
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. 904967

PENSIONER:

Ernest

widow

OF

VETERAN:

Norman A. Whobrey

CAN NO:

67100

SERIAL NO:

3

INVALID. (Series.....)

Cert. No. 416210

Name, Norman A. Whorley

Rank, Priv.; Service, Co. H, 52nd Inf.

Original Roll: Louisville

Agency, Transf'd....., 18....., to.....

"....., 18....., to.....

Issued, Dec 14th, 1888

Mailed, " 18th, 1888

Rate and Period, \$ 8⁰⁰, from Jan'y 14th, 1888

Deductions:

Disability: Disease of lungs

Issued, Oct 8th, 1890

Mailed, " 15th, 1890

Rate and Period, \$ 12⁰⁰, from July 2nd, 1890

Deductions:

Disability: Disease of lungs
and rectal disease of heart

Deductions:

Disability: Dis. of lungs
resulting dis. of
heart

Issued, Jan. 18-1913, 18

Mailed, " 20th, 18

Rate and Period, \$ 21⁰⁰, from May 28, 1912

Deductions: 0

Disability:

ACT OF MAY 11, 1912

INDORSEMENTS.

Mar 16-89, Chas. Wm. H. H. H.
affidavit of allowance.
Dec. 7-91, Ch. infund.
Dec 7/89

Nov. 20-1914, Pension, that rate
of \$ 21.50 will be increased to Dec
Carbon copy letter, H. R. M. C.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,



July 24 / 1888.

Sir:

To further aid this Bureau in the adjudication of the above entitled claim for pension in which you have testified that claimant became disabled while in the U.S. service, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relating thereto.

If such disability resulted from disease, state its name, nature, how claimant was affected thereby, and when, where and how you first became aware of the fact.

If such disability resulted from an injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. If so, describe the injury or wound, give its location, date of incurrence, and time of your first seeing the same.

Your early reply, endorsed on this letter, will be appreciated.

Very respectfully,

John C. Black,
Commissioner

O. W. Willis

Brownsville

Edmonson Co. Ky.

10
2
Hon Commissioner of Agriculture
Sir
In Reference to blaim of Norman. C. Whoberry
in January 1864 I noticed a severe cold
and claimant continued to cough and was hoarse
and pale and often excused from duty
and continued to suffer the remainder of his service
the reason that I know these facts, I was
present all along the line at that time

Very Respectfully

J. W. Willis

Southern Division
at Ky.

Sp. No. 593 861
Norman A. Wholen
Co. H 52 Reg. Ky. Inf

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
WASHINGTON, D. C.,



March 22 1888

For: To further aid this Bureau in determining the above mentioned pension claim, to send enough to answer my own and the following questions, giving more complete details than your affidavit affords.

M. J. Jones
Reedville
Quincy Co. Ky

Very respectfully,
John C. Mack
Commissioner

When did you first see Clamant after he returned from the army, and how do you fix the date? Ans. within 1 or 2 months 1864

Did he then complain of any disability, and if so, how was he affected? Ans. yes with a cough

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year. Ans. his cough has continued from the above date to the present time and he has complained of his breast all the time up to this date he has not been able to do more than half labor

How frequently have you seen him since your last acquaintance? Ans. I can not tell I suppose at least once a month

By what means did you know the facts of the case are these:
by living with Clamant after and hearing him complain and seeing the effects of the disease

Very respectfully,

The Commissioner of Pensions,
Washington, D. C.

(Sign here) M. J. Jones

ACT OF MAY 1, 1920,

APR 4 1921

CIVIL SURGEON'S CERTIFICATE

IN CASE OF

William A. Shoberg
Died March 17-21

Co. _____ Reg't _____

APPLICANT FOR _____

S. C. No. 446210.

DATE OF EXAMINATION:

_____, 19____

Examining Surgeon.

Post Office, _____

County, _____

State, _____

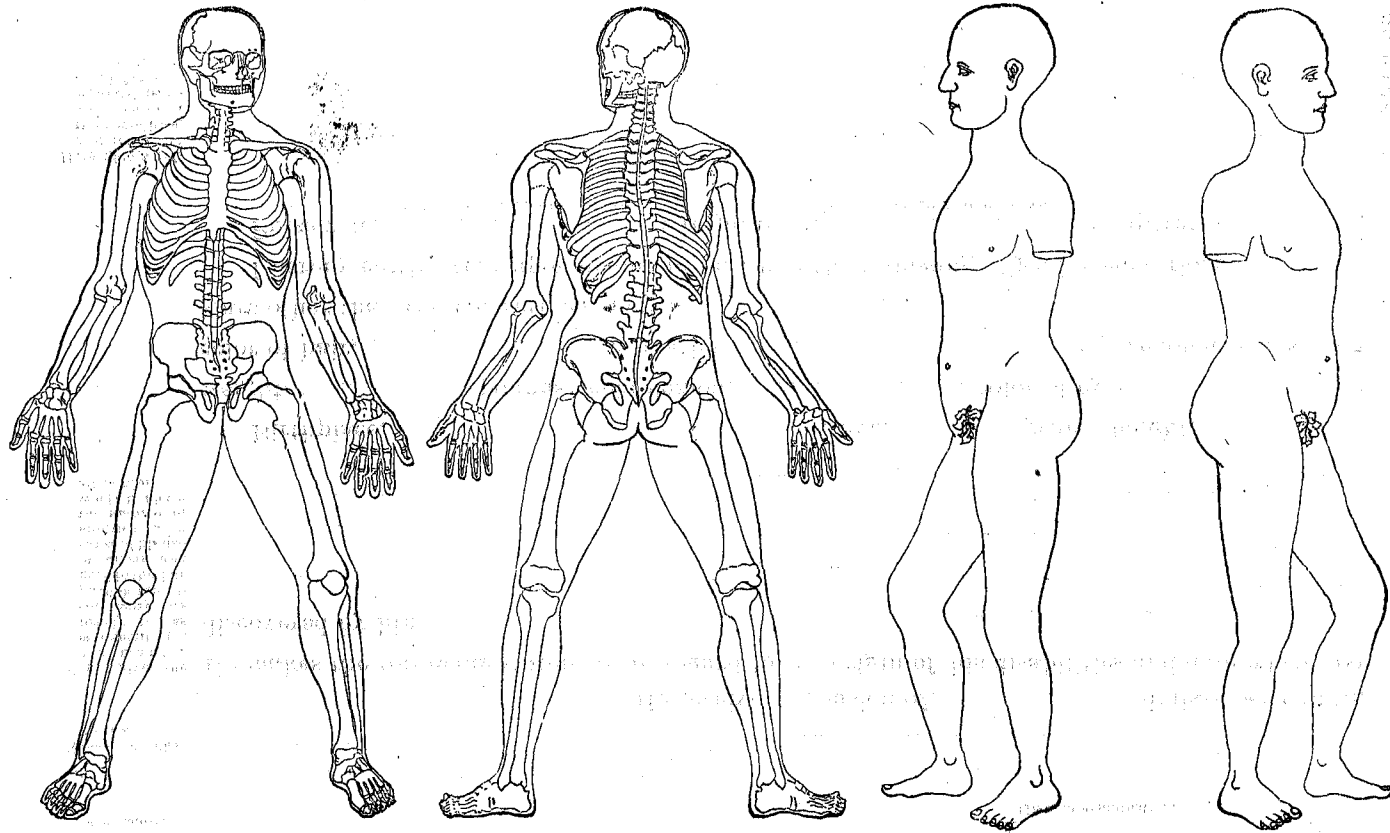
Postmaster.

APR 18 1921

APR 19 1921

Do not use backs of certificates for any purposes other than indicated by printed matter in margin. When completed, return report to postmaster for certification; it can not be accepted without same.

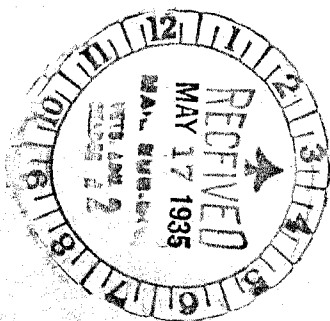
Always forward a certificate of examination whether a disability is found to exist or not.



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

CIVIL SURGEON'S CERTIFICATE



Brownsville, Ky.
May 15, 1935.

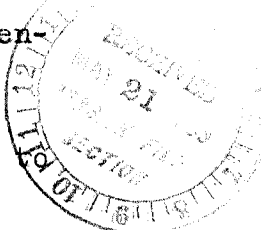
Vetrans Administration,
Washington, D. C.

Gentlemen:-

Mrs. Emer Whobrey of Segal, Ky. was
granted a pension of \$30.00 per month in October
1921 under pension certificate No. 904,967.

She died March 17, 1933 and left a son, Phlegmon
Whobrey who desires to put in a claim for re-em-
bursement for claim incidental to her last expen-
ses.

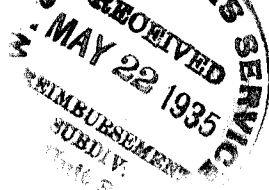
Please send the necessary blanks on which
make out this claim.



Yours truly,

D. D. Kinser

D. D. Kinser,
Notary Public



AFFIDAVIT TO ORIGIN OF DISABILITY

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filling in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Kentucky ss:
County of Edmonson

In the matter of the Pension claim of Norman A. Mahoney
Co. H, 52 Reg't Ky. Inf. Vols., personally
came before me, a Chaplain in and for the aforesaid County and State,
(Title of officer administering oath.)
P. W. Willis of Brownsville, County of
Edmonson, State of Kentucky, who, being duly sworn,
declares in relation to the aforesaid claim that his age is 43 years; that he is the identical person
who served as a 1st Lieutenant in Co. H, 52 Reg't
Ky. Inf. Vols., and knows the above soldier, who was a member of Co. H,
52 Reg't Ky. Vols.; that on or about Jan'y, 1864, while in the line of duty, and without fault or improper conduct on
his part, at or near Barclay Green, State of Kentucky

said soldier incurred lung disease
We having been on the scout (I and the
claimant left and for 3 months) with but little to
eat nothing to sleep on at night very often
lying down at night without fire or shelter
and on the wet ground - I noticed a severe
cold with cough about the time above described
claimant continued to complain with cough was
hoarse pale and lean was very often exempt
from duty on account frequent spells of
cough and cold and so continued to suffer
with same throughout the remainder of his
service and was in the same condition
at date of his discharge - I have known
his state of health ever since his discharge
he has had a continual cough ever
since date of his discharge

D. H.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes
the above statement from personal knowledge derived from having
been with claimant
Affiant's Post-Office address is as follows: Brownsville Ky

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

(Name of one witness.)

P. W. Willis

(Name of other witness.)

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN
TRANSFER IT TO THIS BLANK.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C. and is Exclusively for his Use.

SWORN TO AND SUBSCRIBED before me this 19 day of July
1887; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained
by me to the affiant before swearing thereto, including the words _____

(If any words have been erased in this affidavit, enter them here.)
erased, and the words _____
(If any words have been added in place of any erased, enter them here.)

added;
that the affiant is to me well known and entitled to credit; and I further certify that I have no interest,
direct or indirect, in the prosecution of this claim.

[L. S.]
J. Wooley C.E.C.
(Name of officer before whom executed.)
By M. H. Day H.C.
(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 filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that _____ before whom the above
(Justice or Notary's name.)
affidavit was made, is a _____ duly authorized to administer oaths.
(Justice of the Peace or Notary Public.)
and that the above is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this _____
day of _____, 188 _____.
[L. S.]

(Name of the Clerk or Deputy Clerk.)

Clerk of the _____
(Name of what Court.)

SOUTHERN DIVISION.
Affidavit of Commissioned Officer or Comrade.
No. 593861
Additional Evidence.
my own pen
N.A. Wooley
(Character of claim.)
(Name of Affiant.)
Date 21 AUG 2 1887 Regt. 1st Co. 1st
(Rank.)
(Same of Affiant.)
Date _____ Regt. _____ Co. _____
(Rank.)
(Same of Affiant.)
FILED BY
GEORGE E. LEMON,
ATTORNEY AND COUNSELLOR AT LAW,
OFFICES, 615 FIFTEENTH STREET N. W.,
WASHINGTON, D. C.
DRAWER 325.

Sent Apr 17 1933

Emer Whobrey MBAC-b WC-904 967.

###

note
Segal Ky, Sept. 14th, 1935.

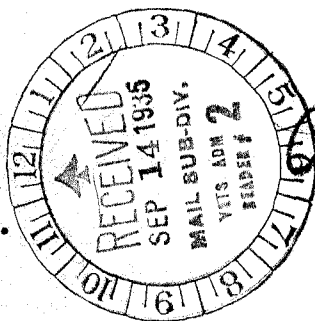
Veterans Administration,
Washington, D.C.
Sir:

I received a letter from your department dated August 12th., 1935 in which you stated the accrued pension of Emer Whobrey had been allowed to me, but I have never received the check or any other information concerning this claim.

Please let me hear from you.

Yours truly,

Phlemon Whobrey
Phlemon Whobrey.



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Pension Claim No. 416210

One (State above whether for original, increase, restoration, &c.)
 Norman A. Thoburn, Rank, Private
 Company, 26, 52 Reg't, 1st Mo. Inf't, Morgantown Ky, State, Ky.
 Noedyside, Ky. (Post-office address of the Board.)
 June 29th, 1892 (Date of examination.)

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: disease of lungs & resulting disease of heart.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Twelve (\$12.00) dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for One (Original, increase, restoration, &c.)
 I contracted disease of lungs near Bowling Green Ky. due to great exposure to cold. Jan. 1864 & my heart disease is a result of my very weak - I can't get my breath when I exert myself going down. I am not able to do any manual labor.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 20; temperature, 100; height, 5 feet 11 inches; weight, 133 pounds; age, 49 years. 843

General condition is not good. He is a tall - very dark skin - eyes have a weak expression & are sunken deep into the orbital. Cavities hands are very cold - fingers are rigid, weak & tremble & compressible - temperature is raised in the axilla - tongue coated white - throat is congested & sore - coughs much in even position - deep expectorates a mucous purulent matter. The chest is plain long & narrow in its diameter. Measured respectively 34 1/2 - 34 - 33 1/2 inches. The osseous part incl. below clavicles & thorax has become flattened generally. We get a very dull note upon apical & we detect mucous & rattling rales - this may be a progressing fibroid phthisis - commencing with a chronic bronchitis. Heart disease does not exist independently - We note the primary disease at Sixteen right ribs. No other disability is found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rate for the disability caused by _____ for that caused by _____ and _____ for that caused by _____.

By _____ Pres. J. C. Moorhead Sec'y. H. B. Muligan, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not.

MEDICAL DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., July 27/1892

No. claim, Inc. 41210

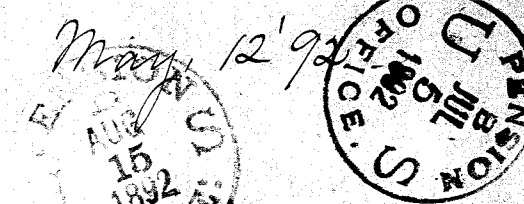
Claimant, Norman A. Whobrey

This certificate is respectfully returned to
Board of Surgeons at Morgantown, Ky.
for report of examination
of the heart as per
paragraph 81.

THOS. D. INGRAM,
Medical Referee.

Please correct and return certificate
promptly, inclosing this slip.

7039 b-30 m



SURGEON'S CERTIFICATE

IN CASE OF

Norman A. Whobrey
Capt. 52d Reg't Ky Vol Inf

Applicant for Inc

No. 41210

DATE OF EXAMINATION:

June 29th, 1892
J. H. Hunt, Pres.,
J. C. Morehead, Sec'y,
H. H. Milligan, Treas.,

BOARD.

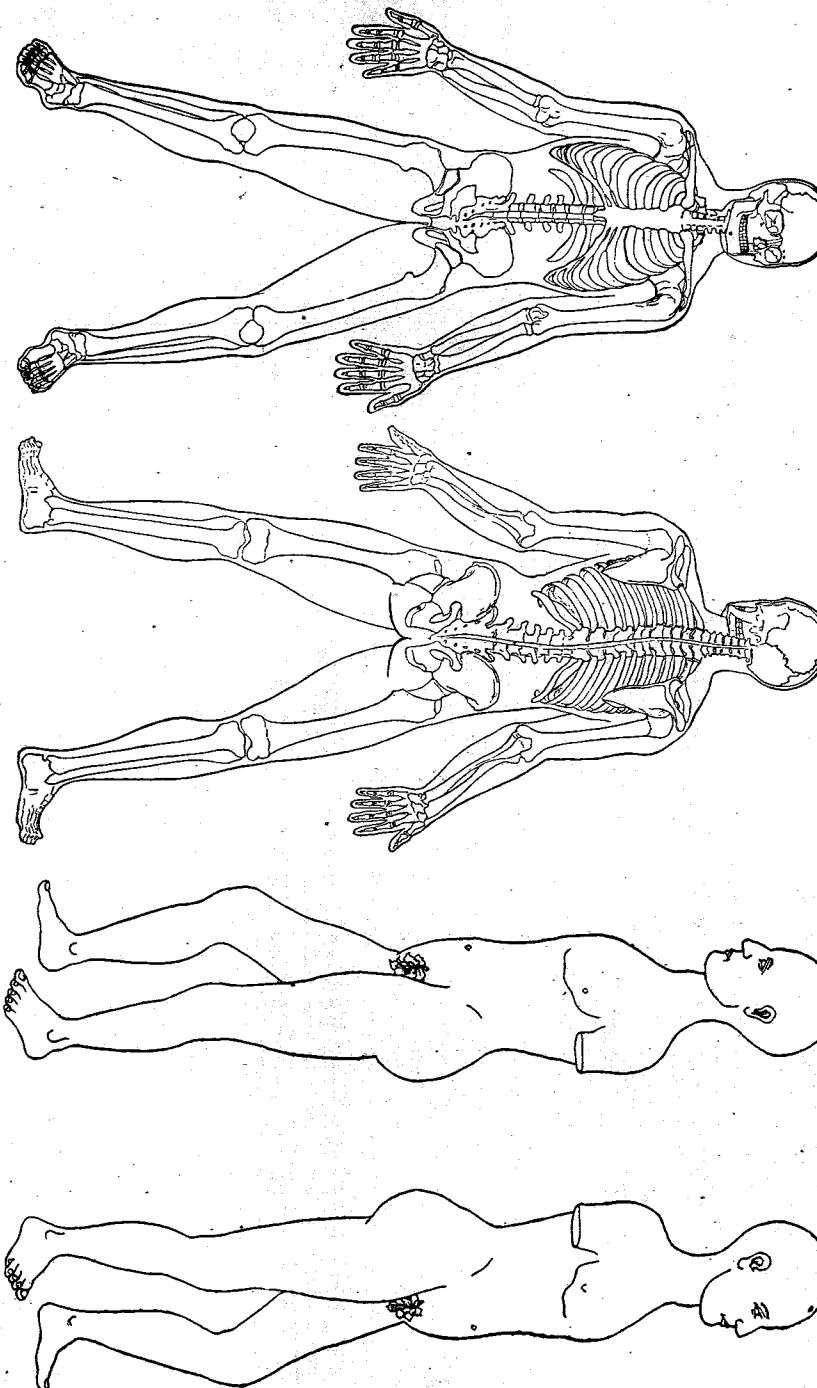
Post office, Morgantown

County, Butler

State, Ky

P. S.—Write your Post-office address plainly and in full.

T

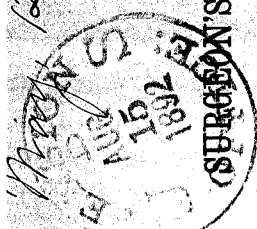
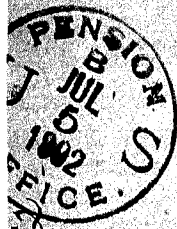


Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

6-582

Omaha, Aug 11th 1892
 Area of impulse of apex heart is
 diminished; not observable on ins-
 piration; Can be felt on careful
 palpation; Area of cardiac dulness
 diminished; rhythm of heart action not
 disturbed; systolic contractions feeble.
 Heart sounds all low and suppres-
 ed in character; no murmurs; No
 dilatation or hypertrophy; no oedema.
 Dyspnoea is due to lung disease.
 There is slight cyanotic appearance of
 lips & fingers.



IN CASE OF

Norman A. Whobrey
 Co. H, 52d Reg't Col. Vol. Inf'ty

Applicant for Line

No. 411210

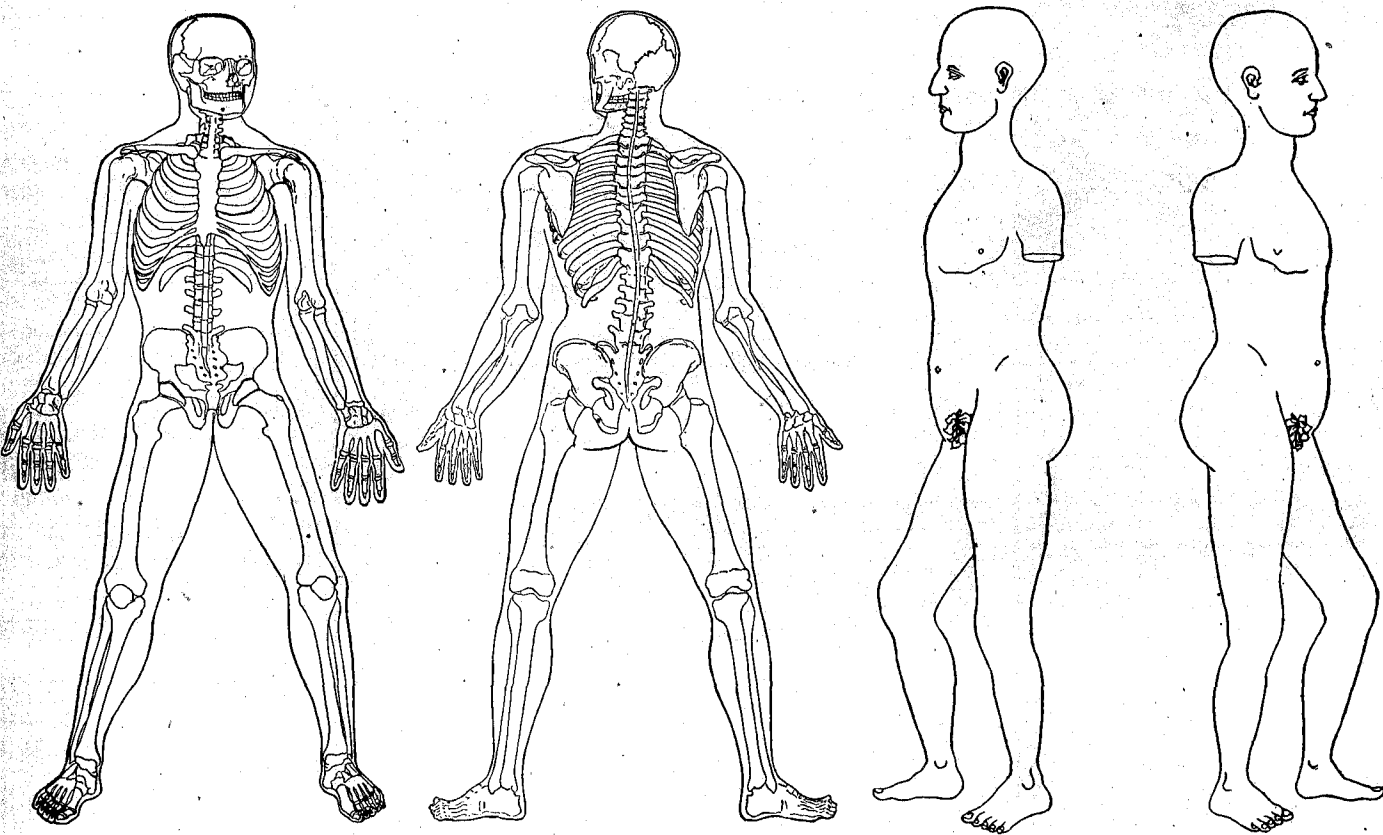
DATE OF EXAMINATION:

June 29th 1892

Board.
 Pres.,
 Sec'y,
 Treas.,
 Geo. C. Medical
 H. D. Williams

Post office, Morgan Station
 County, Butler
 State, Mo.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

2013 J.

AFFIDAVIT TO ORIGIN OF DISABILITY

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filling in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Kentucky
County of Butter SS:

In the matter of the Pension claim of Norman A. Whobery
Co. H, 52 Reg't Ky mta. Vols., personally
came before me, a Deputy Clerk in and for the aforesaid County and State,
(Title of officer administering oath.)
J. S. Brown of Butter County of
Butter State of Kentucky, who, being duly sworn,
declares in relation to the aforesaid claim that his age is 42 years; that he is the identical person
who served as a Private in Co. H, 52 Regiment Reg't
Kentucky Vols., and knows the above soldier, who was a member of Co. H
52 Reg't Kentucky; that on or about _____ day of
the month Jan., 1864, while in the line of duty, and without fault or improper conduct on
his part, at or near Bowling Green State of Kentucky

said soldier incurred Large Disease we having bin an
the Sacate. After and for three months
with but little to eat, nothing to
sleep on at night with out fire
or shelter on the ground I noticed
a severe cough about the time above
described and claimant continued in
bad health from that time untill
discharged and was after unable
for Duty I havent bin with claimant
but little since discharged
and can't state about his condition
unless at the present time he has
appearance of being suffering with
same disease has a very bad cough
and lopes to be in very bad
health.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge.

Affiant's Post-Office address is as follows: Woodbury Butter Co Ky

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.

R. S. Dunn (Name of one witness.)
Leonard Dunn (Name of other witness.)
J. S. Brown mark.

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C. and is Exclusively for his Use.

SWORN TO AND SUBSCRIBED before me this 16 day of April

1888; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

erased, and the words

(If any words have been added in place of any erased, enter them here.)

added:

that the affiant is to me well known and entitled to credit; and I further certify that I have no interest direct or indirect, in the prosecution of this claim.

[L. S.]

W. H. Tucker, J. B. B. C.
(Name of officer before whom executed.)
by J. P. Clark, J. C.
(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 filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that before whom the above

(Justice or Notary's name.)

affidavit was made, is a duly authorized to administer oaths.

(Justice of the Peace or Notary Public.)

and that the above is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this

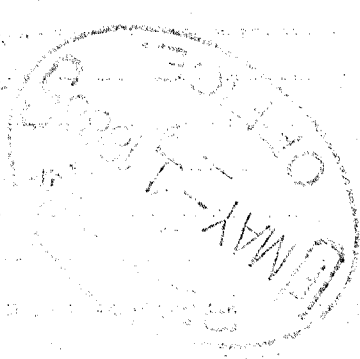
day of 1888 .

[L. S.]

(Name of the Clerk or Deputy Clerk.)

Clerk of the

(Name of what Court.)



Division.
Affidavit of Commissioned Officer or Comrade.
Additional Evidence.
No. 543861
Ory, Ind.
(Character of claim.)
Norman A. Wherry
(Name of claimant.)
Late Pvt. , co. 2d
(Rank.)
52 Regt. 1st Mass. vols.
AFFIDAVIT of
(Name of Affiant.)
Late , Co.
(Rank.)
FILED BY
GEORGE E. LEMON,
ATTORNEY AND COUNSELLOR AT LAW,
OFFICES, 615 FIFTEENTH STREET N. W.,
WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Ky.
County of Butler

ss:

In the matter of claim for

(Character and number of claim.)

(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice, Notary, Judge, Clerk or Deputy Clerk, in and for

aforesaid County and State, M. P. Gott of Reedyville

(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

Butler County Ky age 63 years, farmer and merchant

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows.

The affiant states that he has known claimant ever since he was twelve years old and he was sound prior to his entering the service and I saw him the last of March or the first of April 1864 he was complaining was coughing considerably and soreness in his chest I lived within 1 1/2 miles of him at that time I have lived most of the time near enough to see him once ever a month or so ever since he come out of the service except one year he further states that he has been in a low state of health ever since he come out of the service and I sold him medicine 15 years ago for lung disease and he is not more than able to do half manual labor

he further declare that he has no interest in said case, and is 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 (Name of one witness to X mark.)

Signature of Affiant, or of each Affiant.

2 (Name of other witness to X mark.)

M. P. Gott

SWORN TO AND SUBSCRIBED before me, this 25 day of Nov, 188 7 and
I hereby certify that the contents of the foregoing 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 _____, added;
the words _____

(If any words have been added in place of any erased, enter them here.)

that the affiant is to me well known and is 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.

[L. S.]

H. Clark
(Name of officer before whom executed.)

Justice
(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
filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of _____ } ss.
County of _____ }

I, _____, Clerk of the County Court in and for aforesaid
(Name of Clerk of Court.)
County and State, do certify that _____, Esq., who hath signed his
(Justice of the Peace or Notary Public.)
name to the foregoing jurat, was at the time of so doing a _____ in
(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 this _____ day of _____ 188

[L. S.]

Clerk of the _____

Additional Evidence.

CASE OF

W. A. McHenry
N. 52 Ky.

FOR

AFFIDAVIT OF

FILED BY
GEORGE E. LEMON,
ATTORNEY,

Offices 615 Fifteenth St. N. W.
P. O. Lock Box 332. WASHINGTON, D. C.

STATE BOARD OF HEALTH OF KENTUCKY

BUREAU OF VITAL STATISTICS,
J. F. Blackerby, Director

Sixth and Main Streets
LOUISVILLE, KY.

July 29, 1935

Mr. E. L. Bailey, Director
Widows and Dependents Claims Service,
Veterans Administration,
Washington, D. C.

Dear Sir:

RE: WHOBREY, Emer - WC 904 967

In reply to your letter of July 26th which refers to your application of June 21st for certified copy of the Death Certificate for the above named person, you are advised that a certificate of death was never reported for registration.

We wrote our Local Registrar for the Segal Voting Precinct in Edmonson County on July 1st, requesting her to try and secure a Death Certificate, and in reply she states that she has been unable to secure such certificate.

We are today writing Mr. Erbie Raymer, who is said to have been in charge of the burial, in an effort to have him furnish the certificate. If successful in our efforts, we will forward you a certified copy when the certificate reaches our office.

Very truly yours,

JFB:GR

J. F. Blackerby, State Registrar.

W. & D. C. S. SERVICE

RECEIVED

JUL 29 1935

WIDOWS AND DEPENDENTS
CLAIMS SERVICE

*Letterhead called
for July 26/35*

1059

CW.
3-1647.

Reed

Act of May 11, 1912.

210
Cert. 446, ~~546~~

Name, Norman H. Whoberg
Murray
Ry

Automatic

Application filed _____, 191__

Service, H 52 Ry Exp.

May 19 1912 ~~1912~~ ~~1912~~
with same date

Aug 17 1912 ~~1912~~ ~~1912~~
1059

W. J. Whobrey
Asphalt, Ky.
May 10, 1933.

Bureau Of Pensions,
Washington, D.C.

In the case of Mrs. Emer Whobrey (904967), now deceased, I as
her oldest son wish to make application for the amount due to the
date of her death April 17, 1933. Please send necessary blanks.

Respectfully,

Esley J. Whobrey
Esley Whobrey

DROP REPORT--PENSIONER

EMER WHOBREY

904967

ASPHALT KY

M W

Cert. No.
Pensioner
Soldier
Service
Class

Remarks

MAY 4 1933

Canceled (payee deceased)

ACCOUNTING DIVISION

MAY 11 1933

The name of the above-described pensioner
who was last paid at the rate of \$ 20
per month to APR 3 1933
has this day been dropped from the roll be-
cause of DEATH APR 17 1933

Vet. Adm. Wm. H. HOLMES,
Fin. Form 1411 Chief Accounting Division.
Rev. Mar. 1932 By

Medical Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

CIVIL HOME

el-6 No. 416210.

Co. —, Regt. —

APR 4 1921

DEAD.*Norman R. Koberg,
Segal, Kentucky.*

Sir:

You are hereby informed that ~~Dr. a Surgeon~~,
who resides in your vicinity has been selected to make a medical
examination of you at your home in connection with your claim
for Increase pension.

You are not to pay a fee to him nor to reimburse him for
any expenses whatever.

He will fill in the space below, after which you should
return this notice to the Bureau of Pensions.

Very respectfully,

~~E. D. BYINGTON~~
E. D. Byington
Commissioner.~~E. D. BYINGTON~~

Examination made by me this _____ day of _____ 1921.

Civil Surgeon.

Medical Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

APR 14 1921

LC No 416210:

Norman A. Khobery,
P.O. Segal, Kentucky

The Postmaster,

Segal, Kentucky

Sir:

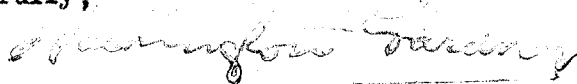
In view of the fact that the above named applicant for pension is physically unable to report to a surgeon for examination, and there is no examining surgeon for this Bureau within a reasonable distance, you will please select a competent local surgeon

to examine him at his home, and place in the hands of said surgeon all the accompanying papers.

After the surgeon has made his certificate of examination, he should place it in your hands and you should fill in and sign the certificate prepared for your signature on the back of the same and mail it direct to this Bureau in the inclosed envelope, together with the instructions (Form 3-340), the surgeon's voucher, (Form 3-168) and this letter.

3-166

Very respectfully,



Commissioner.

INSTRUCTIONS TO SURGEON

The surgeon designated by the postmaster should examine the applicant in accordance with the accompanying instructions, and as soon thereafter as possible forward to the Commissioner of Pensions, through the postmaster who designated him to make the examination, the certificate of examination, the instructions, his voucher for the examination and this letter.

The surgeon should carefully read the instructions relative to preparing his voucher.

VETERANS ADMINISTRATION
Pension Form 5036
Rev. Mar., 1932READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT**APPLICATION FOR REIMBURSEMENT**

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Kentucky
COUNTY OF Edmonson ss:On this 6th day of June, A. D. 1935, before me, the undersigned, personally appeared Philemon Whobrey, aged 27 years, a resident of Segal, County of Edmonson, State of Kentucky, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Emer Whobrey, who was a pensioner of the United States by certificate No. 904 967, and who DIED March 17th, 1933, at Segal, Ky., and was buried at Segal Cemetery.

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Emer Whobrey.
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow
3. If decedent was pensioned as a soldier or sailor—
 - (a) Was he ever married? (Answer yes or no.) —
 - (b) How many times, and to whom? —
 - (c) If married, did his wife survive him? (Answer yes or no.) —
 - (d) If so, is she still living? (Answer yes or no.) —
 - (e) If not living, give full names and dates of death of all wives —
 - (f) Was he ever divorced? (Answer yes or no.) —
 - (g) If so, is the divorced wife still living? (Answer yes or no.) — (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death. —
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) no
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid. no
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written. no
9. Who was the beneficiary named in each policy? none
10. What was the relation of each beneficiary to the pensioner? no
11. Were the premiums paid by the deceased pensioner? no
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account. none

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no
14. Did the deceased pensioner leave any money, real estate, or personal property? no
15. If so, state the character and value of all such property. none
16. What was the assessed value (last assessment) of the real estate? no
17. How was the pensioner's property disposed of? none
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) no
19. What was your relation to the deceased pensioner? son
20. Are you married? (Answer yes or no.) yes
21. What was the cause of pensioner's death? Left Cerebral Hemorrhage
22. When did the pensioner's last sickness begin? March 7th 1933.
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? March 15- 1933.
24. Give the name and post office address of each physician who attended the pensioner during last sickness
Jno K Woods Brownsville Ky, Deceased,
25. State the names of the persons by whom the pensioner was nursed during the last sickness
May Gravit, Lura Gravit, Philemon Whobrey
26. Where did the pensioner live during last sickness? Segal, Ky.
27. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, county, or municipal corporation? (Answer yes or no.) no
28. Has there been or will there be an application filed in the Veterans Administration for a burial allowance? no

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
<u>H. Hazelip</u>	Physician	<u>Not Paid</u>	<u>\$4 00</u>
<u>Ernie Raymer</u>	Medicine	<u>" "</u>	<u>6 00</u>
	Nursing and care		
	Undertaker		
	Livery		
	Cemetery		
<u>H Hazelip</u>	Other expenses and their nature: <u>Clothing</u>	<u>" "</u>	<u>8 00</u>
TOTAL			<u>18 00</u>

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

Medicine Undertaker, & Clothing

Philemon Whobrey
(Claimant's signature in full)

Segal, Ky.
(P. O. address)

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Also appeared A. Johnson³ and Irish Dalton
who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

2. When did the pensioner die?

Widow.
Mar. 17- 1923

3. Did pensioner leave any property? If so, state its character and value

no

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 20 years and

Lived in the immediate neighborhood, and were acquainted with their affairs.

Name A. Johnson

Name Irish Dalton

P. O. Address Brownsville Ky.

P. O. Address Legal Ky.

Subscribed and sworn to before me, this _____ day of _____

A. D. 1935

and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is Good

my com Ex 4/23/39

[L. S.]

D. D. Finer
(Signature)
Notary Public
(Official character)
Brownsville Ky.
(P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full

Physician John K. Wood, dead.

Give date of commencement of pensioner's last sickness

Give date of pensioner's death

From what date did the pensioner require the regular and daily attendance of another person constantly until death?

During what period did you attend the pensioner?

State nature of disease from which pensioner died

Give name of any other physician who attended the pensioner in last sickness

Does your bill include a charge for all medicine furnished the pensioner during last sickness?

Has your bill been paid; if so, by whom?

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

_____, 19____

Attending Physician.

_____, 19____

Attending Physician.

NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides—

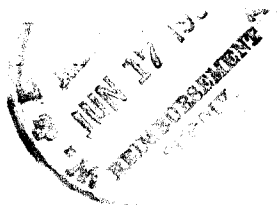
That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) *Bills of all expenses of last sickness and burial.*—If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Veterans Administration and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (b) *The pension certificate which was issued in the name of the pensioner.*—If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested creditable witnesses who have personal knowledge of the facts.



Emer Whobrey No904 967

This is to certify that I hold Phelmon Whobrey responsible for Clothing to the amount of \$8.00 and medicine to the amount of \$4.00. This medicine and clothing was furnished by me in the last sickness and burial of Emer Whobrey.

This the 6 day of June 1935. Total amount \$12.00

Herbert Hazelip
H. Hazelip

Emer Whobrey NO 904 967

This is to certify that Phlemon Whobrey employed me as undertaker at the death of Emer Whobrey and that I did render services in her burial on the 17th day of March 1933 to the amount of \$6.00 This June the 7th, 1935.

E. Raymer
Erbie Raymer

Segal Ky.

MBAC-c
WHOBREY, Emer,
WC-904 967.

This certifies that I provided livery and cemetery services in the burial of Emer Whibrey for which Phlemon Whobrey paid me the charges which amounted to six dollars, which services were rendered on March 18th., 1933.

Witness my hand this June 28, 1935.

Ernie Rayner

VETERANS ADMINISTRATION

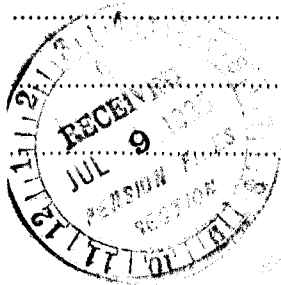
WASHINGTON

In reply refer to: ~~MBAC-cb~~
MBAC-c

REIMBURSEMENT WAIVER

I certify that I hold.....Phlemon Whobrey.....
responsible for the payment of any portion of the accrued pension to which I
may be entitled for services rendered, supplies furnished, or money expended
during the last sickness and burial of.....Emer Whobrey.....
late a pensioner under certificate No.WC-904 967.....
(This need not be sworn to.) We certify that we make no charges for
the services we rendered.

Mary Grail
Lum Grail

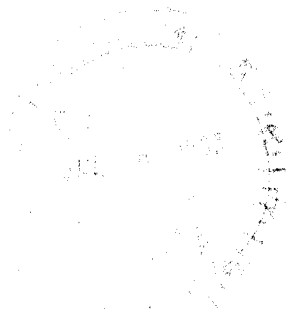


MBAC-c
WHOBREY, Emer
WC-904 967.

I certify that I am the duly appointed and acting Administrator of the estate of Dr. John K. Wood, deceased and that he attended Emer Whobrey in her last illness and that his charges for said services were Five Dollars which were paid by Phlemon Whobrey.

This June 28, 1935.

Marj K Wood



RECEIVED
APR 4 1921
PENDING FILES

GROUP 2 3-888

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

2/4/21
1172 232
APR 12 1921
19

I Certificate No. 416,210

Class ACT OF MAY 1, 1920

Pensioner Norman A. Whobery

Soldier Pri. H 52" Ky

Service Inf.

The Commissioner of Pensions

Sir:

I have the honor to report that the name of

the above-described pensioner who was last

paid as \$ 50 to FEB 4 1921

has this day been dropped from the roll be-

cause of death, - Mch. 17, 1921

NORMAN A WHOBERY

SEGAL KY

416210

ACT MAY

Very respectfully, *Chapman*

Chief, Finance Division.

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

M.W.

RECORDS
APR 12 1921
PURCHASING OFFICE

RECORDS
MAY 3 1921
DIVISION

RECORDS
APR 13 1921
DIVISION

3-1-81 *up* 2.
PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
PENSIONS

DEAD

APR 22 1921

Certificate No. *446 210*
Class *May - Inv.*
Pensioner
Soldier *Norman G. Whobery*
Service *Co. H. 52 Reg. Inf.*

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$50, to *Feb. 4, 1921*
has this day been dropped from the roll be-
cause of *death; Mar. 17, 1921*
Legation Legat. 157 -

Reported

Very respectfully,

W. H. Campbell

Chief, Finance Division.

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

6-2249

6-3-21X
7
2
1172232

PENDING FILES
JUN 21 1921

FINANCE
RECEIVED
APR 23 1921
GROUP 2

FINANCE DIVISION
APR 25 1921
RECEIVED BY FINANCE

RECORD
APR 25 1921
DIVISION

T.D.M.

MF 6

HOME.
Civil.

Act of May 1, 1920

DEPARTMENT OF THE INTERIOR

Medical
Division

I.C.No. 416,210.....

BUREAU OF PENSIONS

Name...Norman A. Whobery.....

WASHINGTON

Service...H. 52 Ky. Infantry.....

P.O.....Segal...Kentucky.....

APR 4 1921

Decd March 17, 1921

Dr.

D. D. Blair and J. M. H.

Sir:

The above-named applicant should be examined by you at his home to determine whether he requires the regular - not necessarily constant - aid and attendance of another person by reason of impaired vision or other infirmities, physical or mental.

Please give him a careful examination, state the essential conditions found, describing the obvious evidences of disability, and report positively and definitely whether as a matter of fact regular attendance is necessary.

Does he, or does he not, require aid in such necessary daily acts as eating, dressing and attending to the calls of nature? If so, why is he unable to perform the services unaided? Is he too feeble to wait upon himself? Is his condition such as to make it unsafe for him to go out unattended?

Very respectfully,

William H. Quinn
Commissioner.

Emer Whobrey WC#904 967 Segal Ky.

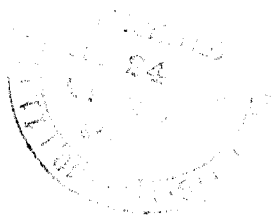
Brownsville, Ky. March, 17th, 1933.

Received of Phlemon Whobrey Fifty(#50) Dollars for one coffin
for Emer Whobrey.

Woodcock & Merideth.

By

D. Woodcock



VETERANS ADMINISTRATION

ACCRUED PENSION REIMBURSEMENT

MCC-Cb

Director of Finance

8-12-30

mf

You are hereby directed to pay \$ **14.00** pension, accrued in the case of

Emer Whobrey Oct May 1, 1920

pensioned by Cert. No. *WC 904967* Group *W*, who died *April 17, 1933*

to *Philemon Whobrey*
Segal, Kentucky

as reimbursement of the expenses of the pensioner's last sickness and burial.

J. J. [Signature]
Reimbursement Claims Authorizer.

ORIGINAL PENSION OF MINOR CHILDREN.

Children,

Philemon Whobrey
May Whobrey

Guardian,

Emer Whobrey ✓

Soldier,

Norman A. Whobrey ✓

P. O.,

Segal

Rank,

Private

County,

Edmonson

Company,

H

State,

Kentucky

Regiment,

52, Ky. Inf

Rate, \$ per month, commencing
and \$2 a month additional for each child, as follows:

Philemon Whobrey

Born April 14 1908
Sixteen April 13 1924

Commencing

May Whobrey

Born November 8 1911
Sixteen November 7 1927

"

Born
Sixteen

"

Born
Sixteen

"

Born
Sixteen

"

Born
Sixteen

"

Born
Sixteen

"

Born
Sixteen

"

Born
Sixteen

"

Oct. 15, 1921

REJECTED

Payments on all former certificates covering any portion of same time to be deducted.

RECOGNIZED ATTORNEY.

Name, none

Fee, \$, Agent to pay.

Post-office,

Articles filed,

APPROVALS.

Submitted for rejection Sept 23, 1921, Wm. McDonald, Examiner.

Approved for rejection; original and
continuation of the widow's
title acceptedApproved for; original and
continuation of the widow's
title accepted

which has been legally accepted.

Sept 26, 1921, M. J. Coleman
Legal Reviewer.
Sept 26, 1921, W. A. Alexander
Re-Reviewer.

Medical Examiner.

Medical Reviewer.

, 19

Medical Referee.

IMPORTANT DATES.

Enlistment, September 1, 1863

Minors' claim filed, April 7, 1921

Discharge, March 11, 1865

Guardian appointed, 1

Other service, none, 1

Former marriage of soldier, Yes, 1

Death, March 17, 1921

Death or divorce of former wife, March 4, 1891

Invalid claim filed, January 14, 1887

Last marriage of soldier, Oct 22, 1891

Invalid paid to, February 4, 1921

Death or remarriage of widow, none, 1

Widow's claim filed, April 7, 1921

Former marriage of widow, none, 1

Widow paid to, 1

Death or divorce of former husband, none, 1

Claimant does not write.

Hon. R. G. Thomas Jr., M. C.

NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Kentucky, County of Butch, ss:

In the matter of claim for divorce from and from

Norman A. Whology, Int. Co. 152 P. 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

ON THIS 23 day of June, A. D. 1906, personally

appeared before me a Notary Public in and for the afore-

said County, duly authorized to administer oaths Dr C. C. Thacker

aged 40 years, a resident of Norman Hill, in the County

of Butch, and State of Ky

whose Post-office address is Norman Hill Ky and

_____, aged _____ years, a resident of _____

_____, in the County of _____,

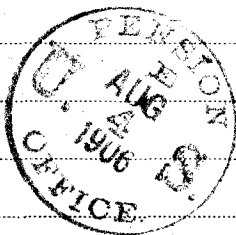
and State of _____, whose Post-office address is _____

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid

case as follows: That he has been a regular

(Note.—Affiants should state how they gain a knowledge of the facts to which they testify.)

practising physician for 8 years and
has been attending the claimant
Norman A. Whology for 8 years and
have examined him frequently, and
find that he has a chronic Bronchitis result-
ing in emphysema of lungs and cardiac
dilatation. The symptoms all gradually growing
worse



I _____ further declare that I have no interest in said case and that I am
not concerned in its prosecution.

C. C. Thacker M.D.

(If Affiants sign by mark two witnesses who can write sign here.)

(Signatures of Affiants.)

STATE OF Kentucky, COUNTY OF Edmonson, 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, including the words.....

.....erased, and the words.....

.....added, and acquainted.....

with its contents before I executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that he is credible person.

[L. S.]

My Commission Expires
April 1910

Wattis Willis
(Official Signature.)

Notary Public
(Official Character.)

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division

Pension

No. 416210

ADDITIONAL EVIDENCE.

CLAIM OF

Wm A. Wilcox

Co 1st 52 Regt Ky

9th Col.

AFFIDAVIT OF

Dr B G Thompson

Notary Public

FILED BY

Asst. H. Duck

Marquette

Prepared and for sale by GOURICK'S DIGEST COMPANY,
825-834 15th Street, N. W., Washington, D. C.

R. Y. THOMAS, JR.
3D DIST. KENTUCKY

House of Representatives U. S.
Washington, D. C.

September 20, 1921.

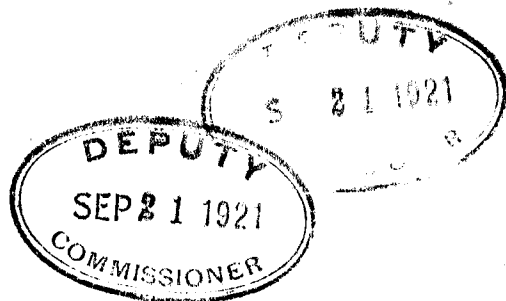
Commissioner of Pensions,
Washington, D. C.

Dear Sir:-

There is inclosed herewith a communication from Mr. D. D. Kinser, of Segal, Kentucky, relative to the pension claim of Mrs. Emer Whobrey which was filed some time ago. If all of the evidence required by the Bureau has been submitted it will be greatly appreciated if you will be good enough to have her claim given early consideration.

Very truly yours,

R. Y. Thomas Jr.
M. C. Third Ky. Dist.



CONGRESSIONAL

Notified

Apr 14, 1921

Clint

Hon. R. G. Thomas Jr. - M. C. Phil.

Ex'r.

DEPENDEN

No.

1172230

Act of

Act of May 1, 1920

June 11, 1921. Claimant

death of soldier, marriage
no prior marriage, fact & date of death or divorce
of said former wife, & non divorce, birth of
children, whether living
I. E. G. 9. 2. 11. 12. & world war
Civ. your full & correct
name

mtm 20
mtm 20

August 12, 1921

Law Div. for off. char.
of Jett. W. Hines clerk, and
Clint Raymer W. C. of
Butler Co. Ky.

mtm 10
Wid. Div

Aug. 19, 1921, Hon. R. G. Thomas Jr.
awaiting official check as
stated abv. as per cert on Clint
Aug 5, 1921. TLE

Emer Whobery
Legal, Ky.

Widow
Norman A. Whobery

Service H 52 Ky Inf.

Died Mar. 17, 1921 Legal, Ky.

No other claim than
I. C. 416 210

Apr 14, 1921

URB
Clerk.

Application filed: April 7, 1921

Attorney: none

P. O.

Cert. of Dis. Searched for

19

APR 15 1921
RECEIVED

CONGRESSIONAL.

med

Ex'r.

DEPENDENT.

#52

No.

1177255

Act of

General Law

Clmk.

Notified

Aug. 12, 1921

Oct. 15, 1921 claimant
the above cited claim
for minors pension
under the general
law, filed April 7, 1921,

Elmer Whobrey
Segal

Ky.

Gdn. Minors

Norman A. Whobrey

is rejected on the
ground that you
as soldiers widow,
have prior title to
pension, Hon. R. F.
Thomas Jr. advised
of rejection.

mtm
wid. law.

Service

H 52 Ky Inf.

Died

Mar. 17, 1921 Segal, Ky.

No other claim. than

LC-416210

W.O-1172232

Aug. 12, 1921

dec
Clerk.

Application filed:

April 7, 1921

Attorney:

None

P. O.

Cert. of Dis. Searched for

, 19

6-1359

R

R

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 416210

Name of claimant.

Norman A. Whoberry

Address of Board.

Mayaumont

P. O.

Claimant's post-office address.

Company H 52 Reg't Ky Inf.

Address of Board.

Ky

State.

Names of disabilities.

Disease of heart Disease of lungs

[Date of examination.]

October 3

1906

He receives a pension of 17 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Took a deep cold at Bowling Green Ky in January 1864 which settled on his lungs - First noticed smothering spells about 25 years ago -

Birthplace, Butler Co Ky; age, 64 years; height, 5-11; weight, 135 pounds; complexion, Dark; color of eyes, Brown; color of hair, Grey; occupation, Farmer; permanent marks and scars other than those described below, Small fatty tumor on left side of frontal bone - some medium size

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 76-90-108; respiration, 18-24-36; temperature, 99; [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Disease of lungs Measurement of chest at rest 35 full Inspiration 36 full Expiration 32. Bilateral no difference. He evidently has a tubercular trouble. There is evidence of healed cavities at the left apex. He has most rapid sibilant all over the lung. His right lung has dry sibilant all over the upper lobe. He is very much emaciated and is very weak. The intercostal spaces can be counted across the room. He states that he has had haemoptysis many times after lifting any considerable weight. The last one about 6 months ago. There is no pleuritic adhesion or effusion. No other lung trouble. The rate for disease of lungs 17/18. Heart apex beat removed 1/2 inch to the right. Plainly evident to palpation and inspection. No murmur. No dilatation. No hypertrophy. No cyanosis. The heart beat is very irregular and intermittent. We find no evidence of an organic lesion and think it is functional. Rate for functional heart trouble 4/18. He has a peculiar condition of the diaphragm and the abdominal muscles. He believes this is due to some irritation of the pneumogastric nerve. It is very much like singultus except it is not regular. This interferes seriously with his breathing and prevents sleep at times. He states that dyspnea is urgent when attacked while in a recumbent position. The rate for irritation of pneumogastric nerve and results 6/18. Kidneys Spec sent 1020 no albumen. No sugar. Nothing abnormal. No other diseases found. No evidence of vicious habits.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Absent, Pres. P. E. James, Sec'y. J. W. Smith, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Norman A. Wholey, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. P. E. James and Dr. J. H. Smith, the examining surgeons here present (waiving examination by full board), on this 3 day of October, 190 6

Witnesses to mark. _____

(Signature of Applicant.) Norman A. Wholey

SURGEON'S CERTIFICATE

IN CASE OF

Norman A. Wholey

Co. A, 52nd Reg't NY Inf.

APPLICANT FOR increase

No. 416210

DATE OF EXAMINATION:

October 3, 190 6

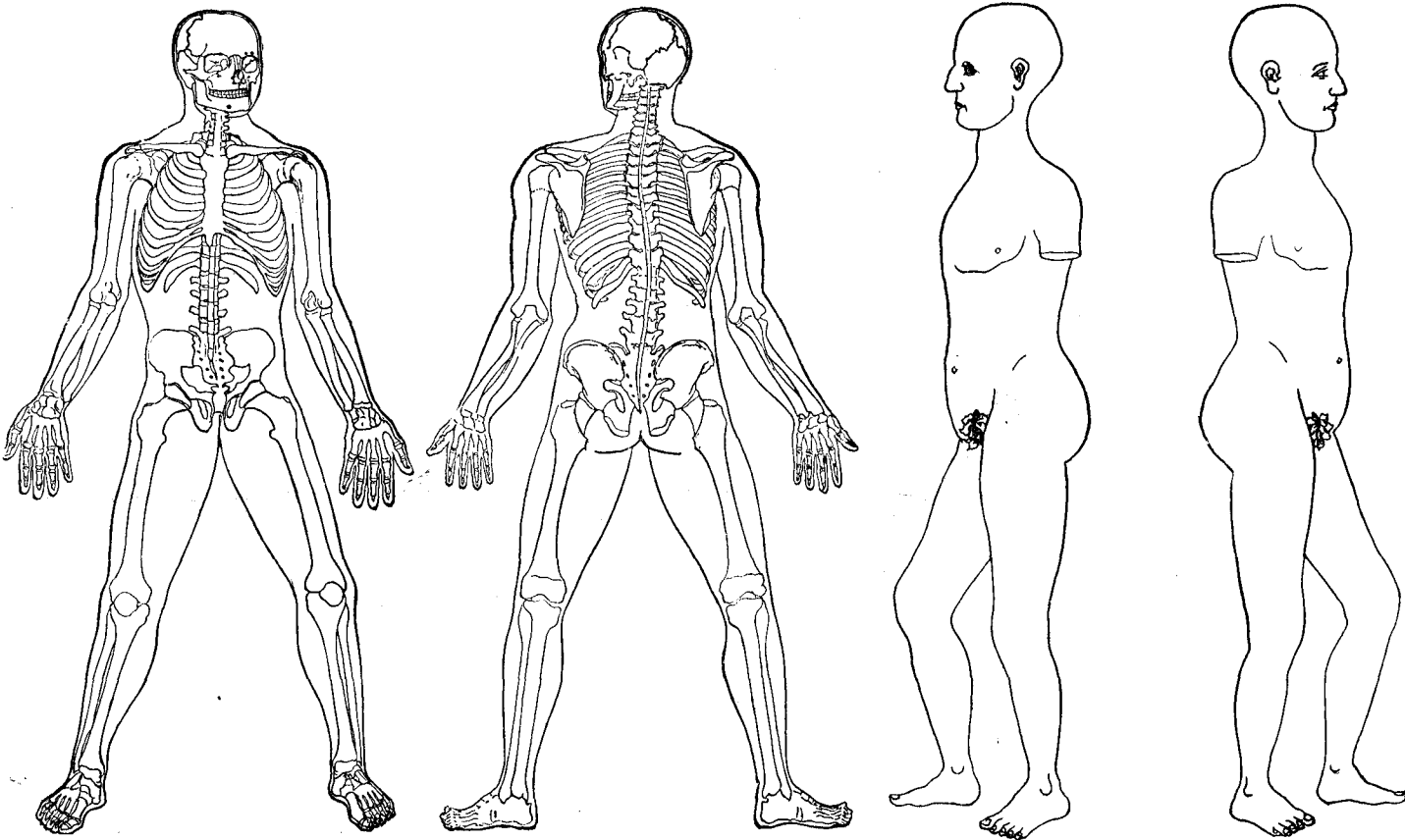
BOARD.
Pres., Wholey
Sec'y, P. E. James
Treas., J. H. Smith

Post office, Margaret

County, Butler

State, NY

Do not use back of certificates for any purpose other than indicated by printed matter thereon. 6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

Claimant's post-office address.

Cause of disability.

He makes the following statement upon which he bases his claim for \$215

I first had disease of lungs while in the service near Bowling Green Ky. January 1864. I took a severe cold & was so weak & cough on account of exposure to cold & I have had pleurisy & pneumonia at the time & in the last four or five years.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 20; temperature, Normal; height, 5 feet 11 inches; weight, 137 pounds; age, 47 years. He is weak, nervous, anemic

Amnionials - Tongue purple with white
coat - Throat, larynx & trachea more con-
gested & inflamed. Oesoph. & stomach
light blue - Lungs increased size, entire
area - And also over apex of right - base
more or less increased over some
areas. Expansion is confined more to the
right side - respiration labored - Measure-
ments - Small Ovar. 3/4" long 3/4" broad 3/4" in.

After break plainly seen in 6th Interspace
believe left nipple & increased more than
a third in normal area - Dulness more
and vertically - Aus. reveals 1st sound
muffled & unexpressed 2nd sound high
pitched - No distinct murmurs, or ad-
ditional sounds -

Complains much of pal-
pitation & dyspnea—

rating for the disability caused by dis of lungs 18 for that caused by much heart dx 18 and 18 for that caused by _____

Septimus, Pres. W. W. Wischady, Sec'y. J. S. McNamee, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

Herbert A. Whiting
Co. H, 54th Regt Ky Vol Infy

Applicant for Discharge

No. *41621E*

DATE OF EXAMINATION:

Wednesday July 2nd 1891

W. G. M. H. T. Pres.,
J. M. C. M. H. T. Sec'y,
J. A. G. M. H. T. Treas.,
BOARD.

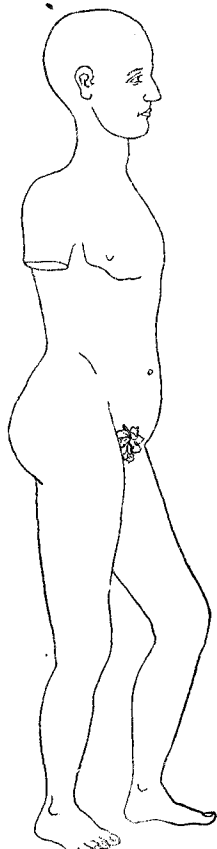
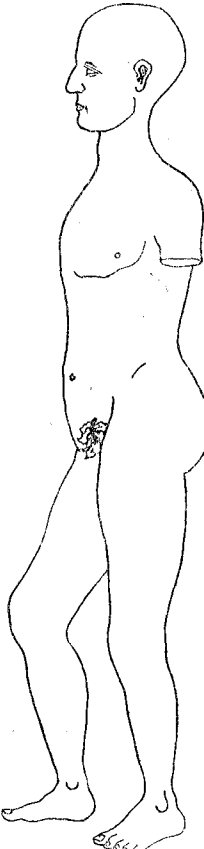
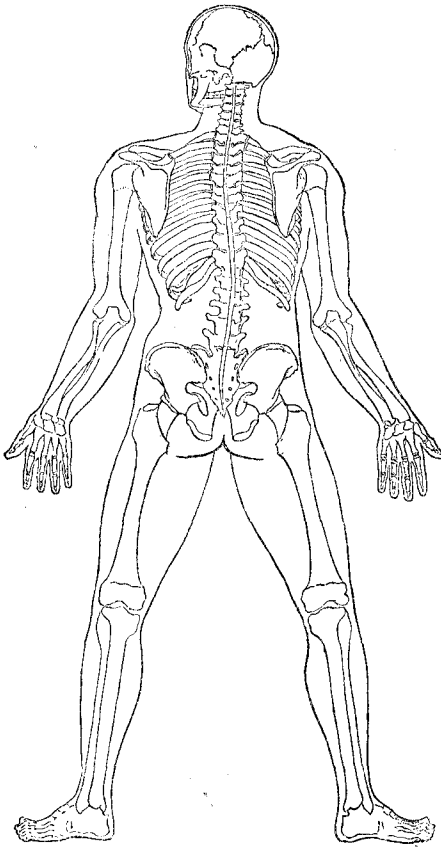
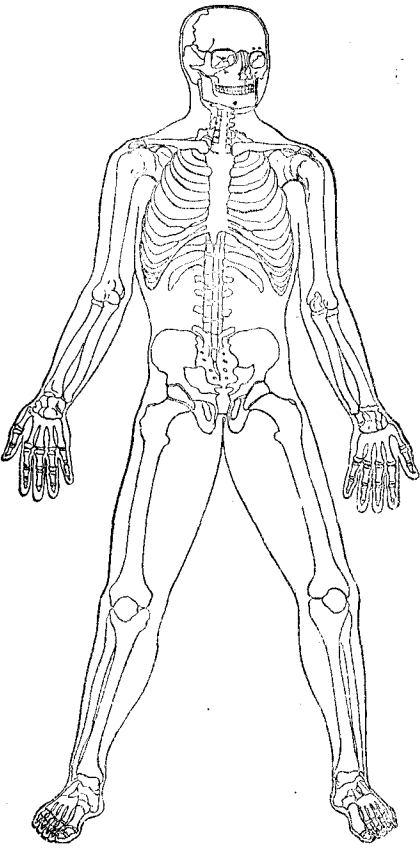
Post office, *Morgantown*

County, *Wayne*

State, *W. Va.*

P. S.—Write your Post-office address plainly and in full.

Q. 118



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character
and number of
claim.

Pension Claim No.

Name and rank
of claimant.

, Rank,

Company A. J.,

Reg't

(Post office address of the Board.)

Claimant's post
office address.

(Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eighty (\$80.00) dollars per month.

Pulse rate per minute, 89; respiration, 24; temperature, 99; height, 6
feet, 0 inches; weight, 130 pounds; age, 46 years.

He makes the following statement upon which he bases his claim for † ~~AN ACC~~

Here give the claimant's statement as briefly and as compactly as possible.

He was near Bowling Green Ky in first
of 1864, taken with violent Gout and crash
and grain in chest. (which reported)
in the present 'Young' disease

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Upon examination we find the following objective conditions: We find some emphysema. Dulness on percussion over left lung. Auscultation - normal respiratory sounds - Clear & clear - Full & 331 Forced Exp. 32. Clear & clear - some sinking below clavicle. Sterno-bond, diameter shallow - While Clamant's report is not good, we do not think his disability sufficiently progressive as yet, to justify an increase.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as $\frac{1}{2}$, $\frac{3}{4}$, total &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Except as above described
all of your material,

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 8/10 rating for the disability caused by atrocious flumps , for that caused by , and caused by

Rate for each
cause of disa-
bility.

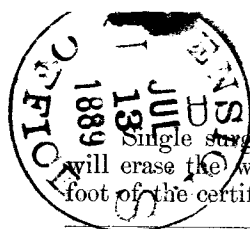
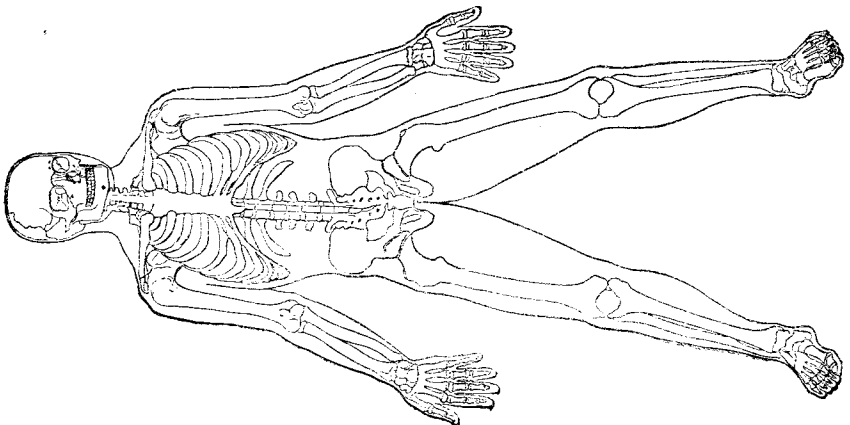
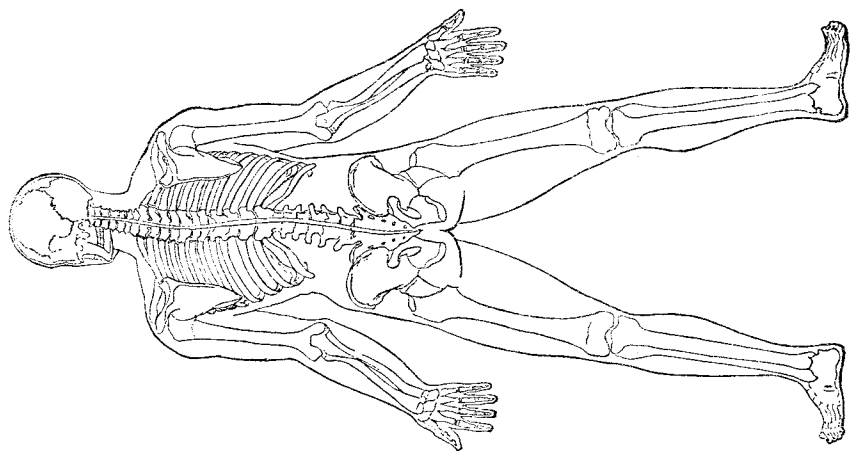
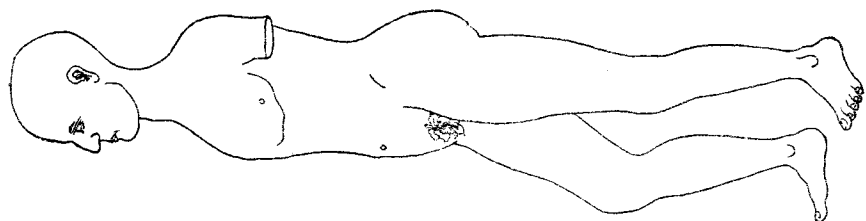
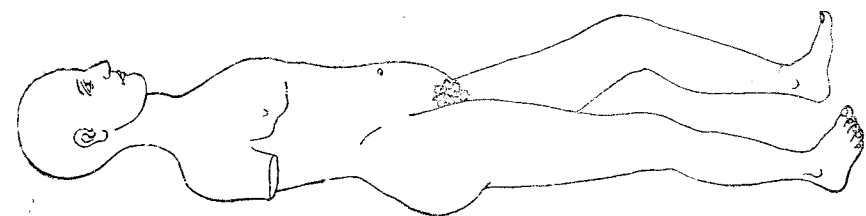
If prolonged by vicious habits the word should be erased and the reason for the erasure given.

* See the back.

+ Here state whether for original, increase, restoration, or renewal, or for a re-rating.

Alex^r Nesmitt, Pres. *John C. Machead, Sec'y.* *J. S. Florence, Treas.*

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Norman A. Whobury
Co. *H*, Reg't *52^d Vol.*

Applicant for *Leave*

No. *416210*

DATE OF EXAMINATION:

July 10th, 188*9*.
Geo. Hunt, Pres.,
John P. Macdonald, Sec'y,
J. A. Glover, Treas., } BOARD.

Post office, *Wargendrum*

County, *Buller*

State, *Ky*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Ans

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Orig

Pension Claim No. 593861

Name and rank of claimant.

Norman A. Woobrey

Rank,

private

Company H 52 Reg't Ky vol's

Leitchfield Ky

(Post office address of the Board.)

Claimant's post office address.

Brooklyn, Ky

(Date of examination.)

1887

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

disease of lungs.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

Pulse rate per minute, 100; respiration, 24; temperature, 98 1/2; height, 5 feet, 11 inches; weight, 135 pounds; age, 44 years.

1843

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for orig. pension. Has a cough at times worse in the spring of the year. Suffered from pain in the left chest at times. Has had some hemorrhage from the lungs - spit blood this spring. Is losing flesh at present.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Upon examination we find the following objective conditions: Chest measurement, 34 1/2 inches. On forced inspiration, 36 1/2. Expiration, 30 1/2. There are emicous rales at upper third of left - a few sibilant rales at upper third of right. Here the voice sounds are intensified and vocal fremitus is increased. A murmur with first sound of heart and the apex beat is 2 inches below and immediately under left nipple. The heart is rapid and tumultuous.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as a total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 3/4 rate rating for the disability caused by disease of lungs, for that caused by _____, and _____ caused by _____

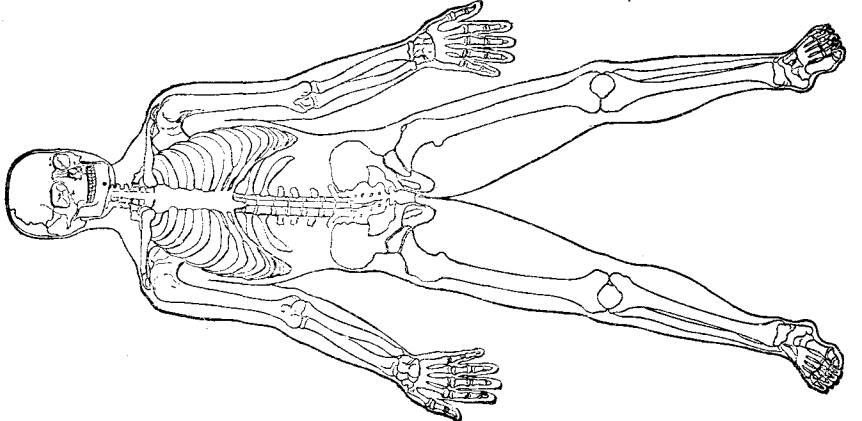
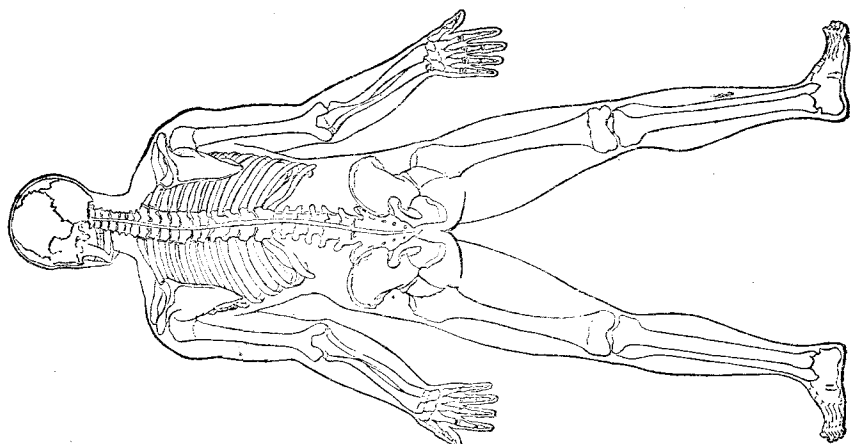
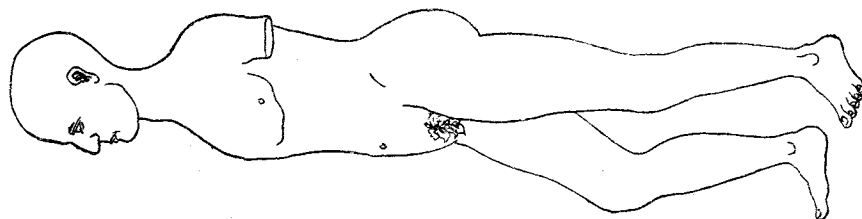
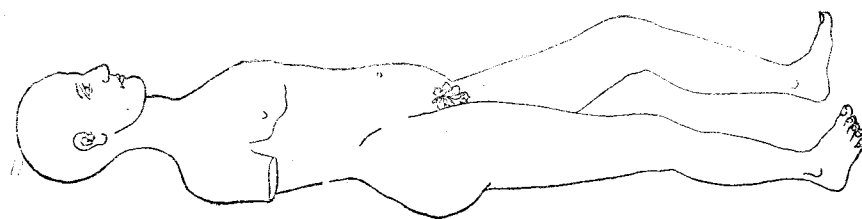
Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. M. Schlotter, Pres. C. A. Schlotter, Secy. W. H. Schlotter, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Roman A. McHenry
Co. *A*, 52nd Reg't *14* *Vol.*

Applicant for *Org.*

No. *5-93,866*

DATE OF EXAMINATION:

July - 13th, 1887.
J. A. Ashlock, Pres.,
C. A. Sturges, Sec'y, } BOARD.
R. H. Carver, Treas., }

Post office, *Leitchfield*

County, *Proprietary*

State, *Pa.*

P. S. Write your Post-Office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

GENERAL AFFIDAVIT.

State of

Ky

County of

Butter

SS:

In the matter of claim for

Pension

(Character and number of claim.)

Norman A. Whoberry

(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a

Justice of the Peace

(Justice, Notary, Judge, Clerk or Deputy Clerk.)

in and for

aforesaid County and State,

W. C. Jones a resident

(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

Edmonson
Butter County Ky Reedyville Post office
age 38 years

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows.

The affiant states that he has been acquainted with claimant ever since his earliest recollection. I lived within 1 1/2 miles of claimant until he went in to the service. Claimant was sound as far as known or heard when he entered the service. I was with him within 1 or 2 months after he returned home from the service and he was affected with a cough. I saw him several times after that and as far as I know I did not know it he complained of his chest all the time up to this time when I was with him about 14 years from this date. He worked for me and we worked together after up to the present date. His handwriting had a cough when he first worked for me and has had it ever since. I have lived within three and half miles of claimant most of the time since he returned home from the service. For the last seven years he has spit up a great quantity of blood. I have known him to be totally disabled for spilling for manual labor. I can not give the dates of the different times claimant is about able to do half labor.

further declare that he has no interest in said case, and is 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 (Name of one witness to X mark.)

2 (Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

J. C. Jones

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use

SWORN TO AND SUBSCRIBED before me, this 25 day of Nov, 1887 and
I hereby certify that the contents of the foregoing 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;

(If any words have been added in place of any erased, enter them here.)

that the affiant is to me well known and his 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.

[L. S.]

(Name of officer before whom executed.)

(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
filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of _____ }
County of _____ } ss:

I, _____, Clerk of the County Court in and for aforesaid
(Name of Clerk of Court.)
County and State, do certify that _____, Esq., who hath signed his
(Justice of the Peace or Notary Public.)
name to the foregoing jurat, was at the time of so doing a _____ in
(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 this _____ day of _____ 188

[L. S.]

Clerk of the _____

DIVISION.

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,
ATTORNEY,

Offices 615 Fifteenth St. N. W.

P. O. Lock Box 534.

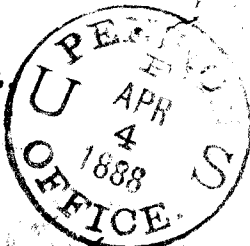
WASHINGTON, D. C.

Southwestern Division

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS,

WASHINGTON, D. C.



March 22 1888

by Mr. No. 73 861

Norman H. Hobbs
Co. K 52 Regt. Ky. Inf.

For: To further aid this Bureau in determining the merits of the above mentioned pension claim, I kindly request to answer in your own handwriting the following questions, giving more complete details than your official affidavit.

Very respectfully,
John C. Mack
Commissioner

A. P. Felt
Reedville
Butler Co. Ky

When did you first see claimant after he returned from the army, and how do you fix the date? Ans. I think was in March or April 1886. I fix the date by the time he returned home. Did he then complain of any disability, and if so, how was he affected? Ans. He was complaining of soreness in the chest & was coughing. I was all the time selling patent medicine at the time. If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled, for how long, and whether during any season. Ans. He has hacking cough most of his time & has sold the medicine for a number years at time. I frequently did think he would live six months & then I thought he had consumption. I think he is not able to average more than one half hour frequently. How long have you seen him since your first acquaintance? Ans. Most of time once or week. Sorely & longer. My means of knowing the facts of the case are these: I have lived within 1 1/2 miles of him 1 1/2 to two thirds of the time.

Very respectfully,

The Commissioner of Pensions,
Washington, D. C.

(Sign here) A. P. Felt

Dir.
Ex'r.

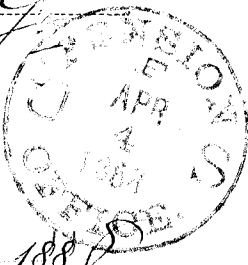
[3-083.]

State: *Ky.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C. *March 22, 1887.*



Sir:

Please be so kind as to inform this Bureau, BY INDORSEMENT
ON THE BACK OF THIS LETTER, as to the standing in the community,
and the general reputation for truth, of *M. T. Galt*

of *Ridgelyville, Butler Co. Ky.*, affiant in *Dgtl Inf*
pension claim No. *573861*, of *Norman A. Whoberg*
of *Co. K, 53 Reg't Ky. Inf*

Your early reply will be thankfully received as sub-
stantial assistance to this Bureau in arriving at the truth
and justice of the case.

Very respectfully,

John C. Black,
Commissioner

The Postmaster,
Ridgelyville,
Butler Co. Ky.

M. P. Sutt is
perfectly readable
now. P. Sutt

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer, must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Kentucky, County of Guyson, ss:

ON THIS 8 day of May, A. D. one thousand eight hundred and twenty

personally appeared before me, a Notary Public within and for the County and State

aforesaid, Norman A. Wherry aged 47 years, a resident of 1843

Brooklyn, P. O. County of Butter State of

Kentucky, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Louville Pension Agency at the rate of Eight

dollars per month, Certificate No. 416210; by reason of disability from Lung

Disease (Here name the disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a Private

Co. H 152 Reg Ky Vt Infantry (Here state rank, company, and

regiment, if in the army; vessel if in the navy.)

That he believes himself to be entitled to an increase of pension on account of Increased

disability for which now pensioned (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If

and Heart disease resulting from on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances

Disease of Lung of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as

possible.)

that he hereby appoints, with full power of substitution and revocation,

N. C. Ligon of Louville Ky

his true and lawful attorney, to prosecute his claim.

His Post Office address is Brooklyn Butter Co Ky

W. M. Emory

W. M. Emory (Two witnesses who can write, sign here.)

Norman A. Wherry (Signature of Claimant.)

Also personally appeared Wesley Gary residing at Reedville P.O.
Lee P.O. and F. M. Embury residing at
persons whom I certify to be respectable and entitled to credit, and
who being by me duly sworn, say that they were present and saw Norman A. Whobery

the claimant sign his name (make his mark) to the foregoing
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him
that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(If Affiants sign by mark, two persons who can write sign here.)
Wesley Gary
F. M. Embury
(Signature of Affiants.)

Sworn to and subscribed before me this, 8 day of May A. D. 1890

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

erased, and the words
added; and that I have no interest, direct or indirect in the
prosecution of this claim.

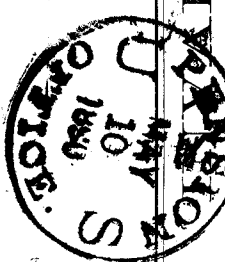
[L. S.]
Van B. Rains
(Official Signature.)
Notary Public
(Official Character.)

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

Witness my hand and seal of office, this _____ day of _____, 18 ____.

[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 COUNTY COURT must add his certificate of character hereon, and
not on a separate slip of paper.

 CLAIM FOR INCREASE.
Norman A. Whobery Applicant.
Cord. 3-9 Reg't. 416 210 Vols.
Pension Certificate No. 416 210

Filed by
W. C. Greaves
Cambridge
Printed and for sale by J. H. SOULE, Washington, D. C.

ORIGINAL INVALID CLAIM.

416.210
Soldier, *Norman A. Whobery*
P. O., *Brooklyn*
County, *Ruthe*
State, *Ny*
Rank, *Private*
Company, *78*
Regiment, *52. Ry Val Inf.*
Rates, \$ *8* per month, commencing *Jan'y 14. 1887.*

Pensioned for *Disability*
Name, *Geo E. Simon* RECOGNIZED ATTORNEY.
P. O., *Washington, D.C.* Fee, \$ *2.00*, Agent *to pay.*
Articles filed *Jan'y 20.*, 1887.

APPROVALS.
Approved for *Lung disease*
Submitted *Adm Dec 1, 1888*, *G. E. Susby*, Examiner.

Approved for *disease of lungs.* Approved for *disease of lungs*
8/18

Dec. 6/88 *Wibbe*, Legal Reviewer. *Twice a* *Barcock*, Med. Reviewer,
Dec 11, 1888, Re-Reviewer. *Dec 11, 1888*, Med. Referee.

IMPORTANT DATES.
Enlisted, *Sept 1*, 18*63* service from _____
Mustered _____, 18 _____, to _____, 18 _____, in _____
Discharged *March 11*, 18*65*.
Declaration filed *Jan'y 14*, 1887. Not in service since *March 11*, 1865.

BASIS OF CLAIM.
Alleges in declaration filed Jan'y 14. 1887 that at Bowling Green Ky Jan'y 1864 he contracted lung disease from exposure.

Increase INVALID PENSION.

Claimant,

Norman A. Whoberg

P.O.,

Brooklyn

Rank,

Capt

County,

Bulwer

Company,

H

State,

Ky.

Regiment,

52nd Ky Vol Inf.

Rate, \$

per month, commencing

Disabled by

Disease of lungs

RECOGNIZED ATTORNEY:

Name,

Clark

Fee \$

Agent

to pay.

P.O.,

Articles filed

, 18

APPROVALS:

Submitted for

Nov. 20, 1889

A. W. Shattuck, Examiner.

Approved for

(Disease of lungs)

Approved for

Disease of lungs

72 from July 10, 1889

48 no increase

Nov. 23rd, 1889

Hough, Legal Reviewer.

Nov. 26, 1889

Medical Referee.

Discharged

March 11, 1865

Last paid to

, at \$ 8.

Pensioned from

Jan'y 14, 1887

, at \$ 8.

for Disease of lungs.

Original declaration filed

Jan'y 14, 1887; alleged same

Arrears allowed from

, 18

, to

, 18

, at \$

PRESENT CLAIM.

Declaration filed

May 10, 1889 Original

INVALID PENSION.

Claimant,

P.O.,

County,

State,

Rate, \$

per month, commencing

Rank,

Company,

Regiment,

Disabled by

RECOGNIZED ATTORNEY:

Name,

P.O.,

Fee \$

Agent

to pay.

Articles filed

, 18

APPROVALS:

Submitted for

Approved for

, Examiner.

Approved for

Discharged

Pensioned from

Last paid to

, at \$

Original declaration filed

alleged

Arrears allowed from

, 18

to

, 18

at \$

PRESENT CLAIM.

Declaration filed

4/6210
Gorrieville

(3-145)

Increase

INVALID PENSION.

Cy 416210

Claimant,

Norman A. Whetery.

P.O.,

Reedville,

County,

Butler,

State,

Ny.

Rank,

Private.

Company,

No.

Regiment,

52. N.Y. Vol. Inf.

Rate, \$

17

per month, commencing

June 29, 1892

Disabled by

Disease of lungs and res. dis. of heart.

RECOGNIZED ATTORNEY:

Name,

N. C. Telford,

Fee \$

2.00

, Agent

to pay.

P.O.,

Caryville,

Ny.

Articles filed

, 18

APPROVALS:

Submitted for

Feb. 15, 1893.

Approved for

disease of lungs & resulting disease of heart.

Approved for

disease of lungs and resulting disease of heart.

17/18 from June 29, 1892.

Feb 20, 1893, Jones, Legal Reviewer.

H. C. Miller, M. E.

Mch. 23, 1893,

, Medical Referee.

Discharged

Mar. 11,

1865.

Last paid to

, at \$

12.00.

Pensioned from

Jan. 14,

1887,

at \$

8.00,

for

disease of lungs & per.

Original declaration filed

Jan. 14,

1887;

alleged

disease of lungs & per disease of heart.

Increase rejected Nov. 26, 1889.

Increased to \$12 from July 2, 1890.

Arrears allowed from

, 18

, to

, 18

, at \$

PRESENT CLAIM.

Declaration filed

Apr. 18,

1892.

Inc. on Original.

Chas. Wiles - no M. C.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 22, 1887

Respectfully returned to the Commissioner of Pensions.

593 861
Norman A. Whoberg, a private of Company "H",
52^d Regiment Kentucky Infy. Volunteers, was enrolled on the
1st day of September, 1863, at Brownsville, Ky. for 1 year.
and is reported: on muster rolls from enrollment to
April 30 "1864 present. May & June 1864 is
not on file. July & Aug 1864 present.
Sept. & Oct. Nov & Dec 1864 & Jan & Feb 1865
(6 months muster) present
Not borne on Returns for April or Oct. 1864
(only returns on file)
Mustered out with company March 11 "1865
at Bowling Green, Ky.

The records of this office furnish no
evidence of disability.

Books of organization 44th Regt. Ky. Inf.
Records are not on file.

* Borne as Norman A. Whoberg on all rolls subsequent to
muster in.

R. C. Mun
Assistant Adjutant General
(2.)
J. H. Hillyer

3
x see new statement

C 275
3

A. L. K.
No. *593.861*
Norman A. Whobery
Co. 52 Ky Vols

Ex'r. Department of the Interior
Pension Branch
BUREAU OF PENSIONS,
May 18th, 188*7*.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of *Norman A. Whobery*, who, it is claimed, enlisted *Sept. 1*, 18*63*, and served as *Private* in Co. *He. 52* Reg't *Ky Vols*; also in Co. _____

and was discharged at *Bowling Green Ky.* *Mar 11*, 18*65*.
While serving in Co. *He. 52* Reg't *Ky Vols* he was disabled by *Disease of Lungs at Bowling Green Ky. Jan. 1864*.

also _____

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Reg't. Hosp.

Very respectfully,

John C. Black,
Commissioner

The Adjutant General, U. S. Army.

(8208-50 M.)

o 6-002.

275
3

U JUL 22 1887 OFFICE

JUL 23 1887

Southern Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No *593.861*

Norman A. Mobery
Fl. 52 Ky Vols

18

MILITARY SECRETARY'S OFFICE

AUG 21 2553608 1906

WAR DEPARTMENT

S. Div. MWR Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Aug 18, 1906

Respectfully returned to
the Military Secretary,
War Department,
requesting soldier's
full military and
medical history with
personal description.
No other report on file.

SOUTH DIV.
AUG 22 1906
RECEIVED.

Inr. Cf. 416,210,
Norman A. Whobery,
H. 52 Ky. Inf.
J. Warner

Commissioner.

WAR DEPARTMENT,
THE MILITARY SECRETARY'S OFFICE,
WASHINGTON.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Vernon A. Whoberg
also known as Norman
A. Whoberg, Co. H. 52 Ky.
Inf. Utd. the mil. records
furnish nothing addi-
tional to that shown in
former statements ex-
cept age at en. 21 years
born in Butler Co. Ky.
a farmer, height 5 feet
10 inches, fair complexion,
gray eyes, light hair.
Name Norman A.
Whoberg has not been
found on rolls of the
above Co.

The medical records show him treated as follows:

NO MEDICAL RECORD FOUND



F. C. Ainsworth

The Military Secretary.

(M. S. O. 75)

Per 7

416210

INVALID PENSION.

Claimant,

P. O.,

County,

State,

Rank,

Company,

Regiment,

Rate, \$ per month, commencing

Pensioned for

RECOGNIZED ATTORNEY.

Name,

P. O.,

Fee, \$; Agent to pay.

Articles filed, 1

APPROVALS

Submitted for

Approved for

Approved for

Examiner.

Oct 26, 1906,

Legal Reviewer.

, 190

Re-Reviewer.

Medical Examiner.

October 29th, 1906

Medical Reviewer.

Medical Referee.

Enlisted September 1, 1863 Discharged March 11, 1865 Last paid to, 1

Pensioned at \$ 17, per month for disease of lungs and resulting disease of heart.

PRESENT CLAIM.

Declaration filed August 4, 1906, alleged increase of pensioned cause.

Claimant does write.

No, M. C.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

August 7, 1917.

Sir:

Referring to your letter of August 2, 1917, "WED/TJL
Sec. D, Civil War Div., Cert. No. 416,210, Norman A. Whobery,
H, 52nd Ky. Inf.," I give you below data secured from the
Census records of 1850:

Butler County, Kentucky,
enumerated, September 7, 1850.

Name.	Age.
✓ William Whorberry	35
Lavinia	14
✓ Albert	12
✓ William	9
✓ Argulus	8
✓ Nancy	6
✓ John	3
✓ Emeline	2

1850

You are advised that the soldier's age, as returned
at the Census of 1850, agrees with his statement, there-
fore a search of the schedules, as returned at the Census
of 1860, was not made.

Very respectfully,

James L. Rogers

Director.

all

The Commissioner of Pensions,
Washington, D. C.



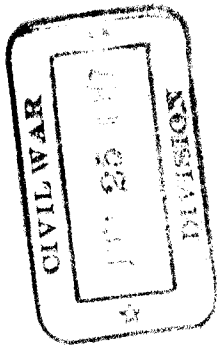
Rumsey Ky Nov 2-14
Commissioner of Pensions
Washington D C

Sir

It seems to me it is time
that I will be entitled to an age
increase of pension. I will give you
my age and you can see if I am right
I was born May 7- 1842 which made
me 72 years of age last May. Am
drawing \$2.50 now. I enlisted Sept 1863
mustered out March 11. 1865. 52nd Ky Co H

Very Respect
Norman A Whobery

CIVIL WAR DIVISION
Inv. Ctf. 210
Norman A. Whobery
H. 52 Ky. Inf.



State of Kentucky,)
County of McLean,) Set

The affiant, Norman A. Whobery, states that he has no means of proving the date of his birth; that there is no public or church record of the date, and that the family bible has been lost or destroyed, (the part giving the date of his birth), and that for these reasons he is unable to furnish proof of the exact date of his birth.

That the statements contained herein are the truth to the best of his knowledge and belief.

Witness his hand, this 20" day of June, 1917.

Norman A. Whobery

Subscribed and sworn to before me this the 20" day of June, 1917.

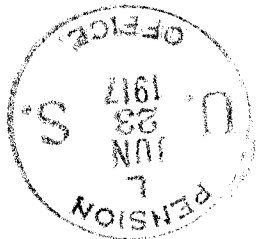
John R. Priest, Clerk.

By, John R. Priest, D. C.

I, Norman A. Whobery, do certify that during the summer of 1850 and 1860 I lived with my father, William Whobery, in Butler County, Kentucky, and that the names of my parents are William Whobery and Mary Whobery; and that the names of my brothers and sisters then living are as follows: Vina Whobery; Albert G. Whobery; William C. Whobery; Nancy E. Whobery; John J. Whobery; Emily Francis Whobery; Mary J. Whobery.

Witness my hand, this 20" day of June, 1917.

Norman A. Whobery



ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky
County of Mt. Lee

On this 20th day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Circuit Court Clerk within and for the county and State aforesaid, Norman A. Whobery, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Russell county of Mt. Lee, State of Kentucky; and that he is the identical person who was ENROLLED at Brownsville, Ky. under the name of Norman A. Whobery, on the 1st day of Sept., 1863, as a Private, in Company "H," 52 Ky. Infantry
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Bowling Green, Ky., on the 11th day of March, 1865. That he also served
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 11 inches; complexion, Dark; color of eyes, Brown; color of hair, Black; that his occupation was Farmer; that he was born May 7th, 1842.

That his several places of residence since leaving the service have been as follows: For a number of years in Butler Co. Ky. & in Edmonson Co. Ky. as much as 40 years, in both & about 1 1/2 years in Mt. Lee Co. Ky.
(State date of each change as nearly as possible.)

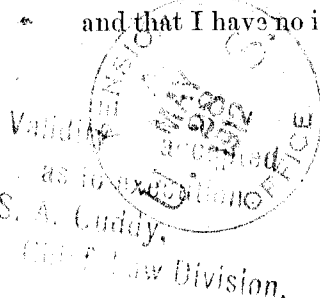
That he is a pensioner under certificate No. 416210
That he has applied for pension under original No. _____
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.
That his post-office address is Russell, county of Mt. Lee, State of Kentucky

Norman A. Whobery
(Claimant's signature in full.)

Attest: (1) _____
(2) _____

SUBSCRIBED and sworn to before me this 20th day of May, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



W. A. Rafferty
(Signature.)
Clerk Circuit Court
(Official character.)

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 416-210

Name, Norman A. Whobery

Service, _____

INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, fifteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, sixteen dollars and fifty cents per month; two and a half years, sixteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, nineteen dollars and fifty cents per month; one and a half years, nineteen dollars and fifty cents per month; two years, twenty dollars per month; two and a half years, twenty dollars and fifty cents per month; three years or over, twenty dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-three dollars per month; one and a half years, twenty-three dollars and fifty cents per month; two years, twenty-four dollars per month; two and a half years, twenty-four dollars and fifty cents per month; three years or over, twenty-four dollars per month. That any person who served in the military or naval service of the United States during the civil war and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seventh, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

Approved: May 11, 1912.

L
Louisville

3-364

7/4

Reissue

ACT OF MAY 11, 1912.

Cert. No. 416210

Claimant, Norman A. Whobergs
P. O., Rumsey Rank, Private
County, Mc Lean Service, 52 Kentucky Inf.
State, Kentucky
Rate, \$ 21.50 per month, commencing May 28, 1912.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____ Fee, \$ _____; Agent to pay.
P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for Adm Dec. 14, 1912, H. D. Marshall Examiner.
Approved for Admission Rate \$ 21.50 per month; age 70 years.

Reissue from the general law

Length of pensionable service: 1 years, 6 months, 11 days.

Deductions in service from any cause: none years, _____ months, _____ days,

on account of _____

Jan 15, 1913, W. B. Adams Legal Reviewer. Jan 16, 1913, O. U. Schis Re-Reviewer.

Enlisted September 1, 1863; honorably discharged March 11, 1865

Enlisted _____, 18 _____; honorably discharged _____, 18

Enlisted _____, 18 _____; honorably discharged _____, 18

Length of pensionable service: 1 years, 6 months, 11 days.

Pensioned at \$ 17 per month, under General Law

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 28, 1912

Age shown by evidence 70 years; date of birth alleged May 7, 1842

Claimant does _____ write.

No, M. C.

Removal Division.

ACT OF MAY 11, 1912.

Cert. No. 416,210

And March 4, 1913

Claimant,

P. O.,

County,

State,

Rate, \$

per month, commencing

Rank,

Service,

Approved for Increase

\$27 from June 10, 1918

\$ from 19

Act of June 10, 1918

Exr.

Rev.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

JUN 18 1918

Name,

Fee, \$

; Agent to pay.

P. O.,

Articles filed

, 19

APPROVAL.

Submitted for

Ad June 27, 1917,

W. E. Dulin,

Examiner.

Approved for

increase

Rate \$

27

per month; age

75 years.

Length of pensionable service:

1 years,

6 months,

11 days.

Deductions in service from any cause:

none

years,

months,

days,

on account of

Aug 15, 1917,

Geo. Meyer

Legal Reviewer.

August 15, 1917,

W. E. Dulin

Re-Reviewer.

Enlisted

Sept 1, 1863,

honorably discharged

Mar 11, 1865

Enlisted

, 18

;

honorably discharged

, 18

Enlisted

, 18

;

honorably discharged

, 18

Length of pensionable service:

1 years,

6 months,

11 days.

Pensioned at \$

21.50

per month, under

Act May 11, 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed

Automatic June 23, 1917

Age shown by evidence

75

years; date of birth alleged

May 7, 1842

Claimant does

write.

no, M. C.

3-438
4 Briefs

Cert.

416210

Act

of May 1, 1920

ACCRUED PENSION

Class

Invalid

Pensioner

Norman A Whobrey

Date of death

March 17

1921

Certificate

no

filed.

Claimant

Emer Whobrey, widow,
Legal,

Edmonson County,
Kentucky

Attorney

The fee of \$ allowed on issue of

Address

to

of to be paid when

payment is made on accrued.

Submitted

for Ad. Sept. 23, 1921

Wm. W. Donald

Examiner.

Approved for

No Action

Reviewer,

19

Rereviewer,

19

Claimant

does not

writes.

Hon. R. Y. Thomas Jr.

M. C.

WIDOW

James

W. O. 1172232
3-419.

Widow DIVISION.

McDonald Int, Examiner.
(Write surname first plainly.)

I. 6 No. 416210
(Class.)

Soldier, Norman A. Whoberg

Co. _____, Reg't _____

Submitted for Ad Sept 23, 1921

_____, Reviewer, _____, 19

Resubmitted for _____, 19

_____, Reviewer, _____, 19

FROM BOARD OF REVIEW TO

Examiner _____

2d charge _____

3d charge _____

Sp. Ex. Div. _____

2d charge _____

Law Div. _____

Finance Div. _____

Misc. charges _____

Cert. Div. _____

(Use this slip in resubmitting the case.)

MTMD 3-400 AUG 15 1921

wid Division, Aug 12, 1921

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS

W.D. wid
No. 1172 232 6 mess
Name, J. Norman L. Wherry
Service, B 52 Ky Inf 1
Post office, Paducah
Attorney, Ky
Post office, Ky

CHIEF OF THE LAW DIVISION:

Has Clint Raymer
of Butler county,
State of Ky
filed as deputy clerk
on July 7, 1921?
Did he affix his official seal? No

Chief, wid Div.

Law Division, AUG 30 1921, 19

Certificate filed by
cover date Mar 24, 1921 to
Dec 31, 1921

Chief, Law Division
Per K. F.

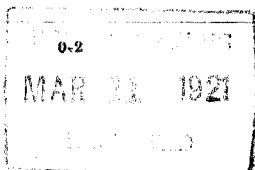
PENDING FILES
SEP 1 1921
RECEIVED

Act. of May 1, 1920.I. Cert. 416210Name, Norman A. MholreyRestoredApplication filed Mar. 8, 1921Service, St. 52 Key M. I.

Mar 30, 1921. To Med Div for Ex'n.

T.D.M.

APR 4 1921 CIVIL DIVISION
 ord. Segal, Key M. I.
 APR 4 1921 Hon. R. M. Thomas
 Jr. notified of meeting Ward.



Age indications
 of birth records
 Dec - Mch - 92 - 1843
 " - May 90 - 1843
 " - Dec - 86 - 1843

Wm. H. Hearn

July - 87 1843
 Aug - 89 1843
 July - 90 1843

cannot prove date birth.
 Question of identity only.
 Cons. on info to the
 up

Township county and St
during the Summers a
you lived during said
your parents, brothers &
if you work in a ^{day} ~~day~~
club, Ward, and betw.

Donot

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
RECORD DIVISION

Briefed by _____

Orig. _____

Cert. _____

Claimant _____

Soldier *John J. Whibery*

Service *Ky*

No _____ claim, Service record _____, 191

_____, Clerk.

No claim *as above* *July 19*, 1917

J. R. S., Clerk.

REMARKS: _____

Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONSWashington, D. C., *July 14* 1917

No. Claim,

Cert. No. *416210*

Claimant,

Soldier, *Norman A. Whobery*Co. *H*, *52* Reg't *Ky Inf*

Respectfully,

*Nothing on file in
Bottles claims
ctf 305015 Wm B Whobery
U 11 Ky Inf
& ctf 310815 Albert G Whobery
U 11 Ky Inf
to indicate date of
birth of Claimant
Ypm*

Chief of Division.

W. O. No. 1172232,
Emer Whobre,
Norman A. Whobre,
H, 52d Ky. Inf.

September 22, 1921.



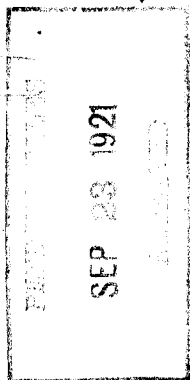
Chief of Widow Division

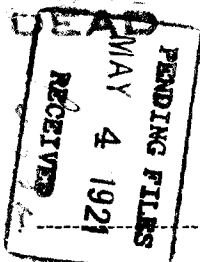
The certificate of official character of deputy clerk called for by the Bureau has been received. Please have the pending claim promptly considered and the proper action taken.

I have advised Hon. R. Y. Thomas, Jr.

H. M. Vandervoort
Acting Commissioner.

FDY/MTS





8-888

LAW DIVISION

APR 8 1921

NOTICE OF APPLICATION

Widow's—Accrued

Soldier
or
Sailor

Service

Norman A. Whobrey

H-52 Ky Det

Cert. No. 416210

Name and relationship of pensioner, if other
than soldier or sailor:Date of death of pensioner (or supposed pen-
sioner):

Mar. 17-1921

Place of death:

Name and relationship of claimant:

H. Emer Whobrey

Address:

Segal 14

Date of filing:

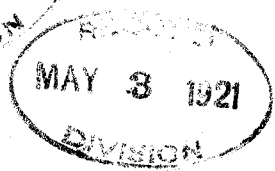
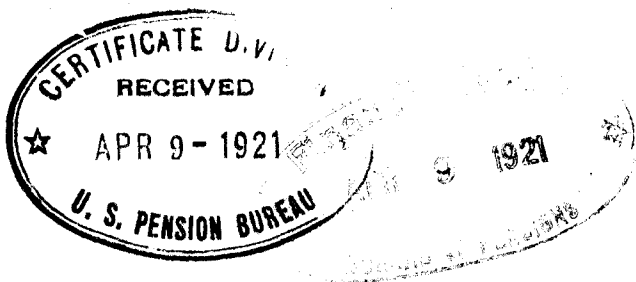
Apr 7-1921

TO CHIEF FINANCE DIVISION:

You are advised of receipt of application in
above case.

6-1985

BUREAU OF PENSIONS
Chief, Law Division.



[Handwritten mark]

3-871

RECORD DIVISION

Department of the Interior
BUREAU OF PENSIONS

MAIL DIVISION

Briefed by *[Handwritten signature]*

Claim No. *OK*

Certificate No. *416. 210*

Claimant

Soldier *Norman A. Thobery*

Service *K. 52 - Ky.*

Additional Service

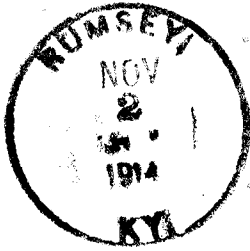
No claim, State records, 191

No claim, combination records, 191

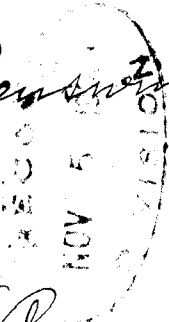
REMARKS:

CIVIL WAR
NOV 6 1911
DIV 1

W a Whobery
Rumsey Ky



Commissioner of Penitentiaries
Washington
D.C.



Congressional Sec. 6

Ext. Intro 3-400

Widow Division Aug 12, 1921

DEPARTMENT OF THE INTERIOR.

BUREAU OF PENSIONS.

No. 1172232
Name, Emer Whobrey
Service, Co. B 52. H. Inf.
Post office of widow,
Attorney, Segal
Post office, Kentucky.

CHIEF OF THE LAW DIVISION:

Has Jett W. Hines C.C. of B. Co.
of Clint Raymer, 1876.
of Butler county,
State of Kentucky
filed as Clerk or D.C.
on July 7 1921
Did he affix his official seal? no

Chief, Div.

Law Division, AUG 15 1921, 1921

Certificate not filed to

cover date

Notified AUG 15 1921 to

A. P. Willey
Chief, Law Division.

K. F.
6-3310

Chief, Law Division.

PENDING
AUG 18 1921
RECEIVED

Q FILES SLIP.

No. 416,210

Norman A. Whalberg
Co. H. 52 Ky. Inf.
EXAMINER.

Next age 75 yrs.

May 7" 1917

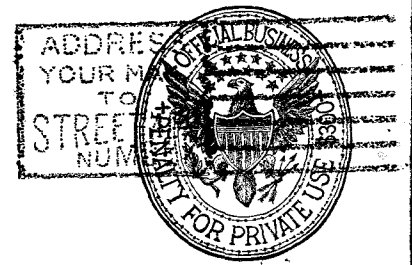
Over 40

Months

3-1609.

Department of the Interior.
BUREAU OF PENSIONS.

If not called for in 15 days, return to
THE COMMISSIONER OF PENSIONS.
WASHINGTON, D. C.



Return

- Dead -

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

Washington, D. C., July 19, 1917

No. Claim, _____

Cert. No. 416210

Claimant, _____

Soldier, Norman A. Khoberg

Co. H, 52 Reg't. Ky Inf

Respectfully, returned to the
 Chief of Civil War
 Division, Claimant's
 statements of age
 are inconsistent
 many of them
 make 1843 year of
 birth, a call should
 be made on the
 Census Bureau
 for age shown
 in 1850 & 1860, data
 given in affidavit
 filed June 23, 1917,
 recovery is involved

G. D. Meyer
 Reviewer

Chief, Board of Review.

ADMITTED FILES.

Certificate No. _____

Series _____

Pensioner _____

Soldier *John J. Whoberg*Service *Ky*Drawn by *Geo. P. Meyer**att 416210*for use in *Norman A. Whoberg**H 52 Ky Sub**Board of Rec* Division.

Charged _____, 191

to _____

on slip signed _____

Medical Division

VF 154

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

April 4, 1921.

Pension Division
APR 23 1921
BUREAU OF PENSIONS

416210
DEAD



APR 26 1921

Hon. R. Y. Thomas Jr.
House of Representatives
Washington, D. C.

My dear Mr. Thomas:

In the claim, Inv. Ctf. 416210,

of Norman A. Whebery, H 52 Ky. Inf whose address is
Segal, Kentucky, *died March 17/21*

in the adjudication of which you have shown interest, you are
advised that the claimant has this day been ordered for medical
examination ~~before~~ at his home by a surgeon to be selected by the
postmaster at Segal, Kentucky.

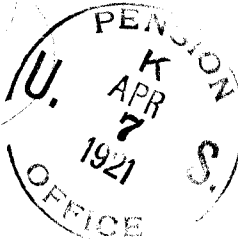
Very truly yours,

Washington Gardner

Commissioner.

This man died on March 17.

R.Y. Thomas, Jr.



Widow Div.
W.O. 1172232
Emer Whobrey
Norman A. Whobrey.
H. 52 Ky. Inf.

In the above cited claim we and each of us do certify that we are residents of Segal, Ky. and that we are 50 and 50 years of age.

That the children, Phlemon Whobrey and May Whobrey, claimed for by Emer Whobrey, are living, and that neither has died, and that we are personally acquainted with these facts.

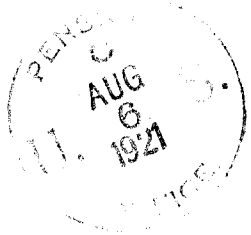
C. C. Raymer
Eldora B. Miller

State of Kentucky.
County of Edmonson.
Subscribed and sworn to by C. C. Raymer and Eldora B. Miller
This the 12th, day of July, 1921.

D. D. Kinner

My Com. Ex. Apr. 8th, 1924.

Notary Public.



KF

S

72

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

AUG 15 1921, 19

W.D. No. 1172232
 Emer, with
 Norman Whohery
 Co. B, 52 Reg't Ky Inf

1261 OF AUG 30 1921
 SET IN TYPE
 Madam:
 Emer Whohery,
 Regal,
 Ky

Certificate filed
 to cover date. From
 Mar. 24 1921 to
 Dec. 31 1921
 Chief, Law Divn
 Mer-OS

HERE
 FOLD
 In the above-entitled claim for pension, there is required a certificate as to the genuineness of the signature of Clint Raymer and showing his official character on July 7, 1921, as a deputy clerk in and for the county of Butler, State of Ky.

The certificate must be attested by the clerk of the county, or a court of record, or by the officer whose duty it is to keep the records, and must bear the impress of the seal of the attesting officer. If the dates of commencement and expiration of the term of office of the above-named officer are given in the certificate, it will be placed on file for future reference, and papers executed before him during the term of office indicated therein may then be accepted without the filing of a certificate in each case.

If, for any reason, a complete certificate can not be made, you should so state, returning this circular.

Very respectfully,

Washington Gardner
 Commissioner.

Misc.
Civil War
Nov. 17-94.

3-389
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

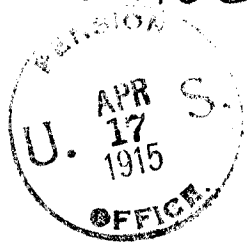
WASHINGTON, D. C., January 2, 1915.

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

Very respectfully,

NORMAN A. WHOBERY,
RUMSEY, KY.
416210

G. M. Sackgaber
Commissioner.



Auto

FOLD HERE.

No. 1. Date and place of birth? Answer. *Butler Co Ky May 7-1842*

The name of organizations in which you served? Answer. *52nd Ky Inftry*

No. 2. What was your post office at enlistment? Answer. *Rudysville Butler Co*

No. 3. State your wife's full name and her maiden name. Answer. *Linda J. Derruss Emma J. Daffron*

No. 4. When, where, and by whom were you married? Answer. *Married Oct 24-1891 Edmonson Co Ky*

Married by ~~Leander Phillips~~ Robert Littrell

No. 5. Is there any official or church record of your marriage? Answer. *Yes*

If so, where? Answer. *Prossville Ky*

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *Yes*

Linda J. Derruss married Oct 24-1867 Died 4th March 1891

FOLD HERE.

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

No. 8. Are you now living with your wife, or has there been a separation? Answer. *Now living with her*

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

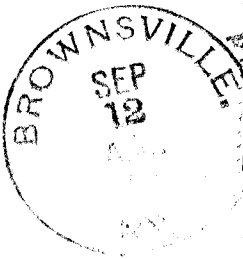
Emily J. Whobery Born 4th March 1870 Francis M. Whobery born 1873 LARRY B. Whobery Died 8 yrs ago. Mattie Whobery Maggie Whobery Corit Whobery born - Charlie Whobery Bruce Whobery 1st March 1894

The dates not given of birth & Deaths above our house & record were all blown away by cyclone in 1902. we have forgotten children by second wife. Eolia Whobery Born Nov 15-1892. Bessie Whobery born Sept 25-1904 Died Sept 1907. Grace Whobery Sept 17-1907. Fleming W. Whobery April 19-1909 May Whobery born 7 Nov 1912

Date *April 15-1915*

(Signature) *Norman A. Whobery*

XXXXX CARDER
XXXXX OF THE DAY
Master XXXXXXXXXXXXXXXXXXXX
County Circuit Court
XXXXX BROWNSVILLE KY.
Phlemon Whobrey,
Segal, Ky.



Vetrans Administration,
Washington, D. C.

Certificate No. 116 210

Name: Norman A. Whoberg

Department of the Interior,

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,



Commissioner.

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

Answer.

E. J. Pafrow

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

Answer.

1892 in Edmonson Riv R Littel

Third. What record of marriage exists?

Answer.

Record at Brownsville Ky

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

Answer.

Lindy J. Demaree died 1892

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

Answer.

Emily Jane 1872 J. M. 1875

Lora B 1877 Emily 1878 Magrath 1880 Emily 1892
 Crit 1893 Charles 1897 B A 1899 Elly 1893
 Owen 1897



(Signature.)

Date of reply, _____, 189____

0-8

5301b750ml-98

Marriage Certificate.

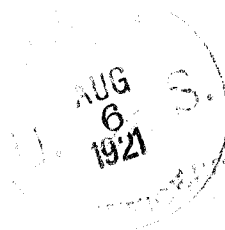
This is to certify, that on the 22 day of Oct 1891, the rites of Marriage were legally solemnized by me between N.A. Whobrey and Miss Emma Daffron, at clerks office in the county of Edmonson in the presence of J P Reed and Robert Hunt.

Signed ~~Robert-Luttrell~~

A copy attest

Carter B. Spelman

Clerk Edmonson County Court Ky.



ACT OF MAY 1, 1920.

WIDOW'S PENSION.

Claimant, Emer WhobreySoldier, Norman A WhobreyP. O., SegalRank, Private; Co. HCounty, Edmonson; State, KentuckyRegiment, 52 Kentucky InfRate, \$ 30 per month, commencing April 7, 1921, and \$ 0 additional for each child, as stated below.All pension to terminate 1, date of 1921

Payments on all former certificates covering any portion of same time to be deducted.

<u>Clemmon Whobrey</u> <u>May Whobrey</u>	Born, <u>April 14, 1908</u>	<u>Commencing April 7, 1921</u>
	Sixteen, <u>April 13, 1924</u>	

<u>May Whobrey</u>	Born, <u>November 8, 1911</u>	<u>Commencing April 7, 1921</u>
	Sixteen, <u>November 7, 1927</u>	

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

Born, _____	Commencing _____
Sixteen, _____	Commencing _____

RECOGNIZED ATTORNEY.

Name, none Fee, \$ 0; Bureau to pay.

P. O., _____

APPROVALS.

Submitted for Ad. Sept. 23, 1921; Wm. McDonald, Examiner.Approved for Admission under Act May 1, 1920

<u>Sept 26, 1921</u>	<u>N. J. Coleman</u>	<u>Sept 26, 1921</u>	<u>W. R. Alexander</u>
	Reviewer.		Rereviewer.

The soldier was pensioned at \$ 50 per month under act of May 1, 1920Enlisted, September 1, 1863 Clt's app'n under other laws General Law, April 7, 1921honorably disch'd, March 11, 1865 Former marriage of applicant, noReenlisted, no other Former marriage of soldier, yeshonorably disch'd, 1 Death of former wife, March 4, 1891Filed his application, January 14, 1887 Clt's marriage to soldier, October 22, 1891Died, March 17, 1921 Clt's remarried, 1Declaration filed, April 7, 1921 Clt's divorced, 1Claimant does not write" born, Oct. 1871

<u>6-2240</u>	<u>Hon. R. Y. Thomas Jr., M. C.</u>
---------------	-------------------------------------

Soldier was pensioned as Norman A. Whobrey

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Louisville, Kentucky

No. 326

I, J. F. Blackerby, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF BIRTH of

PLACE OF BIRTH

County of McLean May H. Hobrey
on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Voting Precinct #7

Town of

City of Calhoun Registration District No. 733 File No. 55777

No. St. Primary Registration District No. 2366 Registered No. 63

Ward.

If birth occurs in a hospital or other institution give name of same, instead of street and number.

FULL NAME OF CHILD May H. Hobrey

Sex of Child Female Legitimate? yes Twin, Triplet or other? and Number in order of birth Date of birth Nov. 8, 1911 (Month) (Day) (Year)

FATHER MOTHER

Full Name Norman A. Hobrey Emma Jane Safran

Residence McLean Co. Ky. McLean Co. Ky.

Color or Race White Age at Last Birthday 68 39 (Years)

Birthplace Butler Co. Ky. Butler Co. Ky.

Occupation Farmer Housewife

Number of child of this mother 8 Number of children of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Nov. 8, 1911, at 4:20 P.M.

(Signature) W. P. Miller

Physician

(Physician or Midwife)

Address Calhoun, Ky.

Filed Nov. 9, 1911 John G. Stevens

Registrar.

Given name added from a supplemental report.

, 19

Registrar.

In TESTIMONY WHEREOF, I have hereunto subscribed my name and caused

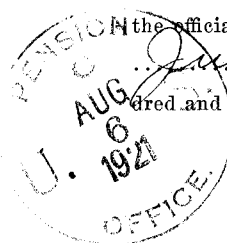
the official seal to be affixed, at Louisville, Ky., this 13th day of

July, 1911, in the year of our Lord one thousand nine hun-

dred and twenty-one.

J. F. Blackerby

State Registrar



Widow Div.
W.O. 1172232
Emer Whobrey
Norman A. Whobrey
H. 52, Ky. Inf.

In the above cited claim I Rebecca Johnson age 73 and a resident of
Asphalt, Ky. do certify that I, as a Mid wife, waited on Emer Whobrey
at the berth of her son Phlemon Whobrey whose berth occurred on the
14th, day of April 1908.

Wit

Sarah Johnson

for
Rebecca Johnson
mark

State of Kentucky.
County of Edmonson.

Subscribed and sworn to before me by Rebecca Johnson, this the 12th, day
of July 1921.

D. D. Kinser

My Com Ex. Apr. 8th, 1924

Notary Public.

INVALID.

Cert. No.

Name,

Rank,

; Service,

Inf.

Agency
or
Group No.

Original Roll:

Transf'd

1

, to

"

1

, to

Issued

Rate, \$

from

Deductions:

Disability:

Issued

Rate, \$

from

Deductions:

Disability:

DEAD

ACT OF MAY 1, 1920

Issued

Rate, \$

from

Deductions:

ACT OF MAY 1, 1920

Disability:

Issued

Rate, \$

from

Deductions:

Disability:

INDORSEMENTS.

DROPPED

FINANCE DIVISION

APR 22 1921

See Notice to 904967

1862-1873

Ex'r

INVALID.

No.

Acts of July 14, 1862, and March 3, 1873.

May 1873. J. S. Sullivan
A. B. Corp. Litchfield Ky
Ch. 79 to Claim
March 22 88. Letter from ex to
combined that Capt. Miller.
and officers. 16th Reg. Cal.

Norman A. Wholtey
P. O. Brooklyn
Butler Co. Pa.
Service: Pri. H. 52. Ky. Inf.
Enlisted: Sept. 1, 1862.
Discharged: Mar. 11, 1865.
Application filed: Apr. 14, 1887.
Alleges: 1. Inj. of lungs.
4/110
Re-enlisted:

Ch. 79. Inj. of lungs
Capt. Miller
N. B. Corp. Litchfield Ky
S. C. M. or to claim status
FLA. July 24 88. A. B. Corp.
GA. A. B. Corp. Litchfield Ky
ALA. Litchfield Ky
MISS. Mulligan
LA.
TEX.
KY.
TENN.
MO.
ARK.
D. C.
U.S.C.T.

Attorney: Geo. C. Lenson.
P. O. Wash.
D. C.
Recognized. Contract.
Cert. of Dis. Searched for, 18
(1887-8,000.)

No.

DECLARATION FOR ORIGINAL INVALID PENSION.

MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

STATE OF Kentucky
COUNTY OF Butter ss:

On this 14 day of December, A. D. one thousand eight hundred and eighty 6
personally appeared before me Deputy Clerk, of the Butter county
court, a court of record within and for the County and State aforesaid, Norman
A. Hohrey aged 43 years, a resident of Brooklyn (Name of Claimant.) 1843
(Give Town, County, and State; and if you reside in a city
County of Edmonson Butter
where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles
State of Kentucky, who, being duly sworn according to law, declares that he is the
identical Norman A. Hohrey who entered service under the name of
Norman A. Hohrey on or about the 1 day of Sept
1863 as Private in company "K" of the 52 regiment of Regt. Mtd. Inf.
(Give rank.)
commanded by Dr. Houtchens and was
(Name of Company's Commander. If upon any General's Staff, state that fact.)
DISCHARGED at Bowling Green Ky. on or about the 11 day of
March, 1865, by reason of expiration of term of service
that his personal description is as follows: Age, 43 years; height, 5 feet 11 inches; complexion,
dark; hair, dark; eyes, black. That while a member of the organization
aforesaid, in the service and in the line of his duty at Bowling Green, in the State of
Kentucky, on or about the 1 day of Jan, 1864, he con-
tracted disease of lungs from (Here state name or
nature of disease, or the location of the wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in
exposure.
which received.)

That he was treated in hospitals as follows: not treated in Hosp.
(Here state the names or numbers and the localities of all hospitals in which treated, and
the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above.
(Here state

what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)
That since the 11 day of March, A. D. 1865, he has not been employed in the military
(Give date of last discharge from the service.)

or naval service of the United States. That since leaving the service this applicant has resided in the
of Brooklyn, in the State of Kentucky
(Town or City.)

and his occupation has been that of a farmer. That prior to his entry into

the service above named he was a man of good, sound, physical health, being when enrolled a farmer

That he is now entirely disabled from obtaining his subsistence by manual labor by reason of his
(Wholly or in part.)

injuries above described, received in the service of the United States; and he therefore makes this declaration
for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation,

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never
(If previous application has

received none applied for a pension. That his Post-office Address is Brooklyn
been made, give number of claim, if possible.)

county of Butter, State of Kentucky.

Norman A. Hohrey
(Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:

(1) W. C. Sinsley
(2) Ed Clark

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

INVALID.

CLAIM FOR PENSION

ORIGINAL.

OFFICE

Norman A. Whiting

Printed 26. 52. Recd.

Key Mtd Inf Vols

Enlisted 11 Sept 1863

Discharged 11 Nov 1865

FILED BY

GEORGE E. LEMON,
ATTORNEY AND COUNSELOR AT LAW,
Offices, No. 615 Fifteenth Street N. W.,
P. O. DRAWER 325, WASHINGTON, D. C.

As this may reach the hands of some persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely known throughout the United States:

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., March 1, 1873.
We, the undersigned, having an acquaintance with Captain GEORGE E. LEMON for the past few years, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for fair and honorable dealing connected therewith, cheerfully commend him to claimants generally.

A. V. RICE,
Chairman, Committee on Invalid Pensions, House Reps.
W. F. SLEMONS, Member of Congress,
Second Congressional District of Ark.
W. P. LYNDIE, Member of Congress,
Fourth Congress and District of Wis.
R. W. TOWNSEND, Member of Congress,
Nineteenth Congressional District of Ill.

BELVIDERE, ILLINOIS, October 24, 1875.
I take great pleasure in recommending Captain GEORGE E. LEMON, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Departments at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, in the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HULBERT, Member of Congress,
Fourth Congressional District, Illinois,
Late Major-General U. S. Vols.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.,
March 3, 1875.

From several years' acquaintance with Captain GEORGE E. LEMON, of this city, I cheerfully commend him as a gentleman of integrity and worth, and well qualified to attend to the collection of bounty and other claims against the Government. His experience in that line gives him superior advantages.

W. P. SPRAGUE, Member of Congress,
Fifteenth Congressional District of Ohio.
JAS. D. STRAUBRIDGE, Member of Congress,
Thirteenth Congressional District of Penn.

EXECUTIVE MANSION, LOOSE CITY,
IDAHO TERRITORY, September 5, 1876.

Captain GEORGE E. LEMON, Attorney and Agent for the collection of war claims at Washington, D. C., is a thorough, able, and exceedingly well-informed man, and one who is entirely trustworthy and responsible. I can assure all having war claims requiring adjustment that their interests cannot be confided to safer hands.

M. BRAYMAN,
Governor of Idaho and late Adj.-Gen. Vols.

Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference, in his vicinity or Congressional District.

1 REQUEST POSTAL STAMPS FOR REPLIES AND FOR RETURN OF PAPER.

Also personally appeared

J. C. Lundy

residing at in

Butler Co

and

B. S. Clark

residing

at in Butler Co

persons whom I certify to be respectable and entitled to

credit, and who being by me duly sworn, say they were present and saw

Norman A Whiting

(Name of Claimant.)

the claimant, his name to the foregoing declaration; that they have

(Sign his name or make his mark.)

every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(1) J. C. Lundy

(2) B. S. Clark

(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

(1)

(2)

SWORN TO AND SUBSCRIBED before me this 16 day of Dec, A. D.

1886; 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 thereto, including the words

(If any words have been erased in the application,

enter them here.)

[L. S.] _____, erased, and the words

(If any words have been added in place of any erased, enter them here.)

_____ added;

and that I have no interest, direct or indirect, in this claim, and am not con-

cerned in its prosecution.

W. H. Tucker A.B.C.

(Signature.)

by G. P. Clark J. C.

(Official character.)

THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

This application MUST be acknowledged by the claimant and identifying witnesses before a Judge, Clerk, or Deputy Clerk of a Court of Record under the seal of the Court; if not so acknowledged, it will be WORTHLESS.

ONE EXCEPTION.—Where an applicant resides more than twenty-five miles from any place at which a court is holden, upon being notified of the fact I will endeavor to have a suitable person designated, under an authority given to the Commissioner of Pensions for that purpose, before whom the declaration may be made.

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer, must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Kentucky, County of Grayson, ss:

ON THIS 19 day of March A. D. one thousand eight hundred and twenty two

personally appeared before me, a Notary Public within and for the County and State aforesaid, Norman A. Whobery aged 48 years, a resident of 1843 Reedville County of Butler State of Kentucky

, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Loubville Pension Agency at the rate of Twelve

dollars per month, Certificate No. 416210; by reason of disability from Lungs (Here name the disability for which pension was granted.) and resulting disease of Heart

incurred in the Military service of the United States, while serving as a Private Co. H (Here state rank, company, and regiment, if in the army; vessel if in the navy.) 52 Reg. Ky. vol. inftry

That he believes himself to be entitled to an increase of pension on account of Increased disability of Lungs and Disease of Heart (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If since last examined on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances

of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

He further request and examination before the Board of Surgeons at Morgantown Ky. as it is much more convenient than other Boards.

A. C. Telford that he hereby appoints, with full power of substitution and revocation, his true and lawful attorney, to prosecute his claim.

His Post Office address is Reedville Butler Co Ky.

J. J. Hampton Norman A. Whobery
Philip Raymer [Signature of Claimant.]
[Two witnesses who can write, sign here.]

Also personally appeared J. J. Hampton residing at Shaw's post office

Shaffs post office

residing at

persons whom I certify to be respectable and entitled to credit, and

who being by me duly sworn, say that they were present and saw

-, the claimant, sign his name (make his mark) to the foregoing

declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him

that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

G. J. Hampton

Philip Kaymer

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

Kornelia A. Whaley
 [Signature of Agent]

[Signature of Affiants.]

Sworn to and subscribed before me this 17 day of March A. D. 1892.

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.....

erased, and the words.....

added; and that I have no interest, direct or indirect in the

prosecution of this claim.

S. J. Lozano
(Official Signature.)

(Official Signature.)

(Official Character.)

(Official Character.)

[L. S.]

By Brown June 1. 1891.
to May 31. 1895. J. E. S.

I, _____ Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the

foregoing declaration and affidavit was at the time of so doing..... in and

for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit,

and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of....., 189.....

Clerk of the

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

INV ALID.

CLARK FOR INCREASE.

Wm. A. Whiting Applicant.

..... 2nd Reg't,

Vols.

Pension Certificate No.

416210

Filed by

Filed by
W. C. Telford
Orangeville Ky.
Patented and for sale by J. H. SOUTHER, Washington, D. C.

Printed and for sale by **J. H. SOULE**, Washington, D. C.

B

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

B

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky } ss:
 County of Butler

On this 29 day of April, A. D. one thousand eight hundred and eighty-nine
 personally appeared before me, a Deputy Clerk
 within and for the county and State aforesaid, Norman A. Whoolery, aged 46 years, 1842
 a resident of the _____ of _____, county of Butler
 State of Kentucky, who, being duly sworn according to law, declares that he is a pensioner
 of the United States, enrolled at the Louisville Pension Agency at the rate
 of 8 dollars per month, by reason of disability from Disease of lungs
(Here name the disability for which
 _____ incurred
pension was granted.)

in the military service of the United States while serving as a Private
(Military or Naval.) (Here state rank, company, and
in Co H of the 52 Regiment of Heavy Artillery
regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of his rate being unjustly
(Here state the reasons for applying for increase.)

low disproportionate on account of an increased
If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the
disability and his rate above named being unjustly
wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully
and unreasonably low and disproportionate to the rate
stated. The dates of treatment should be given as nearly as possible.)
drawn by other pensioners for similar or equivalent
disabilities

that he appoints _____, of _____
 county of _____, State of _____, his true and
 lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Berea Ky
 county of Butler, State of Kentucky

Claimant's signature: Norman A. Whoolery

Attest: M. A. Clark

E. J. Clark

Also personally appeared M. H. Clark, residing at in Butler Co Pa
and E. J. Clark, residing at in Butler Co Pa, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Norman A. Whabrey, the claimant, sign his name (or make his mark) to the foregoing
declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with
him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of
this claim.

M. H. Clark

E. J. Clark
(Signatures of witnesses.)

SWORN to and subscribed before me this 29 day of April, A. D. 1889

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.]

his rate being unequalley low dispartant, erased, and the words
, added; and that I have

no interest, direct or indirect, in the prosecution of this claim.

W. H. Tuckle
(Signature.)

by G. D. Clark
(Official character.)

B

INVALID.

CLAIM FOR INCREASE.

Applicant.

Reg't,

Vols.

Co.,

(PENSION CERTIFICATE NOT REQUIRED.)

FILED BY

B

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses
should be embodied in or accompany every application, and all evidence in each claim; and each change of residence
of said parties, while communicating with the Bureau of Pensions or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien
upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and
signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official
character and genuineness of the signature of such officer should be attached.

OK

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

State of Kentucky
County of Butter } ss.

In the pension claim of Norman A. Whobery
(Name of Claimant.)

Personally appeared before me, a Justice of the Peace in and for
aforesaid County and State, Norman A. Whobery
(Name of Claimant.)
late Private, Company 26 52 Regiment Ky Mtd Volunteers,
(Give rank.)
now a resident of Brooklyn, County of Butter, State of Ky,
well known to me to be reputable and entitled to credit, and who, being
duly sworn, declares, in relation to aforesaid case, as follows:

That he is unable to comply with the requirements of the Pension Office as to furnishing
the testimony of his regimental surgeon as
to treatment for his lung disease in service
because he was treated by Dr
Plawthorn and he is dead

that he cannot furnish further medical
evidence as to same since discharge because
he was treated by Dr Waddle
and his residence is unknown
to me

If Claimant signs by X mark, two persons who write their names
MUST sign here as witnesses thereto.

1 2 (Name of one witness to X mark.)
2 (Name of other witness to X mark.)

N. A. Whobery
(Signature of Claimant.)

SWORN TO AND SUBSCRIBED before me this 9 day of May 1888, and I hereby certify that the contents of the foregoing 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.)

erased, and the words

(If any words have been added in place of any erased, enter them here.)

added;

that the affiant is to me well known and entitled to credit; and I further certify that I have no interest direct or indirect, in the prosecution of this claim.

[L. S.]

(Name of officer before whom executed.)

(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 filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that before whom the above affidavit was made, is a duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this day of 1888.

[L. S.]

(Name of the Clerk or Deputy Clerk.)

Clerk of the (Name of what Court.)

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

615 FIFTEENTH STREET NORTHWEST,

Lock Box 325 WASHINGTON, D. C.

Instructions.

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 before enlistment. If he did know him, for how long a period he knew him, how intimately, and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension, or any tendency thereto.

3. If he treated the soldier during his enlistment, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.

4. Whether he has treated said soldier since his discharge. If he have, he should state—

(1) At about what date he first treated him.

(2) What his physical condition was when he first treated him, giving a full description or diagnosis of his disability.

(3) Period during which he has treated him, giving approximate dates where exact dates cannot be given, and if dates of prescriptions 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 based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, $\frac{1}{8}$, $\frac{3}{8}$, $\frac{5}{8}$, or as the case may have been.

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

STATE OF Kentucky } ss:
COUNTY OF Butler }
In the pension claim of Norman A. Whoberry
(Name of claimant.)

Personally came before me, a Justice of the Peace in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
aforesaid County and State. H. H. Milligan, a resident
(Name of Physician or Surgeon.)
of Butler of the County of Butler
(City or Village.)

State of Ky, who, being duly sworn, declares in relation to the aforesaid case as follows:

(Here follow closely instructions in the margin. If space be not sufficient, the Physician should firmly attach a sheet of paper to this

blank, and continue his statement.)

I am a regular practicing Physician of fifteen years standing. My age is 41 years. My Postoffice address is Princeton, Butler County, Ky. I have prescribed for Claimant occasionally but not having any record of his case I cannot give details of prescriptions. I know his has been caught all the time but at some times it is a great deal worse than at other times. Claimant complains of pains in his breast and my opinion is that his lungs are affected with disease and I don't believe he is able to perform more than half the amount of work that an able bodied man ought to do. My recollection is that it has been as much as five years that he has been coughing and complaining of his breast. My prescriptions have been principally Cod-Liver oil & Apple brandy.

[Handwritten signature and initials]

And he further declares that he has no interest in said case, and is not concerned in its prosecution

H. H. Milligan M.D.
(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 MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his use.

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him of its contents before he executed the same.

Witness my hand and official seal this 31 day of Oct 1887

[L. S.]

Sign here *R. Clark J.P.*
(Justice, Notary, or Clerk of Court, as the case may be)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.

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

COUNTY OF

ss:

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a _____ in _____, (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 this _____ day of _____, 188

[L. S.]

Clerk of the _____

Smith
No. 593861

MEDICAL EVIDENCE.

CLAIM OF

N. A. Wholeny
H. 52 Ky mtd

FOR

only for

FILED BY

GEORGE E. LEMON,
Attorney and Counsellor at Law.
Offices, No. 615 Fifteenth Street N. W.,
P. O. Lock Box 325. WASHINGTON, D. C.

As this may reach the hands of some persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely known throughout the United States:

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., March 1, 1879.
We, the undersigned, having an acquaintance with Captain George E. Lemon, for many years, and being fully conversant with the systematic manner in which he conducts his extensive business, cheerfully commend him to claimants generally.

A. V. RICE,
Chairman, Committee on Invalid Pensions, House Reps.
W. F. SLEMONS, Member of Congress,
Second Congressional District of Ark.
W. P. LYND, Member of Congress,
Fourth Congressional District of Wis.
R. W. TOWNSEND, Member of Congress,
Twentieth Congressional District of Ill.

BEYDNER, ILLINOIS, October 24, 1875.
I take great pleasure in recommending Captain George E. Lemon, newly from Washington, D. C., to persons who have claims to settle or other business to transact with the Department at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

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

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.,
March 3, 1875.

From several years' acquaintance with Captain George E. Lemon, of this city, I cheerfully commend him as a gentleman of integrity and worth, and well qualified to attend to the collection of bounty and other claims against the Government. His experience in that line gives him superior advantages.

W. P. SPRAGUE, Member of Congress,
Fifteenth Congressional District of Ohio.

JAS. D. STRAWBRIDGE, Member of Congress,
Thirteenth Congressional District of Penn.

EXECUTIVE MANSION, BOISE CITY,
IDAHO TERRITORY, September 5, 1876.

Captain George E. Lemon, Attorney and Agent for the collection of war claims at Washington City, is a thorough, able, and exceedingly well-informed man of business, of high character, and entirely reliable. He has been successful in the collection of such claims, and his interest cannot be confided to safer hands.

M. BRAYMAN,
Governor of Idaho and late Maj.-Gen. Vols.

Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference in his vicinity or Congressional District.