



## Wednesday, September 4, 10 A.M.–5 P.M. (EDT)

TIME	#	LECTURE TITLE	PRESENTER
10 A.M.	7	Genealogy and the Freedman's Bank: Records of the Freedman's Savings & Trust Company	Damani Davis National Archives at Washington, DC
11 A.M.	8	Military and Civilian Personnel Records: The National Archives at St. Louis	Ashley Mattingly & Theresa Fitzgerald National Archives at St. Louis, MO
NOON	9	Union Civil War Pensions	Claire Kluskens National Archives at Washington, DC
1 P.M.	10	Federal Penitentiary Records	Jake Ersland National Archives at Kansas City, MO
2 P.M.	11	Finding U.S. Colored Troops at the National Archives	Trevor Plante National Archives at Washington, DC
3 P.M.	12	Genealogy Through Navy Decklogs	Mark Mollan National Archives at Washington, DC
4 P.M.	13	Oh, The Stories They Tell: Chinese Exclusion Acts Case Files at the National Archives & Records Administration	Susan Karren National Archives at Seattle, WA

Next



# UNION CIVIL WAR PENSION FILES

## Claire Prechtel Kluskens

Pension files for Union Civil War veterans provide valuable information about veterans' service during the war, about their lives, and the lives of their families after the war.



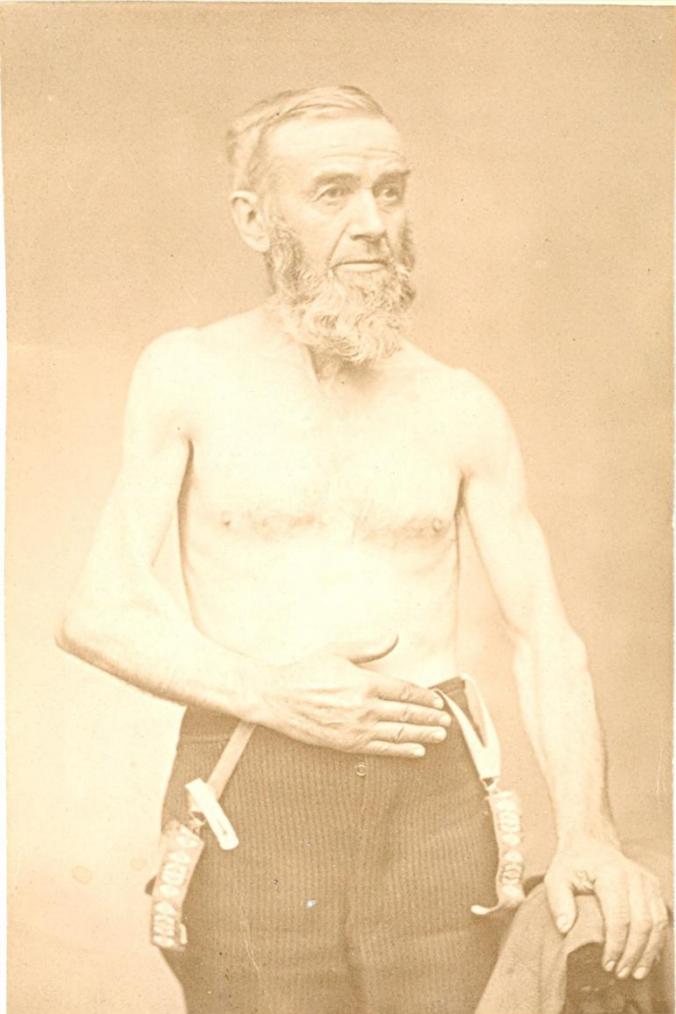
# UNION CIVIL WAR PENSION FILES

## Claire Prechtel Kluskens



**Archivist**  
National Archives  
Washington, DC

Claire Kluskens is a genealogical projects archivist specializing in immigration, census, military, and other records of high genealogical value. She spearheaded the completion of more than 310 National Archives microfilm publications. She lectures frequently and has published extensively in national, state, and local genealogical publications. Claire has been a National Archives staff member since 1992 and has done genealogical research since 1976.



# Union Civil War Pension Files

Claire Kluskens

National Archives

Washington, DC

*William McQuown No 9614*  
*Isa B Black* Photgr FRANKLIN, P



# Civil War – an Overview

- 2,278,000 *Union service records* in the National Archives
  - Some men have more than one *service record*
  - Served in multiple regiments
  - Actual number of men who served, maybe 2,213,000
- 90% (or more) of the men who served have a *pension file* (my best guess)
  - ONE file per soldier; soldier's claim, widow's claim, minor children's claim.
  - Widow married to more than one soldier: both soldiers' files may be COMBINED as one file



# Civil War – an Overview

- Estimated 2,278,000 service records (Union)
- Deaths in Service (about 360,000)
  - 110,000 Killed in Action or died of wounds
  - 200,000 Disease
  - 25,000 Confederate Prisons
  - 4,000 Accidents
  - 5,000 Drowning
  - 1,000 Sunstroke/Murdered/Killed after capture
  - 391 Suicide
  - 300 Executed (267 by Union, 64 by Confederate)
  - 2,000 Miscellaneous causes
  - 12,000 Unknown causes



## Union Civil War pension files are stored in the National Archives Building, Washington, DC

Some CW Pension Files are NOT with us; still in legal custody of Dept. of Veterans Affairs





# Lots of Files

- Roughly 2 million Civil War pension files
- Here is one box: 14 files in this box





# Lots of Files

- Roughly 2 million Civil War pension files
- Here are two rows





# Lots of Files

- Roughly 2 million Civil War pension files
- Rows upon rows





# Pension Process Overview

## Pension Process – Soldier

- Soldier (veteran) applied based upon what was allowable by law at the time of application
  - Loss of limb / eye / body part
  - Disability due to wounds
  - Disability from disease incurred in service
  - Old age – if he lived long enough



# Pension Process Overview

## Pension Process – Widow

- Widow applied based upon what was allowable by law at the time of application
  - Widow
  - Must prove marriage occurred
  - Not remarried
  - Remarried widow's later husband(s) had to be deceased
  - “Means test” circa 1890s – couldn't own valuable property



# Pension Process Overview

## **Pension Process – Minor Child or Children**

- Allowed a pension if under 16 years of age
  - Application made by guardian
  - Proof of marriage of parents
  - Proof of parentage (“birth record”)
  - Pension ceased upon reaching age 16



# Pension Indexing

## **Pension Process – File Numbering Scheme**

Soldier applied – SO number

Soldier granted pension certificate – SC number

Widow applied – WO number

Widow granted pension certificate – WC number

Minor applied – MO number – typically interfiled with WO files

MC number – typically interfiled with WC pensions

Father's or mother's – typically interfiled with WO / WC pensions

XC pensions – may be at NARA or VA

C pensions – may be at NARA or VA



# Pension Process Overview

## Pension Process – Indexing

- **T288, *General Index to Pension Files, 1861-1934*** (544 rolls); also online at [Ancestry.com](https://www.ancestry.com)
  - By surname, then by first name
- **T289, *Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900*** (765 rolls); also online at [Fold3.com](https://www.fold3.com)
  - By state, type of service (infantry, cavalry, artillery), then by regiment, then by company, then by surname, then by first name



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T288)

T288, General Index to Pension Files, 1861-1934, Roll 334

NAME OF SOLDIER:					(2-28-2)
NAME OF DEPENDENT:					
SERVICE:					
DATE OF FILING.	CLASS.	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED.	
		Moore, John N.			
	Widow.	Moore, Anna			
	Minor.				
		3rd Ny. Inf.			
1879 Apr 28	Invalid.	282636	207757		
1900 Aug 16	Widow.	947493	1708353	Ind.	
	Minor.				
ATTORNEY:					
REMARKS:					



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900, Roll 163

NAME OF SOLDIER:	<i>Moore, John W.</i>			
SERVICE:	<i>Late rank, Co. I, 19 Regt Inf</i>			
TERM OF SERVICE:	<i>Enlisted</i>	<i>1</i>	<i>Discharged</i>	<i>1</i>
DATE OF FILING.	CLASS.	APPLICATION NO.	LAW.	CERTIFICATE NO.
<i>1879 Apr 28</i>	<i>Invalid,</i>	<i>282636</i>	<i>I</i>	<i>207757</i>
<i>1910 Aug 16</i>	<i>Widow,</i>	<i>947493</i>	<i>I</i>	<i>708353</i>
	<i>Minor,</i>			
ADDITIONAL SERVICES:				
REMARKS:	<i>R. E. 2103. Died July 25, 1910. ut</i>			



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900. Roll 163

DEAD				
NAME OF SOLDIER:	<i>Hendren, Sterling B.</i>			
SERVICE:	<i>Late rank, Mason Co. I., 19 Regt Ky. Inf.</i>			
TERM OF SERVICE:	<i>Enlisted Sep. 15, 1861. Discharged Dec. 22, 1863</i>			
DATE OF FILING.	CLASS.	APPLICATION NO.	LAW.	CERTIFICATE NO.
<i>1881 Mar 1</i>	<i>Invalld.</i>	<i>417521</i>	<i>I</i>	<i>526814</i>
<i>1916 Oct 2</i>	<i>Widow.</i>	<i>1076525</i>	<i>Dep</i>	<i>522183</i>
	<i>Minor,</i>			<i>1</i>
ADDITIONAL SERVICES:	<i>I 4 VR 6</i>			
REMARKS:	<i>Tr 2m 0 P. Died Sep 1, 1916, at Rock Island Ill</i>			



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900, Roll 163

<b>DEAD</b>	<i>Constant, James R.</i>			
NAME OF SOLDIER:				
SERVICE:	<i>Late rank,</i>	<i>Co. I, 19 Regt. Inf. Inf.</i>		
TERM OF SERVICE:	<i>Enlisted</i>	<i>1</i>	<i>Discharged</i>	<i>1</i>
DATE OF FILING:	CLASS.	APPLICATION NO.	LAW:	CERTIFICATE NO.
<i>1879 Sept 30</i>	<i>Invalid,</i>	<i>311774</i>	<i>J.</i>	<i>247140</i>
	<i>Widow,</i>			
	<i>Minor,</i>			
ADDITIONAL SERVICES:				
REMARKS:	<i>XC-871599 COMBINED</i>			
	<i>J. Constant R. Died Sept 21, 1933 at Boston 189</i>			



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900, Roll 163

NAME OF SOLDIER:					<i>Constant, William H.</i>				
SERVICE:					<i>Late rank, Co. I, 19 Regt N.Y. Inf.</i>				
TERM OF SERVICE:					<i>Enlisted, 1 Discharged, 1</i>				
DATE OF FILING.	CLASS.	APPLICATION NO.	LAW.	CERTIFICATE NO.					
	<i>Invalid,</i>								
	<i>Widow,</i>								
	<i>Minor,</i>								
<i>1864 June 27</i>	<i>Widow</i>	<i>55510</i>		<i>85443</i>					
ADDITIONAL SERVICES:									
REMARKS:									
<i>FR 2011 0109</i>					<i>Died, 1, at</i>				



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900, Roll 163

NAME OF SOLDIER:				
<i>Colvin, Elijah</i>				
SERVICE:				
<i>Late rank, Co. I, 19 Regt Ky. Inf.</i>				
TERM OF SERVICE:				
<i>Enlisted Sept. 15, 1861 Discharged Jan 16, 1865</i>				
DATE OF FILING.	CLASS.	APPLICATION NO.	LAW.	CERTIFICATE NO.
<i>1870 July 11</i>	<i>Invalid,</i>	<i>803398</i>	<i>8</i>	<i>613853</i>
<i>1915 Dec 19</i>	<i>Widow,</i>	<i>1133979</i>	<i>8</i>	<i>907871</i>
<i>1907 Apr 7</i>	<i>Minor,</i>	<i>917513</i>	<i>5</i>	<i>707024</i>
ADDITIONAL SERVICES:				
REMARKS:				
<i>See No. 454347 Philip Smith 31 Ohio St.</i>				
<i>R. L. Don. 1868. Died Apr 3, 1907, at Xenia, Ohio.</i>				



# Pension Indexing

## Pension Process – File Numbering Scheme

### Typical Index Card (T289)

T289, Organization Index to Pension Files of Veterans Who Served Between 1861 and 1900, Roll 163

NAME OF SOLDIER:	Wilson, Horatio			
SERVICE:	Late rank, Co. No. 19 Regt Ky. Inf.			
TERM OF SERVICE:	Enlisted Feb 1, 1862 Discharged 1			
DATE OF FILING:	CLASS.	APPLICATION NO.	LAW.	CERTIFICATE NO.
1931 Sept 8	Soldier, Widow, Minor,	1,701,481	5-930	
ADDITIONAL SERVICES:	7 Ky. Inf.			
REMARKS:	Not identical with Horatio Wilson, S.O. 465724716 486,46576,6,486,46670716 19 Ky. Inf.			
	Died ..... 1 ..... at			



# Types of Records in a Pension File

Pension files are stored in large manila envelopes

THE NATIONAL ARCHIVES

CERT. NO. 708353.

PENSIONER: Anna

Widow OF

VETERAN: John W. Moore.

CAN NO: 56415 BUNDLE NO: 2



# Types of Records in a Pension File

Pension files used to be stored in “jackets” – all papers “trifolded”

*mc* ✓ 3-732

Cert. No. **708353**  
ACT OF APRIL 19, 1908.

*Anna*  
widow of  
*John M. Moore*

Rank *Private*  
Company *I*  
Regiment *19<sup>th</sup> Ky Vol Inf*

Rate per Month \$ *12.*  
Commencing *Aug. 6, 1910*  
Ending \_\_\_\_\_

**DEAD** *Dodge* Agency.

Issued *Sept. 12, 1910*  
Mailed **SEP 13 1910** \_\_\_\_\_, 19

**DROPPED**  
MAR 15 1917 FINANCE  
CET  
MAR 17 1917 REIMBURSEMENT.  
*Wm. C. L. Mearns*  
*Fin*



# Pension Examiners at Work, ca. 1900

Pension files were stored in “jackets” – all papers “trifolded”





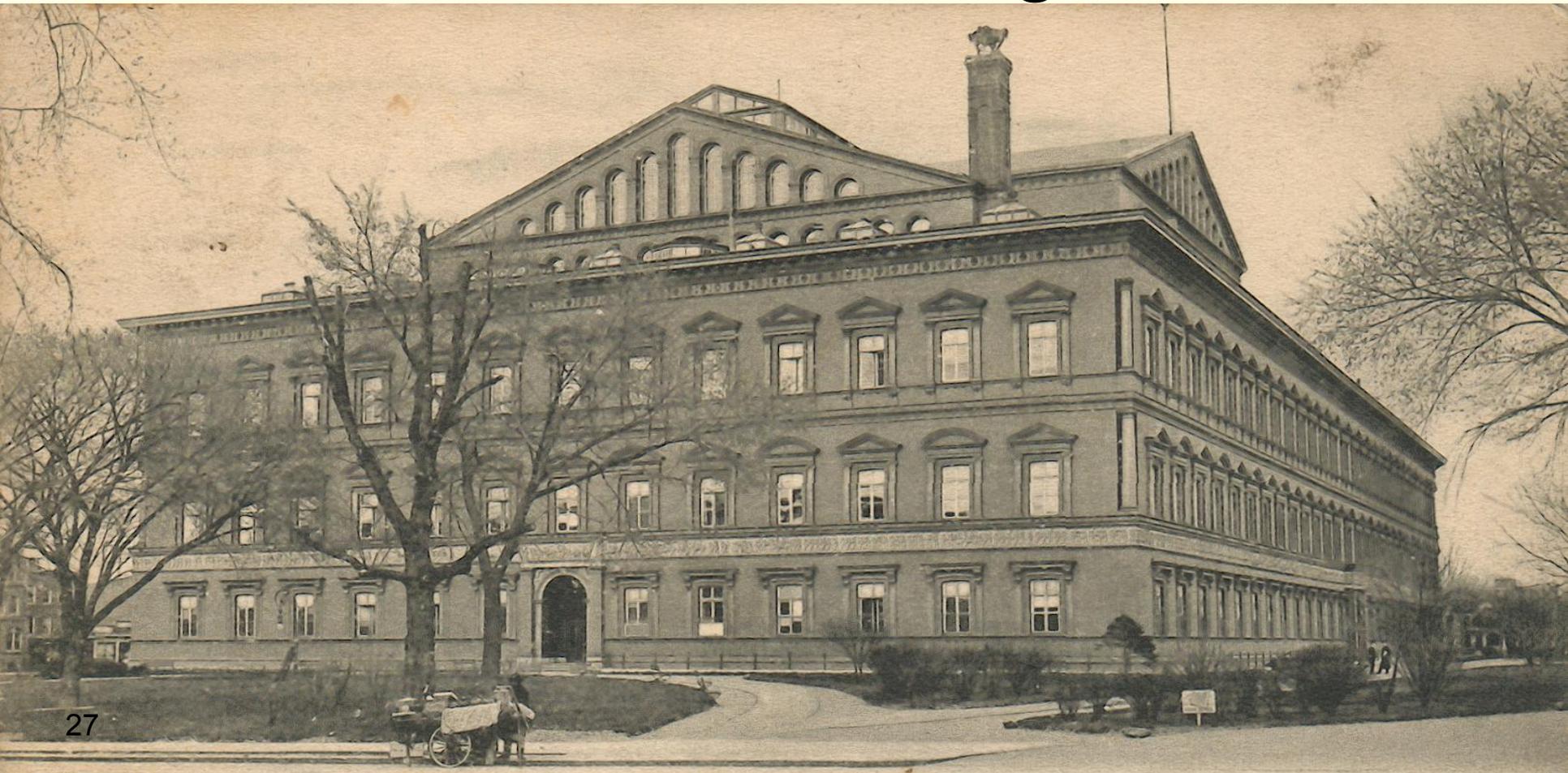
# Pension Examiners at Work, ca. 1900

Pension files were stored in “jackets” – all papers “trifolded”





# Pension Office Building, opened 1885





# Declaration for Pension

- Original
- 1879

**DECLARATION FOR ORIGINAL INVALID PENSION.**  
To be executed before a Court of Record or some officer thereof having custody of its Seal.

State of Indiana }  
County of Putnam } ss.

On this 31 day of March, A. D. one thousand eight hundred and seventy-nine personally appeared before me, Clark of the Put. Cir. Court, a court of record within and for the county and State aforesaid, John W. Moore, aged 35 years, a resident of the city of Greencastle, county of Putnam State of Indiana, who, being duly sworn according to law, declares that he is the identical John W. Moore who was **ENROLLED** on the        day of Nov, 1861, in company I of the 19th regiment of Ill. Vols commanded by Capt. Cummings, and was honorably **DISCHARGED** at Senisville Ky on the        day of Feb, 1865; that his personal description is as follows: Age, 35 years; height, 5 feet 5 inches; complexion, fair; hair, dark; eyes, blue. That while a member of the organization aforesaid, in the service and in the line of his duty at Vicksburg, in the State of Mississippi on or about the 15th day of June, 1863, (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.) he was returning from picket duty, early in the morning and while walking down a steep embankment slipped and fell down and thereby ruptured himself so badly that he was unable to rise up and walk and it became necessary to carry him to camp

That he was treated in hospitals as follows: in Camp Hospital at Vicksburg (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.) for some two weeks after the accident

That he has never 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 leaving the service this applicant has resided in the city of Greencastle in the State of Indiana, and his occupation has been that of a night watchman. 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 greatly disabled from obtaining his subsistence by manual labor, by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, Jesse W. Newk of Greencastle, State of Indiana his true and lawful attorney to prosecute his claim. That he has never received any applied for a pension. That his **Post Office Address** is, Greencastle, county of Putnam State of Indiana



## Declaration for Pension

- Increase
- May 1887

Declaration for the Increase of an Invalid Pension.

State of Indiana, County of Putnam, SS:

ON THIS Second day of May A. D. one thousand eight hundred and eighty seven  
personally appeared before me, a Clerk of the Court within and for the County and State  
aforesaid, John W. Moore aged forty two years, a resident of  
Greencastle County of Putnam State of  
Indiana, who, being duly sworn according to law, declares that he is a pensioner of the  
United States, enrolled at the Indianapolis Pension Agency at the rate of Eight  
dollars per month, Certificate No. 207.754; by reason of disability from Rupture  
(Here name the disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a Private in  
(Military or Naval) Company I 79 Kentucky Infantry Volunteers (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  
Since pension was granted. The pain and soreness in the  
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If  
hernia has continually increased, and is constant, the  
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  
pain and soreness extends around walls of Abdomen to back;  
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  
and have continual pain and soreness in back  
as possible.)  
Back is so weak that cannot carry any weight  
whatever, or even lift it. He believes the disability  
is greater than that produced from simple Hernia  
and asks that a pension be granted equivalent to the  
increased disability, and he asks that an examination  
be granted him by the Examining board at either Indianapolis  
or Terre Haute, preferably the former, as he believes the  
board of examiners at Greencastle had some personal  
enmity and prejudice against him

that he hereby executes with full power of substitution and revocation.



# Declaration for Pension

- Increase
- Oct. 1887

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana, County of Putnam ss.

ON THIS 21<sup>st</sup> day of Oct A. D., one thousand eight hundred and eighty Seven

personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid John W. Moore  
Claimant's Name,

aged 43 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of Eight dollars per month, under Pension Certificate No. 207757

by reason of disability resulting from Right Inguinal Hernia  
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

---

incurred in the service of the United States, while serving as a Private in Company E of the 19<sup>th</sup> Regiment of Kentucky Infantry Volunteers.

That he believes himself entitled to an increase of pension for the following reasons:  
The soreness and pain has increased so much since his pension was allowed for Rupture as to completely disable him and as proof of that fact he offers the affidavits of Dr E. B. Evans and H. V. De pare local Surgeons of good repute who are and have been well acquainted with  
If you claim additional pension for a disability not mentioned in your pension Certificate, here describe it fully and state when, where and under what circumstances the same originated.  
claimant during the time of his disability. And he asks that an examination be granted him by the Board of Examining Surgeons either at Danville or Indianapolis Ind. and that the accompanying affidavits be forwarded to the board selected.

That he hereby appoints, with full power of substitution and revocation, George W. Bone of Greencastle, Indiana, his true and lawful attorney, to prosecute his claim.

His Post Office address is Greencastle, County of Putnam State of Indiana

Alexander L. Lewis  
Daniel S. Hurst  
Two persons who can write sign here.

John W. Moore  
Signature of Claimant.



## Declaration for Pension

- For restoration
- 1889

Declaration for Restoration to the Rolls.

State of Indiana }  
County of Putnam } ss.

On this 25<sup>th</sup> day of February 1889, personally appeared before me, Clerk of the Circuit Court, within and for the County and state aforesaid, John W. Moor, aged 44 years a resident of Greencastle, in the State of Indiana, who being duly sworn according to law, declares that he is the identical John W. Moor, to whom was granted Pension Certificate No 207,757, payable at Indianapolis, dated the 19<sup>th</sup> day of December, in the year 1854; that said Pension ceased on the 16<sup>th</sup> day of January 1889, by reason of "Alleged cessation of disability, from Right Inguinal Hernia", and he makes this declaration, in order to secure restoration to the Pension Rolls, for the reason that said Right Inguinal Hernia still exists.

And he hereby appoints James S. Lee of Greencastle, Indiana, his true and lawful attorney, to present, and prosecute this claim, granting unto him full power of substitution and association, hereby countermanding all former authority that may have been given, for the above specified purpose. That his Post Office Address is Greencastle, County of Putnam, State of Indiana.

John W. Moor

Also personally appeared Samuel C. Anderson and Jesse Anderson residents of Greencastle, Indiana persons, whom I certify to be respectable, and entitled to credit, and who being duly sworn, by me, say that they were present and saw the claimant, John W. Moor, above named, sign his name to the foregoing Declaration, and they further swear, that



## Declaration for Pension

- Increase
- 1906

Greencastle Indiana July 26 1906.

*Deali*

I John W. Moore late a Private in Co I 19th Kentucky Vol. Inf. and now on the Pension Roll under Certificate No. 207757 at the rate of twelve dollars per mo. under the Act of June 27 1890 hereby make application for an increase of my said pension as follows: I was pensioned under the old law on account of hernia and rheumatism incurred in the service and line of duty; I am still suffering from said injury and disease and am completely disabled thereby and unable on that account to perform any manual labor at all. Without prejudice to the rights I now enjoy under the Act of June 27 1890 I maintain that I am disabled beyond the twelve dollar limit on account of the particular disabilities which I incurred in the service and for which I was pensioned under the old law. I therefore ask that an examination be made to determine if the allegations I have made are not correct and true.

My residence and address is Greencastle Putnam County Indiana.

State Of Indiana  
Putnam County

*John W. Moore*

Sworn to and subscribed before me this 27th day of July 1906.

*Teese W. Weik*  
Notary Public

MY commission expires: March 19 1910.

Validity accepted  
S. A. Cuddy,  
Chief, Law Division,  
per L. L. 7-31-06

PENSION  
OFFICE  
JUL 30  
1906



# Declaration for Pension

- Read them all
- Long list of places this man lived and when

ACT OF MAY 11, 1912. 3-014.

**DECLARATION FOR PENSION.**

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of California, County of San Francisco, ss:

On this 30th day of June, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, Edward M. Seaman who, being duly sworn according to law, declares that he is 63 years of age, and a resident of Berkeley, county of Alameda, State of California; and that he is the identical person who was ENROLLED at Flint on the 26th day of August, 18 64 as a Private, in Company "A" 3rd Michigan Cavalry, Army of the Cumberland (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 (State name of war, Civil or Mexican.) war, and was HONORABLY DISCHARGED at Jefferson Barracks, Mo. on the 16th day of October, 18 65. That he also served (none) (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 6 1/2 inches; complexion, light; color of eyes, Blue; color of hair, Brown; that his occupation was farm laborer; that he was born October 17, 18 48, at Milford, Oakland County, Michigan.

That his several places of residence since leaving the service have been as follows: Hartland, Mich. 1865 to 68 Milford, Mich. 1868 to 1875, San Francisco, Cal. Mar. 1875 to Jan. 1887, Los Angeles Cal. Jan. 1887 to Aug. 1890, San Francisco, 1890 to 1900, Berkeley, Cal. 1900 to present time. (State date of each change, as nearly as possible.)

That he is a single man, accepted No. 76747. That he has not applied for pension under original as to execution No. 31-A.

That he is a competent person 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 he served in the military service of the United States. That his post office address is BERKELEY, CAL. 1323 Henry St. County of Alameda

State of California

Attest: (1) Edmund Kirby Edward M. Seaman (Chairman's signature in full.)  
(2) F. Whiskey

SUBSCRIBED and sworn to before me this 30th day of June, A. D. 1912 and I hereby certify that the contents of the above declaration 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.]

NOTARY PUBLIC  
and for the city and county of  
San Francisco, State of California  
608 MARKET ST.

during the Civil War and he was wounded in the line of manual labor by reason of rheumatism and neuralgia



## Affidavit from Comrade

- What he remembers about the soldier becoming injured
- Frank Gillis (page 1)

Kentucky }  
State of ~~Indiana~~ }  
Anderson County } S.S.

Personally appeared  
Frank Gillis who being duly sworn says  
his P.O. address is Car. Anderson Co. Ky.  
and that he was well and intimately acquainted  
with John W. Moore late of Co. I 19th  
Ky. Vols during the war. I was also a mem-  
ber of the same Company and Regt. At Vicks-  
burg Miss in June 1863 said Moore had  
been on picket and while returning fell  
down at steep place and ruptured himself.  
He was in such misery and suffering that  
S. L. Sanders and several other comrades  
and myself hurried to him. We carried  
him to his tent and did the best we  
could to stop the pain. Sanders tried to  
force his bowels back into place but could  
not do much good in that direction. The  
Surgeon of the Regt. Dr. Sadler soon  
came and took him off our hands. Moore  
was never able for seven days after this. He  
was generally at work about hospitals, and  
was a sort of assistant of Dr. Sadler up  
to the time of his death. He complained  
of the rupture up to the time of his dis-  
charge. I state what I have above  
from actual observation, from what  
I saw and have remembered. I am



## Affidavit from Comrade

- What he remembers about the soldier becoming injured
- Frank Gillis (page 2)

also state that I saw the capture of  
said Moon and I have no interest in  
his claim for pension.  
~~Frank Gillis~~ Frank Gillis signs this here.

Sworn to and subscribed this 16<sup>th</sup> day  
of April 1881 and I have no interest  
in any claim of John W. Moon for  
pension. A. J. Siery Pac

State of Kentucky Anderson Co. } S.S.  
I hereby state that A. J. Siery before whom  
the foregoing was executed was at the time of signing  
the same a Justice of the Peace in said County  
and his signature above is  
genuine. Witness my hand and official seal  
this 3<sup>rd</sup> day of June 1881.

F. M. Robinson  
Anderson County

Filed by  
John W. Moon  
Shawnee  
Ind.

So 282636  
John W. Moon  
Co. 9 19th Reg. 20th  
Inf.

JUL 1881



## Affidavit from Physician(s)

- Dr. Evans
- Doctor's stationery is unusual
- History of treatment (may not be detailed)
- History of complaints

E. B. EVANS, M. D. H. V. DE VORE, M. D.

Office of  
Evans & De Vore,  
Rooms 1, 2 and 3, Central Bank Building,  
Greencastle, Ind., Oct 20<sup>th</sup> 1887

This is to certify that I have known John W. Moore, Co I 19 Kentucky Vol-Infantry for the past ten years. Several years of this time he has been partially disabled from manual labor. For the past three years he has been totally disabled on account of a rupture he received while in U. S. service at Vicksburg Miss

E. B. Evans M. D.  
Greencastle Ind.

Subscribed & sworn to before me this 21<sup>st</sup> day of Oct 1887

John W. Lee  
J. Lee



## Affidavit from Physician(s)

- Dr. Evans
- History of treatment (may not be detailed)
- History of complaints

**Physician's Affidavit.**

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Indiana, County of Putnam, ss:

In the pension Claim No. 707,757 for  
Restoration to Pension of Col. John T. Wood late of  
19th Kentucky Cavalry  
(Company and Regiment of service, if in the army; or vessel and rank, if in the navy.)

Personally came before me, a Justice of Peace in and for  
the aforesaid County and State, Esra B. Evans, M.D. a citizen of Greencastle  
Indiana, whose Post Office address is Greencastle, Indiana,  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows:

That he is a practicing Physician, and that he has been acquainted with said soldier for about 20 or 22 years, and that on the 15th day of Feb. 1889 he made a physical examination of said Soldier and found the rectum unequal canal so open that the index finger could easily be pushed up in the abdominal cavity, that by the least effort at lifting or straining a portion of the intestine would be forced through the anal. That said Soldier was then & had been wearing a suitable truss to retain said hernia. And will more than likely have to continue to wear a suitable truss through and the remainder of his life. That said Soldier also complains of pain & soreness in his back about his lumbar region. All of which disability he claims was caused while in active service during the late war.



## Affidavit from Physician(s)

- Dr. Evans (side 2)
- History of treatment (may not be detailed)
- History of complaints

He farther declares that he has been a practitioner of medicine for 17 1/2 years, and that he has no interest either direct or indirect in the prosecution of this claim.

*Emma B. Evans M.D.*  
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 21<sup>st</sup> day of February A. D. 1889, and I hereby certify that the affiant is a practicing physician, in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

*John W. Lee*  
(Official Signature.)

[L. S.]  
(Official Character.)

I, John W. Lee, 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..... 188..

[L. S.] Clerk of the.....

---

**MEDICAL EVIDENCE**  
 AFFIDAVIT OF  
*Emma B. Evans, M.D.*  
 Mercantile, Indiana.  
 CLAIM OF  
*John W. Moore, Post.*  
 Co. 19th Reg. Inf.  
 Certificate 217709  
 For  
*John W. Moore, Post.*  
 1889

FILED BY—  
**JAMES F. FEE,**  
 PENSION AND CLAIM AGENT,  
 GREENCASTLE, INDIANA.



## Affidavit from Physician(s)

- Dr. Bruce, 1907
- History of treatment (may not be detailed)
- History of complaints

**Physician's Affidavit.**

STATE OF Indiana COUNTY OF Putnam SS:  
In claim No. 2775 of W. Moore of Co. 1  
of the 19 Regt. of Reg. Inf. Vols., Personally appeared before the undersigned duly  
authorized to administer oaths within and for said County, Dr. G. W. Bruce  
aged 60 years, whose P. O. is Greencastle County of Putnam  
State of Indiana, who being duly sworn, states in relation to said claim as follows to-wit:  
I have this day examined G. W. Moore and find  
he has Cataract of Right Eye with barely perception of  
light internally. Vision left eye 2/40 with lens 200 V. 20  
Nothing improves more. Eyes both protruding full. Left eye  
will evidently soon become cataractous also.  
Has tenderness and soreness of left shoulder and right  
ankle, which are both swollen. Has also patent  
inguinal Canal on Right side. Hernia not down but a  
little exertion or lifting brings it down. Has had  
to use crutches to walk several times, now uses  
a cane. His disability in my opinion is  
almost complete, as he cannot use his arm  
to work and cannot lift, and cannot be on  
his feet all day. About 3 and a half years ago  
he fell and broke his left ankle joint, which  
is now very painful and continually swollen, so  
that he has to wear a rubber stocking continually  
in order to be able to walk.

And affiant further states that he has no interest in this claim.

George W. Bruce M.D.  
Physician's Signature

Sworn to and subscribed before me on the 5 day of February 1907, and I hereby  
certify that the contents of this affidavit were fully made known before signing to the affiant  
who is credible, and I have no interest in this claim or its prosecution.

James L. Hamilton  
Clerk of Putnam Circuit Court.  
Official Signature.

L. S.



## Affidavit from Physician(s)

- Dr. Hanna
- History of treatment (may not be detailed)
- History of complaints

To whom it may concern

This is to certify that I have this day carefully examined John W. Moore. Late private Co. I. 19th Reg. Vol.

His condition is as follows: In small of back, back bone is prominent. On both sides of back bone over junction of ilia with sacrum and for two in above soft parts are much shrunken for a space four in long and three in wide - one each side. He measured around hips 34 in - both sides are the same size. Nates are small and soft.

Right leg measures close to body 17 in. Left 18 1/2 in - Right leg midway to knee measure around 15 1/2 in - Left 17 1/2 in - Right knee measured around 13 1/2 in - Left 13 1/2 in.

His heart is irritable.

He says, he has tenderness and pain and soreness in shrunken spots, can not bend, stoop, or arise when sitting without pain. Any effort to move causes pain - suffers some when still but not so badly as when he moves - can not lift - to carry a bucket of coal or water is as much as he can do at any time of late.

I certify I have been in the practice of medicine last nineteen years - that the foregoing was written by me in witness whereof I hereunto set my hand and seal. This fifth day of June A. D. 1888.

I have no interest in this case. Levi Dr. Hanna, M. D.  
State of Nebraska, Pulnam County, SS,  
Sworn and subscribed to before me as written by the witness and I certify

OFFICE OF THE  
CLERK OF THE DISTRICT COURT  
JUN 11 1888  
PULNAM COUNTY, NEB.



## Affidavit on disability

- Family member
- Brother-in-law, B. F. Duncan

State of Indiana }  
County of Putnam. } ss,  
In the matter of Incomple of Pension of John W.  
Moore, Claim # 207,957.  
Personally came before me, a Clerk of Circuit Court  
in and for aforesaid County, and State,  
B. F. Duncan aged 42 yrs, a citizen of  
Greencastle, Indiana, well known to me, to be  
reputable and entitled to credit, being duly sworn  
declares as follows:  
I have known John W. Moore for twelve  
years and he has been a great sufferer  
with rupture and I know he is not  
able to perform manual labor  
I am a Brother-in-law of his but have  
no interest in this claim  
B. F. Duncan  
Subscribed and sworn  
to before me this 5th  
day of March 1888  
John W. Lee  
Clerk



# Affidavit on disability

– Employer

State of Indiana }  
County of Putnam } ss.

In the matter of Pension of John W Moore,  
Claim # 707,757.

Personally came before me A Clerk of Ct., in and for  
said County and state, .

aged \_\_\_\_\_ years, a citizen of Greenleaf  
Indiana, well known to me to be reputable and  
entitled to credit, being duly sworn, declares  
as follows:

I have known John W Moore  
for eight years. He has been  
in <sup>my</sup> employe for several years  
during that time but he has  
not been able to do a mans  
work during that time and  
is not now able to do much  
labor

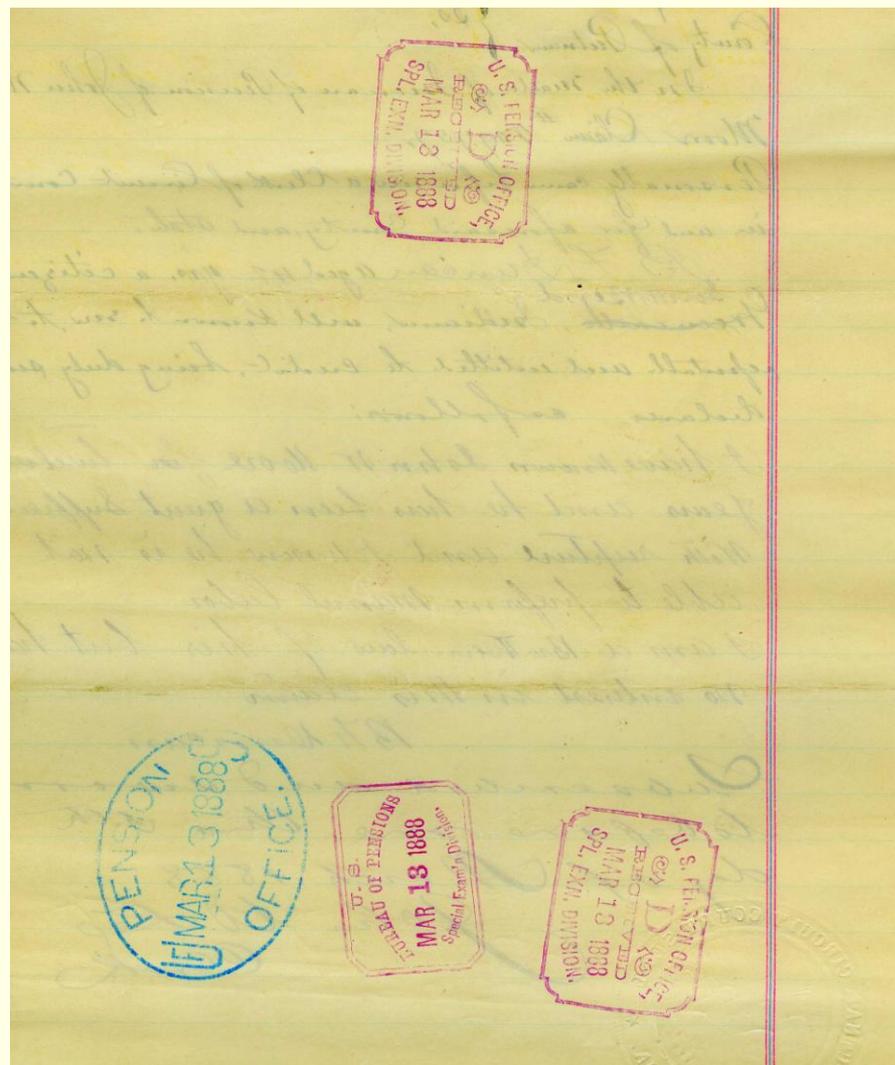
Wm W Bager

Subscribed & Sworn to before me  
this 5 day of March 1888  
John W Lee



## Affidavit on disability

- Reverse side: file stamps showing receipt or action by Pension Office





## Affidavit from Co-worker (1888)

- What he knows about soldier being disabled
- Levi Spivey works with him in Sheriff's office

State of Indiana }  
County of Putnam }

In the matter of Increase of Pension of  
John W. Moore, Claim # 207,757.

Personally came before me, a Clerk of Circuit Court  
in and for said County and State.

Levi Spivey aged 35 yrs, a citizen of your  
County, Indiana, well known to me, to be reputable,  
and entitled to Credit, being duly sworn declares  
as follows:

That I have known John W. Moore for  
more than three years past and having  
worked in Sheriff's Office with him  
during that time and know him to be badly  
afflicted with a severe case of Rupture  
and thereby rendered totally unfit to  
perform manual labor, also that he  
is honorable and deserving

Levi Spivey, Deft Sheriff  
Putnam Co, Ind.

Subscribed and sworn to before  
me this 5<sup>th</sup> day of May 1888

John W. Lee  
Clerk



## Affidavit from

### Friend or Neighbor

- What he knows about the veteran being disabled
- James McD. Hays

State of Indiana }  
County of Putnam } ss.  
In the matter of Successors of Pension of John W. Moore,  
Claim 207,757  
Personally came before me, a clerk of Circuit Court,  
in and for said county and state, James McD.  
Hays aged 48 years, well known to  
me, to be reputable, and entitled to credit, being  
duly sworn, declares as follows:  
That I have known John W. Moore  
for ten years or more and that he  
has been an invalid since I have  
known him. I do not consider  
him able to do manual labor.  
James McD. Hays  
Subscribed and sworn to before  
me this 5 day of March 1885  
John W. Lee  
Clerk



## Affidavit from

## Friend or Neighbor (1888)

- What he remembers about the soldier becoming injured
- William Jones

State of Indiana }  
County of Putnam } ss.  
In the matter of Increase of Pension, of John W. Moore,  
Claim # 207,707,  
Personally came before me, a clerk of Circuit Court, in  
and for said County and state,  
Wm. H. Jones aged 37 years, well known to  
me to be reputable, and entitled to credit, being  
duly sworn, declares as follows:  
I have known John W. Moore, for ten  
or twelve years, have met him  
frequently during that time,  
Have often heard him complain  
of rupture, that it gave him  
much trouble and pain, also  
that it rendered him unable to  
do hard work, Having never  
seen the rupture, ~~nor~~ have I ever  
worked with him, <sup>consequently</sup> I do not  
competent to judge of the  
degree of his disability  
Wm. H. Jones  
Subscribed & sworn to before  
me this 5<sup>th</sup> day of March 1888  
John W. Lee  
clerk



## Letter from Postmaster

- Trusted Federal employee (handled money)
- Opinion on reputation, character, truthfulness
- Opinion on the validity of a claim

Office of **Z. E. Chambers,**  
\*DEALER IN\*  
\*GENERAL MERCHANDISE\*  
Hartland, Mich. Mar 20 1882

W. W. Dudley  
Cassoway of Russia  
Washington  
D.C.

Sir In reply to yours of Mar 13/82  
the inclosed letter of inquiry I would  
say that in my opinion and in the opinion  
of a few of the most Respected & Respectable  
Citizens (to whom I have shown the said letter)  
is that Mrs Sullie Whalen was in no way  
dependant on her son Norman A Whalen for  
her support but of the two if either was  
dependant on the other it was Vice Versa. to  
the clause set forth as indicated by your  
letter. as I am a friend and on friendly  
terms with the said Whalen family  
I would request you to keep this letter  
strictly confidential. but the above is  
the facts as they existed to the best of  
my knowledge & belief  
Very Respectfully Yours  
Z. E. Chambers  
P.M.

47 Postmaster Z. E. Chambers says that Mrs. Whalen was NOT dependent upon her deceased son for support; it was vice versa. (Mother's claim for pension).



## Pension Office “How To” Instructions

- Occasionally
- Insight into how things were supposed to be done

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., *June 19, 1893.*

Order No. 229.

In the preparation of testimony in support of claims in pension cases all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.

Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

*Wm Lockman*

*Commissioner.*

Approved:

HOKE SMITH,  
*Secretary.*

e-8



# War Record Request

<p>MILITARY SECRETARY'S OFFICE          AUG 21 1906  <b>2553606</b>          WAR DEPARTMENT</p>	<p style="text-align: center;">3-050.</p> <div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: 0 auto;">             SOUTH DIV.              AUG 22 1906              RECEIVED.         </div> <p style="text-align: center;">Div. <i>m&amp;R</i> Ex'r.</p> <p style="text-align: center;"><b>Department of the Interior,</b>  <b>BUREAU OF PENSIONS,</b>          Washington, D. C. <i>Aug 18, 1906</i></p> <p style="text-align: center;"><i>Respectfully returned to the Military Secretary, War Department requesting soldier's full military and medical history with personal description.</i></p> <p style="text-align: center;"><i>No other report on file.</i></p> <p style="text-align: center;"><i>Inv. of. 207, 757,          John W. Moore,          I, 19 Ky. Inf.</i></p> <p style="text-align: center;"><i>J. Warner</i>          Commissioner.</p>	<p style="text-align: right;"><i>The medical</i>          NO. 2</p> <p style="text-align: center;"><b>WAR DEPARTMENT,</b>  <b>THE MILITARY SECRETARY'S OFFICE,</b>          WASHINGTON. <i>AUG 21 1906</i></p> <p style="text-align: center;"><i>Respectfully returned to the</i>  <b>Commissioner of Pensions,</b>  <i>with the information that in the case of</i>  <i>John W. Moore,</i>  <i>Co. I, 19 Ky. Inf. the</i>  <i>military records furnish</i>  <i>nothing additional to</i>  <i>that shown in former</i>  <i>statements except age</i>  <i>at enr. 21 years,</i>  <i>height, 5 feet 4 1/2 inches,</i>  <i>fair complexion, blue</i>  <i>eyes, light hair, born in</i>  <i>Calay Co., Mo., a farmer.</i></p> <p style="text-align: right;"><i>21</i>          7</p> <p style="text-align: right; font-size: small;">(M. S. O. 75)</p>
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## War Record Request (same one – next panel)

**WAR DEPARTMENT,**  
**THE MILITARY SECRETARY'S OFFICE,**  
WASHINGTON, **AUG 21 1906**

Respectfully returned to the

**Commissioner of Pensions,**

with the information that in the case of

*John W. Moore,*  
*Co. I, 19 Ky. Inf. the*  
*misc. records furnish*  
*nothing additional to*  
*that shown in former*  
*statements except age*  
*at enr. 21 years,*  
*height, 5 feet 4 1/2 inches,*  
*fair complexion, blue*  
*eyes, light hair, born in*  
*Kelley Co., Mo., a farmer.*

The medical records show him treated as follows:

~~NO MEDICAL RECORD FOUND~~



*F. C. Ainsworth*  
The Military Secretary.

(M. S. O. 75)

Per

7



# War Record Request

- Legal sized

**War Department,**  
(3-002)  
**Adjutant General's Office,**  
 Washington, D. C., June 7<sup>th</sup>, 1880

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 28,2636, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office that

**John W. Moore** was enrolled on the 12<sup>th</sup> day of Nov., 1861, at Camp Hannock, in Co. "D" 19<sup>th</sup> Regiment of Ky. Inf. Volunteers, to serve 3 years or during the war, and mustered into service as a private on the 12<sup>th</sup> day of Jan., 1862, at Camp Hannock, Ky. in Co. "D", 19<sup>th</sup> Regiment of Ky. Inf. Volunteers, to serve 3 years, or during the war. On the Muster Roll of Co. "D" of that Regiment, for the months of Jan. 1862 to Feb. 28 (inclusive) 1862, he is reported present for duty. On roll from Feb. 26, 1862 to Oct. 31, 63 present for duty. On roll for Nov. Dec. 63, absent with remark, "Hospital nurse since Aug. 24, 1863, left at Branchburg with medical stores Dec. 13, 63. On roll for Jan. Feb. 64 present for duty, joined from detached service Jan. 26, 1864. On roll from Feb. 29, 64 to Aug. 31, 64, present for duty, with remark, nurse in hosp't since Aug. 24, 63. On roll for Sep. & Oct. 64, present for duty. On roll for Nov. & Dec. 64, present for duty. On Daily duty as nurse in Reg't Hosp't. since Aug. 64.

Go Muster Roll Roll dated Jan. 26, 1865 reports him, put honorably mustered out with the Co. Regiment Books are not on file. Co. Morning Reports, prior to Jan. 64, not on file. Records on file furnish no evidence of "Discharge June 15, 65" as claimed. I am, Sir, very respectfully,



# War Record Request

Full sheet of paper

207,757

3

War Department,  
ADJUTANT GENERAL'S OFFICE,  
Washington, Nov 20, 1885.

Respectfully returned to the Commissioner of Pensions.  
John W. Moore, a Private of Company I,  
19<sup>th</sup> Regiment Kentucky Volunteers, was enrolled on the  
day of \_\_\_\_\_, 1864, at \_\_\_\_\_,  
and is reported:

Company Return for August  
1864, shows him, Present in Regimental  
Hospital since August 24, 1864.  
The records of this office furnish no  
evidence of alleged disabilities,  
His name does not appear on Regtl.  
Hospital Register which commences Dec,  
2, 1862, & terminates March 5, 1863, nor on Regtl.  
Prescription Book which commences Feb,  
1864, & terminates Dec, 1864. Other Medical  
Records furnish no information.

*W. J. B.*  
*W. J. B.*  
*W. J. B.*

*C. D. Tucker*  
Assistant Adjutant General.  
2<sup>d</sup> Lt. 47639  
20

Ex 10



# War Record Request

Normal size paper

(3-60.)

Div. *1st*  
No. *204457*  
*John W. Moore*  
*Co. D. 19 Reg't Ky Vols*

Department of the Interior,  
PENSION OFFICE,  
*June 27*, 1885.

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 *John W. Moore*, who, it is claimed, enlisted *Nov 22*, 1861, and served as *Private* in Co. *D*, *19 Reg't Ky Vols*; also in Co. \_\_\_\_\_,

and was discharged at *August 26, 1862*.

While serving in Co. *D*, *19 Reg't Ky Vols*, he was disabled by *Rupture of right eye and bones and*  
*Wounds on feet*

also \_\_\_\_\_

and was treated in hospitals of which the names, location, and dates of treatment are as follows: *Regimental Hospital at*  
*Wicksburg Miss. in June 1862 and*  
*Post Hospital at Brashear City La.*  
*in Aug./63.*

Very respectfully,  
*W. E. McLean*  
Adjutant General, U. S. Army.

(324-100 M.)

*B 139*  
*20*



## War Record Request

- Surgeon General's Office
- Treatment record?
- Hospital record?

WAR DEPARTMENT,  
**SURGEON GENERAL'S OFFICE,**  
RECORD AND PENSION DIVISION.  
Washington, D. C., *Nov. 18.*, 188*5.*

To the Adjutant General, U. S. Army.

Sir: I have the honor to return herewith the papers received from your office in pension claim No. *20757*, with the information that the name of the soldier in question does not appear on the following named records on file in this Office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following named records are not on file in this Office:

*Vicksburg Miss. prior to July 5. 1863.*  
*Brashers City La between June 9. 1863 and Jan. 24. 1864.*

\_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

By order of the Surgeon General:

No. *371761*

*B. F. Pope*  
Assistant Surgeon, U. S. Army.  
per *LLB*

(172)

*AA*



## War Record of Comrade

Was he there when  
soldier was injured?

**War Department,**  
**ADJUTANT GENERAL'S OFFICE,**  
Washington, *March 14, 1882.*

*282.636,*

Respectfully returned to the Commissioner of Pensions.  
*Samuel L. Sanders, Pvt. Company I, 19<sup>th</sup> Regiment*  
*Ky. Inf. Volunteers, was enrolled on the 1<sup>st</sup> day of*  
*Francis Gillis, Pvt. 186, at in said Co. & Regt., and*  
*is reported on muster roll to June 30<sup>th</sup> present*

*The records of this office furnish no*  
*additional information regarding presence or*  
*absence at the time indicated.*

*J. McInnis*  
Assistant Adjutant General.  
(2)  
*Robley*



## War Record of Comrade

- Reverse side (part)
- "Endorsement" or "Jacket" side
- Most pre-printed documents meant to be tri-folded

C.W.K. (3-061.) 89

So Division.

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**Department of the Interior,**  
PENSION OFFICE,

MAR 3 1882  
FEB. 25, 1882.

*Respectfully requested of the ADJUTANT GENERAL U. S. A. a report from the records of his Office as to the presence or absence, on or about*

*June 15, 1863,*

*of Saul L. Sanders Private*

*Frank Gillis " "*

*Co. I 19 Ky. Vols*

and the station, at that date, of the.....

---

Claim No. 252686

*John W. Moore I 19 Ky Vols.*

*Wm. Dudley.*  
Commissioner.

S.



## Special Examiner's Report

- "Fishy" claim?
- Claim made years later – no mention earlier
- No government records to support claim?
- Indiana

(3-448.)

*Special*

### INDEX

TO SPECIAL EXAMINER'S REPORT.

---

Claim of *John W. Moore* Ref. No. *207,757*

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
1 to -	Index.....			
2	Notice to claimant.....			
3 to 5	Summary.....			
6 to 11	Claimant's statement.....		A.	<i>Good.</i>
12-13	<i>Jesse W. Weik</i>		B.	"
14-15	<i>William T. Lummis</i>		C.	"
16-17	<i>Claimant's final statement</i>		D.	"



## Special Examiner's Report

- "Fishy" claim?
- Claim made years later – no mention earlier
- No government records to support claim?
- Kentucky

(3-448.)

### INDEX TO SPECIAL EXAMINER'S REPORT.

C  
No. 27457

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
1 to	Index.....			
	Notice to claimant <i>Wain's</i> .....			
2 to <i>3</i>	Summary.....			
to	Claimant's statement.....			
4 - 5	<i>Francis Gellis</i>		<i>A</i>	<i>Fair</i>
6 - 7	<i>Thomas B. Deluain</i>		<i>B</i>	<i>Good</i>
8 - 9	<i>George W. Lemmaman</i>		<i>C</i>	"
10 - 11	<i>Edgar Rayon</i>		<i>D</i>	"
12 - 13	<i>Duncan Lemmaman</i>		<i>E</i>	"
14 - 15	<i>Sam M. Jones</i>		<i>F</i>	"
16 - 17	<i>John M. Stams</i>		<i>G</i>	"



## Special Examiner's Report

- "Fishy" claim?
- Claim made years later – no mention earlier
- No government records to support claim?
- Nebraska

(3-448.)

# INDEX

## TO SPECIAL EXAMINER'S REPORT.

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*Claim of John W. Moore*                      *Letf No. 207,757*

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION:
1 to	Index.....			
<i>No</i>	<i>No</i> Notice to claimant.....			
<i>2 to 3</i>	Summary.....			
to <i>No</i>	Claimant's statement.....			
<i>4-5</i>	<i>Geo. W. Ragan</i>			<i>A Excellent unbiased</i>



## Special Examiner's Report

- Report summarizes why investigation was assigned
- Who testified
- Recommended course of action (grant, deny, get more testimony)

North Loup, Valley Co. Neb.  
Nov 5, 1886

Hon Commissioner of Pensions,  
Washington, D.C.

Sir,

I have the honor to return herewith all the papers in the pension claim certificate No 207,757 of John W. Moore, of Green Castle, Putnam Co. Neb. who served as a private in Co. I, 19th Reg. Ky Vols. who is now receiving a pension for Stermia at the rate of \$8 per month, payable at Indianapolis, Ind. but seeks an increase on account of disability from corns and bunions, alleged to have been incurred in the service and line of duty near Vicksburg, Miss about July, 1863. The claim was submitted for special examination to determine whether the alleged corns and bunions were due to claimants military service, and was referred to me to secure the testimony of Geo. W. Ragan, of North Loup, Valley Co. Neb. upon the point of submission. This I have done and the desired testimony will be found a part of this report. Affiant is a Vol man and his testimony can be relied

Page 2



## Special Examiner's Report

- Report summarizes why investigation was assigned
- Who testified
- Recommended course of action (grant, deny, get more testimony)

Page 3

ow as true in every particular,  
Claimant was not present during  
the taking of this testimony, he having  
waived all right of notice.

In view of the evidence taken in this  
case, and the further fact that claimant  
now thought of his feet at the time  
he applied for a pension for hernia  
I do not think there is any merit  
in the claim, but think it should be  
rejected for increase without any further  
expense to the Government

Very respectfully

H. J. Brown

Special Examiner



## Special Examiner's Report

- Testimony taken under oath
- Often several pages of answers to questions
- Testimony read back to the deponent

DEPOSITION *A*

Case of *John W. Moor* Cf. No. *207757*

On this *4th* day of *August*, 1886, at *Greencastle*, County of *Putnam*, State of *Indiana*, before me, *Geo M. McCoy*, a Special Examiner of the Pension Office, personally appeared *John W. Moor*, pensioner & claimant, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: His name is *John W. Moor*, Age *42* years on the *29th* of this month, occupation *Deputy Sheriff of Putnam Co. Ind. since Nov. 1885*, Post Office address *Greencastle, Putnam Co. Ind.* He is a pensioner under Cf. No. *207757* for hernia, and claims an increase of pension on account of *corns and bunions* of both feet, contracted in the service and in line of duty. He was a private of Co. *F*, *19th* Reg. *Ind. Inf.* from *Nov. 1861* to *Febry 1865*. At the time I enlisted in said Co. I lived at *Rough and Ready P. O. Now Alton, Anderson Co. Ky* and had been there for one year prior to that date. I was living with my sister *Annan* *Anderson* wife of *John Anderson* now dead. From the date of my discharge from the service in *Febry 1865* until the fall of *1876* I lived continuously in *Louisville Ky.* From the fall of *1876* I have lived in this place.

I never was in the military service other than as above mentioned.

At the date of my enlistment in *1861* I was sound in every way and had nothing whatever the matter with my feet. I had no sign of *corns* or *bunions* when I entered the service. The *Corn* made their appearance first, two coming on the toe of each foot and the first time my feet got sore from them and the first time I noticed

Page 6 Deposition *A*



## Special Examiner's Report

- Testimony taken under oath
- Often several pages of answers to questions
- Testimony read back to the deponent
- (2<sup>nd</sup> page of Moore's shown)

Page 7. These growing on my feet was in 1863 just before the surrender of Vicksburg, Miss. The bunions began to grow soon after the corns first bothered me. There are two on each foot, on the joints of both great and little toes, opposite the balls of the feet. I believe the corns and bunions were caused by hard marching around Vicksburg in 1863 and I believe that the large loose shoes I had to wear had something to do with bringing them on.

From the time they first began to hurt me I treated the corns and bunions and the first medical treatment I got for them was in 1863 about a week after the surrender of Vicksburg. Then I consulted Dr. A. H. Seulers, our chest Surg. He examined my feet and gave me some salve to put on them. Dr. Seulers gave me salve two or three times but I don't recollect that he examined my feet more than once. Dr. Seulers is dead, he lived in Ohio.

Dr. Sadler, next examined my feet, that was soon after Dr. Seulers had examined them. He gave me some salve for them too. From the surrender of Vicksburg, Miss. in 1863, until we left Baton Rouge, La. in Dec. 1864 or Jan'y 1865, I was with the Hospital department, Regimental, I was never away from the regiment during my service. Dr. Sadler was killed at Baton Rouge La. in 1864.

I don't remember that any other doctor examined my feet than those mentioned.

I showed my feet to S. L. Sanders, a Comrade before I went to the Hospital. He frequently visited me in the hospital and he saw them during the time I was there. The last information I had from him he lived at Croppers Depot, Shelby Co. Ky. tho' I have written to him several times within the past eight months and have got no reply. We were together when we were discharged at Louisville, Ky.

I could not say positively whether I ever



## Special Examiner's Report

- Testimony taken under oath
- Often several pages of answers to questions
- Testimony read back to the deponent
- (3rd page of Moore's shown)

should my feet during my service to any other one of my comrades or not. While I was with the Co. my messmates were beside S. S. Sanders, Benjamin B. Weman, he lives in Louisville, Ky. and is Asst. Supt. of a Street Railway Co. there. John Williams, now dead, he lived in Anderson Co. Ky. Thomas Williams, who I think lives near Lawrenceburg, Ky. A. J. McCaughey, he lives at Graffausburg, Shelby Co. Ky. John and Riley Murphy, of Mt. Eden Spencer Co. Ky. They were my messmates up to the time I went to the Hospital.

If there is any one who would know about the condition of my feet during the time I was at the hospital it is William Milburn, Horpl. Steward, I don't know where he lives. At the time I was discharged my feet were crippled by reason of the corns and bunions but they have gradually grown worse and now I am unable to perform any manual labor whatever.

The first work I did after coming out of the army was tending bar in Louisville, Ky. for Wm. Stearns on the Corner of Floyd & Jefferson Sts. I went to work for him the day or day after I was mustered out. I worked for him 2 or 3 months when he sold out and went to Jeffersonville, Ind., and I don't know when he lives now. Peter George was also a bar keeper for Stearns when I was. When Stearns sold out George went with him to Jeffersonville Ind. and kept bar for him there. Sometime during the summer of 1863, I was visiting one of Stearns daughters and while there a traveling corn doctor, whose name I don't remember, came there and I got him to cut off my corns, Peter George was present. I don't know when he lives. After I stopped tending bar I went onto the Street Railway in Louisville as Conductor and worked



## Special Examiner's Report

- Testimony taken under oath
- Often several pages of answers to questions
- Testimony read back to the deponent
- (4th page of Moore's shown)

Page 7  
 That I worked for the Canal Co. on a dredge boat at Louisville about one year. I then went back to the Street railway and worked about 2 years, and then I went to bedding bars again in Louisville, Ky. for my father-in-law, after that I came to Greenville, Ind.  
 When I first came here in 1876 I remained idle until March or April 1877 when I worked a few days for Dr. Knight of this place. I then worked for John Riley about 4 years as a night watchman at his big factory. He lives here now. I next worked for John Bayne nearly 4 years as a teamster. He owned a Saw Mill. He lives here now. I was then idle until the 4th of March 1885 when I commenced work at the Shoe factory of Rockaway & Rock of Litter, I run their best machine. I was there only a short time and then I did nothing until last November when I commenced working for the Sheriff as <sup>my</sup> his deputy.  
 I want Dr. E. W. Bence testimony taken to show my physical condition for the past 4 or 5 years & also use Wack's testimony to show same since I first came here.  
 Ques. How far any other witness here whom you want examined and what you desire to prove by them?  
 Ans. Yes, I would like all the parties examined who live here and who have testified as to my condition since 1876. I want to show what my condition has been since that year.  
 John W. Moore  
 Deponent.  
 Given to and subscribed before me this 4th day of August 1886, and I certify that the contents were fully made known to deponent before signing.  
 J. W. McCoy  
 Special Examiner.  
 Page 7 Deposition A



## “Action Sheet” (or Briefing Paper)

- Several of these in file
- Action requested
- Action taken
- Notes about case
- Case history
- Attorney
- Etc.

2071  
*Indiana*

INVALID PENSION.

Claimant, *John W. Moose*  
 P. O., *Greencastle* Rank, *Private*  
 County, *Putnam* Company, *2*  
 State, *Indiana* Regiment, *19, Ky. Vols*  
 Attorney, *Jesse W. Weik, Greencastle, Indiana*  
 Fee, \$10 Agent not to pay  
 Rate, \$ *4* per month, commencing *January 27, 1865* ✓

Disabled by *Right Inguinal Hernia*  
 Submitted for admission *April 8, 1882*, by *C. W. Keys*, Examiner.  
 Approved for *Right inguinal side* Approved for *right inguinal hernia - 1/2*

*M. S. Roberts* Reviewer. *Apr. 19, 1882*  
*Jos. W. Rawlin* Med. Referee. *Apr. 25, 1882*

Enlisted *November 2*, 1861. service from \_\_\_\_\_  
 Mustered *January 2*, 1862. 18, to \_\_\_\_\_, 18, in \_\_\_\_\_  
 Discharged *January 26*, 1865.  
 Declaration filed *April 28*, 1879. Not in military or naval service since *January*  
 Last material evidence filed \_\_\_\_\_, 18. \_\_\_\_\_ 26, 1865, when discharged.

BASIS OF CLAIM.

Alleges in declaration filed *April 28, 1879* that at *Vicksburg Miss.*  
*June 15, 1863* he was returning from picket duty early in  
 the morning while walking down a steep bank he slipped  
 and fell and thereby ruptured himself so badly that he

1879



## “Action Sheet” (or Briefing Paper)

- Several of these in file
- Action requested
- Action taken
- Notes about case
- Case history
- Attorney
- Etc.

(3-145.)

*Re-issue* **INVALID PENSION.**  
*To change rate*

*207.757*  
*Indianapolis*

**Claimant,** *John K. Moore*

**P. O.,** *Greencastle*      **Rank,** *Private*

**County,** *Putnam*      **Company,** *I*

**State,** *Ind*      **Regiment,** *19 - Ky. Vols*

**Attorney,** *None*      **Fee, \$**

**Rate, \$** *4*      **per month, commencing** *Jan'y. 27 - 1865*

*and* *8*      *" " from April 3 - 1884.*

**Disabled by** *Right inguinal hernia*

**Submitted** *Dec 6*, 1884 by *S. J. Neal*, Examiner.

Approved for *right inguinal*      Approved for  
*hernia*      *Right inguinal hernia*

*Keeney*, 1884, *J. Dickinson* Reviewer.      *C. J. C.*  
*Dec. 12, 1884.*      *W. B. Hook.* Med. Referee.

*Total from Apl. 3, 1884.*

1884 Re-issue



## “Action Sheet” (or Briefing Paper)

- Several of these in file
- Action requested
- Action taken
- Notes about case
- Case history
- Attorney
- Etc.

681890 Restoration

(3-145)

*Restoration* INVALID PENSION.

Claimant, *John W. Moore*

P. O., *Broncastle*

County, *Polk*

State, *Indiana*

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

**REJECTED.**

Disabled by *Right Inguinal Hernia*

RECOGNIZED

Name, *James F. Die*

P. O. *Broncastle Ind*

APPROVED

Admitted for restoration *May 19<sup>th</sup> 1888*

Approved for *right inguinal hernia*  
Restoration subject to approval  
of Med. Ref. to commence  
*4<sup>th</sup> 1888.*

APR 25 1890

*May 24, 1890, Thorsen, Legal Ref.*

Discharged *January 26<sup>th</sup> 1865*. Last pay \_\_\_\_\_

Pensioned from *January 27<sup>th</sup> 1865*, at \$ *4<sup>00</sup>*, for *right inguinal hernia*

*from and report Oct 25/82. Increased to \$8 from \$4 00/87. Increased to \$10 Nov 16/87. July 15/87*

Original declaration filed *April 25<sup>th</sup> 1879*; alleged *rupture*

(3-530.)

Bureau of Pensions.

This slip should be attached to brief in  
admitted cases that have been called up by  
members of present Congress

By direction of Commissioner:  
A. W. FISHER,  
Chief Clerk.

*J. S. Southern* Division,

*Restoration* Claim,

of No. *207,757* of *John*

*W. Moore* to pay \_\_\_\_\_

P. O. *Broncastle Ind*, 18 \_\_\_\_\_

Examined by *Geo W. Cooper*

called up this case *July 11<sup>th</sup> 1890*,

and should be informed of its adjudication.

*J. H. Elliott* Examiner

17913-20 m

6-402

H. B. Legal Referee.



# “Action Sheet” (or Briefing Paper)

- Several of these in file
- Action requested
- Action taken
- Notes about case
- Case history
- Attorney
- Etc.

1907

3-355. Date No. 207757

*Renewal of Pension* **INVALID PENSION.**

Claimant, John W. Moore

P. O., Brunswick Rank, Private

County, Pittman Company, 1st

State, Indiana Regiment, 15th Ky. Inf.

Rate, \$ \_\_\_\_\_ per month, when being \_\_\_\_\_

Pensioned for \_\_\_\_\_

Admitted to service of claimant to be at least 10 years of claimant's life or higher rate or higher other *Apr. 18, 1907*

RECOGNIZED ATTORNEY.

Name, P. J. Jackson & Co. Fee, \$2. \_\_\_\_\_; Agent to pay.

P. O., Washington, D.C. Articles filed, M. A. McNeill

*Required for med. Ex. Suburians 7-1907*

**APPROVALS.**

Submitted for \_\_\_\_\_ Near. 18, 1907, \_\_\_\_\_ Examiner.

Approved for \_\_\_\_\_

*Renewal under the general law for right inguinal hernia, (old), chronic condition. Granting as to title under Policy 246, for consideration of Medical Reference, District Sub. Department and Army Service from will under act of June 27, 1890.*

Approved for renewal for right inguinal hernia (completed) 10th Jan 1899 at 1899. (Rating 246)

No further increase.

Legal Reviewer, Apr. 16, 1907 \_\_\_\_\_

Re-Reviewer, Apr 18, 1907 \_\_\_\_\_

Medical Examiner, Benard \_\_\_\_\_

Medical Referee, April 18, 1907 \_\_\_\_\_

Enlisted November 2, 1861. Discharged January 26, 1865. Last paid to \_\_\_\_\_

Now Pensioned at \$ 12. per month under act of June 27, 1890

Was pensioned at \$ \_\_\_\_\_ per right inguinal hernia.

Encl. filed July 30, 1906 **PRESENT CLAIM.**



# Inquiry to Third Auditor of the Treasury

What do your records show about how much he is being paid?

(3-398.)

**Department of the Interior,**  
PENSION OFFICE,  
Washington, D. C., April 30<sup>th</sup> 1890

To Div  
I. H. E.

Hon Third Auditor of Treasury  
Washington D.C.

THIRD AUDITOR OF TREASURY  
MAY 1 1890

To:

Please furnish a report in the following-named invalid pension case:

Serial No. 207

Name of pensioner, John M. Moore

Agency, Indianapolis Ind<sup>a</sup> Last pensioned at \$8.00 per month from right inguinal hernia

Very respectfully,

John B. Ramm  
John C. Black,  
Commissioner

Report

Last paid to include \_\_\_\_\_, 18\_\_\_\_, at the rate of \$ \_\_\_\_\_ per month. Reduced \_\_\_\_\_, 18\_\_\_\_, from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month, from \_\_\_\_\_, 18\_\_\_\_, and from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month from \_\_\_\_\_, 18\_\_\_\_.

U. S. Pension Agent.

NOTE.—When dropped, so state, giving cause. When reduced, state cause and date from which reduced; when no reduction, so state. Any discrepancy from the statement of this Office shown by the Agency records will be noted.

(7630-3 M.)



## Answer from Third Auditor of the Treasury

Here is how much he was paid and when

FORM 196.

**Treasury Department,**  
THIRD AUDITOR'S OFFICE,

May 6<sup>th</sup>, 1890

*Elliott - 4-26-90*

Sir:

In reply to your letter of 30<sup>th</sup> Feb., in case of  
John N. Moore Certificate # 207750  
Indianapolis, Ind. Agency, Amalie Roll,

the records of this Office show payments to have been made at \$1.  
per month from 1<sup>st</sup> January 1880 to 3 April 1884 and there-  
after at \$6 at Sept 1, 1888, date to which last  
Paid Letter herewith returned.

Respectfully yours,  
W. K. Hart Auditor.

Asst. Commr. of Pensions,

(Ed. 3-14-'90-1,000.)



## “Advice” papers

- Many of these in file
- What action should be taken on this file?
- May summarize current state of evidence
- May indicate problems with the claim

(3-428.)

**Medical Division,**  
**BUREAU OF PENSIONS,**  
Washington, D. C., *Oct. 30., 1888*

No. Claim *207,757.*  
Claimant *John W. Moore.*  
Soldier *The same.*  
Co. *I*, *19*-Reg't *Inf. Vol.*

Respectfully returned to *Mr. Van Meter,*  
*Chf. Bd. Rev.*

*The new evidence referred to in your slip dated Oct. 27, 1888, does not warrant any change of action.*

*The tenderness and atrophy of lumbar muscles, as shown by the said "new evidence," is shown by cert. of Bd. Chf. Surgeon at Terr. Haute Ind. in Cert. dated July 25, 1888. The attached to brief to be submitted, and can have no pathological connection with a previous right inguinal hernia.*

*Wm. J. Bell*  
*Medical Examiner.*

*John C. Galt*  
*Medical Referee.*

(10736-25 M.)      o 6-030.      *John C. Galt*



## “Advice” papers

- Many of these in file
- What action should be taken on this file?
- May summarize current state of evidence
- May indicate problems with the claim

*Congressional*  
128  
**Medical Division,**  
BUREAU OF PENSIONS,  
Washington, D. C., *Sept 13, 1888*

No. Claim *257,757*  
Claimant *J. W. Moon*  
Soldier *The same*  
Co. *D*, *19* Reg't *N.Y. Vols.*

Respectfully returned to *Chf. S. B. Dine*  
*The recent examination by Bd. Expt. Surgeons at Fort Hauke, Ind. shows, as a fact, that claimant is not suffering from any hernia, neither complete nor incomplete.*  
*The action of reduction to 4/8 for incomplete right inguinal hernia dated Jan. 28, 1888, was, in view of the Cert. of Examination by Bd. at Indianaapolis, Ind. dated Dec. 7, 1887, correct, but the subsequent Cert. by Fort Hauke, Ind. Bd. dated July 25,*



## “Advice” papers

- Many of these in file
- What action should be taken on this file?
- May summarize current state of evidence
- May indicate problems with the claim
- (continuation sheet shown)

Respectfully returned to \_\_\_\_\_  
1888. Shows that claimant  
should be dropped from the  
rolls, right inguinal hernia  
having ceased.

A careful consideration  
of all the medical examinations  
in this case, shows it to be, from  
a medical stand point, extremely  
problematic whether claimant  
ever has suffered from a  
hernial protrusion on the  
right side.

Approved: *Wm. L. Bell.* Medical Examiner.  
*Acting*

*John Campbell* Medical Referee.

(8419—25 M.) o 6-030.



# Notice to be Examined by Pension Office's Choice of Examining Surgeon(s)

- Yearly or Every Two Years
- Depending upon nature of disabilities claimed

3-338

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

RECEIVED  
BUREAU OF PENSIONS  
JUL 9 1913  
RECEIVED

Rem  
No. 336,622-  
Service, D. 19. N. Y. Cav.  
Mr. Lyman Parshall-  
Hastland,  
Livingston Co. Mich.

Med Ex  
Mar 2 1913

You are hereby directed to report in person for a medical examination to the Board of Examining Surgeons, St. and No. New Beach Building, Town, Howell, County, Livingston State, Mich., within three months from date hereof. The Board meets at 10 o'clock a. m. First Wednesday in each month. Read instructions below and return this order after the surgeon has indorsed thereon the date of your examination.

Very respectfully,  
J. M. Sweeney  
Commissioner.

Notify the board on which of the designated days you will appear for examination, using the enclosed card, which requires no postage.

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by boards of surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined and appear later before the full board. Should he be willing to proceed without a full board, the secretary of the board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows: "I, \_\_\_\_\_ the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present." By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

EXAMINATION made by Dr. W. H. Erwin, Dr. W. H. Huntington and Dr. R. H. Baird, members of the Board, July 2, 1913

W. H. Huntington, Secretary.

ATTORNEY: None P. O., \_\_\_\_\_

U. S. PENSION OFFICE

6-132



3-340.

(EXAMINING SURGEON'S VOUCHER.)

## Instructions to Examining Surgeon

### TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Two orders for examination are issued, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to a surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination are generally valid for three months from the date of same. They should, however, be kept until the first meeting of the board following the expiration of the three months limit, when, if the claimant appears, he should be examined. Should he not appear at this session, the order should be indorsed, "*Claimant failed to appear within specified time,*" dated, and returned to the Bureau.

(4) No examination made by a single member of a board will be accepted, unless such examination is made upon a special order from the Bureau. It is desired that all examinations be made by a full board; but if one member is absent, the examination may proceed if the claimant signs the proper waiver upon the back of the certificate, consenting to an examination by two members. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 15 of the instructions quoted above.

6-755



## Examining Surgeon's Certificate

- Often Annually
- Increase or Continuation
- "Ordinary Cases"
- Board of "One" Doctor
- Every County had Board
- Could Request Examination by a Different County's Board

### Examining Surgeon's Certificate.

Done Oct. 4<sup>th</sup>, 1869.

*I hereby certify, That I have carefully examined*  
*Richard E. Parshall, late a Sergeant in Co. "A"*  
*10<sup>th</sup> Regt. Mich. Cavry*  
Applicant's service.

*in the service of the United States, who was discharged at*  
*Fort Leavenworth, Kas., on the 21<sup>st</sup> day of June*  
*1865, and is an applicant for an invalid pension, by reason of*  
*alleged disability resulting from Chronic Rheumatism*

*In my opinion the said Richard E. Parshall*  
*is totally* Degree of disability. *incapacitated for obtaining his subsistence by*  
*manual labor from the cause above stated.*

*Judging from his present condition, and from the evidence before*  
Origin. *me, it is my belief that the said disability originated*  
*in the service aforesaid in the line of duty.*

*The disability is of uncertain duration*  
Probable duration.

*A more particular description of the applicant's condition is*  
*subjoined:*

Particular description. *By spontaneous luxation, as the sequel of rheuma-*  
*tism the head of the left femur is apparently com-*  
*pletely disarticulated, the trochanter major being very prominent*  
*higher + a little back of its natural position. The foot is elevated*  
*particularly the heel higher than its mate over two inches otherwise*  
*its position is normal. There is general atrophy of the leg*  
*and partial ankylosis of the hip joint.*

*R. C. Hutton*  
*Examining Surgeon.*



# Examining Surgeon's Certificate

- Often Annually
- Increase or Continuation
- "Ordinary Cases"
- Board of Three Doctors, 1880s-
- Every County had Board
- Could Request Examination by a Different County's Board

3-155.

## SURGEON'S CERTIFICATE.

Insert character and number of claim. Renewal + Increase Pension Claim No. 207257

Name of claimant. John W. Moore Address CRAWFORDSVILLE, IND. P. O. State.

Company. 19 Reg't 114 Inf Green Castle Ind. MAR 24 1909 (Date of examination.) 190

Name of disability. Right inguinal hernia complete

He receives a pension of 12 dollars per month.

Here give the statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disability, 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: hernia 1864 at siege of Vicksburg, have had to wear a truss most of the time since, truss only a good deal, Rheumatism, just after war, more or less ever since, gets worse of late years

Birthplace, Clay Co Missouri; age, 66 years; height, 5-2 3/4; weight, 182 7/8 pounds; complexion, fair; color of eyes, blue; color of hair brown; occupation, Keep a very store; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:  
 Pulse rate, 88-94-150 (Sitting, standing, after exercise.); respiration, 20-22-30 (Sitting, standing, after exercise.); temperature, 98.5°

General health poor, nutrition good

Here give a full description of the condition, its occurrence, its location, its extent, and its nature, and make separate paragraphs for each disability.

Hernia - The rings are patulous and dilated, contents ulcer, tumor not down at present, he states that it comes down into scrotum at times, that it was down two or three ago one time over, abdomen is very pendulous and prominent, He states that the reason he has no truss on is because it has been broken, The hernia is a complete one altho' not down at present, = 17/18

Rheumatism - Flattened over sacrum, muscles rigid in lumbar region, he can not stoop at all, shoulders are stiffened left arm cannot raise left arm to level, knees and hips are stiffened, he uses a cane in walking, arms are small in proportion to weight, see description, Chest measures 39" abdomen at umbilicus 43", Loss force & motion in affected joints & back 1/2 to 3/4, he goes up and down stairs sideways, = 17/18

Chest - Full, asymmetrical 39"-40"-37 3/4", vocal fremitus & resonance normal, no dullness, inspiration clear,

Heart - Apex 6 1/2 spaces, dullness increased, rhythm irregular, force feeble, sounds indistinct, particularly 2nd sound, action rapid, no murmurs, slight of breath on exercise, no edema, general capillary congestion, = 17/18

Urine - Amber, 1018, acid, no albumen, no sugar, No other disability found, no evidence of vicious habits.

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

When taken on reasonable and justifiable evidence the strongest reasons must be given therefor.

This claimant is so disabled from hernia, rheumatism and dis of heart as to be incapacitated in a degree equivalent to the loss of a hand or foot for the purposes of manual labor and is entitled to \$24 a month.

W. H. C. [Signature] Sec'y. E. H. C. [Signature] Treas.

MAR 24 1909

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

Marginal entries must never be made.



# Examining Surgeon's Certificate (reverse side)

- Often Annually
- Increase or Continuation
- "Ordinary Cases"
- Board of Three Doctors, 1880s-
- Every County had Board
- Could Request Examination by a Different County's Board

An examination must not be made by any member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)  
 "I hereby certify that Dr. Quemmgen, Dr. Cowan, and Dr. Reegan were personally present and actually participated in the examination of Geo W. Morris, the claimant in this case, on MAR 21 1909 day of MAR 21 1909, 1909."  
(Signature.) E. H. Cowan

(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, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1909."  
 Witnesses to work: { \_\_\_\_\_ (Signature of Applicant.)

---

**U. S. DEPARTMENT OF WAR**  
**MAR 29 1909**  
**U. S.**

**SURGEON'S CERTIFICATE**  
IN CASE OF  
John W. Morris  
Co. 3, 19 Regt. My. Infy

**APPLICANT FOR PENSION**  
310 207757

**DATE OF EXAMINATION:**  
MAR 21 1909, 1909

**BOARD:**  
A. E. Eubank, Pres.  
E. H. Cowan, Sec'y.  
E. H. Reegan, Treas.

Post office: SALESBURG, INDIANA  
 County: Montgomery  
 State: \_\_\_\_\_

Do not use back of certificate for any purpose other than indicated by printed matter thereon.  
 RECEIVED  
 APR 2 1909

---

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.)



**SURGEON'S CERTIFICATE.**

Insert character and number of claim. *Discharge* Pension Claim No. *2077527*  
 Name of claimant. *John W. Ryan* Address of Beneficiary *Grandall* P. O. *Grandall* State. *Ill.*  
 Company *19 Reg't* Office address. *Grandall Ill.* [Date of examination.] *Oct 20*, 190*0*  
 Names of disabilities. *Right injured hernia*

He receives a pension of *13* dollars per month.  
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Hernia started during Civil War and injured. After discharge he worked for S. S. Hays, Harris, Ill. and the hernia has since the time he has been*  
 Birthplace, *Ill.*; age, *65* years; height, *4-4 1/2* weight, *160* pounds; complexion, *light*; color of eyes, *blue*; color of hair, *light*; occupation, *farmer*; permanent marks and scars other than those described below, *none*

We hereby certify that upon examination we find the following objective conditions:  
 Pulse rate, *80* [sitting, standing, after exercise]; respiration, *16* [sitting, standing, after exercise]; temperature, *98 1/2*;

*Right Inguinal Hernia.*  
 The *hernia* has right oblique inguinal. The *hernia* passed through the external Ring. Rings and Canal are large and lax. Two fingers are readily admitted. Scrotum is not inflamed. He has trouble in retaining truss with any truss he has tried. We see no reason why a properly adjusted truss would not retain it. Date *Sept 12/18*  
 Heart. Apex beat most distinctly heard 1/2 in below 3rd in intercostal left nipple. Heart is slightly enlarged. action too rapid. Both sounds are distinct. No dyspnoea, cyanosis, oedema or murmurs are heard. No edema of lungs and kidneys. No signs of disease. Rheumatism. He has

Repetitive in both shoulder joints on passive motion. He can not raise right elbow to level of shoulder, lacks about fifteen degrees, on account of pain and contraction of tendons. He can raise left elbow to level of shoulder, left ankle from knee no motion at all. Ankylosed. Left leg is swollen from knee to toes. I have a rubber sticking from knee to ankle. Measurements see diagram. Compensatory pain in back. There are no other changes we can appreciate. Date Rheumatism 10/15. Eyes. Conjunctivae are not inflamed. Blood vessels are prominent. Right eye can perceive light but can not see any object. The pupil of this eye reflects white appearance with a slight fringe of yellow. This pupil does not respond to light, the left being covered. The left reads 20 at 12 ft. Disease of eyes and loss of vision of right and partial loss of vision of left eye 10/15. No evidence of former venereal disease.

This claimant is so disabled from *Hernia Rheumatism and disease of eyes* loss of vision in right and partial loss of vision in left as to be incapacitated for performing any manual labor and is entitled to \$30 a month.

*A. H. Tucker*, Pres. *Levi N. Harris*, Secy. *Charles H. Moore*, Treas.

# Examining Surgeon's Certificate

- Often Annually
- Increase or Continuation
- "Ordinary Cases"
- Board of Three Doctors, 1880s-
- Every County had Board
- Could Request Examination by a Different County's Board



# Examining Surgeon's Certificate (reverse side)

- Often Annually
- Increase or Continuation
- "Ordinary Cases"
- Board of Three Doctors, 1880s & later
- Every County had Board
- Could Request Examination by a Different County's Board

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)  
 "I hereby certify that Dr. W. W. Tucker, Dr. L. M. Hanna, and Dr. Alex. H. Moore, were personally present and actually participated in the examination of John W. Moore, the claimant in this case, on 20 day of February, 1907."  
(Signature.) Levi M. Hanna, Secy.

(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, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1907."  
Witnesses to mark. \_\_\_\_\_ (Signature of Applicant.) \_\_\_\_\_

---

**SURGEON'S CERTIFICATE**  
IN CASE OF

John W. Moore  
Capt., 19 Regt. Ky. Infy.

**APPLICANT FOR** Inc.

No. 201707

**DATE OF EXAMINATION:**  
February 20<sup>th</sup>, 1907

**BOARD:**  
W. W. Tucker, Pres.  
Levi M. Hanna, Secy.  
Alex. H. Moore, Pres.

**Post office,** Greencastle,  
**County,** Putnam,  
**State,** Indiana.

Do not use heads of certificates for any purpose other than indicated by printed matter thereon. - Pencil

---

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, amputation, etc.



## Congressional Action

- May be further records in the Records of the U.S. House or U.S. Senate
- HERE at the National Archives
- INQUIRE at our Center for Legislative Archives
- U.S. Government Publications
  - Journal of House and/or Senate



# Fee Agreement with Attorney

- Rules as to how much an attorney could collect
- Fee agreement shows it is within bounds of law

This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, 1884, under the provisions of the Act of Congress approved July 4, 1864.

**TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.**

**ARTICLES OF AGREEMENT.**

Whereas I, John W. Moore late a Private in Company H of the 19<sup>th</sup> Regiment of Kentucky Volunteers, incurred with additional disabilities war of 1861, having made application for pension under the laws of the United States:

Now this agreement witnesseth: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agent, John R. Miller of Spencerstown, Indiana, the fee of Twenty dollars, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agent, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to him in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U. S.

Walter J. Ashton  
David Steers  
(Signatures of two witnesses.)

John W. Moore  
(Signature of claimant.)  
Spencerstown, Indiana.  
(Post-office address.)

State of Indiana, County of Buttavi, SS:

Be it known, that on this, the 27<sup>th</sup> day of August, A. D. 1884, personally appeared John W. Moore the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses, the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L. S.] Ohio P. Moore  
(Official Signature.)  
A. D. 1884, 9

AND NOW, to-wit, this 27<sup>th</sup> day of August, A. D. 1884, 9 accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises, and hereby certify that 9 have received from the claimant above named the sum of nothing dollars, and no more; nothing dollars being for fee, and the sum of nothing dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agent making no charge therefor.

John R. Miller  
(Signature of agent.)

Witness my hand the year and day above written.

State of Indiana, County of Buttavi, SS:

Personally came John R. Miller whom I know to be the person he represents himself to be, and who, having signed above acceptance of agreement, acknowledged the same to be his free act and deed.

[L. S.] Ohio P. Moore  
(Official Signature.)

APPROVED FOR \_\_\_\_\_ DOLLARS, and payable to John R. Miller of Spencerstown, Indiana



# Live Long Enough Get Pension Based on Age Alone

- No medical exams again
- No proving disability again

“Born the same year the  
state of Michigan was”

GENERAL AFFIDAVIT—PERSON. FORM A F. A. Onderdonk, Grand Rapids, Mich.

## GENERAL AFFIDAVIT.

NV  
MAID

State of Michigan, County of Kent, SS:  
 In the Matter of Samuel Sayers Co. H 1st Michigan Vol I. A.  
Here state name of claimant and of soldier and his military service.  
 Ctl. # 368. 613 Civil War  
 On this 23rd day of Jan, A. D. 19 12, personally appeared before me, a  
 Notary Public in and for the aforesaid County and State, duly authorized to administer oaths,  
Samuel Sayers, aged 75  
 years, a resident of Soldiers Home  
 in the County of Kent and State of Michigan  
 whose Post Office address is Soldiers Home Kent Co Mich.  
 well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation  
 to the aforesaid case as follows:

Notes.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

I cannot furnish the Evidence required in the Accompanying Letter. For all of my People are Dead My Father Died in 1857 in Hartlin Township Mich, My Mother Died in 1885 in Saginaw Mich. None of my Brothers or Sisters are alive, and I do not know where to look for any record, but I know that my Mother had one but what became of it I do not know, but I have bin Joked about my being Born the same Year that the STATE of Michigan was (Admitted to the Union) and nearly the same Day but the same Month. I am now drawing a Pension of 15 Dollars a Month on the same Testimony. I certinly was born Jan 7th 1837.

..... further declared that..... no interest in said case and..... not concerned in its prosecution.

WITNESSES:

James E. Hawley  
James Kelly

Samuel Sayers  
Signature of Affiant

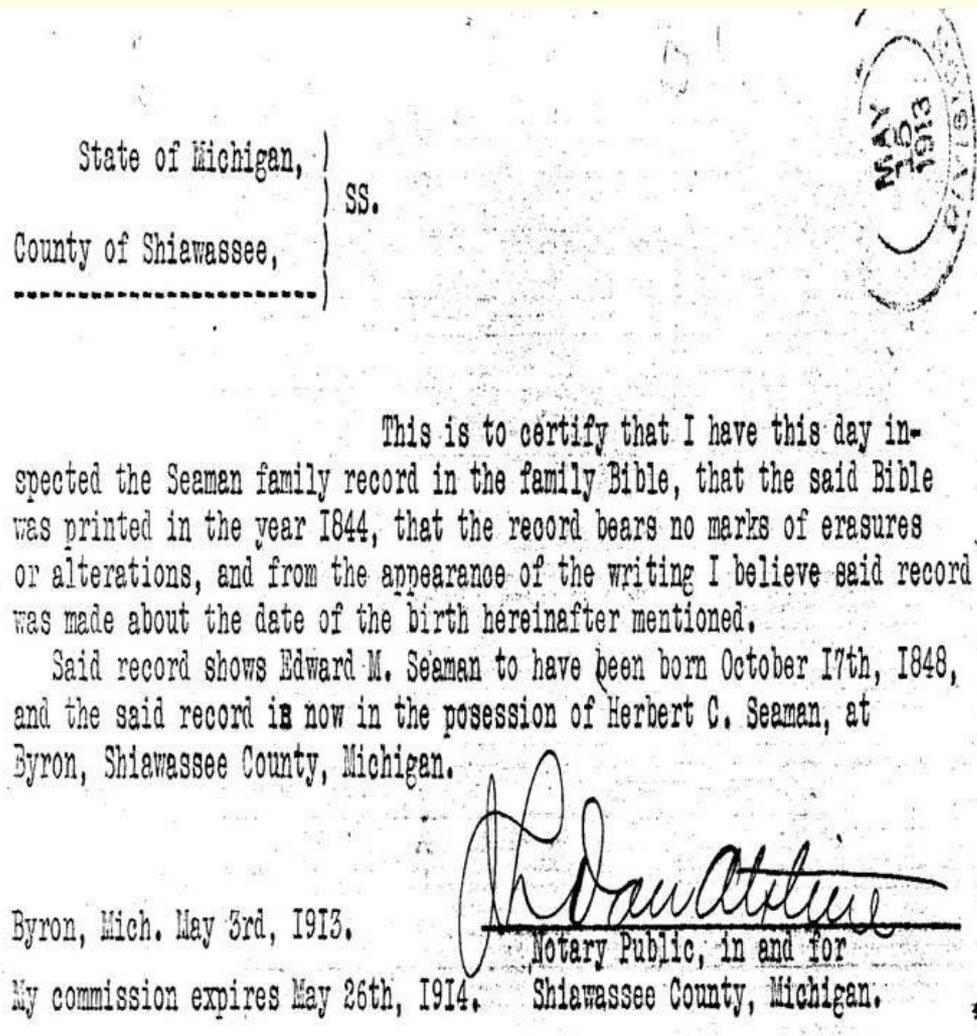
If affiant sign by mark, two persons who can write must sign here.



## Live Long Enough

### Get Pension Based on Age Alone

- No medical exams again
- No proving disability again





## Family Information

- 1898 questionnaire
- Who is your wife?
- Date of marriage?
- Who are your kids?
- Dates of birth?

RETURN TO:  
U. S. PENSION AGENT,  
DETROIT, MICH.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
3-402.

Certificate No. 336.622  
Name, Lyman Parshall

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,*

*McKay Brand*  
Commissioner.

---

First. Are you married? If so, please state your wife's full name and her maiden name.  
Answer. Yes - Maria Parshall - Maria Blood

Second. When, where, and by whom were you married?  
Answer. July 27/65 - Wyoming N.Y. Rev. Charles Ray

Third. What record of marriage exists?  
Answer. Marriage certificate

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. No

Fifth. Have you any children living? If so, please state their names and the dates of their birth.  
Answer. Julia Edward M. Lisle, May, Frederick, dates of birth given in series order as named Dec. 17/66 - Dec. 12/68 - Nov. 8/70 - Oct. 6/75 - Aug. 29/98

Date of reply, June 4<sup>th</sup> 1898 Lyman Parshall  
(Signature.)

5301b750m1-98



# Family Information

- 1915 questionnaire
- Who is your wife?
- Date of marriage?
- Who are your kids?
- Dates of birth?

3-380  
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,

*J. M. Saenger*  
Commissioner.

EDWARD M SEAMAN  
BERKELEY CAL  
76747 ACT MAY  
1323 HENRY ST

PENSION  
MAR 29 1915  
U. S.  
OFFICE

NO. 1. Date and place of birth? *Answer: October 17, 1848, Milford, Oakland Co., Michigan.*  
The name of organizations in which you served? *Answer: Co. A. 3rd Michigan Cavalry.*

NO. 2. What was your post office at enlistment? *Answer: Hartland Center, Livingston Co., Michigan.*

NO. 3. State your wife's full name and her maiden name. *Answer: Artemissia Amelia Seaman (Stone).*

NO. 4. When, where, and by whom were you married? *Answer: at Walnut Creek, Contra Costa Co., California. By Rev. A. Holbrook, on September 16, 1886.*

NO. 5. Is there any official or church record of your marriage? *Yes, official.*  
*Answer: in the office of the County Recorder of Contra Costa Co. at Martinez, California.*

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: No.*

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: She was not married before.*

NO. 8. Are you now living with your wife, or has there been a separation? *Answer: Yes, no separation.*

NO. 9. State the names and dates of birth of all your children, living or dead. *Answer: Alfred E. Seaman, born Jan. 28, 1889, died July 19, 1890; Edward M. Seaman, Jr., born Oct. 23, 1893; Cassius E. Seaman, born Sept. 2, 1896.*

Date *March 24, 1915.*

*Edward M. Seaman*  
(Signature)



“Dropped” card

*Iron* No. *0-947493*  
 705  
**DROP ORDER AND REPORT**  
*705 353*  
**Department of the Interior,**  
**BUREAU OF PENSIONS,**  
**FINANCE DIVISION.**

Washington, D. C., **AUG 25 1910, 19**

*John W. Moore*  
 (Pensioner.)  
*207757*  
 (Certificate number.)  
**ACT JUNE 27, 1890. INVALID.**  
 (Class.)

*Pri. I-19 Ky. Inf.*  
 (Soldier.)  
 (Service.)  
**U. S. Pension Agent**  
*Indianapolis*

**SIR:** You are hereby directed to drop from the roll the name of the above-described pensioner who died *July 25*, 1910.

*J. L. Babcock*  
 Commissioner.

**REPORT.**

Commissioner of Pensions.

**SIR:** The name of the above-described pensioner, who was last paid at \$ *12* per month to *4 May*, 1910, has this day been dropped from the roll of this agency.

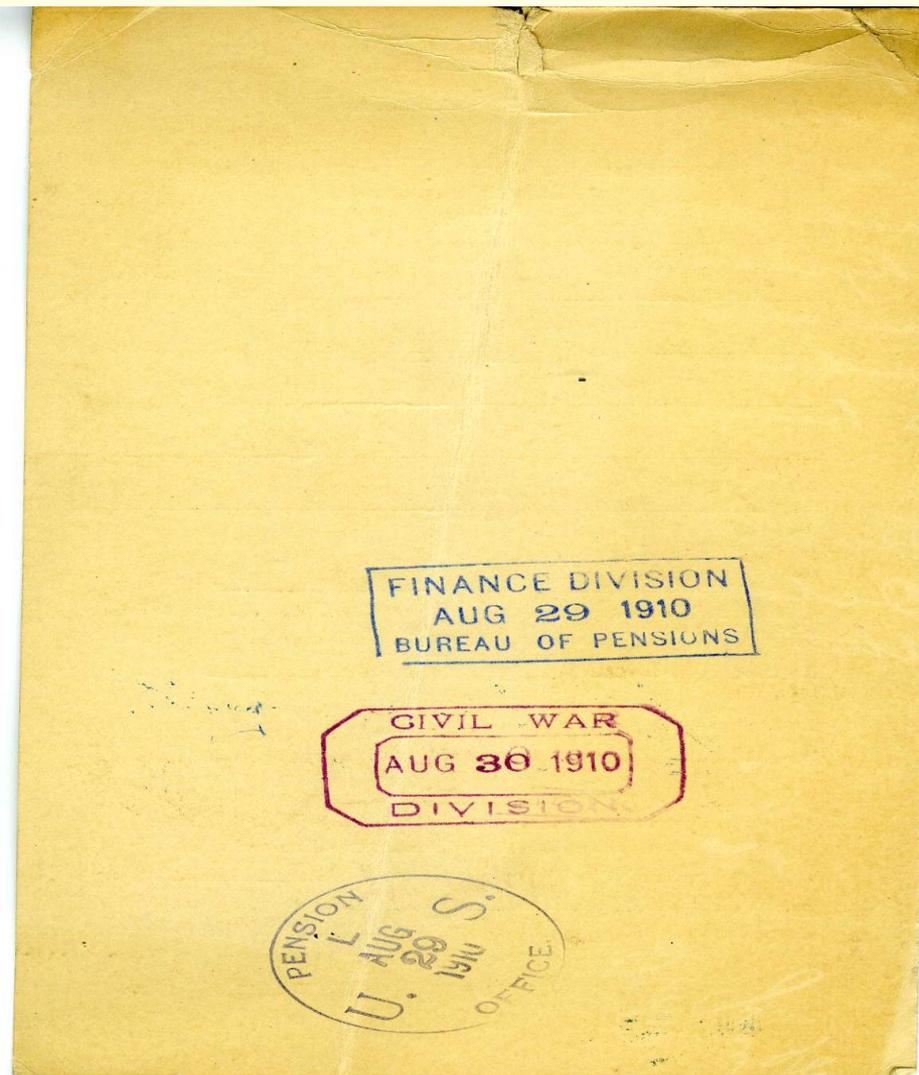
*W. Johnson*  
 U. S. Pension Agent

**AUG 27 1910** 19  
 6-833



## “Dropped” card

- Reverse side may have file stamps acknowledging receipt or action





## Widow Files

- Soldier is dead
- Widow was married to him when he was alive
- Widow has not remarried (or later husbands are also deceased)
- May be subject to a “Means test” – 1890s
  - May own property but it can’t be too valuable
  - Means test dropped later as widows aged
- Widow may receive accrued pension (moneys owed to soldier upon his death)



# Soldier's Death Certificate

[SEE OTHER SIDE]

Indiana State Board of Health.

## CERTIFICATE OF DEATH.

Registered No. 156

PLACE OF DEATH

County of Putnam

Township of \_\_\_\_\_

Village of \_\_\_\_\_

or City of Greencastle (No. 209, S. Bloomington St.; \_\_\_\_\_ Ward)

[If death occurs away from  
USUAL RESIDENCE  
give facts called for under  
"Special Information."]

FULL NAME John W. Moore

[If death occurred in  
a Hospital or Institution,  
give its NAME instead of  
street and number.]

### PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>	COLOR	<u>White</u>
DATE OF BIRTH	<u>Aug 29 1845</u>		
AGE	<u>64</u> years, <u>10</u> months, <u>26</u> days		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Married</u>		
NAME OF HUSBAND OR WIFE	<u>Anna Moore</u>		
BIRTHPLACE OF DECEASED (State or country)	<u>Clay Co. Mo.</u>		
NAME OF FATHER	<u>James Moore</u>		
BIRTHPLACE OF FATHER (State or country)	<u>Mo.</u>		
MAIDEN NAME OF MOTHER	<u>Henderson</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Mo.</u>		
OCCUPATION OF DECEASED	<u>Retired Merchant</u>		

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Anna Moore  
(Address) Greencastle Ind.

BURIAL PERMIT  
ISSUED BY July 27/10. J.M. King  
Name and Address of Health Officer or Deputy.

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from  
March 31 1910 to July 24 1910  
that I last saw him alive on July 24 1910  
and that death occurred, on the date stated above, at 640

A. M. The CAUSE OF DEATH was as follows:  
Cancer of Liver  
(DURATION) 6 Mo.

Contributory \_\_\_\_\_ (DURATION) \_\_\_\_\_ DAYS  
(Signed) G. M. Bence M. D.  
July 26 - 1910 (Address) Greencastle Ind.

### SPECIAL INFORMATION only for Hospitals, Institutions and Transients:

Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Days  
Place of Death? \_\_\_\_\_  
Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Forest Hill</u>	DATE OF BURIAL <u>7-27-1910</u>
UNDERTAKER <u>E. B. Lynch</u>	NO. OF LICENSE <u>65, Meehan 202</u>
ADDRESS <u>Greencastle</u>	WAS THE BODY EMBALMED? <u>yes</u>

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.  
A DEAD BODY BURIED WITHOUT PERMIT SHALL BE DISINTERRED AND INQUEST HELD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.





# Soldier's Death Certificate

BUREAU OF PENSIONS

(FORM No. 37.)

BATTLE MOUNTAIN SANITARIUM, NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS,  
Hot Springs, So. Dak.  
TO THE COMMISSIONER OF PENSIONS :  
WASHINGTON, D. C.  
DEC 30 1927

SIR:

~~In accordance with instructions of the President of the Board of Managers, National Home for D. V. S. I have the honor to~~  
transmit herewith Pension Certificate No. 841544 of Walter Ryness  
deceased, late of I Co. 8th Reg't Mich. Inf.  
who died at Battle Mountain Sanitarium Hot Springs, So. Dak.  
on the 17th day of Dec. 192 7  
Cause of death Arteriosclerosis, general.  
Social condition single  
The name, address and degree of relationship of his next of kin, so far as indicated by the records of this Home are as follows: Mrs. M. E. Dougherty, niece,  
1155 South High St.,  
Denver, Colo.

Very respectfully,  
*John Sanku*, Governor and Surgeon.

(B. M. Sanitarium, N.H.D.V.S. 3-1-24-200)



## Last Sickness Expenses (after 1900)

Durand, Mich.

February 26, 1913,

Received of Fred. E. Palmer twenty-five dollars (\$25.00) for expenses incurred in the sickness and death of Eva Palmer, as follows.

Board of nurse. - - - - \$ 5.00.

Board & incidentals (telephone calls, etc) in connection with sickness \$15.00.

Washing & cleaning after funeral. \$ 5.00

Total. \$25.00

A. W. Benson





# Funeral Expenses

UNION PHONES  
OFFICE 31  
RESIDENCE 174

**C. E. MAPES**  
MASONIC BLOCK  
**Furniture and Undertaking**  
Durand, Michigan

PRIVATE  
AMBULANCE

*Fred Palmer  
Dr to  
C. E. Mapes*

*2/26-1913.*

*Burial of Enos Palmer.*

*Casket Box Hearse Chairs  
Device Carriage and  
Personal Services rendered  
Feb. 9th to 12th, 1913.*



*125.00*

*Paid 2/26-1913  
C. E. Mapes  
Under Taken*



## Funeral Expenses

Hartland, Mich.

February 12, 1913.

Received from Fred. Palmer, this date, Five dollars (\$5.00) for payment, in full, for septon services for the interment of the late. Edward Palmer.

Edward <sup>3</sup>Hark

Septon Hartland





# Funeral Expenses

Oakland, Cal., July 8th, 1918

*Mr*

Mrs Maude Yauney

## James Taylor Co.

FUNERAL DIRECTORS

N. E. CORNER FIFTEENTH AND JEFFERSON STREETS

Charles Purdy

DECE

TELEPHONE OAKLAND 680

July 6th, 1918,

Gray Cloth Casket  
 Embalming and services  
 Hearse to Mt View Cemetery  
 3 Limousines to Mt View Cemetery @ \$ 8 ea  
 Funeral Notice in Oakland Enquirer  
 Outside Case for Grave

\$ 60.00  
 15.00  
 10.00  
 24.00  
 1.00  
 5.00  
 \$ 115.00

Flowers  
**RECEIVED PAYMENT**  
*In full*  
 JUL 6 1918  
 JAMES TAYLOR CO.  
 Per *J.P.P.*

2.00  
 2.00  
 2.50  
 2.50  
 \$ 132.50





# Widow's Declaration for Pension

- When & where married
- Previous marriages
- Children under age 16 if there were any

3-007.  
Act of April 19, 1908.

## DECLARATION FOR WIDOW'S PENSION.

STATE OF INDIANA }  
COUNTY OF PUTNAM } ss:

On this 9 th., day of August, A. D. one thousand nine hundred and ten personally appeared before me, a NOTARY PUBLIC within and for the county and State aforesaid, Anna Moore, aged 56 years, a resident of the City of Greencastle, county of PUTNAM, State of INDIANA, who, being duly sworn according to law, makes the following declaration in order to obtain pension under the provisions of the ACT OF CONGRESS APPROVED APRIL 19, 1908.

That she is the widow of John W. Moore, who was enrolled under the name of John W. Moore at Herodsb... on the 2 nd., day of November, 1861 as a Private in Company "H" 19 th. Reg., of Ky., Inf., Vols., and honorably discharged January 28 th., 1862, having served ninety days or more during the late civil war.

That he also served \_\_\_\_\_ (Here give a complete statement of all other services, if any.)

That he was not in the military or naval service of the United States otherwise than as stated above.

That she was married under the name of Anna Duncan to said soldier at Louisville, Ky., on the 13 th., day of May, 1875, by a Minister of Louisville Ky.; that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had been previously married, to one Jennie Coulter who died at Terre Haute, Indiana about the year, 1873 (If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

and that neither she nor said soldier married otherwise than as stated above.

That the said soldier died July 25 th., 1910, at Greencastle, Indiana; that she was not divorced from him, and that she has not remarried since his death.

That the said soldier left the following named children who are now living and under sixteen years of age, to wit:

(If the soldier left no children, the claimant should so state.)

\_\_\_\_\_ born \_\_\_\_\_, 1 \_\_\_\_\_ at \_\_\_\_\_

That she has not heretofore applied for pension \_\_\_\_\_ (If prior application has been made, the number thereof, the service on which it was based, and the name of the soldier should be stated.)

That her post office address is Greencastle, county of PUTNAM, State of INDIANA

Attest: (1) William P. Ledbetter Anna Moore  
(2) William H. Peck (Claimant's signature in full.)

Also personally appeared William P. Ledbetter, residing in Greencastle, Indiana, and William H. Peck, residing in Greencastle Indiana, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Anna Moore, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her of 15 years and 32 years, respectively, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

William P. Ledbetter  
William H. Peck  
(Signatures of witnesses.)

Validity accepted  
as to execution  
S. A. Cuddy,  
Notary Public,  
Law Division.

Subscribed and sworn to before me this 9 th., day of August, A. D. 1910; and I hereby certify that the contents of the above declaration, etc., 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 [L. S.] interest, direct or indirect, in the prosecution of this claim.

Geo. M. Wilson  
Notary Public  
(Official character.)

6-1182  
Mag. Commission  
expired 5/4, 1912.



# Widow's Declaration for Pension

- Reverse side
- Provisions of the current law

3-007. *MM*

ACT OF APRIL 19, 1908.

**Claim for Pension.**

**WIDOW.** *W. Moore*

Name *John W. Moore*

Soldier *John W. Moore*

Service *9 19 14 Bay*

Member *AC 207757 es*

INSTRUCTIONS.

This form may be used for original pension under Act of April 19, 1908.

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.

AUG 17 1908 LAW DIVISION RECEIVED

AUG 19 1910 WEIC DIVISION

## AN ACT

To increase the pension of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts, inconsistent with the provisions of this Act are hereby repealed: *Provided, however,* That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war, and who has been honorably discharged therefrom, has died, or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands, if living, would have a pensionable status under the Joint Resolutions of February fifteenth, eighteen hundred and ninety-five; July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section, or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every such offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved April 19, 1908.

6-1182



## Proof of marriage

- Official Govt. Record
- Church Record
- Affidavit from someone who witnessed the event
- Family Record

STATE OF KENTUCKY, }  
JEFFERSON COUNTY. } Sect.

### BE IT REMEMBERED

That heretofore, to-wit: on the 13<sup>th</sup>  
day of May, 1875, John H. Moore  
obtained from the Clerk of the County Court, within and for the State and  
County aforesaid, a license to marry Annie Duncan  
and that they were married by J. M. Weaver  
at Louisville, Ky. on the 13<sup>th</sup>  
day of May 1875 in the presence of  
Benj. Duncan, and John Howard  
all of which appears upon the Marriage Register on file in my office as Clerk  
of said Court.

IN TESTIMONY WHEREOF, and that the foregoing is truly and  
completely copied from the Register aforesaid, I herunto set my  
hand and affix the Seal of said Court, of which I am the custodian,  
at Louisville, Kentucky, this

26<sup>th</sup> day of February 18 98  
PENSION AUG 16 S.  
1910  
Clerk  
JEFFERSON COUNTY COURT, KENTUCKY.



## Proof of marriage

- Official Govt. Record
- Church Record
- Affidavit from someone who witnessed the event
- Family Record

CERTIFIED COPY OF MARRIAGE.

STATE OF MICHIGAN, }  
 COUNTY OF SAGINAW. } SS.

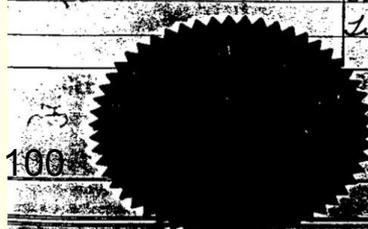
I, E. C. Humphrey, Clerk of the County of Saginaw, and of the Circuit Court thereof, the same being a court of record having a seal, do hereby certify that the following is a copy of the record of marriage of Russell Ryness and Sarah E. Norton now remaining in my office, and of the whole thereof, viz:

RECORD NUMBER	DATE OF LICENSE			FULL NAME OF BRIDEGROOM AND BRIDE AND MAIDEN NAME OF BRIDE IF A WIDOW	Age of each in Years	White, Black, Mulatto, Etc.	RESIDENCE OF EACH	BIRTHPLACE OF EACH	OCCUPATION OF EACH	NAME OF FATHER OF EACH
	Month	Day	Year							
773	July	2	1894	Russell Ryness Sarah E. Norton etto	72 57	st	St Charles "	New York Michigan	Justice Ret Home	Just Ryness E. C. Cole

MAIDEN NAME OF MOTHER OF EACH	TIMES PREVIOUSLY MARRIED	DATE OF MARRIAGE			PLACE OF MARRIAGE	NAME AND OFFICIAL STATION OF PERSON BY WHOM MARRIED	WITNESS TO MARRIAGE	
		Month	Day	Year			NAMES	RESIDENCES
R. Cross	Three times	July	7	1894	St Charles	P. J. Knight Chrysmass	Sam'l Schuyler Mrs M Schuyler	St Charles "

Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, the 23<sup>d</sup> day of October, A. D. 1912

E. C. Humphrey, Clerk.





## Proof of marriage

- Official Govt. Record
- Church Record
- Affidavit from someone who witnessed the event
- Family Record

## Affidavit as to Marriage

Step-daughter's relates family history – 1<sup>st</sup> marriage; 2<sup>nd</sup> marriage

STATE OF INDIANA, )  
PUTNAM COUNTY. ) SS :

Mrs. Nettie Stanley being sworn on oath says that she is a resident of Putnam County, Indiana. That she is a daughter of John W. Moore, late of said County and State, by his first marriage. That the said John W. Moore was married, prior to his marriage with his surviving widow Anna Moore, to the mother of this Affiant whose maiden name was Jennie Coulter. That the said Jennie Moore, first wife of the said John W. Moore and mother of this Affiant, died about the year 1878 when this Affiant was about nine years of age. That the said first wife of the said John W. Moore died at Terre Haute, Indiana. That the father of this Affiant, John W. Moore was married to Anna Moore whose maiden name was Anna Duncan in about the year 1875. That the said John W. Moore died at Greencastle, Indiana on July 25 th., 1910 and left surviving him his widow the said Anna Moore. That the said Anna Moore widow of the said John W. Moore has not remarried since the said death of the said John W. Moore. That this Affiant has no interest in the prosecution of the claim for pension by the said Anna Moore.

Further affiant says not.

*Mrs. Nettie Stanley*

Subscribed and sworn to before me this the 15 day of August, 1910.

*Geo. M. Wilson*  
NOTARY PUBLIC

My Commission expires, 24 1913.

PENSION  
U. S. AUG 16 S.  
1910  
OFFICE





# Proof that Property is not valuable

- What is owned
- Where it is owned
- Valuation for tax purposes

STATE OF OHIO, } ss. Certificate of Property Assessment.  
 County of Highland } (Law of June 27, 1890.)

In the pension claim of Margaret Stillwell  
 widow of John Stillwell

I, James Reese, Auditor of Highland  
(Name of Officer) (Official Designation) County, in the State of Ohio, do hereby certify that I have carefully examined the Records of Assessments of real and personal property in and for said County, and of which I am the lawful custodian, and find the assessments and valuation therein recorded against property standing in the name of John Stillwell deceased for the year 1897, to be as follows, to-wit:

REAL ESTATE. DESCRIPTION.	Value. Dollars.
10 acres of land in White Oak Twp Highland County, Ohio Not valued	\$130
Personal Property, _____	\$



And I further certify that the above are all the assessments that appear on duplicate at the present time.  
Especially 1 dog charged to Margaret Stillwell

And I further certify that I have no interest in this claim for pension and that I am not concerned in its prosecution.

Witness my hand and official seal this 16 day of August A. D. 1897.  
 James Reese, Auditor  
(Official Signature of Officer)



## Accrued Pension

- Owed to soldier at time of his death
- Payable to widow (or heirs) upon request

### Widow's Application for Accrued Pension.

(DUE PENSIONER AT DATE OF HIS DEATH.)

State of Michigan County of Oceana ss:  
 ON THIS 12th. day of December, A. D. 1925, personally appeared  
Phoebe Ellen Slocum, who, being duly sworn, declares that she is the lawful widow of  
Lucius Slocum, who served in Co. H, 1" Reg't.,  
Mich. Lt. Art. Vols.; that he died on the 3" day of December, 1925,  
 that he was a pensioner of the United States by Certificate No. 33457  
 which is herewith returned (or if not, state why) The Commandant at the Soldier's Home  
in Grand Rapids, Mich. has the certificate.

and that the last payment of his pension was made on the 4th. day of November, 1925, after  
 which date he had not been employed or paid in the Army, Navy or Marine service of the United States.  
 That she was married to the said pensioner on the 10th. day of April, 1868  
 at Corunna, in the State of Michigan  
 That her name before marriage was Phoebe Ellen Rhodes  
 That the pensioner was not previously married  
Here state whether the soldier had been previously married, and if so, give the name and date of death or divorce of the former wife.  
 That she was not previously married  
Here state whether you had been previously married, and if so, give the name and date of death or divorce of your former husband.  
 That she hereby makes application to obtain the pension which had accrued to her husband at the date of  
 his death.  
 That she hereby appoints with full power of substitution and revocation, as her true and lawful attorney,  
**JOHN W. MORRIS, OF WASHINGTON, D. C.**  
 to prosecute said claim.  
 That her post-office address is Hart, Mich.  
Including number and street, or number of R. F. D. route, if any. If none, so state.  
 County of Oceana State of Michigan  
Phoebe Ella Slocum  
 Signature of claimant  
No persons who can write must sign here.

JOHN W. MORRIS  
 ATTORNEY AT LAW  
 WASHINGTON, D. C.

JOHN W. MORRIS  
 ATTORNEY AT LAW  
 WASHINGTON, D. C.

THE PENSION CERTIFICATE SHOULD BE FORWARDED WITH THIS APPLICATION.



## Accrued Pension

- Owed to soldier at time of his death
- Payable to widow (or heirs) upon request
- “Action sheet” shown here indicating action taken on the request

3-438.

**ACCRUED PENSION.**  
Act of March 2, 1895.  
*Civil War*  
**EASTERN** Division.

*MW Indpls.*  
*2 Brief*

✓ Certificate No. *207,457* ✓ Last issue *February 11, 1892*  
 ✓ Pensioner, *John W. Moore* ✓ Act *June 27, 1890*  
 ✓ Date of death, *July 25, 1910*  
 ✓ Claimant, *Anna Moore widow*  
*Greencastle*  
*Putnam County*  
*Indiana*

Certificate *not* filed  
 Attorney, *none* Fee, *9* Agent to pay.  
 P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_  
 Submitted *September 7, 1910*, *Junkete*, Examiner.

BOARD OF REVIEW.

Approved for *Admission*  
*Pay to the Widow as above*  
*M. S. Roberts*, Reviewer, *Sept 8, 1910*  
*W. W. Van Loan*, Rereviewer, *Sept 8, 1910*

M. C., \_\_\_\_\_ Claimant \_\_\_\_\_ writes.

6-541



“Dropped” card

2

3-1081

CET PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

MAR 15 1917

191

Certificate No. 708353

Class ACT OF APRIL 19, 1908.

Pensioner Anna Moore

Soldier John W.

Service \_\_\_\_\_

**The Commissioner of Pensions.**

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$ 12 ., to NOV 4 - 1916  
has this day been dropped from the roll be-  
cause of death Jan 23 - 1917

Very respectfully,

[Signature]  
Chief, Finance Division.

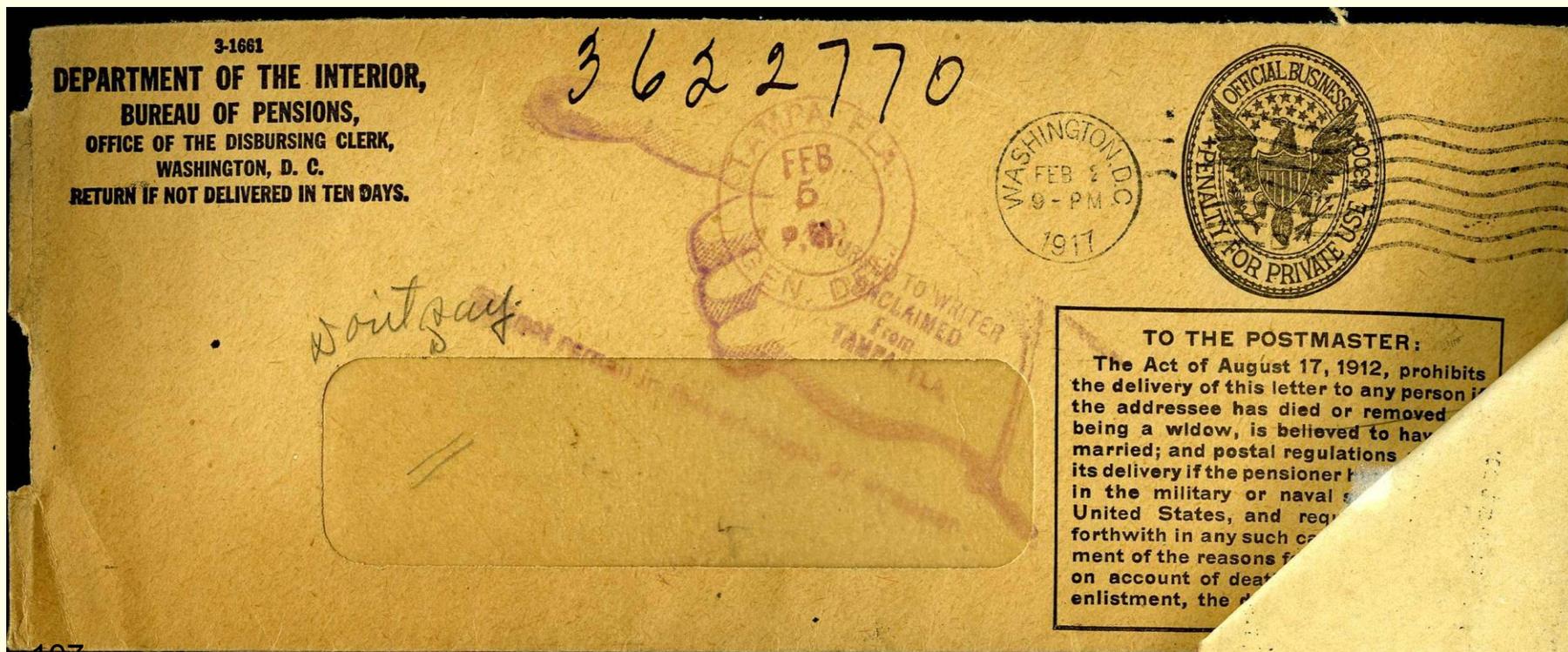
NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

6-2249



## Envelope that widow's last check was in

- Note instructions to Postmaster on lower right





## Dropped – Finance Division notified

MAR 13 1917

To the Chief, Finance Division:

You are hereby notified that check # 3622770 for \$ 36

dated FEB - 4 1917 in favor of ANNA MOORE  
post-office TAMPA FLA  
Certificate # 708353 ACT APR

Class ACT APR 19 1908

GEN DEL

Section 5 has been returned to this office by the Postmaster

with the information that the pensioner died

and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,

Disbursing Clerk.

(D-3)

*Jan 23 1917*

DEPART  
B  
OFFIC  
RETURN

*8/12  
H-1916  
M.K.*  
PLATE DESTROYED



Daughter's letter  
regarding  
widow's death

- Wants to know if she  
can get last check for  
widow's funeral  
expenses

5 Apr  
Tampa Fla  
March 8. 1917.  
Department of the Interior  
Bureau of Pensions.  
As my mother's  
death occurred Jan 23. 1917  
I did not call at Post Office  
for the last check issued.  
I thought best to write you  
about it first to see if we  
could have it to apply on  
funeral expenses for which  
we would be very grateful  
as her death occurred here  
and we had to take her back  
to her home in Duduca  
for burial.  
I still have her Certificate



# Minor's Claim

- Declaration
- By Guardian
- Children; birth dates
- Marriage of parents

DECLARATION

State of Michigan }  
 County of Livingston } ss.

On this 29<sup>th</sup> day of May, A. D. 1864, personally appeared before me Wm. S. Smith of the County and State aforesaid, a resident of Livingston County, Michigan in the County of Livingston and State of Michigan, aged Sixty years, who, being first duly sworn according to law doth on oath, make the following declaration, as guardian of the minor children of Harry R. Stevens deceased, in order to obtain the benefits of the provisions made by the Act of Congress, approved July 14, 1862, granting pensions to minor children under sixteen years of age of deceased officers and soldiers; that he is the guardian of Harriet M. Stevens of the age of eight years on the 21<sup>st</sup> day of January 1863 and Alfred R. Stevens of the age of four years on the 15<sup>th</sup> day of June 1863 whose father was a Private in company L commanded by Captain J. D. Butler in the 9<sup>th</sup> Regiment of New York Heavy Artillery in the war of 1861, and that the said Harry R. Stevens died at Brooklyn, N. Y. on the 15<sup>th</sup> day of June in the year 1861, of wounds received in the battle of the day preceding that he enlisted in the State of New York on the 15<sup>th</sup> day of June 1863. He further states that he has never removed to the town of Brooklyn in the State of Michigan. That a certified copy of his letter of honor is hereto attached that the mother of the child Harriet died (or again married being now the wife of James B. Stevens) on the 15<sup>th</sup> day of August in the year 1863 and that the date of the birth of his said ward Harriet is June 15<sup>th</sup> 1863 at Spruce Hill, Michigan and that the date of the birth of his said ward Alfred is June 15<sup>th</sup> 1863 at Spruce Hill, Michigan. He further declares that the parents of his said ward Harry R. Stevens were married at Brooklyn, New York on the 15<sup>th</sup> day of June 1861 years ago in the year 1861. That they having been married in the State of New York and declared to be legitimate by the proper authorities of the State of New York and that the proper authorities of the State of New York have been notified of the marriage and that the proper authorities of the State of New York have been notified of the marriage and that the proper authorities of the State of New York have been notified of the marriage. And she hereby constitutes and appoints Wm. S. Smith of Brooklyn, New York his Attorney to prosecute the claim and procure a certificate, and to do all other acts necessary in the premises. His present address is Brooklyn, New York.

James B. Stevens  
 Grace S. Stevens  
 Two Witnesses.

Also personally appeared James B. Stevens and Grace S. Stevens residents of Spruce Hill, Livingston County, State of Michigan persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were acquainted with Harry R. Stevens mentioned in the above Declaration, for a period of four years before he entered the services, and know that he is the identical soldier who performed the military services therein mentioned: That they were acquainted with Harriet M. Stevens his late wife, having known her for a period of four years previous to her death and know that they lived together as husband and wife, and were so reputed, and that they never heard the fact of their marriage disputed or questioned. They further say that they are acquainted with the names, ages, and relationship of their said children, and believe them to be as stated in said Declaration, and that they have no interest in the prosecution of their claim. That we are fully satisfied that the children mentioned in the above Declaration are the legitimate children of Harry R. Stevens and Harriet M. Stevens and that they are the only legitimate children of said Harry R. Stevens.

Wm. S. Smith  
 Guardian's Signature.



# Minor's Claim

## Appointment of Guardian

- Court Record
- Authority to transact minor's business

Printed and Sold by R. H. Finley, Rotunda, Griswold St., Detroit.

Letters of Guardianship.

STATE OF MICHIGAN, } ss. Probate Court for said County!  
 COUNTY OF Livingston }

In the Matter of the Estate of *Alvgo B Stenus and Naomi M Stenus*

By *Ira P Bingham* Judge of the Court of  
 Probate within and for the County of *Livingston*  
 TO *Beriah G Smith* of said County, *Creating*

Trusting in your care and fidelity, I do, by these presents, pursuant to the power and authority to me granted, constitute and appoint you to be Guardian unto *Alvgo B Stenus & Naomi M Stenus*

minor *under* the age of fourteen years *children* of *Harvey R Stenus*  
 late of *Tyrom* deceased,  
 with full power and authority to ask, sue for, recover, receive and take into your custody, all and singular the Real Estate, goods and chattels, rights and credits which accrue to *them* in right of *their father*

or which by any other way or means whatsoever, doth of right appertain or belong to *them* and you are to make a true and perfect inventory thereof, and return the same in the Probate Court for the said County of *Livingston* on or before the *fifth* day of *November* next ensuing; and you are to dispose of, manage, employ and improve the same according to law, and for the best interest of the said ward; and within one year from the date hereof, and at such other times as the Judge of Probate shall decree, you are to render, on oath, into the Probate Office of said County, a true account of the property of the said ward; in your hands, of the proceeds of all the Real Estate that may be sold by you, and of the management and disposition of such property; and at the expiration of your trust you are to settle your accounts with the Judge of Probate, for the time being, or with the said ward *or* legal representatives; and to pay over and deliver all the estate and effects remaining in your hands, and due from you on such settlement, to the person or persons who shall be lawfully entitled thereto, or otherwise, as the said Judge by his decree or sentence, pursuant to law, shall order and direct, and do such other acts as the Law in that behalf shall require.

In Testimony Whereof, I have hereunto set my hand and seal of the said Court of Probate.

*Ira P Bingham*  
 Dated at *Hamlet* the *fifth* day of *August*  
 in the year of our Lord one thousand eight hundred and *seventy* five

Recorded in Lib. Fol. *Ira P Bingham*  
 Judge of Probate



# Dependent Mother's, Father's, or Sister's Claim

## Declaration Needs to Provide Evidence of

- Marriage to other parent
- Birth of Soldier Son
- Poor
- Dependent upon son for support
- Who are/were their other children

GENERAL AFFIDAVIT. FILL IN AT CROSSES X.

State of Michigan County of Genesee

In pension claim No. 247,379 of Betsy Woodcock, mother  
of George Ryness Co. D 27 Reg't Mich Vols.

Personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, George A. McFail aged 37 years, whose Post Office address is Clis. Genesee Co. Mich. and Eleanor McFail, aged 59 years, a resident of Clis. Michigan, well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

We are well acquainted with said Betsy Woodcock, and remember the fact of her marrying one Henry Woodcock, on about day of April, 1868, we do not remember the exact date but remember it was about that time, and we have seen her family record, in her Bible, and have every reason to believe that that is the correct date of said marriage, said Henry Woodcock was an old man about over seventy years of age at the time of said marriage, and lived with her until his death which occurred about 1877, during the period of said cohabitation said husband was feeble & physically unable to do manual labor, and had no property whatever, and she could not & did not depend upon said husband for support, and we knew them intimately during said period as neighbors, - and we know that her name prior to said marriage was Betsy Ryness. We further know that the mother of said soldier, said Betsy, has been a hard working woman during our acquaintance, that she is now nearly totally blind, has to be led to her meals, can merely distinguish bright sun light, she has never re-married since the death of Henry Woodcock, that she was in the County Poor House for about eighteen months just prior to September, 1887, and is now entirely dependent upon charity, and she has never had any property during our acquaintance with her.

We further declare that we have no interest in said case and are not concerned in its prosecution.

George A. McFail  
Eleanor McFail

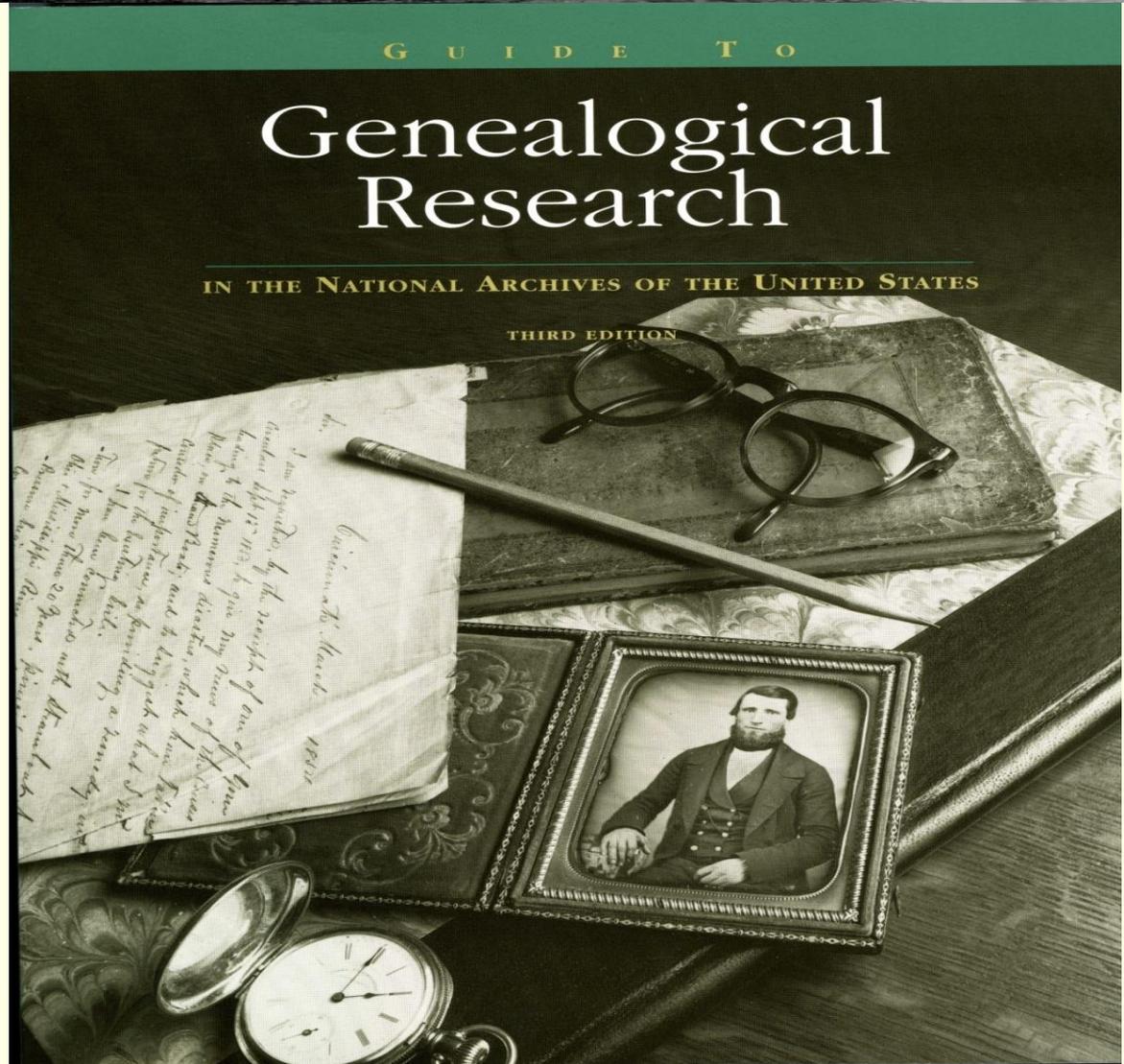
(If affiant sign by mark, two persons who can write sign here.)

NOTARY PUBLIC  
J. J. STONE  
1890  
OFFICE

9.



More information  
about genealogically  
useful records in the  
National Archives





# Thank You!

National Archives

[www.archives.gov/research/genealogy/index.html](http://www.archives.gov/research/genealogy/index.html)

Civil War Records (information about)

[www.archives.gov/research/military/civil-war/resources.html](http://www.archives.gov/research/military/civil-war/resources.html)

Footnote.com (digitized pension records and T289 index)

[www.footnote.com](http://www.footnote.com)

Ancestry.com (T288 index: “Civil War Pension Index....” )

[www.ancestry.com](http://www.ancestry.com)