                    | 1- The 27th of Oct- 1863 is comet but a believed best of any meallection)  |
| it is according to the                                  | but of any meallection)  |
|   |  |

|   | Druggert That he is now I for arreally disable from obtaining his subsistance by man-  |  |
|---|--|--|
|   | ual 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 placer on the invalid pension roll of the   |  |
|   | United States. He hereby appoints with full power of substitition and revocation, GILMORE & CO.,   |  |
|   | of Washington, D. C., his true and lawful Attorneys to prosecute his claim; and requests that the  |  |
| 1                                       | certification issued in the case be delivered to them. That he has not   | otaliani                                 |
|   | received Wapplied for a pension. That his post Office address is Harry Exo. Reference.   | eranon.                                  |
|   | county of The State of My  |  |
|   | Con  |  |
|   | Two Wilnesses to Claimant's signature sign here:   |  |
| =* ·                                    | 0 66 6   |  |
|   | E Plance   |  |
|   |  |  |
|   | Also personally appeared, Amus At About Chut, residing at  |  |
| ,                                       | No., in Additional street, in that toming the and Later of   |  |
|   | elas hay residing at No. 10 hour street, in County My  |  |
|   | persons whom I certify to be respectable and entitled to credit, and the being by me duly sworn, say that  |  |
|   | they were present and saw Milli's Jields   |  |
|   | the claiman sign his name (or make his mark) to the foregoing declar, on; that they have every reason to   |  |
|   | believe, from the appearance of said claimant and their acquaintance with here that the is the identical person  |  |
|   | he represents himself to be; and that they have no interest in the prosecution of this claim.  |  |
|   | Maria de Partos  |  |
|   | Signatures of Wstuesses to identity of applicant.  | -ex                                      |
|   | the second of th |  |
|   | Two witnesses to signatures of indentifying Witnesses sign here.   |  |
|   | E & Jedres   |  |
| *************************************** |  |  |
|   | J. J. J. J. C. Landon  |  |
|   | Sworn to and subscribed before me this   |  |
|   | A. D. 18 J., and I hereby certify that the contents of the above declaration, &c,  |  |
|   | were fully made known and explained to the applicant and witnesses before  |  |
|   | swearing, including the words  |  |
|   | (L. s.) erased, and the words  |  |
|   | ,added; and I have no interest.  |  |
|   | direct or indirect, in the prosecution of this claim.  |  |
|   | The same of the sa |  |
|   | Sam K (604 (6 0, 66 (Signature.)   | $\mathcal{A}(\mathcal{O}_{\mathcal{A}})$ |
|   | (Signature.)   |  |
|   | Light Shand De   | frulg 1994                               |
|   | (Offical Character.)   | J • 3                                    |
|   | The application must be acknowledged by the claimant and identifyitig witnesses before a Clerk or Judge of a Court of Record under the sale of the Court. If executed before any other officer it will not be recognized at the Pansian Office.  |  |
|   | of Record under the sale of the Court. If executed before any other office, it will not be recognized at the Pension Office, it is In the absence of the Clerk of the Court this application may be acknowledged before the Deputy Clerk, who should sign his own name as Deputy and affix the Seal of Court.  |  |
|   | own name as Deputy and affix the Seat of Court.  |  |
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|   |  | A.                                       |
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| A Company                               | ARRIVA NETTERS   |  |
| made or the contract of                 |  |  |

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ď,

GENERAL AFFIDAVIT.

| State of Centrely  |   |
|--|---|
| 88.  |   |
| E County of grandow  |   |
| In the matter of claim for pension of Isabel Auctor Wordon of  |   |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |   |
| (Full name and rejationship of claimant, and name and service of soldier.)   | _ |
| Personally came before me, a stary Rublic in and for   |   |
| (Justice, Notary, Judge, Clerk or Deputy Clerk.)   |   |
| aforesaid County and State, Amunda A Cams (Here write the name of afflant, or of ergh afflant, together with Age, Residence and Post-Office address.)  |   |
| = age 36 years PO. ad with   |   |
| le langville sty   |   |
|  |   |
| of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:  |   |
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| is that the was present at the   |   |
| toth of denny to tected on of  |   |
| Isabel Tield and that he was som   |   |
| & and warm   |   |
| - Soury 6 Field is now living  |   |
| i I know the above fuct from the etreunslance  | 2 |
| 2 af a brothers of by Fulds having died  |   |
| on the 124 best four days before   |   |
| in his sufe mus confined   |   |
| which accurate   |   |
| B. A.  |   |
| of the transmit  |   |
| 3 · · · · · · · · · · · · · · · · · · ·  |   |
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| - 8 - married that the the the thing of the things of the  |   |
| Derechande de la company de la |   |
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|  |   |
| further declare that the no interest in said case, and not concerned in its prosecution.  If either action, sign by X mark, two persons who write their names MUST sign here as witnesses thereto.   |   |
|  |   |
|  |   |
| (Name of one witness to X mark.)   |   |
| 2 Affiant, or of ach Affiant.  |   |
| (Name of other witness to X mar)   |   |

| ASE O ASE O ASE O ASE O ASE O A K A R A R A R B B FILED BY C C C C C C C C C C C C C C C C C C C   | /                    | fiant before                             | e swearing t                                 | hereto, includin                        | going affidav<br>g the words | it were fully                           | made known and   |
|--|----------------------|--|--|---|------------------------------|---|--|
| (If any words have been added in place of any crused, enter them here.)  in lines  | *                    | (If a                                    | iny words have be                            | en erased in this affide                | vit, enter them her          | e.)                                     |  |
| in lines   |                      |  |  |   |                              |   | sed, and the words   |
| THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CAPTIFIC CAPTE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.  READ.—It is predictable that this instrument should be executed before a Cierk of Court. The sealable of the perce or Notary Public, a certificate from the Clerk of the Peace or Notary Public and authority to act as such, except a cases where the Justice of the Peace or Notary Public and authority to act as such, except a cases where the Justice of the Peace or Notary Public and authority to act as such except a cases where the Justice of the Peace or Notary Public and authority to act as such except a cases where the Justice of the Peace or Notary Public.)  I certify that  (Justice or Notary's make.)  (Justice or Notary Public.)  (Name of Court.)  |                      |  |  |   |                              |   |  |
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| (State whether Justice, Notary, Clerk, or Deputy Clerk)  THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS ORTIFF CATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.  READ,—It is preferable that this instrument should be executed before a Clerk of Court. The seal as the preferable of ending paper, either direct or through the paper on which the jurat is made, if that be a separate paper. Without security core a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, corriding shout the original paper, with the paper on the clerk of the Court must be attached, corriding shout the court in the clerk of the Court in the seal of the Peace or Notary Public had authority of act as such, growth against of Pensions.  I certify that  [Uastice of Notary's names]  [Uastice of Notary's names]  [Uastice of the Peace or Notary Public.]  [Uastice of the Peace or Notary Public.] |                      |  |  |   |                              |   |  |
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| THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CASTIFICATIONS AS INDICATED ABOVE.  READ.—It is preferable that this instrument should be executed before a Clerk of Court. The senatable of principle of the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper, where free or a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certified that this is filled his c manission, or certified copy thereof, in the Office of the Court must be attached, certified that the shill his c manission, or certified copy thereof, in the Office of the Court must be attached, certified that the above is his signature.  I certify that  (Justice of the Peace or Notary analyse)  (Justice of the Peace or Notary Public, ) 1891  (Justice of the Peace or Notary analyse)  (Justice of the Peace or Notary Public, ) 1891  (Justice of the Peace or Notary Public, ) 1891  (Rame of the Clerk or Deputy Clerk.)  (Rame of Court.)  (Name of Court.)   | ,                    | <b>8</b> 1                               | • .  | *************************************** | (Name of offi                | cer before whom exe                     | outed.)  |
| THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CATTER.  READ.—It is preferable that this instrument should be executed before a Clerk of Court. The sealable day be the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. Where the test of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certified the state of the Peace or Notary Public, a certified copy thereof, in the Office of the Court must be attached, except the cases where the Justice of the Peace or Notary Public, and the court must be about the Court must be attached, except the cases where the Justice of the Peace of the Peace of the Court must be attached, except the court must be attached, except the court must be attached, except the court must be a separate paper. Where the cut is made, if that be  | [ 14, 1              | 3. ]                                     |  |   | holi                         | any Ru                                  | blic   |
| READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be the presented before a Clerk of Court.  READ.—It is preferable that this instrument should be executed before a Clerk of Court.  The original paper, either direct or through the paper on which the juria is made, if that be a separate paper. The present of the Pace or Notary Public, a certified at from the Clerk of the Court may be attached, a chart of the Court may be attached, and the court of the Court may be attached as the court of the Court may be attached, and the court of the Court may be attached.  I certify that  (Justice of the Peace or Notary Public.)  (Name of Court.)  (Name of Court.)  |                      |  | orende <b>de Me</b> ro deguno des dec        |   |                              |   |  |
| IN WITNESS WHEREOF I have hereunto set my hand and official seal this day of [L. S.]  [L. S.]  [L. S.]  [L. S.]  [A S C ASE OF [Name of the Clerk or Deputy Clerk.)  [Clerk of the [Name of Court.]]  [BGE E. LEMON, and Counsellor at Law, w  | ore a Justice of the | Peace or Notar                           | ry Public, a ceri<br>lie had auth <b>e</b> r | tificate from the C                     | lerk of the Court            | t must be attache<br>here the Justice o | d, certaining that the   |
| IN WITNESS WHEREOF I have hereunto set my hand and official seal this day of [T. S.]  [T. S.]  [T. S.]  [T. S.]  [A S. A S. L. A. L.   | idavit was mada      | ie o                                     | (Justice                                     | or Notary's name/                       | MAY V                        | Vanthorized to                          | administar ooth  |
| IN WITNESS WHEREOF I have hereunto set my hand and official seal this day of [L. S.]  [L. S.]  [L. S.]  [L. S.]  [A S C ASE OF [Name of the Clerk or Deputy Clerk.)  [Clerk of the [Name of Court.]]  [BGE E. LEMON, and Counsellor at Law, w  | idavit was made,     | , 15 &                                   | (Justice of the P                            | eace or Notary Public.                  | 1891                         | , automorized to                        | administer baths   |
| In the consequence of the conseq | a that the abov      | 0 10 1110 0181                           | 10001  |   |                              |   | , <b>á</b>   |
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| ional Evidence.  A. 420246  CASE OF  Mucica  W K Lale  FOR  FILED BY  ORGE E. LEMON, and Counsellor at Law, and Counsellor at Law, and Counsellor at Law, and Counsellor at Law,   | r <b>a</b> n         |  |  |   |                              |   |  |
| ional Evidenc  No. 420 246  CASE OF  U. Hala  W. Hala  W. Hala  W. Hala  FILED BY  BRGE E. LEMON, and Counsellor at Less 618 Fifteenth St. N. W.,  | [L. S.]              |  | •  | (Na                                     |                              | Deputy Clerk.)                          |  |
| ional Evi  No. 4202.  CASE OF  CASE OF  Mucley  FOR  FILED BY  FILED BY  AFFIDAVIT OF  AFFIDAVIT OF  SE 618 FIFTEEND SE  SE 61 | [L. S.]              | en e | •  | (Na                                     |                              |   | ······································                                       |
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| Aditional Evaluated Ball Michael Micha |                      | alian egi                                |  | (Na                                     |                              |   |  |
| Aditional  No. 42.  CASE  ALL BAC  FOR  FOR  FILED  GEORGE E  THE STITLED  OFFICES 618 FIFTEE  |                      | 10 mm m                                  |  | (Na                                     |                              | (Name of Court.)                        |  |
| additions  No. 4  CAS  CAS  Muc  LL  ME  FIL  GEORGE  riney and GOMices 618 F  |                      | 0.246                                    |  | (Na                                     | ne M                         | (Name of Court.)                        |  |
| aditio  C C C C C C C C C C C C C C C C C C  |                      | 90246                                    |  | (Na                                     | ne M                         | (Name of Court.)                        |  |
| ddit addit a ddit a ddi |                      | 420246                                   |  | (Na                                     | ne M                         | (Name of Court.)                        | GE E. LEMON,  d Counsellor at L  IS Fifteenth St. N. W.,  washington         |
|  |                      | No. 490.246                              |  | (Na                                     | ne M                         | (Name of Court.)                        | FILED BY ORGE E. LEMON, and Counsellor at L ss 618 Fifteenth St. N. W., sas. |
|  |                      | No. 490946                               |  | (Na                                     | ne M                         | (Name of Court.)                        | FILED BY ORGE E. LEMON, and Counsellor at L ss 618 Fifteenth St. N. W., sas. |

ton. D. C. and is Exalisively for his Itsa.

GENERAL AFFIDAVIT.

| <u> </u>  |  |
|---|--|
|   | tate of Kentucky   |
|   | County of graysur  |
|   | In the matter of claim for Sabel Bratcher Franchism of   |
|   | Inceror Robert M. Field Cs "C" I" by Laterty.  |
| Tena  | Personally came before me, a Clebely Clark or Deputy Clerk.)  in and for (Justice, Notary, Jadge, Clerk or Deputy Clerk.)  |
| a   | foresaid County and State,  (Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)  |
| 61. DIE   | (Here write the name of affiant, together with Age, Residence and Post-Office address.)  |
|   | person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:   |
|   | Alar Ol and marit of   |
|   | Stella Frield. a daughter of Isabel Field  |
|   | and that the was born Nov- 26th 1872   |
| Š   | and that the said statle trioler is more   |
|   | him in the first |
|   | living have this by the kirth of   |
| 5   | living this by the hirth of one of my own children   |
|   | I I know this by the kirth of  |
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| ay decided in the control of  | I Skraw his by the kirth of one of my own children   |
| by decided in the state of the | The further declare that All Las no interest in said case, and woncerned in its prosecution.   |
| by decide to the most of  | The further declare that Ill Jan no interest in said case, and wo not  |
| Digital is propared by deciver E. Les   | further declare that full full no interest in said case, and not oncerned in its prosecution.  It either affiant sign by X mark, two persons who write their names MUST sign bere as witnesses thereto.  |

Subscribed and Sworn to before methis 10 day of March 1891 Geo. H. bubblage blenk By D.B. Namil Lec.

> Soabel Breatcher Michael Robert M. Kidel C. 12 Hy G. arty

Southern Division

ACCE E. L.

Y. COUNTY

OF SIGNATURE

OF SIGN

agail.

## GENERAL AFFIDAVIT.

| Use.       | State of Kentucky   |
|------------|---|
| his        | County of Cypassage 88:   |
| for        | In the matter of claim for Sabel Bratcher Gurden of Muse  |
| vely       | Children of Robert W. Field Co "C" 1" Sy State.   |
| lusi       | Personally came before me, a Release of Soldier. in and for   |
| Exc        | aforesaid County and State, Rallel Varyaletur   |
| and is     | Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)  Age Flux P. C. Caldres  Assiry Lell |
| Ċ,         | person of awful age, who, being duly sworn, declare in relation to the aforesaid case as follows:   |
| j.         | Shat she was present at the finth of  |
| gton       | Lilla Field a claughting fallule of RW.   |
| Washington | 1882, and that the Said Stella Frield is  |
| Was        | now living  |
| i, of      | I was staying at Baid R W Fried while   |
| LEMON      | my Husband was out on business &  |
| LE         | also, by the first of one of my own   |
| ස<br>ස     | Chrofdon  |
| RGI        | ı   |
| ĢEO        | ·   |
| py (       |   |
| red        |   |
| prepared   |   |
| is p       |   |
| ank        | further declare that HAL HAS no interest in said case, and not concerned in its prosecution.  |
| This Blank | If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.  |
| Thi        | 1 John w Bratcher (Name of one witness to X mark.) Signature of Rachel + J gratcher   |
|            | 2 Amos A Bratcher ach Affant.   |
| C.         | · (Name of other witness to X mur)  |

Luboeribeel and Sworn w before am this 11 day of March 189! Gev. H. bubbage blen! By Daniel D.C.

Robert Mictoria Bratcher Mictoria Michael Brailed Brailed

Southern Survey 246

Bratche Bratche

ORGE E. LI

with the information that the pension and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,

Disbursing Clerk.

DEC 4 1920

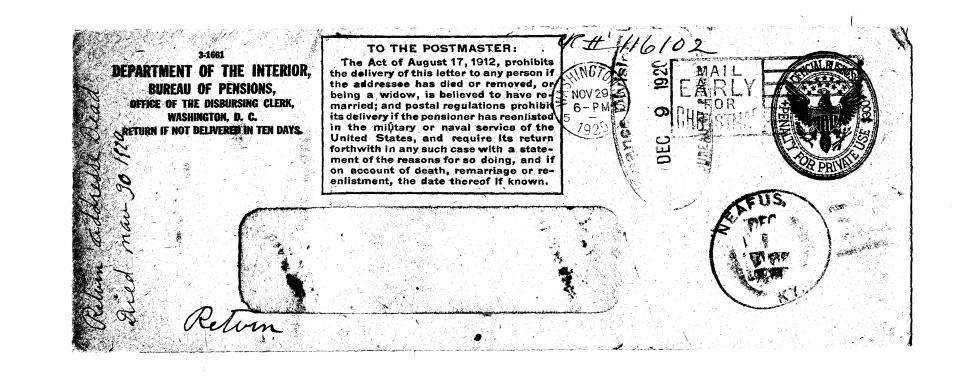
To the Chief, Finance Division:

You are hereby notified that check # 1/6/02 for \$ 13

dated Nov.29, 1920 in favor of post-office

248403 

with the information that the pensioner died Nov. 30,1920



| HAL        | (3-(30.)<br>ID. (Series)                   | 镇。"              | Figued,                      | Oct. 12                                 |
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| W. B. MONTGO    | MERA      |  |
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| DRUGS, PATENT N | MEDICINES |  |
| WINDOW GLA      | 1921      |  |

Isabel Bratcher
Orig Widew
Noll67876
John W Bratcher
Co H 35 Reg Ky
Mtd Ify

CANEYVILLE, KY June 13,1921

U S Pension Commissioner Washington, D C

Dear Mr Gardiner:

will you please tell me the status of above named pension claim? It was filed about Dec. Acknowledged receipt. No given as above. And on or about the middle of Feb.1921 a total of 4 affidavits were filed that were never acknowledged. These were made by my self. Mrs Bratcher, the widow, Mrs Judy E Goff and Miss Snider. We thought these were of themselves sufficient evidence as they covered all that w s asked, but we have never heard whether they were received or not, hence this enquiry. If not if you will send enquiry will present the same proof as all parties are still living, and if they were received if anymore proof is needed will try the make it.

Respectfully

W.B Montgomery;
Notary Public

N. OLES

## Act of May 11, 1912.

| Ind Cert. 2       | 48.403                                    |
|-------------------|---|
| Name, John        | W. Bratcher                               |
| Wafus,            | W Bratcher,<br>Grayson les.,<br>Kerthicky |
|                   | Kerthiefly                                |
| Application filed | May 25 1912                               |

| Application filed_         | May 2     | <u> </u>       | 912  |
|----------------------------|-----------|----------------|--|
| Application filed Service, | ( 35/4    | 1. Mta         | les !  |
| Manga                      |           | 11             | S. S.  |
| 000.2/19                   | 12, 00.00 | 1/00/          | The second   |
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| forman                     |           | O              | 7  |
| U                          |           | <i>V</i>       | alah meneri serini on shekarane  |
|                            |           |                | sana usahak a sasa Pendikhilimbilinin  |
|                            |           |                | Appellant and Angeles and Ange |

July 28, 1921

Honorau Ben Johnson, House of Representatives

My dear Mr. Johnson:

In ra Isabel Bratcher: w.J.1167876 Steff, Kentucky

With the return of bureau letter of the 19th instant and carbon copy there, you are advised that the claimant's address is as given above.

Very truly yours,

Acting Commissioner

HWB/ghd

Leach Ky. Jan 21. 1889. Hon. John C. Black. Commite I hereby make application for Frating of my Bension under And of Congress of Angust 27. 1888, Lam a preusioner under certifie. ale 248403, was a member of lev. A. 35-4 Ky Inf Vols. signed.

Applienting John M. Bratcher H. 35 Ky Inf Cert 248.403 For Re-rating act Aug 27., 88

a. O. Jenkins.

Patent, Jand and Co.

ATTORNEY, SUI LOUISIAHA AVE., PRHIMEIN, B. C. July 19, 1921

Honorable Ben Johnson,
House of Representatives

My dear Mr. Johnson:

In re Isabel Bratcher: 8.0.1167876

You are advised that in the above claim, the claimant was called on on the 13th instant for a certified copy of the public record, the affidavit of the attending physician or of witnesses who were present at the death of the soldier to prove the fact and date of his death. She was advised that the affidavit of W. W. Montgomery is not satisfactory, as he merely gives the date of burial and not that of death. She was advised that a supplemental affidavit from Judah E. Goff should be furnished showing the date of death of the soldier's first wife, Emaline.

Upon receipt of the evidence so called for, the claim will be taken up for further consideration.

Very truly yours.

WASHINGTON GARDNER
Commissioner

HWB/ghd

Widow Division W.O. 1167876 Isabel Bratcher John W. Bratcher H 35" Ky. Mtd. Inf.

July 13, 1921.

Mrs. Isabel Bratcher Steff, Kentucky

Madam:

Your above cited claim requires proof of the death of the soldier by a certified copy of the public record, the affidavit of the attending physician or of witnesses who were present at the death of soldier. The affidavit of W. B. Montgomery is not satisfactory, as he merely gives the date of burial of soldier.

There is also required a supplemental affidavit from Juda E. Goff, showing date of death of soldier's first wife, Emaline.

The soldier's name and service and the number of this claim should be inscribed on all papers filed, and no affidavit can be considered satisfactory that fails to show the age and address of the witness and his means of knowing the facts stated.

Very respectfully

WELLER TON GARDNER

HEE/SAM

Commissioner.

Widow Division W.O. 1167876 Isabel Bratcher John W. Bratcher H 35" Ky. Mtd. Inf.

July 13, 1921.

Mrs. Isabel Bratcher Steff. Kentucky

Madam:

Your above cited claim requires proof of the death of the soldier by a certified copy of the public record, the affidavit of the attending physician or of witnesses who were present at the death of soldier. The affidavit of W. B. Montgomery is not satisfactory, as he merely gives the date of burial of soldier.

There is also required a supplemental affidavit from Juda E. Goff, showing date of death of soldier's first wife, Emaline.

The soldier's name and service and the number of this claim should be inscribed on all papers filed, and no affidavit can be considered satisfactory that fails to show the age and address of the witness and his means of knowing the facts stated.

Very respectfully

ABAUAR MOTHALHUST

HEE/SAM

Commissioner.

R)

S/8W 2 3-1865

Removal Div.
Inv. Ctf. 248,403
John W. Bratcher
Co. H. 35, Ky. Mtd. Inf.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON

November 29, 1912.

Mr. John W. Bratcher,
Neafus, Ky.

Sir:

Your above entitled claim for pension under the act of May 11, 1912, requires medical or other competent evidence showing whether you are now unable to perform manual labor by reason of disability from slight deafness of both ears, resulting in severe deafness of right ear, and slight deafness of left ear, and rheumatism and left hydrocele, alone.

Very respectfully,

Commissioner

1912

R

Removal Div. Inv. Ctf. 248,403 John W. Bratcher Co. H. 35. Ky. Mtd. Inf.

November 29th 1912.

Mr. John W. Bratcher,
Neafus, Ky.

Sir:

Your above entitled claim for pension under the act of May 11, 1912, requires medical or other competent evidence showing whether you are now unable to perform manual labor by reason of disability from slight deafness of both ears, resulting in severe deafness of right ear, and slight deafness of left ear, and rheumatism and left hydrocele, alone.

Very respectfully.

•

Commissioner.

## CLAIM NO.

Examiners are required to keep the unimportant papers in this wrapper.

# PAPERS NOT BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

DISCHARGE CERTIFICATES, POWERS OF
ATTORNEY, AND CONTRACTS FOR
FEES NOT TO BE INCLOSED.

## CLAIM NO.

**PAPERS NOT** BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

Section F. Civil War Division Inv. Ctf. 248,403 John W. Bratcher, Co. H. 35 Kentacky Mtd. Inf.

September 12.1914.

Mr. John W. Bratcher.

Neafus.

Kentucky.

siri

Your claim for pension under the disability clause of the act of May 11,1912, filed August 23,1912 is rejected on the ground that you are not shown to be unable to perform manual labor by reason of your disability of service origin, slight deafness of both ears, resulting in severe deafness of right ear and slight of left ear and rheumatism and left hydrocele (disease of left testible.)

The Rules of Practice of the Interior Department give you the right to appeal to the Secretary of the Interior within one year from the date hereof.

Very respectfully,

Commissioner.

September 12,1914.

Hon. Ben Johnson.

House of Representatives.

My dear Mr. Johnson:

Relative to the claim for pansion under the disability clause of the act of May 11,1912, filed August 23,1912, certificate number 248,403 of John W.Bratcher who served in Company Ma35th Kentucky Mounted Infantry and whose address is Heafus, Kentucky. I have the heart to advise you that said claim is rejected on the ground that soldier is not shown to be unable to perform manual labor by reason of his disability of service origin, slight deafness of hight care, resulting in severe deafness of right ear and slight of left ear, and rhoumatism and left hydrocele (disease of left testicle.)

Soldier has this day been fully advised of the above action.

Very truly years.

Commaissicance.

Carbon copy for files.

August 25.1914.

Hon.Bon Johnson.

House of Representatives.

My dear Mr. Johnson:

instant, relative to the claim for increase of pencion under the act of May 11,1912, cortificate number 248,405 of John W.Brutcher who served in Company 1,35th Kentucky Mounted Infantry and whose address is Meafus. Kentucky. I have the honor to advise you that said claim as now being considered with a view to its final adjudication and you and the claimant will be advised of the result.

Very truly yours.

Acting Commissioner.

Carbon copy for files.

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| BUREAU OF PENSIONS   | 4             |
| Washington, D. C., Le  | b. 9. 1991    |
| No. Claim, W. O. //67  | 97/           |
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| Cert. No. 248403   |               |
| Claimant, Isabel Bra   | 1-0           |
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| COMBRESS     | I Division      |
| DEPARTMENT   | OF THE INTERIOR |
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6--645

9. C. No. 248 403
Act of May 1,1920. Medical Division.

Name John W. Bratcher DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

P.O. Steff

Frayson Co. Ky

OCT 4 1920

Dr. Samuel H. Armes, Secretary, Board of U. S. Examining Surgeons, Room 2, Masonic Hall, Leitchfield, Kentucky.

Sir:

should be examined at his home.

The above named applicant hashborn which he had he had the helponth he your for remainstion. He claims pension under Section 2 of the Act of May 1, 1920, which provides:

That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil was, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or enroute thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

He alleges that he requires the regular personal aid and attendance of another person by reason of arteriosclerous cystitis, serile debility surpaired vision

You should examine him for these alleged disabling causes and for any other physical or mental disabilities, and describe fully conditions found, so that it may be determined from your description whether the regular personal aid and attendance of another person is required by this applicant.

Very respectfully,

Acting Commissioner.

Medical Division

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

WASH INGTON

35" Ky mtd. Inf

Dr. Samuel J. Armu Secretary Board of U. S. Examining Surgeons

Room 2 Masonic Hall. Leitchfield, Xy

Dear Doctor:

It will be appreciated if the member of your board residing nearest the above named claimant proceed to the home of said claimant and examine him carefully in accordance with the inclosed instructions. His post-office address is  $\sqrt{\frac{1}{2}}$ 

The examination should be made as soon as possible at a time which will not conflict with a meeting of the board. Before going to the surgeon should ascertain by correspondence with the postmaster, or otherwise, whether the claimant is still residing there.

All papers should be returned with this order and the certificate of examination. In preparing the voucher for services, the surgeon should closely observe the directions in Form 3-168, and the accompanying instructions dated March 3, 1917.

Very truly yours,

F. D. BYINGTON

Acting Commissioner.

John W. 248403 V John W. Bratcher H-35 Ky bita. Inf.

EPARIMENT OF THE INTERIOR
BURJAU OF PENSIONS
Washington

Received 18 to 1

Sept. 8, 1920

Mr. John W.Bratcher Stoff Kerstucky

Sir:

In the claim for increase under section 2, act of May 1, 1920, filed 1920 in the above cited case the evidence indicated in paragraph No. 2 should be furnished.

1. (a) The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person; or, if the claimant is unable to procure such statement, (b) the sworn statement of his attendant showing the character and frequency of the aid and attendance required; whether the claimant is confined to the house or to his bed and if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.



2. The claimant's statement setting forth whether any member of his family rendered service in the Army, Navy or Marine Corps of the United States in the late World War, and if so, whether he is in receipt of, or has ever applied to the War Risk Insurance Bureau for, compensation because of the death in or since the service of such member of his family.

All sworn statements should be made before a notary public or some other officer authorized to administer oaths for general purposes.

Persons testifying should state their ages, post office addresses and means of knowledge of the facts to which they testify.

Do not fail to inscribe on each paper furnished the name and service of the <u>claimant</u> and the number of the claim to which it relates.

Very respectfully,

Commissioner.

1 8

SEP 5/2 1920 STITUTHE FILLING HOUSE OF REPRESENTATIVES U.S.
PUBLIC DOCUMENT
FREE

Ben Johnson M. C.

Please advise

KENTUCKY.

Hebruary 7/92/ REMARKS.

Chief of Hiles.

102, 286

Robert W. Hield

CIRY L. art. Vol.

for use in claim

W. O. 1/67876

Doabel Bratcher Wiel.

John W. Bratcher

Robt. W. Hield was a

former husband of the

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| MEDICAL DIVISION                          | 8-132             |   |   |           |
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| John W. Bratcher<br>Steff gray            | -<br>em Co.       |   |   |           |
| Sir:                                      | . 7 7             |   | 7 |           |
| You are informed that an o                |                   | _                                       |   | recting a |
| member of the board of United Lild, Ky, t |                   |   | 100 WU                                  | -V        |

to your claim for plension. The doctor should fill in the spaces below, after which you will return

this notice to the Bureau.

Acting Commissioner.

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Very repetfully

Bratcher

(Isabel Bratcher)

Steff

Grayon Co. Ky

| Payee  | , Rev. Jan. 1934 IDENTIFICATION AN   | d data slip (  | )                   |
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RESTORED<sup>3-1647</sup>.

Act of May 11, 1912.

Name, John W. Bratelar.

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OFFICE OF SUPERINTENDENT
HARVEY PUBLIC SCHOOLS
DISTRICT 152, COOK COUNTY
HARVEY, ILLINOIS



Bureau of Pensions,

Washington, D.C.

Div.Widow Pensions.

?

MBAC-c

Mr. E. E. Bratcher, Harvey, Illinois RRATCHER Isabel W.C. 907 364

Dear Sir:

This is in reply to your letter of August 27, 1934.

Pension accruing from the date of last payment to the date of the pensioner's death is not an asset of the estate, is not payable to heirs and is not liable for the payment of debts, but may under certain conditions be paid to reimburse the person who bore the expenses of the last sickness and burial, or who is held responsible therefor, in the event the pensioner did not leave sufficient assets to meet such expenses, and is not survived by a minor child under sixteen years of age at the date of her death.

If, under the circumstances, it is desired to file claim for this amount, the enclosed form 5036 should be completed in accordance with the instructions printed thereon and filed in this office.

All future communications relative to this case should bear the pensioner's name and refer to the number W.C. 907 364.

Respectfully,

E. L. BAILEY Director, Widows' and Dependents' Claims Service.

Enc. Form 5036 MV:ejl

E. E. BRATCHER, SUPERINTENDENT OFFICE, WHITTIER SCHOOL 151ST STREET AND LOOMIS AVENUE TELEPHONE HARVEY 300

#### HARVEY PUBLIC SCHOOLS

DISTRICT NO. 152, COOK COUNTY

Harvey, Illinois

BOARD OF EDUCATION J. D. COALE, PRESIDENT

OLIVE BEEMAN NORMAN GALLETT BURTON EVANS RUTH C. DELANO IVA V. MILLER

IRENE M. THOMPSON, SECRETARY

Steff, Ky.

August 27th, 1934.

Bureau Of Pensions. Washington, D.C.

Div. Widows Pension.

This is to advise you of the death of our mother, Isabel Bratcher, Steff, Ky. who drew widow's pension under certificate No. 3pa, 304, who died at Harvey, Ill on August 22nd 1934.

In connection with this matter we ask that you advise us as to the amount due her for the month of August.

Can this be paid to the undertaker to apply on his bill or to one of us to apply on other indebtedness without the formality of appointing an administrator?

Due to the small value of the estate and the fr fact that there will be but little, if any, more that enough to meet obligations, we are anxious, if possible to avoid the expense of an administrator.

Respect fully,

Floy Taylar. Hinny C. Field

Direct reply to

E.E.Bratcher, Harvey, Ill.

### INDEX

#### TO SPECIAL EXAMINER'S REPORT.

| Claim of   | Isabel Brotcher  |           |                   | 386,870 Mid.<br>No.420,246 (Ydsv   |
|--|--|-----------|-------------------|--|
| PAGES.   | NAMES OF WITNESSES, ETC.   | Exhibits. | Deposi-<br>tions. | REPUTATION.  |
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| 2  | Notice to claimant   | -         |                   |  |
| 3 to 4   | Summary  | _         |                   |  |
| 5 to 7   | Claimant's statement   | _         | a                 | Fair (Le summary)  |
|  | See Brief Jacker ).  | .,        |                   |  |
| 8-9  | James L. Hudson  | /         | 13                | Doubtstul "  |
| 0-11   | Leander Worley   |           | 6                 | L'algue "  |
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| 1-17   |  |           | 4                 |  |
|  | Claimants final statement  |           |                   |  |
|  | Chaimans Final Statement   |           |                   |  |
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# Department of the Interior,

| OFFICE (   | OF SPECIAL EXA       | MINER U.S. BUI                         | REAU OF PENSIONS       |                 |
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|  | At Lea               |  | , Ky                   |                 |
|  |                      | Janua                                  | ng J                   | ,189 <b>3</b> . |
| NOTICE OF  | SPECIAL              |  |                        |                 |
| and Isabel Brate                                 | her                  | Amd 2 X 2 X 1 Y 1 1 1 X Y 2 X .        | No 386 8               | 70 Wid          |
| Case of Isabel Brates To Isabel Bratch           | ćev , ci             | aimant:                                | 420 24                 | 16 Gain.        |
| You are hereby notified that, by                 |                      |  |                        |                 |
| necessary, at Locach                             | , A. D.              | 1893, and conti                        | nuing thereafter as lo | ong as may be   |
| necessary, at Locach                             | , Co                 | unty of                                | ayson                  | and State       |
| of Kentucky, and elsew                           |                      |  |                        |                 |
| claim, at which time and place all material with | tnesses will be hear | d.                                     |                        |                 |
| And you are further notified that you ha         | ve the privilege of  | being present, in                      | person or by attorney  | , during said   |
| special examination, and of cross-examining      | said witnesses and   | of introducing ar                      | ny material evidence   | on your own     |
| behalf, if you so desire.                        |                      | Thomas                                 | Huse)                  |                 |
|  |                      |  | Specie                 | al Examiner.    |
| त्र ।<br>जन्म                                    |                      | `````````````````````````````````````` |                        |                 |
|  | ,                    |  | 1                      |                 |
| I acknowledge service of copy of above n         | otice this           | day o                                  | January                | , 1893,         |
| and desire the examination to begin on the       | fonce                |  | <u></u>                |                 |
|  | -<br>-               | Babel                                  | Brate                  | her             |
| 2  | (3—459)              |  |                        |                 |

Hon. Grein B. Raum, Commissioner of Pensions) Washington, D. C.,

Siv:

Thanethe honor to return herewith

the forpers in claim Mo. H20, 246, 15

Brobel Brotoher, whose P.O. address is

Leach, Ry, and who claims pursuant

as the widow of R. Willis Guild, lote off.

Co. b. 9 Ry. Care, also as Guardian of

his mind shildren.

The claim was sent to the field to determine cause of soldiers death and informed blaimant was duly notified of her rights and privileges in the premi ises and waives notice of further examination.

All the witnesses are correctly rated on indep sheet )

Claimant reputation is fair but she evidently lied when she said that he was not a durnt and as did Hondron when he said he didn't know what ;

caused soldiers

Chis generally known

in the neighborhood where the solder leved that he was a welim of the whisky and openin hober All the wilnesses with the exception of the two mentioned testified in a fair and impartial In my penion the claim should be rejuled on the ground that soldier and from gastritis the result of excessive whisky dunk ungeto, Dr. A. M. Meador has removed from Spring Soich to Shreve, Ohis County, R.G. but for the next the months can be found at 174 Chedigo ave, Cheago, Olls. where he is altending lectures of the Polistinic School of Medicine. Why respectfully Othomas found Special Ofaminer.

DEPOSITION 0420, 24 6 flan Case of Osabel Bratcher State of Sentino Special Examiner of the Dension Office, personally appeared who, being by me first duly sworn to answer truly all interrogatories propounded to hamduring this Special Examination of aforesaid pension claim, deposes and says: I am 37 years of 2 a 2 . a 2

(8140—15,000.) 6—515

Page 6 An 1887 Dr. Kield lived about a Leeally Sky, In april 1888 Da Field moved about a mile ball of Leach Port Office and that is when he died The Doctor was taken sick in March A 1888 and and July 12 of the some year He complained of pains in head and dwell with his stormach he could keep nothing of He was confined to this hed about the weeks and then he complored of his head and stomach His general complaint as long as I know Dn. Fried we should a pain in his head when he had been I got argumented worth the Doctor isi I think Do Meador called Dr. Fulds last sickness Check Gastrilis. There was no physician freshow hen Dr. Fuld died. Dr. Meador was in to see my husboud on Tuesday evening and he died outher Thursday eveninty following that was Du Meadalo low with Dr. Duellermous of Spring Lich In between Dr. Meadois visito, but Dr. Meador was the last one that rome to see him. Dr. T'ild never neuved any injury of the head that I know of weeps the wound that he always told me he got in the army Mo Sir Du Fild never unas a sunstroke or had applying that I

#### DEPOSITION

NOH20, 246 Hdn Case of Isabel Bratcher Special Examiner of the Pension Office, personally appeared who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: I am 37 years of 2 a . a 2 Deposition

Page 6 An 1887 Dr. Field lived about a south from her sus P.O. adduss was In April 1888 Da Fried moved about a mile back of Leach Port Office and that is when he died The Doctor was taken sick in March A 1888, and and July 12 of 1 He complained of fram in head and worther with his stomac could keep nothing of He was confined to this hed about thee weeks and then he complained of his head and stomach His general complaint as long as I know Da. Fried we about a pain in his head where he had been I got argumented work the Doctor isi Wink Dr. Muser called Dr. Files last sickness Check Gostiles-There was no physician present when Dr. Fuld died. Dr. Meador was in le on Tuesday evening and Thursday eveninty following, that was Dr. Meadoto low with Da, Ducklermous of Spring L By come to see my huntoned twice for hetween Dr. Madrio visito, but Dr. Meador was the last one that the wound that he always told me he got in the army sensition or had apoplery that I

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#### CLAIMANT'S STATEMENT.

DEPOSITION

| Case of I sabel Bratcher  | , No. 386, 870 Mission<br>420 246 ( Guardian |
|---|--|
|   | H20 2H6 Tuardian                             |
|   |  |
| On this tenth day of  |  |
|   | , 1893, at                                   |
| Louisville , County of  | efferson                                     |
| State of, before me,  | Thomas House, a                              |
| Special Examiner of the Pension Office, personally appeared           | Doabel Beatcher                              |
| , the applicant in the afor   |  |
| Q. If it should become necessary to further examine your cla          |  |
| elsewhere, do you desire to be present in person or be represented    |  |
| examination? If so, you will be notified as to the place and time     | •  |
| No  |  |
| A. 1110   |  |
|   |  |
| Q. Should you change your mind and desire to be present, or b         | be represented by an attorney during any     |
| further examination of your case, will you at once address a letter t |  |
| ington, D. C.," giving the name and the number of your claim, is      | nforming him that you have so changed        |
| your mind, and desire to be notified when your claim is to be furth   | ner examined?                                |
| A. Mes.   |  |
| Q State the names of the person or persons and their post-office      | •  |
| tion of your claim for popular  | •  |
| A. George C. Lennon,  | Washington                                   |
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| O State what continue on continue way have made with weal             |  |
| Q. State what contract or contracts you have made with such           |  |
| prosecuting your claim for pension, and whether such contract or of   | contracts were written or verbal.            |
| Page , Deposition (1948-15,000.) 6-420                                |  |

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| Q. Please give me the names of all witness      | es that you desire examined elsewhere, with their post-office |
| Idresses, and also state what you expect to pro | ove by each witness.  |
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|   | the conduct, manner, or fairness of the examination of your   |
| aim? If so, please state specifically what it i |   |
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| Q. Do you desire to introduce any more te       | estimony before me?   |
| Mr  |   |
| A. A        |   |
|   | I $I$ $M$ $I$   |
| •   | Isabel Bratcher   |
|   | Deponent.   |
| Sworn to and subscribed before me this          | tenth day of January, 1893,                                   |
| and I certify that the contents were fully made |   |
|   |   |
|   | Thomas Huse   |
| 6420 %  | Special Examiner.   |
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No. 420246 claim of Isabel Pratcher widow of Robert W. Field late Sergt bo'b' 9 ky ban, P.O. addrew Leach, Grayson bo "Ky" "I also guardian of her minor children.

Chernsboro, Ky. Apr. 23 1894

How, Mu Tochren Com'r of Tensions Washington D.C. I have the honor to return the papere in The above described claim, and submit my This claim was rent to the field to determine cause of soldiers death Ed came to me for cross examination of Dr. M. Mador, The Woclor has an extensive country practice Ed is a man who is well informed. I am of the opinion from the Doctors testimony Id that of others taken by Special Examiner Huse That the soldiers doath was attributable to his own vicious habits and therefore recommend rejection of this claim, Kespec fully HM Surfield Spect Examiner

**DEPOSITION** 

| Case of Isalel Bratcher, No. 386870.   |
|--|
| On this 21 day of Opro, 1894, at Discler County of Ohio  State of My before me, HM Burfield, a   |
| State of Ry, before me, HM Burfield, a Special Examiner of the Pension Office, personally appeared  No. J. W. Meador, who, being by me first duby sworn to answer  |
| truly all interrogatories propounded to him during this Special Examination of aforesaid   |
| pension claim, deposes and says: I am 55 years old practiced<br>for 29 years, Graduate of the Marical Deft of<br>The University of Somishallo Ky, O, O, address<br>Trisler Ohio Co Ky,<br>I knew Dr R W. Fields about 12 or 14 years |
| pries to his death. News was his family physician of was called in to treat him once in  |
| the phing of 1888, and then again in his last<br>sickness. It my first vieit in the phiny I forms<br>porne sulling of the feet and ankles, I can not<br>now state what I thought the cause of that purseing,                         |
| I am inclined to believe that I attributed it to his morphing habit I know then and had known for permetime that he was a morphine   |
| eater I also knew then and before that time<br>that he also drank whisky to excess.<br>I had heard of his using whisky to excess for ten or  |
| times intoxicated several years before he died.  |
| of whistry interfered with his medical fractices.  |
| morphine to spass. It can I was about to inject  |
| your me to understand that double the menal done monde how but little effect on him as he had brain in the helit of menny it and I found it sie  |
| Page Deposition (12661-75,000.) 6-288  |

not have any effect Will you describe the psymptoms altendant upon and complains of fain in his head I was at first tothered monaking a dragnosis, from the fact that was invoce of no whistry me morphine halids but decided that he had gastrilis and probably complicated with meringes of the brain, The or cosior vorniting prace caucie by inflamation of the mucous meningeal or excharal trouble fut or the case frong ressed, the head symptoms become mon and more prominent The pain was Rupalines he called for and Kept continually under his head & Rach ofice as long re he was Consciens, Us rullas framente his lamprature was from 100 to 163, circulation nothing on his planach and frequently called or whichy 12 grain of morfline hypodermically had Continues stimulation and debauchery has reduced the rital forces but in giving my opinion the cause of cleath, it was a combination of the result of a wound of head and spassion my of narcotics and whiskey I have no inte in this claim I have hered my deposition and I am correctly reported, 1. M. Abrador No. D. Deponent. Sworn to and subscribed before me this X / day of U/VY

1894, and I certify that the contents were fully made known to deponent before signing.

1. Dirfield
Special Examiner.

S. E. D.

No. S. 386 870 rind, 420,200 quan.

Claimant: It ab-2l Iratcher

Soldier: Robt It field

P. O. address: Seach

County: Grayson State: My

Recommendation: Rejection

HM Bill of

Special Examiner.

REFERENCE.

May 7, 1894

Chief S. E. Dinsion.

RECOMMENDATION.

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Reviewer.

ACTION.

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 ${\it Commissioner.}$ 

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| 18,190                                 | John M. Smider (B.J. 34, 36)            |                | $ \mathcal{E} $   |   |
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|  | Charles W. Mason                        |                | G                 | <i>u</i>                                |
| ,                                      | Moses W. Stone                          |                | H                 |   |
|  | D. P. Bratcher                          |                | 9                 |   |
| 28,29                                  | Clamante Jinal Strup                    |                | ]J                |   |
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| Department of the Interior,  |
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| OFFICE OF SPECIAL EXAMINER U. S. BUREAU OF PENSIONS  |
| At Leach My  |
| Oct 26 ,1898.  |
| NOTICE OF SPECIAL EXAMINATION.   |
| Cuse of John W Bratcher Cest No. 248, 403  |
| To John W. Bratcher, Claimant:   |
| You are hereby notified that, by order of the Commissioner of Pensions, the undersigned will, on the             |
|  |
| necessary, at Leach , County of Grange and State   |
| of, and elsewhere if necessary, conduct a special examination of the aforesaid pension                           |
| claim, at which time and place all material witnesses will be heard.   |
| And you are further notified that you have the privilege of being present, in person or by attorney, during said |
| special examination, and of cross-examining said witnesses and of introducing any material evidence on your own  |
| behalf, if you so desire.  6. R. M. Millian  |
| Special Examiner.  |
| 6 RM FOride  |
| I acknowledge service of copy of above notice this   |
| and desire the examination to begin en the At and  |
| P. 2 John w Brother  |

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Nature of Claim: General Law.

Number of Claim: Inv. Cert. No. 248,403.

Chaimant's Name: John W. Bratcher.

Soldier's Name:

Service: Seigt. Co. N., 35 Ny. Mita. Vol. Inf.

Post Office: Leach, Grayson Co., Ny.

Notice: Given. Further Notice: Waived.

The Commissioner of Pensione,

Nashington, D.C.

Shi:

I have the honor to herewith return
the papers in the above cited claim,

the papers in the above cited claim, referred to this district for original special examination, and to submit my report theicon.

Elamant is pensioned under the
general pension laws at \$20 per month
on account of slight deafness of both
ears resulting in severe deafness of right
can and slight deafness of left ear,
and shownatism; and claims additional
bension for varicocele of left testicle.
Claim was referred to the S. E. Khirision
for investigation as to origin of left
varicocele and for the testimony of neighbors as to degree of existing deafness of
pensioner; if any, and came to me by transfer
from Mr. O. M. Outler for the initial examination

P.4

Claimant was duly notified of the efucial examination of his claim and all his rights and frivileges were explained to him. It was present at The examination of a number of the witnesses and heard read the testimony of all others except. ing that of connadis day and majors He waves right to notice of any further examination of his claim. He has the reputation and appearance of being a truth ful and sincere man. I was with lime fronts of two days and in his home one night. I observed from closely and was unable to notice that there was any greater defect of hearing in one ear than in the other, but his hearing is certainly defective in both can and prensioner doubtless speaks truly when he avers that his hearing is worse at times. One can carry on a versation with him at a distance of fine six to ten feet when he is giving attention by a slight elevation of the voice. If I spoke to him in an ordinary conresational tone he would request me repeat if he observed that I was speaking ud gave no heed if he did not see.

The witnesses are well to do farmers of good repute and I think They state the facts in their testimony to the effect That housioners becaung is defection in both ears. Consider , lating is in my opinion excession for the defect of hearing existing at the present time but I am unwilling to believe that he pretended queater deafus than that which actually existed at the time he was given a high rating for deafness by The I am aware that continuance of variencele is not required but I took the testimony of witnesses on that four in order that They might be unquarded in testifying as to the defect of hearing. While in their ricinity on other browness I interviewed comades Park, Thesley Empy, John Emby, I'm S. Byers, Samuel Embry, Maiden, Sappand book but They were withour in-Journation as to the disability in the Junding dann. Connades Laron V. Long, John Major and Thomas Embry are men of good refurtation for truth and in my opinion origin of left varievelle is established. I Therefore recommend admission Very respectfully 6. P. M. Bride.

Special Examiner.

P3

N. B.—Examiners should be particular to have affiants sign on the line next below the closing words of their depositions so as to leave little or no space between their signatures and the end of their depositions.

(3-456.)

|           | DEPOSIT                       | 'ION        | Ch.                                     | • · ·   |
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mighters who have always testique. Va P. Byus adduss mukum Than him maning time. My frist wife was Deponent. Sworn to and subscribed before me this 26 th day of Oct. 1898, and I certify that the contents were fully made known to deponent before signing.

Special Examiner. Deposition ...

# Medical Division, bureau of pensions,

Fashington. D. J. Mach. 291898

No. Claim, 24 8 4 03.

Claimant,

Soldier, J. W. Bratcher

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Medical Division,

Bureau of pensions,

Washington, D. Capue 20, 1898

No. Claim, 248403

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**DEPOSITION** day of Oet, 1898, at , before me, le P. Mi Mide special examiner of the Bureau of Pensions, personally appeared. Harry V. Lay, who, being by me first duly sworn to answer truly all interrogatories propounded to have during this special examination of aforesaid claim for pension, deposes and says: I am 62 years of age; my post-office address is White Run occupation a farm Page Deposition ....

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Aaron V. Day Deponent.

Revorn to and subscribed before me this II day of Colom, 1898, and I certify that the contents were fully made known to deponent before signing.

Special Examiner.

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(3-456.)

**DEPOSITION** Case of Tin W. State of truly all interrogatories propounded to hunduring this Special Examination of said pension claim, deposes and says

Deposition

Lutchfild 34 & June ago. Daid L'emburied hatt- l'horte mitbeen laffred since See- 1897. Il. tills as selver as it. aid before ner live 6- see it. Tuppele I was tapped outher five at home. If Hanned then of Whoma - personned the fresalin have over If 7. measured fints 1 Line of Cananalle and Ly- Craby of Arnold Phistory was present-What was the appearance The levolum in the fell d. here thinked much by Atta & sime out - has ruly la little the a year When I begain a cutly Jed. I had no treatment for it Storice and. mul for balony line brevalle any lots of Mirly / wer d. redul Kym fly Myam brothe about - 3 yos ago but men they world in the Jank with me Knew Ite Autut Then It tany brilly Then I came out of the ann Deutil Cel-any body Kum Ivan any trung of the and reallest ever showing of 6-Day body till I the first. during live should Losine Ly Newl-Raines the Rosine Ly: how domestice Mo- He new gave me

but face me formelying has. Il. Fields near hi me a trus which I have lift d. muldul-Who sun the mying that M. was as large as Sworn to and subscribed before me this  $\partial' \overline{\lambda}$ Sworn to and subscribed before me this \_\_\_\_\_\_ day of kneed of 1897, and I certify that the contents were fully made known to deponent before signing. Special Examiner.

| $\frac{(3-456.)}{}$  |
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| DEPOSITION   |
| Case of Mult Batcher au, No. 248803  |
| , 110.   |
| On this, 189 , at  |
| , County of  |
| State of, Ecunty of, a  Special Examiner of the Pension Office, personally appeared  |
| Special Examiner of the Pension Office, personally appeared Linian   |
| outuall, who, being by me first duby sworn to answer   |
| truly all interrogatories propounded to haduring this Special Examination of afore-<br>said pension claim, deposes and says: An- He have the |
| said pension claim, deposes and says. An- L.   |
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| and he is medation as to light of the  |
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| My answers are correctly recovered.  |
| late 11 Brother  |
| John v' Brotcher<br>depenent-  |
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| Swom to and enoscribed before me The 8th   |
| day of June 1899 and I certify From to are-  |
| leuts were July made from to de-   |
| product before ligining  |
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| Page Deposition Security   |

Watcher Cert, No. 248 803 special examiner of the Bureau of Pensions, personally appeared. Richard M Livaus ..., who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension, deposes and says: [], I am 62 years of age; my post-office address is Ilmy · I am a farmer - I have lived in the tranky by suce 1445 ps before the man and have Known for the Bracthe all the while. John is in back shape- with his secret Ne-showed - me. 7 or 8 years ago the Torslelier his bay was in It That puffed out about his And fell the like of was full of rate &! zur smooth and sleep It mas a Lord- of reduch color. Then was no enlarged being they Inticul. He told me he for through an a caraly facule and but him him In I had heard it sporten trey me himsely he had been Munt- him began he showed it to the Tax 8 74 ago the only hand leve Dan I. I had noticed to through his refer and I was fring with him a Carefille to see some mules he had build but-He kept telling me not that, to fast-Couland wall very ford. That his privates huding him proverfully and then he should. the the frent ! I could not - give ex and live but had hun tar frage him to other It seems the it is his Claims the francest of reasoning in I have noticed he was hearing order zince bus Zunele only

all within about St-seemed very 2 mall home me a ford deal. running le 2 & years you and complained respect - I ral was us much rund RW. y wans

Sworn to and subscribed before me this day of me, 189 G, and I certify that the contents were fully made known to deponent before signing.

Special Examiner.

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V/Falcher ....day of .... Morning Lies. State of K special examiner of the Bureau of Pensions, personally appeared & , who, being by me first duly sworn to answer truly all interrogatories propounded to hum during this special examination of aforesaid claim for pension, deposes and says: I am 5 | years of age; my post-office address is finny . I am a merchant - I have known frull. Bratche about 20 Juni Han ame of good deal of buents with him army that wind every her me a less ever since I have aunhan Thungh & never wied cigny hearer my the have always Eined about & mi apart-I have would be whend of henry town und hur hadhin hund him speak of the ofter ask me tripeal; and had to speak and thin to make him unusuland. I never motived he heard him pay. There has any dyperence in his cary in rand theming: I will know But his hearing man retter it - times I so not reall that I where or linen of my agent. of wo hummy during the lastice year of they acquamente with him. I think d'à 8 a 10 yn jeling hay time & hot purhenten when he was hard of huming. I - Dould not-In love heary along court for his despuess. I soul - hims he can hear maning conver talin d always last lonce thin him as people semently I when know for x 4 5 700 of his having What - In Crabbe! Called a hymnele And filled prescriptions to Anythe maily all his anys from me

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| Deponent.  |
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| Sworn to and subscribed before me this I day of process, 1899, and I certify that the contents were fully made known to deponent |
| before signing.  |
| Mille H  |

Special Examiner.

day of ... State of .. special examiner of the Bureau of Pensions, personally appeared The Michael , who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension; deposes and says: I am 3 6 years of age; my post-office address is Immy I am a wood workingen. I have written une Anice try. 1871. I have Known for Maulike 20 Juniany way. Here came kind both for both in the many of repairing trayers. I have whered he is hard of hearing our since my find acquaintence with him I and him he is any hearing hearing them I am. I were made claim for pucking in occount - of diapness lines in & & That by and G. C. 14 r. R.C. I can hurdly hem al, my in right cay I here wollied their how any cufference in Iralchen ears in organd theming I Lam latting & trim alone be Leens them very readily I have tat- with him to magretalis court- and whispered to him ince he seemed to unusuland me my well. and then in a grown of home would be seemed to a mighty have of hearing all timelly thing he puts in comelines. Ves I have noticed in a crowd he lunis the sice of his head thear - but when me and him one calking where. We talk just lite be are Tultung own. Ih I am salufied he is smushent hard I becaming thing he is about like tryself I have Known he had some troubly inch hustry It has seen your large at line,

Deponent.

Sworn to and subscribed before me this I day of free, 189 G, and I certify that the contents were fully made known to deponent before signing.

Special Examiner.

ralche special examiner of the Bureau of Pensions, personally appeared Lev. J. Stone. , who, being by me first duly sworn to answer truty all interrogatories propounded to here during this special examination of aforesaid claim for pension, deposes and says: I am 5 7 years of age; my post-office address is Caneyoll practice Ino Mr Braceha 15 my present. Lec 1/1897. ell- an Alvalian for hydrocale performed in now by Kor le. O. Warnell. date Am our record - 'hymnale your an immense thing Lend I don't remember Huid removed was measured always grantily. I don't. The proper every of deles variable would be he had examine him after is He Has Cagniffe of-While by humed his can Kenny reng hand ung in mythem warring conversalin The operation Plea 11/897 min the his hydroule as I min in length he than bad it. It had been in excessive a long long trink: It had showed it to me 3

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|                                 |           | <u></u> |   | ·                                     | Deponent.                              |
| Sworn to and<br>J., and I certi | , , , , , |         | 7                                       |                                       |  |

Special Examiner.

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| (3-450:)                 |
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| S. E. D.                 |
|                          |
| ect No. 248 403 1896     |
| Claimant from W Gral he  |
| Soldier:                 |
|                          |
| P. O. address:           |
| County: Truy State:      |
| Recommendation: Turning  |
| the sails of the sails   |
| Special Examiner.        |
| REFERENCE.               |
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| Q)B, Casselman           |
| Chief S. E. Division.    |
| RECOMMENDATION.          |
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| Reviewer.                |
| ACTION.                  |
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| Commissioner             |

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Examined in

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| <b>a</b> | (3—128.) | E.              |
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| VVII                                  |  |                               |                 | <del>\</del>      |
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| 0. Leach                              |  | Rank frival                   | , Co.           | 6                 |
| L.                                    | 19   | //·                           |                 |                   |
| unty <i>Grangson</i> , 8              | State  | Regiment 7                    | y. Voc          | · Can             |
| te, \$per month, comn                 | nencing  | , 18 , and                    | /               |                   |
| •                                     |  |                               |                 |                   |
| two dollars a month additiona         | i for each child, as follow  | ' <b>s :</b>                  |                 |                   |
|                                       | \ Born,  |                               | •               | 10                |
|                                       | Sixteen,   | •                             | encing          | , 18              |
|                                       | Born,  | <b>.</b>                      |                 |                   |
| . E                                   | / (Sixteen,  | , 18 .)                       | 4               |                   |
| REIL                                  | Born,  | ,                             | •               |                   |
| REJECTED                              | (Sixteen,  | , 18 . )                      | ************    |                   |
| \U_{\gamma}                           | Born,  | <b>,</b>                      |                 |                   |
| 2                                     |  | , 18 · · )<br>/ 6 · · , 1880) |                 |                   |
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| Itella                                |  | . (                           |                 |                   |
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|                                       |  | , (                           |                 |                   |
| Payments on all former certification  | cates covering any portio  | n of same time to be de       | ducted.         |                   |
| All pension to terminate              |  |                               |                 |                   |
| An pension to terminate               |  | , date of                     |                 |                   |
| $\mathbf{R}\mathbf{E}$                | ECOGNIZED  | ATTORNI                       | EY:             |                   |
| C. e                                  | 0,   |                               |                 |                   |
| ime Leo. C. (                         | Jemen.   | Fee \$                        | Agent           | to pay.           |
|                                       | -Coil-   | _                             |                 |                   |
| O,                                    | Cour   | Article                       | s filed         | , 18              |
|                                       | A P P/R (  | OVALS:                        |                 |                   |
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| Intited for Rejection                 | Jel.10   | 1893, Thomas                  | House           | ZL, Evaminer.     |
| · · · · · · · · · · · · · · · · · · · | May 7  |                               | //              |                   |
| oproved for                           | authorizin of  | Approved for                  | ti tolli        | ath resulted from |
| proved for                            | origin or  | Approved for                  | , uc            | am resurred from  |
| asuft due 7                           | to his secondi   | Jary Luria                    | , The Opl.      | Exaclored         |
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|                                       | macin  | <del> -</del>                 | which has been  | legally accepted, |
| 01                                    |  |                               |                 |                   |
| Cay 16, 1                             | 189/6 Legal Reviewer.  |                               | , 18 , <i>M</i> | ledical Reviewer. |
|                                       | / <del>7</del>   | <u> </u>                      |                 |                   |
| <i>,</i>                              | , Re-Reviewer.   | t constant                    |                 | Medical Referee   |

| Wip   | ow's                  | PE                    | NSIC               | N. J  | 124  |   |  |
|---|-----------------------|-----------------------|--------------------|---|--|---|--|
| Claiman Sabel Fiel  | Thow                  | Soldier               | est Will           | lis Fiel  | l  | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |
| P. O. Lack  |                       | Rank Or               | <i>f</i>           | , Co.   |  |   |  |
| County Sourson , Sta  | Res                   | Regiment 2            | Ry Von             | Lax   | 49   | •                                       |  |
| (19   | (A)                   | "                     | 4 -                | <u> </u>  | <i>*************************************</i> |   |  |
| Rate, \$ per month, commer and two dollars a month additional f |                       |                       |                    |   | <del></del>                                  |   |  |
| and two donars a month additional is                            | (Born,                |                       | 1                  |   |  |   |  |
| jes.  | Sixteen,              |                       | Commencing         |   | ., 18  |   |  |
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| lorme   | ( Sixteen,            |                       | ·) -<br>·)         |   | -, 10  |   |  |
| <b>B</b> A  | Sixteen,              | , 18                  | .} " -             |   | ., 18  |   |  |
|   | Born,                 | , 18                  | `} "               |   | 18   |   |  |
| 1.  | (Box Dec /            | 6 ,188                | $\varphi_{1}$      | $\mathcal{I}$   | ,  |   |  |
| Jegge Jegge   | Sixteen//             | 5 , 1896<br>26 Se     | 6) " <i>()</i> -   | mly 13  |  |   |  |
| Stella  | ) ' · · · ·           | 5 , 18 <b>8</b>       | <i>"</i>           | ,, 13   | ., 1888                                      |   |  |
| By last   | ) Born,               | , 18                  | ·{                 |   | •  |   |  |
|   | Sixteen,              | ,                     | .\$ " -            |   | ., 18  |   |  |
|   | Born,<br>  Sixteen,   | , .                   | .} " -             |   | ., 18  |   |  |
| Payments on all former certification                            | tes overing any porti | on of same time       | to be deducted.    |   |  |   |  |
| All pension to terminate  | ul &                  | , 18 <b>89</b> , date | e of Jenne         | uniage  |  |   |  |
| REC   | COGNIZED              | ATTO                  | RNEY:              | The fact that the same of the |  | ×.                                      |  |
| 11. 5   | 4                     |                       | 2-                 |   |  | 8                                       |  |
| Name lorge C.   | Turon !               |                       | Fee \$ O           | Agent Musy 23   | to pay.                                      |   |  |
| P(0)  | 0 44                  |                       | Articles filed     | 1aug 23   | , 1889                                       |   |  |
|   | APPR                  | $OVAT_{i}$            | S:                 |   |  |   |  |
| TLAN //   | - W//                 |                       | -                  | 2-1   | Andrews,                                     |   |  |
| Noted for 4 Gle Dir   | May 20                | , 18 //,              |                    | gate,   | Examiner.                                    |   |  |
| Approved for Alluni   | Mary origin of        | Approved for          | . admiss           | death resu  | lted from                                    |   |  |
| U.S. Max right C  |                       |                       | _                  | ·   |  |   |  |
| and Sheel nogh  | Care Caccepted        |                       | V                  |   |  |   |  |
| Scrolan & St  | equeder               | Caus                  | whice              | h has been legally  | accepted,                                    |   |  |
| May 23/91, 18   | , Legal Reviewer.     | Hob May               | W. E. May 27       | , 18 <i>97</i> , Medical I  | Reviewer.                                    | L. L. Comment                           |  |
|   |                       | -                     | ,                  |   |  | Ş                                       |  |
|   | , Re-Reviewer.        |                       |                    | , Medical   | Referee.                                     | <b>\(\)</b>                             |  |
| I   | MPORTAI               | NT DAT                | res: ,             | 9   |  |   |  |
| Enlisted Sug  | //, 18 <b>6</b> 2     | Invalid appli         | cation filed       | Jane 30   | <u>, 18</u> 80                               | f.                                      |  |
| Mustered  | <b>.</b>              | Invalid last p        | paid to            |   | , 18 . 🕺                                     |   |  |
| Discharged Jone   | 2/ ,1863              | Former marr           | iage of soldier    | no  | 18   |   |  |
| ~ 00  |                       | Douth of form         | non wife           | 20  | 10   | T.                                      |  |
|   |                       |                       |                    | 1 ln  |  |   |  |
| Declaration filed fluly   |                       | Claimant's            | arriage to soldier | 1962  | , 18/7<br>1869                               |   |  |
| miles )   | (65125,000.) 5 6-     | -581                  |                    | none  | C.   |   |  |
|   |                       |                       |                    |   |  |   |  |
|   |                       |                       |                    |   |  |   |  |

Inder Midnes , Claim No 3868 fo Holl Willis Giell Cal J Reg't Ky Lur.

Arrange Papers in Invalid Claims—1. Declaration; 2. Soldier's statements as to origin; 3. A. G. 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order. In Widows' and Dependent Relatives' Claims—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

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|-------------|--|-----------------|--|
| NO.         | NAME AND P. O. ADDRESS.  | DATE OF FILING. | SUBJECT.   |
| 12345618910 | Sund<br>Sund<br>Bates<br>W. W. Britis<br>Jackel Bratcher<br>Med Miners<br>Med Divers | Teb of "        | Del<br>Tentime I Date Rune of death<br>No Jain Mannage and<br>Mannage<br>Marriage and<br>Births<br>Birth |
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|             | <b>6.</b>  |                 |  |
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# Claimant's Testimony.

|  | * * * * * * * * * * * * * * * * * * *       |  |
|--|---|--|
| STATE OF Destucio  | 100   |  |
| COUNTY OF Sray   |   |  |
| In the matter of the application for   | Invalid                                     | Pension No. 397780                         |
| of Willip Hy   | Me late C Co 7/40                           | personally comes the claimant, who         |
| Carnot testify in  | my cas is That                              | O was wounded                              |
| Y Capturde w   | rile on detache                             | & Ferris bearing a                         |
| dispatch from  | Sun Sill to Si                              | in SH Rousia. D                            |
| was reported to  | ussing" I was                               | treated antil parole                       |
| Carry with a Carry   | of finally got ave                          | And to my father The                       |
| R. B. Wintell was a  | blattick to Can                             | for The bounded Than                       |
| (about 80 in Me)   | he is dead a                                | Gunt maces of my Cor                       |
| Cafet Johnson V So   | mu Go humbers                               | of Lownwell Secur                          |
| were my Prove Is   | rates may & John                            | row on Whom I was                          |
| has been hundi   | ooth die rec                                | way Convade until                          |
| exchanged as in  | in terms of Ses                             | en er la 1868 had                          |
| Farris of my they h  | oving been Cripbed                          | Bras in Change of                          |
| Macke a  | 1-Louisvillo he                             | sof any has to her                         |
| My Post Office address & St.   | a Clerk 8 hi/v /ha                          | ro, This are part of my                    |
| My Post Office address is Sprange County of Co | State of                                    | Survives G                                 |
|  | W. I.                                       | Willis Tulet                               |
| When signed  |   | (Claimant's Signature.)                    |
| by mark, two { Witnesses.  | NETTA GARAGE MANAGEMENT COMMAND A PROPERTY. |  |
|  | 1.  |  |
| Subscribed and sworn to before me, thi   | s I day of July                             | The affiant is the                         |
| person A represents muself to be and a   | credible witness. I certify that 'I re      | ead said affidavit to said affiant and ac- |
| quainted Zinn with its contents before   |   | I am not interested in this claim.         |
| Witness my hand and seal the day and year  |   |  |
|  | Ed Q Ar                                     | Batts Depy                                 |
|  | Elerk Gray &                                | ticial Signature.) Co Court                |
|  | My DW                                       | Hatis Depy                                 |

| COUNTY OF  |                        | Lawrence Co                |   |
|--|------------------------|----------------------------|---|
| I HEREBY CERTIFY th                                  |                        |                            | N 3 10 1  |
| g affidavit was made, was at t                       |                        |                            | to March 11 12 12 12 12 12 12 12 12 12 12 12 12 |
|  |                        |                            |   |
| d State of   | duly authorized to adu | ninister oaths, and that h | iis signature                                   |
| ereto is geu <b>uine.</b>                            |                        |                            |   |
| <b>53</b>  | <br>(Office            | ial Signatu <b>re.)</b>    |   |
| N. W. FITZGERALD & Co., Attorneys, WASHINGTON, D. C. | Ror No.                | Claim of                   | GLAMANT'S TESTIMONY.                            |

| Claimant's Testimony.  |
|--|
| STATE OF Heaticky  |
|  |
| COUNTY OF Gray con   |
|  |
| In the matter of the application for Invalid Pension No. 357780  |
| of Willis Fuld Late Sent Co C 9 1/2 Caspersonally comes the claimant, who                                      |
| being first sworn on oath, says: O have tried every means in any power   |
| to find the whareabouts of Dr Baily & Botto O have   |
| written many times but can get see reply I do not  |
| see what benefit They would be to me anyway  |
| as O never Saw either of Them again after my   |
| Capture the 9th/4 Car war a 12 hos Reg & Somofthe  |
| priserum That went to Richwood did not get back  |
| for several mer of the muster out of the Rig One   |
| The Reg Bail, only remained a little while I always  |
| The deg Bail, only remained a little while salways   |
| Thought-he oraigned however O can't find or hear   |
| from either of There of They get my letters they   |
| will not notice Them, last week O wrote to Them  |
| (come The address bent me) requesting Simply a   |
| letter Stating what They Trus in regard to me  |
| If I ever get any thing from them I will send  |
| It berward.  |
| My Post Office address is Spring Leck State of Kentucky  |
| Willis Field   |
| (Claimant's Signature)   |
| When signed (Claimant's Signature.) the Cov  |
| by mark, two Witnesses.  |
|  |
| Subscribed and sworn to before me, this 29 day of Cinquist 1889. The affiant is the                            |
| person he represents himself to be, and a credible witness. I am not interested in this claim. Witness my hand |
| and seal the day and year above written.   |
| Ed O Brown [SEAL]  |
| Elerk Grayson Co Court By DM Dates De  |
| Own rayour of Car  |
| My Din dates a le  |
|  |

|            | **************************************                                |                                       |  |                          |
|------------|---|---------------------------------------|--|--------------------------|
|            | STATE OF  |                                       |  | (9/ 19/ 19)              |
|            |   | - 3                                   | 88.  |                          |
|            |   | CERTIFY that                          | b  | efore whom the forego-   |
|            |   | nade, was at the execution thereof, a |  | 10/30/5/                 |
|            |   | ip and for the C                      | ounty of   |                          |
| ٠          | and State of  |                                       | duly authorized to administer oaths  | , and that his signature |
|            | thereto is genuine.   |                                       | (Official Signature.)  |                          |
| <b>y</b> . | N. W. FITZGERALD & Co.,  Attorneys,  1006 F STREET. WASHINGTON, D. C. |                                       | Por No.  | CLAIMANT'S TESTIMONY.    |
|            | of the second   |                                       | And the state of t |                          |

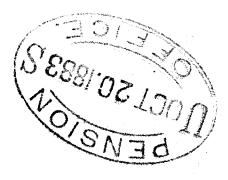
| CLA  | XXXAXY'S AFFXXAXXX.   |
|--|---|
| State of   | Mentucky  |
| ~  | $\{s.s.$  |
| Cou  | enty of Graypon   |
| Comes now  | Wellis Fulet Claimant for Original Pension No 397780  |
| who being first duly   | sworn on his solemn oath, deposes as follows:   |
| "I am the claimar  | nt above named; for   |
|  | vere as follows: was a at School at K.M. J. 3 gra T2  |
| at The   | Drug business, at Sullywillo by any birth place   |
|  | ng said time was as above Stated  |
|  | discharge has been 1st 4 geen mico Studt 7 mid Practition   |
| Since my discharge t   | to the present time I have resided at the following place or places: Shellyville /9   |
| Donner   | illo ky - 5 ms abour Owenbord 14 & my   |
| prise  | nt place. i o Spring Bick kg  |
|  | a full and complete history of my disability and its incurrence, from the time it first appeared to the   |
| ,  | o The occiption of my wounds I have been  |
| . /  | estated from all Kinds of manuel Labor- I had   |
|  | The Dong Bereines on acef of The confinement  |
|  | K Exerciso does me good when able to side   |
|  | complete statement of all the treatment I have received for said disability, together with the names  |
| and places of resident   | ace of all the doctors who have treated me: Bragg lift Driv with a citizen or   |
| d. a di  | 1- Shellyville Dr. R. B. Minlock ( Used) at Donindille K  |
| On-Silla   | Hansbough -, at Owensboro Ky Dr Jarbow  |
| 01-11  | g. Place Dro Rainez & R. WBrandow   |
| <u>ar</u> juis   | a part of the formation of the first of the |
| State on these lines   | Dry Minlock, - Dr Hambrough (O so heard)  |
| which of your Doctors—<br>if any—are now dead.   | Dr Jarbon   |
| <del></del>  | I have Suffered a creat-deal with my  |
| If you suffered from any attacks of disease of   | Long's T bowelly had measily in 13, le 13 T Selled on Lungs   |
| any kind since your disa-<br>bility was incurred, you<br>must state here when  | have had Chronic Dierrhoes in Service it has mon  |
| such attacks occurred,<br>stating their character<br>and violence, and also  | entirely left one have occasionel attacky - had Premovino   |
| state when and by whom<br>you were treated for the<br>same.  | Once. Drs R W & J In Brandon attended One   |
| Also state here on these   | No now of any Kind, I cannot get my   |
| lines, whether you have<br>performed any manual<br>labor since discharge; if   | Own Strewood, all The work I have ever attempted  |
| so, what kind, and state<br>whether at any time, and<br>for what period or peri-   | as with pen & ent & D. andically  |
| ods, giving dates as near<br>possible, you have been<br>prevented from following   |   |
| your usual occupation.   | And I further declare that my present P. O. address is Spring Such  |
|  | non non   |
| If signed by mark,   | My Gardy Original   |
| have two persons who write their names sign here.  | Claimant's Signature.   |
|  | Sworn and subscribed to, before me, this 5 day of October 188 3   |
|  | I have no interest whatever in the prosecution of this claim.   |
| •  | (v) $(1)$   |
| NOTOD !  | SEAL SEAL   |
| NOTICE   | I certify that I I Hergerson before whom the above affidavit was  |
| sworn to before a totary.<br>Public or Squire, it will<br>be necessary to have the   | made, is a Sustice of the Blace duly authorized to administer oaths, and that   |
| tached, nules said No-<br>tary or Squire already   |   |
| has such a certificate on file in the Pousion Office showing official capacity.  | Watakes 1883 60 10 10   |
| If such a certificate is on<br>file, the Notary or Soulie<br>must say so in his Jurat.   | Signature.  |
| The state of the s | Granon Ca Const.  |
| 10.  | Official Character.   |
| Marie Marie Comment  |   |
| A single control of  |   |

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Co & 19. U. S. By.

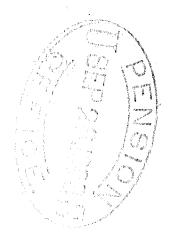
397.780



### Claimant's Testimony.

| STATE OF Sentucky  |
|--|
| COUNTY OF Gray ou \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| In the matter of the application for Onvalid Pension No. 397.780   |
| of Willis Files Sent a Co 3th Caspersonally comes the claimant, who  |
| being first sworn on oath, says: My Guinto Macy V Corain gave me Thin afort  |
| Owhich I Sent to bry former ally obilinon to they have both  |
| Since dieb ( craig was Killed) Cafe Hording was last heard from  |
| at Jaos Nille, The Reg was disbounded in Oct 163 your 4  |
| officers being mostly respons in Co Crandiatel reintested  |
| in other Counds I't our Count Eliteled in Bulky Bat Grant  |
| Consequently ? Court find There now. I was not with the  |
| Co even wounded & Thave ferrished the testimony of Thos  |
| that saw mit Knew my Condition old Dr RUB Windows  |
| who attended my has been dead Severel years, I have  |
| covitten Severel letters to The address of Drs Botto & Baily   |
| which The Defat gurnished, but can Elicit on Refel   |
| O got a Cord from Dr Slaughter who Saw me at Shell wile  |
| I dressed my wound one in Winlocks absence he Bajohe   |
| Charges \$600 in advance for afficiant . + O geant.  |
| hours the money of had money for Expences I would your   |
| person to Aunt Phing parlies they will not notice a letter without My Post Office address is Epring Ties State of Stinterely |
| County of Crayou   |
| (X) Million Hills  |
| (Claimant's Signature.)  |
| When signed of mark, two Witnesses.  Cate Surt Co C 9 th N, Car Vol Co Witnesses.  |
|  |
| Subscribed and sworn to before me, this / day of Chlunder 1883. The affiant is the   |
| person he represents self to be and a credible witness. I certify that I read said affidavit to said affiant and ac-         |
| quainted / with its contents before executed the same. I am not interested in this claim.                                    |
| Witness my hand and seal the day and year above written.   |
| 60 Q Brown [SEAL]  |
| Cofficial Signature.)  Clerk Grayson Co Court  My D M Batts DC   |
| ner grayen de Cour   |
| in in Witatis OC   |
| •  |

| COUNTY OF  |                    |   |  |  |
|--|--------------------|---|--|--|
|  |                    | before whom the fo  |  |  |
| ing affidavit was made, was at the                                   | execution thereof, | , a   |  |  |
|  | in and for the     | he County of  |  |  |
| and State of   |                    | duly authorized to administer oaths, and that his signs                               |  |  |
| shereto is genuine.  |                    | •   |  |  |
|  | j.                 | (Official Signature.)   |  |  |
| N. W. FITZGERALD & Co., Attorneys,  1006 F Street. WASHINGTON, D. C. |                    | Rom Origh Man of Still  Rom Origh Menson  No. 397. 780.  No. 397. 780.  No. 397. 780. |  |  |



| (Order appointing Guardian of a Minor under 14 years of age.) | Gilbert & Mallory Publishing Co., Printers, Louisville, Ky.   |
|---|---|
| STATE OF KENTUCKY,  | Spraid Term, 1890   |
| Grayson County Court.   | 1890 1890   |
| On motion of Sabrell B  | natcher ( " "   |
| it is ordered that  |   |
|   | be, and the is hereby appointed Guardian  |
| Minors under the age of fourteen years, child News            | of K, M, Fuld   |
| dec   | eased, whereupon appeared in Court and  |
| took the oath prescribed by law, and together with            | 1 mon as as a source with the source of the |
|   | suret 4   |
| who accepted and approved by the                              | Court, entered into and acknowledged bond to the  |
| Commonwealth of Kentucky as Guardian aforesaid, of            |   |
| A Copy—Attest: Seo, C   | Thomas c. g. c. c.  |
| 4   | D. C.   |

# Medical Testimony

|   | STATE OF STATE OF  |
|---|--|
|   | COUNTY OF Transon  |
|   | RAR  |
| Docton's name and<br>Post Office address.   | Om Branday whose Post Office address is Carry will   |
|   | County of Transland State of and whose age is now  |
|   | years, being first duly sworn, says that he is a regular practicing physician of years standing, and that he gave medical advice and treatment to  |
|   | Sent goof Company C of the ST Regiment of Car - Dal  |
|   | Vols as follows: That he has a cquanted with R. Willes   |
|   | Field Since the Spring of 1873 and that  |
| DIRECTIONS.  Doctor: Please state   | Laid "has Counselled him and advised with  |
| when (the year at least) you first treated the soldier, what you treated  | him about his wounds secund while in the   |
| him for, and how many years thereafter you for inned to treat him and give him modical advice.                  | 1 11 5 100   |
| give him medical advice,<br>giving a fall medical his-<br>tory of his disease and<br>its progress, whether he   | of the Evabling by the Tragment of a Shell   |
| has grown better or any worse. If at all possible, zive dates and duration                                      | from which he has complained ever since  |
| of all treatment adminis-<br>tered; your books will<br>help you. If the case<br>appears to have been one        | the head of the  |
| of long standing, and chronic, please say so.  If his disease has been  | with which partials distrang the este of   |
| aggravated by intemperate or other bad habits, so state. If you have  | the second third and fourth funds of the   |
| treated him for more<br>than one disease, please<br>follow these instructions                                   | The left hand also gunshot wound in the yet.   |
| for each. And particu-<br>early, doctor, give your<br>opinion as to the degree<br>or extent (4, 16, 16, 16, 11) | Chroke Chronic Prehimones is Superinteres  |
| to which he has been disabled for labor during your knowledge of his  | from The effect the Shoel from the Shell for   |
| 1980.   | as twee his weather as worth of the  |
| But one affidavit from  | further sweethat I am not interested in this claim for pension.  |
|   |  |
| 0   | Afflant's Signature.)  |
| NOTE.   | (If ever in the Service give rank.)  |
| NOTE.  If this evidence is sworn to before a Notary   |  |
| Public or Squire, it will<br>be necessary to have the<br>Clerk's certificate attach-                            | Subscribed and sworn to before me, this 8 day of 4 uly 1883  |
| ed, naless said Notary or<br>Squire already has such<br>a certificate on file in the                            | The affiant is the person he represents himself to be, and a credible witness. I am not interested   |
| Pension Office, showing official capacity. If such certificate is on file, the Notary or Squire must            | in this claim. Witness my hand and seal the day and year above written.  |
| my so in his Jurat.   | (Official Signifure) [SEAL]  |
| ,   | Clark Gray and Eo Court  |
|   | My 20 M Klater DEfry   |
|   | en de la companya de<br>La companya de la co |
|   |  |

| STATE OF                                 | )<br>≻88.  |
|--|--|
| COUNTY OF                                | <u> </u>   |
|  | before whom the force  |
|  | ion thereof, a   |
|  | n and for the County of  |
|  | duly authorized to administer oaths, and that his signs  |
| •  |  |
| thereto is genuine.                      |  |
|  | (Officia Signature.)   |
|  |  |
| <b>3</b>                                 | S 1/0/5 W  |
| 006 F                                    | i m s  |
| W.                                       | In   る 透   |
|  | 3: 3 = 3   |
| FILED BY  FITZGERALD  Attorneys,  WASHIN |  |
| FILED BY ITZGERAL ttorneys               | Le de la company of la company |
| D I                                      | am of all MONI   |
| BY<br>ALI<br>ASH                         |  |
| NGI                                      |  |
| NO.                                      |  |
| BY RALD & Co., eys, washington.d.c.      |  |
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Itale of Sentucky County of bonies (55 Ronardly Offerened before he a Clark of the Louises Country Cost the Some being a lant of ne and George Shorwood Now a Residence of ownsbur 19 and his postoffice is owensburg Cours be by and is 54 years of age and by Cottotal a parter and States in the funion clame of R Willis Field Lengant lea, le 9 Kg leavily, that I was well dequarted with the opplicant of and fines to his enlistment and knew him to be a Lound abelled bodied man Especialy free from any words and at or neune Lorance burg by In October 1862 we were Engaged with fremy and often the battle the above Offilicant was missing and Imaid Some before for him and the comeds of his co tolete me he was leapture Idid not see him coplined non Solidnot Belonge to the Same leonforcy but belonger to Some Regt and Some time in January 1863 He returned buch to

Libedore by their after his return.

The never was fet for duty afterward on account of evones hed to of him Renew at Langue hours by contain 862 I have Sow the a bown named applicant frequety since his discharge and he is still Soffing with the Lame wands browtherder which the Lame wands browtherder which the Since

Server to and Lobscular Before my this 5 day of Someway, 1886, Someway, 1886,

397,780

# Mar Department,

#### ADJUTANT GENERAL'S OFFICE,

Washington, Dev. 12, 1883.

| Respectfully returned to the Commissioner of Pensions.   |
|--|
| Junes & Mills , a Prix of Company A ,                    |
| 13th, Regiment My, Inft. Volunteers, was enrolled on the |
| day of , 486 , at  |
| and is reported: On muster out call of be dated          |
| Louisville, Ry Jang 14/65, discharged Seft,              |
| 20/12 by Gent. Reglay at Mushwill, Jenn.                 |
| I in Certificate of disability                           |
|  |
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| $\sim$   |
| M Garlen   |
| Assistant Adjutant General.                              |
| new.   |

| R & 3<br>(No. 3.) | (3-061.)                                 |  |
|-------------------|--|--|
|                   | Fo.                                      | Division.  |
| ANT TO S          | tment of the                             | Interior, Interi |
| GENERAL U. S      | Judy requested of<br>5. A. a report from | the ADJUTANT the records of his  |
| **                | he presence or alse<br>Oct<br>us & M     | 8th, 1862,   |
|                   | Private                                  |  |
|                   | ion, at that date,                       |  |
| Elaim<br>Willis T | Sto. 397,78 Field Jero Very Bay          | Commissioner.  |
| (10,321—50 M.)    |  |  |

\* A 16" Ky. Look.

State of Bry Sounty of This A.J. Rains MD whose Post office address is Rasine bounty of This and State of try and whose age is now 35 years being first duly swan Says that he ist a regular practicing physician of Ten years standing and That he gave medical advice to Willis Field late a Sengent of 60 6 of The 9 Regt of Ky Cavalry Val as follows That he examined The Said soldier first about 1895 and from time to time each year since. The Said soldier I disabled by reason of the following wounds. A Salar cut across the front of The left wirt all the please tendans wer Severed and in uniting Mey were allowed to adher to the bones in such a manner as to materially interfere with The function of wrist and hand - Hear allso had a gun Shut wound of right shalder The ball entering in front of the deltail and passing backward under the mursele hulking the Shalder soit and hugging The Shoulder joint and coming ant at the angle of the scapula The would left The Shoulder in

such a condition That he is unable to raise The usm above a right angle with the boddy - Shee allo was arounded in The pericardial region by, explasion of a Shell, which causes That whole sich to become num and as it was dead to feeling am which Caused Considerable descripent of The Six calation Heart - I further state That The Said soldier of was wounded on too right check by a glin shat The ball passed in at about the center of malar bone and ranged downs ward and came at ut mouth - I further state That by reason of said disabilities The said saldier is incapacetated from performing manual labor to the lettert of at least one half - and is than no interest in This claim and am nat concernation its prosecution 1.2. Raise M.D. Subscrifted and Sworn to before me Palice Colge Brain this 23 d August 1883 by the said

#### Act of June 27, 1890.

#### DECLARATION OR CHILDREN UNDER SIXTEEN YEARS OF AGE.

TO BE EXECUTED BEFORE ANY OFFICER AUTHORIZED TO ADMINISTER OATHS FOR GENERAL PURPOSES. IF SUCH OFFICER HAS NO SEAL, A CERTIFICATE OF THE CLERK OF THE COURT ATTESTING THE OFFICIAL SIGNATURE AND CHARACTER OF SUCH OFFICER MUST BE ATTACHED TO THIS DECLARATION.

|                             | State of Luntucky  |
|-----------------------------|--|
|                             | state of the same state of the |
| ë.                          | County of Myan   |
| Š                           |  |
| is.                         | On this 5 day of fune, A. D. one thousand eight hundred and  |
| ا<br>ا                      | ninety, personally appeared before me, a Notary Public , a   |
| fo                          | in and for the County and State aforesaid,   |
| <u>&gt;</u>                 | years, who, being  |
| ive                         | duly sworn according to law, makes the following declaration in order to obtain the pension provided by  |
| lus                         | Act of Congress, approved June 27, 1890: That is the legal guardian of   |
| X                           | Honny @ my Stella  |
| S<br>G                      | legitimate child no of Cabert Co Fried   |
| , <u></u>                   | PIII   |
| an                          | who emisted under the name of  |
|                             | Commune ty, on 22 day of Tephenetes,   |
| Ö                           | 1862, in (Here state rank, company, and regiment, if in the Military service; or vessel, if Navy.).  |
| Ō                           | ulso simple CoC-14ky 2.4 and E19 W.A.  |
| 'n,                         | and served at least ninety days in the war of the rebellion; who was HONORABLY DISCHARGED  |
| gtc                         | and died July 12-1888. That he left  |
| in                          |  |
| ask                         | widow surviving him (Here state date of death or of remarriage.)   |
| ≶                           | That the names and dates of birth of all the surviving children of the soldier under sixteen years of  |
| JC                          | age are as follows:  |
| ,<br>,                      | Jenny , born Denneter 6, 1850  |
| 5                           | born rovember 26 1882  |
|                             | ) VV   |
| EMC                         | , born , 18  |
| LEMO                        | , born , 18  |
| E. LEMO                     | , born , 18  |
| Ш                           | , born , 18 , 18 , born , 18 , 18 , born , 18 , 18 , born , 18 , born , 18 , 18 , born , 1 |
| GE                          | , born , 18 , , , , , , , , , , , , , , , , ,  |
| ORGE                        | born , 18 , born , |
| GE                          | born , 18 , born , |
| GEORGE                      | , born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has 4 36 22 been made. (If the widow or the guardian of the minors has applied, the number of the respective claim or certificate should be stated.)   |
| by GEORGE                   | born , 18 , born , |
| by GEORGE                   | , born , 18 , born |
| by GEORGE                   | , born , 18 , born |
| by GEORGE                   | , born , 18 , born |
| prepared by GEORGE          | , born , 18 , born |
| is prepared by GEORGE       | born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has \( \frac{1}{2} \) been made. (If the widow or the guardian of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the to Policy of the United States otherwise than as stated above. That the declarant hereby appoints  CEORCE E. LEMON,  |
| ank is prepared by GEORGE   | , born , 18  , born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has 120 21 been made. (If the widow or the guardian of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the prespective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)   |
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| Blank is prepared by GEORGE | , born , 18  , born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has 120 21 been made. (If the widow or the guardian of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the prespective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the soldier was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied to number of the respective claim or certificate should be stated.)   |
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| Blank is prepared by GEORGE | , born , 18 , born |
| Blank is prepared by GEORGE | , born , 18 , born |
| Blank is prepared by GEORGE | , born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has 12 12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| Blank is prepared by GEORGE | , born , 18  , born , 18  , born , 18  That the widow has applied for pension; that a prior application for minor's pension has 12 12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| Blank is prepared by GEORGE | , born , 18  , born , 18  , born , 18  , born , 18  That the widow has not applied for pension; that a prior application for minor's pension has the present claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the minors has applied, the number of the respective claim or certificate should be stated.)  That the mother was married under the name of the military or naval service of the United States otherwise than as stated above. That the declarant hereby appoints  CEORCE E. LEMON,  OF WASHINGTON, D. C., true and lawful Attorney, to prosecute this claim; and in consideration of services done, and to be done, in the premises, the hereby agrees to allow said Attorney, George E. Lemon, a fee of Ten Dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions  That here Postoffice address is true to the claim by the Commissioner of Pensions  That here Postoffice address is true to the claim by the Commissioner of Pensions  That here Postoffice address is true to the claim by the Commissioner of Pensions  That here Postoffice address is true to the claim by the Commissioner of Pensions  That here Postoffice address is true to the premises of the claim by the Commissioner of Pensions  That here Postoffice address is true to the premises of the claim by the Commissioner of Pensions  That here Postoffice address is true to the premises of the Commissioner of Pensions  That here Postoffice address is true to the premises of the claim by the Commissioner of Pensions  That here Postoffice address is true to the premises of the claim by the Commissioner of Pensions  That here Postoffice address is the premise of the claim by the Commissioner of Pensions  That here Postoffice address is the premise of the claim by the Commissioner of Pensions  That here Postoffice address is the premise of the claim by the Commissioner |

|  | •  |  |  | 0  |   |   |             |
|--|--|--|--|--|---|---|-------------|
|  | Also personal  | ly appeared  | ym J L   | ewis   |   | , residing at   |             |
|  | Leach  |  |  |  |   |   |             |
|  | at Leach   |  | •  |  | espectable and ent  | itled to credit,  |             |
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|  | claim.   |  |  | William  |   |   |             |
| -  |  |  |  | John (Signatures of  | M Smo   | de dapplicant.)   |             |
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|  | CT OF COLDMEIA,  9, D. C., June 12, 1890. LEMON, of this city, to and responsible attor. J. INCALLS, U. S. S. WASHINGTON, D. C. THE CHAMPER, WASHINGTON, D. C. THIS IS SOUTHER THIS SOUTH, STEEN THIS IS THE THIS SOUTH, STEEN THIS IS THE THIS SOUTH, STEEN THIS IS THE THIS THE THIS THE THIS THE THIS THE THIS THE THIS THIS THE THIS THIS THE THIS THIS THE THIS THIS THIS THE THIS THIS THIS THIS THIS THIS THIS THIS   | MANDERSON, U. S. S. SERALTZ, S. SERALTZ, P. S. C. June 12, 180, 10N, 184, of Washing, very way worthy of De Services in the line of Moony, U. S. S. G. Moony, U. S. S. G. Moony, U. S. S. SERATZ, D. C. June 16, 189, of Princa, U. S. S. C. June 7, 189, of C. June 7, 189, of Ox, of this city, us a spontacta.  | S.C. S.C. S.C. S.C. S.C. S.C. S.C. S.C.  | P. REPRESENTATIVES, IIIMENON, D. C., June 6, 1890.  J. BERON, D. C. June 6, 1890.  Of SUCCESSION PROCESSION PR | : Page  | Dist., M. Dist., M. Dist., M. Dist., M. Dist., M. Dist., N. Dist., N. Dist., N. Dist., Colo. Dist., N. D. D. Dist., W. D. D. Dist., W. D. Dist., N. D. Dist., Colo. Dist., Col  |             |
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