1 N 2

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 14201

VETERAN Albert Ward

BANK Pvt

SERVICE Co 5 6th Reg Vt Cav

CAN No. 1523

BUNDLE NO 26

3—730.

INVALID Act of Feb. 6, 1907

Cert. No. 754201

Name, Allen Ward

Rank, Sgt.; Service, Co. D. 6th Ky.
~~Vol.~~ Cav.,

Agency: Original Roll: ~~Louisville~~
Transf'd ..., 1, to Group 2
" ..., 1, to

1 Issue. Class Inc. Fee, $ Entered

Issued Oct. 13-1910

Mailed OCT 14 1910

Rate and period, $ 15, from Oct. 3 1910.

Deductions: 0

Disability:

2 Issue. Class Reis. Fee, $ Entered

Issued Feb 12-1913

Mailed FEB 13 1913

Rate and Period, $ 25, from May 31-1912

Deductions 0

ACT OF MAY 11, 1918.

Disability:

3 Issue. Class Inc. Fee, $ Entered

Issued Nov 15. 1915

~~Mailed~~

Rate and period, $ 31, from Sept 3rd 1915
33 3

Deductions:

Disability: ACT OF MAY 11, 1912

4 Issue. Class Increase Fee, $ Entered

Issued Mar. 14 1925

~~Mailed~~

Rate and Period, $ 72, from Dec. 11, 1924

Deductions:

ACT OF MAY 1, 1920 AH

~~Disability:~~

INDORSEMENTS.

FEB 14 1928 Ltr. notice to dpty. of rejection w/c. claim Act July 3/26. A.H.K. Ind. Clk.

ABANDONED

(3-730.)

INVALID. (Series Act of June 27, 1890.)

Cert. No. 754201

Name, Allen Ward

Rank, Sgt; Service, Co D 6th Ky. Vol. Cav.

Agency. { Original Roll: Louisville
Transf'd ..., 1..., to ...
" ..., 1..., to ...

Issue 2 Class ... Fee, $ ... Entered ...

Issued Nov. 23" ..., 1902
Mailed " 30 ..., 1
Rate and Period, $ 10, from Oct 5" ..., 1902
Deductions: ...
Disability: ...

Issue 3 Class ... Fee, $ ... Entered ...

Issued ..., 1
Mailed ..., 1
Rate and Period, $ ..., from ..., 1
Deductions: ...
Disability: ...

Issue 4 Class Relief Fee, $ ... Entered ...

Issued Oct. 15, 1907, 1
Mailed " 16 ", 1
Rate and Period, $12, from Feb 28" 1907
Deductions: 5
Disability: a

Issue ... Class ... Fee, $ ... Entered ...

Issued ..., 1
Mailed ..., 1
Rate and Period, $ ..., from ..., 1
Deductions: ...
Disability: ...

Issue ... Class ... Fee, $ ... Entered ...

Issued ..., 1
Mailed ..., 1
Rate and Period, $ ..., from ..., 1
Deductions: ...
Disability: ...

INDORSEMENTS.

MAY 10 1906
To the Secretary.
DECISION TO APPELLANT
JUN 21 1906

(882-50,000.)

Veterans Administration
Washington,
D. C.

303 SOUTH LIMESTONE STREET
LEXINGTON, KENTUCKY

REIMBURSEMENT SUB-DIVISION, CLAIMS DIVISION
REIMBURSEMENT SECTION
RECEIVED
MAR 28 1932
COMPENSATION SERVICE
REFERRED TO

8/15.

3-1647.

Act of Feb. 6, 1907.

Cert. 75-4.201

Name, Allen Ward

Application filed Feb 28, 1907

Service, 5 & 6 Ky Cav

0-2

[3—216 a.]

Husband Ex'r.

No. 561.508

Act of June 27, 1890.

Md. Ex Bd Surgeon Ct.
Va. Atty Lemon for
W. Va. mayne of Files
Jan 8 92

Allen Ward,

P. O. Dry Run,

Scott Co., — Kentucky

Service: "D" 6" Ky Cav.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: July 24 , 1890.

Alleges:

Any other Claim filed: 561.508

Numerical No. 185.124

N. C.
S. C.
Fla.
Ga.
Ala.
Miss.
La.
Tex.
Ky.
Tenn.
Mo.
Ark.
D. C.
U.S.C.T.

Attorney: Lsp. E. Lemon

P. O. City.

APR 2 1892
Bureau of Pensions
NOV 19 1892
PAID

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

No.

To Attys. Stevens & Co. origin & contin. 8 files

Nov. 7/28. D.P.D.

Nov. 22, 1905 = Attys

J.B. Cralle & Co informed that they are not the Attys of record - J.B.C.

Dec

Dec. 2, 1905 - Clm & atty Stevens & Co. informed by rej & cause. S.W.B.

Dec. 8, 1905 - attys Cralle & Co. that Bu. notice of Nov. 22, 1905 was an inadvertence & given D/C rej. OL clm. R&R

Feb. 19/1906 To Record Div. for Ltr Cancs of 76. W.S.N.

Mar. 3, 1906 To attys Cralle & Co. Ltr Canx. under order 26 - in addn. to Bellew, Rutter, Taylor and Wright: Count Circs. to Bellew, Rutter, Taylor and Wright. W.S.N.

Mar. 20, 1906. To files Wm. Wachter.

Dogy [3—216.] H.

Ex'r. of 54,901 INVALID.

No. 51,658

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

Allen Ward

P. O. Waco Dr Rem Madison Co Ky

Service: Pvt D C Dy Cav

Enlisted: Sept 1, 1864

Discharged: April 14, 1865

Application filed: July 5, 1886.

5/136

Alleges: Typhoid fever affecting kidneys & liver

Re-enlisted:

RESTORED. REJECTED.

Attorney: Gilbert E. Lemon

P. O. Mrs B. Stevens

ATTY FILED.

Recognized. Contract.

Cert. of Dis. Searched for 18 .

(3833—10 M.)

Md. Sept. 1886. Ltr G. for med hist & hospit.

Va. G.E. Lemon Atty under P

W. Va. Med Ex Bd Fayette Co Ky

Dec 8 1890

Mch 6-1890 Ex Bd Lexington Ky

atty. Lemon 100 day circular July 11/89

N. C. Dec 8/90 Bd

S. C. Fam Clm Co. 8

Fla. A.G. returned no

Ga. Comrades verified

Ala. Apl - 12/94

Miss. Med. Ex ordered

La. Corrs. with Same,

Tex. Campbell, Burnett, Dorsey

Ky. P.M. for invalidity

Tenn. Apl. 21/94

Mo. To atty. Lemon for

Ark. origin & cont. 8 files.

D. C. Oct - 9/94.

U.S.C.T.

Fam. data circ. 3-1-73 to send. Sept. 24/98. D.P.D.

No.

atty. Stevens & Lem. informed Med. Ex. Order sent to chmt. Dec - 24/98. D.P.D.

20 Dec
DJ

Circular Call No. 7.
(3—100.)

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D.C., Dec 8, 1890.

Mr Allen Hord
late a
Co. D, 6 Regiment Ky. Cav.
an applicant for original
Invalid Pension, No. 561508
on account of disability from typhoid
fever affecting
left side & hip.
Act of June 27/90
Comply fully with
paragraph 6 instructions
1890.
has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,
Commissioner.

Dr. C. D. Chinn
Frankfort
Co. Franklin Ky

N. B.—Read the inside of this circular before examining a claimant.

(855—100 M.)

6—001

Issued to appear
C. B. Chinn Esq

(EXAMINING SURGEON'S VOUCHER.)

(3—100.)

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, when the validity of the order will cease.

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.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade.*

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade.*

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be anchylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by anchylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is ¼.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—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 follows: "Claimant failed to appear within the specified time."

6—001

3—241.
(Old No. 3—628 g.)

Docket No. 107963 Dec

APPEAL CASE.

BOARD OF REVIEW.

Bureau of Pensions,

MAY 10 1906, 190

No. Claim,

Cert. No. 754201

Claimant,

Soldier, Allen Ward

Co. D, 6 Reg't Ky

Respectfully submitted to the Honorable **SECRETARY of the INTERIOR** with the opinion that the action appealed from should be adhered to.

Attention is invited to the opinion of the Medical Referee, dated May 9, 1906.

Attorney, J. B. Cadle & Co, Washington, D.C.

L. M. Kelley
Acting Commissioner.

6885b10m1-03 0-3

3–244.
(Old No. 3–089 a.)

Docket No. 107963

APPEAL CASE.

Department of the Interior,

BUREAU OF PENSIONS,

MAY 4 - 1906, 190

~~Orig.~~ Cert. } No. 754201

Claimant,

Soldier Allen Ward

Co. D, 6 Reg't Ky

Respectfully referred to the **MEDICAL REFEREE,** requesting his opinion as to whether the rejection of this claim for increase pension, under Act June 27-90, as indicated in the medical action dated March 6-06, was proper, and should be adhered to.

D. M. Dalton.
Chief, Board of Review.

May 9, 1906

Respectfully returned; the medical action above referred to is adhered to.

Sam Houston
Medical Referee.

AFFIRMED.

3—242.

APPEAL CASE.

Docket No. 107,963

BOARD OF REVIEW.

Bureau of Pensions,

JUN 21 1906, 190...

Respectfully returned to the Chief of the Southern *Division, inviting attention to the decision of the Honorable Assistant Secretary.*

T. W. DALTON,
Chief, Board of Review.

21740b10m3-06

South Dak.

Inv. Cert. 754,201 ✓

Allen Ward ✓

Co. D, 6 Mass. Volun. ✓

L. A. F.

NOV 27 1908

J. B. Crall & Co. Attys.

Washington, D. C.

Sirs:

Form 31

Communication of Nov. 6, received the 9

Increase Dec. June 27, 1890, filed Aug. 8/06

On Feb. 28, 1907 filed under Act of Feb. 6/07

Allowed Oct. 15, 1907, at $12.

Very respectfully

Commissioner

(3—217.)

Under Act June 27, 1890.

INCREASE.

Claim to .....

No. 754.201

Allen Hiard.

P. O., Great Crossing

County, Scott

State, Ky

Application filed, July 22, 1892

State Service:

Pvt. Co. C Ky Cav.

July 27-1894 Clmt & Atty Lemon notified of rejection

Letters of rej. to atty Lemon & clmt. Oct 9. 1894.

Disability, ...

Attorney, Geo. E Lemon.

P. O., City.

County, ... State, ...

ATTY FILED

6586 b -20 m

M & B.

Under Act of June 27, 1890.

(3-217a.)

INCREASE.

Claim to

No. 754201.

Allen Ward.

P. O., Stamping Ground.

County, Scott.

State, Ky.

Application filed, Aug. 10, 1897.

State Service, D. C. Ky. Cav.

Sept. 24/98 Clmt. Rd at Frankfort Franklin Co. Ky. max. Atty. informed by card Sept. 24/98. A. P. O.

Disability,

Attorney, Taber & Whitman Co.

P. O., City.

County, , *State,*

(9-100m.)

Atty. filed

7.9.26.

SOUTHERN DIVISION
AUG 19 1897
CHIEF OF FILES

DWB Hunnicutt

J.B. Cralle & Co.

UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 754201

Allen Ward,

P. O., Waco

County, Madison

State, Ky.

Application filed May 29, 1905.

Service, D. 6 Ky. Cav.

June 22, 1905. Cralle & Co., for medical evidence showing present physical condition. Keith

October 30, 1905. Cralle & Co. Testimony of Dr. Vardy Taylor, filed August 23, 1905, does not show appreciable increase in disability, and examination is not warranted. Rogsdal

DEC 15 1905

Ex. Irvine Ky.

Atty Cralle & Co notified

Atty handled by and claimant informed of receipt of rejection of claim for increase. J.H.O. March 13-1906

Attorney, J. B. Cralle & Co.,

P. O., City.

County, , State,

(181 100m.)

Atty. filed.

e.

SOUTH DIV.
JUN
6
905
IVED.

CTION
JUN
6
1905
E

Under Act of June 27, 1890.

(3-1639.)

ABANDONED

INCREASE.

Cert. No. 754201

Allen Ward

P. O., Waco

County, Madison

State, Ky.

Application filed Aug. 8, 1906

Service, D. 6. Ky. Cav.

August 22, 1906. Cralle & Co., for medical evidence showing present disability. LJB

Aug 25 06 Filed, No action taken

Jan 24, 1908 Cralle rec'd adv allowance Act Feb 6/07 y claim for Inc. Act June 27/90 cannot be granted con.

Attorney, J. B. Cralle & Co

P. O., City.

County, , State,

(181 1000.)

BBC

Attorney's files.

SOUTH DIV.
AUG
15
1906
RECEIVED.

A. & N. S SECTION,
AUG 14 906
PENSIONS

Under Act of June 27, 1890.

(3-1639.)

INCREASE

Cert. No. 704.201

Allen Ward

P. O., Waco

County, Madison

State, Ky

Application filed June 8, 1904

Service, D. 6. Ky Cav

Sept. 27, 1904. At Richmond Madison Co. Ky. Satisfied Crolle & Co., Bldg. C.S.W.

Attorney, J. B. Crall & Co

P. O., Crall Bldg. 108 & 8th NW

County, , ~~State,~~ City

(181 room.)

Attorney Filed.

Mor

SOUTH D.V.
JUN 1904
RECEIVED.

Under Act of June 27, 1890.

(3-1639.)

(Old No. 3-217a.)

INCREASE.

Claim to

No. 754.201

Allen Ward

P. O., Waco

County, Madison

State, Ky.

Application filed Feb. 24, 1902

State Service, D. C. " Ky.

Cav.

June 26, 1902 Ex at Irvine

Estate Co. Ky. Ck. Ct.

June 26, 1902.

Death N.G.W.

Disability,

Attorney, Lehmk

P. O.,

County, , **State,**

(186-100m.)

M.D.

A. & N. S. O. K.

SOUTH DIV.
MAR. 7 1902
RECEIVED.

Under Act of June 27, 1890.

(3–217a.)

INCREASE.

Claim to .....

No. 754,201

Allen Ward

P. O., Tulip

County, Clark

State, Ky.

Application filed Feb. 4, *18*/900

State Service, D. C. Ky.

Cav. July 11/900 Clmts

Ex. Bd. Winchester Ky

S. Lw

Disability, ...

Attorney, ...

P. O., ...

County, ..., *State,* .....

(186–100m.)

5

SOUTH DIV.
FEB 20 1900
RECEIVED

MISC. 3—416

CIVIL WAR Division

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Washington, D. C., Oct. 19, 1915

No. Claim,

Cert. No. 754201

Claimant,

Soldier, A Ward

Co. ....., *Reg't*

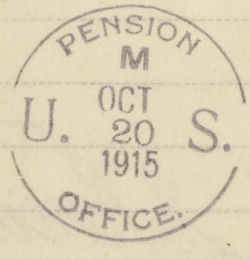
Respectfully, marriage

circular.

Chief of C. W. *Division.*

ASH

6—645


PENSION
M
OCT
20
1915
U. S.
OFFICE.

INCREASE.

3–1647

Act of Feb. 6, 1907.

Cert. 154201

Name, Allen Ward

Boyce

Madison Co., Ky.

Application filed Oct. 3, 1910

Service, Oct 6 by Carr

This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884, under the provisions of the Act of Congress approved July 4, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT,

The Attorney, George E. Lemon, making no charge therefor.

ARTICLES OF AGREEMENT

Whereas I, Allen Ward (Name of claimant.), late a Private (Rank.) in Company "D", of the 6th Regiment of Ky Cav Volunteers, war of 1861 and 1865, 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 attorney, GEORGE E. LEMON, of Washington, D. C., the fee of twenty-five 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 attorney, 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.

Two persons who can write sign here as witnesses.

Allen Ward (Signature of claimant.)

1 John Linnell

2 D. D. Bush

Dry Run P.O. Scott Co. Ky (Post-office address—give Town or City County and State.)

State of Kentucky, County of Scott, ss:

Be it known, that on this, the 1st day of February A. D. 1886, personally appeared Allen Ward (Name of claimant.), the above named, who, after having had read over to him (Him or her.) 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 (His or her.) free act and deed.

[L. S.]

J. H. Lemon J. P. S. C. (Official signature.)

To be executed before any officer competent to administer oaths. Clerk's certificate not required.

Leave this blank for GEORGE E. LEMON, Attorney, to Sign.

And now, to wit, this 6th day of Feby. A. D. 1886, I accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interests of the claimant in the premises, and I hereby certify that I have received from the claimant above named the sum of No dollars, and no more; No dollars being for fee, and the sum of No 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 attorney making no charge therefor.

Witness my hand the year and day above written.

(Signature of attorney.)

BOOK KEEPERS DIVISION
EXAMINED AND FOUND CORRECT
Book keeper.

District of Columbia, City of Washington, ss

Personally came GEORGE E. LEMON, 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.

FEB 10 1886

Witness my hand and seal this ____ day of ____, 188__.

[L. S.]

William Tilly (Official signature.) NOTARY PUBLIC.

Approved for twenty-five dollars, ____ and payable to GEORGE E. LEMON, of Washington, D. C., the recognized attorney.

Commissioner of Pensions.

NOTICE TO CLAIMANT.

This Contract is Permissible Under the Law, but Not Compulsory.—Read the following Copy of the Statute.

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

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed. *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

"SEC. 4786. The agent or attorney of record in the prosecution of the case may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be $10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner, showing that the disability or cause of death, on accoun of which the pension was allowed, did not originate in the line of duty, and in case of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed. *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court

APPROVED JULY 4, 1884.

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

U. S. SENATE CHAMBER,
WASHINGTON, D. C., July 8, 1884.

GEORGE E. LEMON, Esq., Washington, D. C.:

MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.

Very truly, yours, CHARLES F. MANDERSON, U. S. S.

We regard GEORGE E. LEMON, of this city, as a competent and reliable attorney in pension cases.

JOHN F. MILLER, U. S. S.
JOHN J. INGALLS, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., July 3, 1884.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.

L. E. ATKINSON, M. C., 15th Pa. District.

GEORGE E. LEMON, Esq.

I have never had any trouble with pension or other claims prosecuted by your firm, and have uniformly commended you to my soldier constituents and others.

JOHN S. ROBINSON, M. C., 9th Ohio District.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, and I should be glad to remember him to the soldiers of my district.

T. J. WOOD, M. C., 10th Ind. District.

I believe that GEORGE E. LEMON, of this city, is a competent and reliable attorney in pension cases, and one who stands well with the Commissioner of Pensions and Department.

R. W. PERKINS, M. C., Kansas.

I have known something of the manner in which Mr. GEORGE E. LEMON, of this city, has conducted his business. He is prompt, efficient, attentive, and trustworthy attorney. A. X. PARKER, M. C., 19th Dist., N. Y.

I take pleasure in recommending Mr. GEORGE E. LEMON, of this city as a lawyer of good reputation for skill and reliability.

B. M. CUTCHEON, M. C., 9th Dist., Mich.

Attention is also invited to the following from other members of Congress:

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., July 3, 1884.

We take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney

W. S. ROSECRANS, 1st Dist., Cal.
JAMES LAIRD, 2d Dist., Neb.
J. C. CONGER, 3d Dist., Ill.
J. H. BAGLEY, JR., 15th Dist., N. Y.
H. H. BINGHAM, 1st Dist., Pa.
J. C. S. BLACKBURN, 7th Dist., Ky.
C. A. BOUTELLE, at large, Me.
THOS. H. BRENTS, Washington Ter.
J. H. BREWER, 2d Dist., N. J.
J. G. BROADHEAD, 3th Dist., Mo.
H. M. BROWNE, 6th Dist., Ind.
J. W. BUMPS, 4th Dist., Mo.
J. H. BUNN, 4th Dist., Ga.
W. H. CAKES, 13th Dist., Ind.
J. F. CLAY, 2d Dist., Ky.
POINDEXTER DUNN, 1st Dist., Ark.
N. B. ELDREDGE, 2d Dist., Mich.
T. M. FERRELL, 1st Dist., N. J.
J. F. FINERTY, 2d Dist., Ill.
J. F. FOLLETT, 1st Dist., Ohio.
G. W. GEDDES, 14th Dist., Ohio.
D. B. HESDERSON, 3d Dist., Iowa.
B. E. HOWEY, 4th Dist., N. J.
ELZA S. JEFFORDS, 3d Dist., Miss.
B. W. JONES, 3d Dist., Wis.
J. A. KASSON, 7th Dist., Iowa.
W. P. KELLOGG, 3d Dist., La.
J. H. KETCHAM, 12th Dist., N. Y.
G. V. LAWRENCE, 2d Dist., Pa.
BEN. LEEDOM, 20th Dist., Ohio.
H. G. LEREIGH, 6th Dist., Mass.
J. W. MCCORMICK, 11th Dist., Ohio.
BENTON MCMILLIN, 4th Dist., Tenn.
EUSTACE GIBSON, 4th Dist., W. Va.
WM. DORSHEIMER, 7th Dist., N. Y
R. Q. MILLS, 9th Dist., Texas.
C. H. MORGAN, 1st Dist., Mo.
W. C. OATES, 3d Dist., Ala.
CHAS. O'NEILL, 2d Dist., Pa.
D. R. PAIGE, 20th Dist., Ohio.
L. P. POLAND, 2d Dist., Vt.
J. R. RAYMOND, Dakota.
J. M. RIGGS, 12th Dist., Ill.
W. E. ROBINSON, 2d Dist., N. Y.
O. R. SINGLETON, 3d Dist., Miss.
H. W. SLOCUM, 1st Dist., Texas.
C. H. STORM, 11th Dist., Pa.
L. S. STREETER, 11th Dist., Iowa.
J. R. THOMAS, 2th Dist., Ill.
J. R. TUCKER, 6th Dist., Va.
J. H. WALLACE, Ohio.
MILO WHITE, 1st Dist., Minn.
W. L. WILSON, 2d Dist., W. Va.
E. E. WINANS, 6th Dist., Mich.
H. S. WORTHINGTON, 4th Dist., Miss.
D. W. CONNOLLY, 12th Dist., Pa.
A. H. PETTIBONE, 1st Dist., Tenn.
JAS. C. NICHOLLS, 1st Dist., Ga.
GEORGE W. RAY, 21st Dist., N. Y.
W. D. HILL, 6th Dist., Ohio.
S. W. MOELTON, 17th Dist., Ill.
A. J. HOLMES, 10th Dist., Iowa.
J. D. TAYLOR, 17th Dist., Ohio.
J. E. O'HARA, 2d Dist., N. C.
H. G. BERLEIGH, 17th Dist., N. Y
S. L. MILLIKEN, at large, Me.
S. H. MILLER, 20th Dist., Pa.
J. J. KLEINER, 1st Dist., Ind.

ARTICLES OF AGREEMENT.

(Act of Congress, approved July 4, 1884.)

(Name of claimant.)

(Character of claim.)

No. .....

19 188

Important to Former Clients of N. W. Fitzgerald & Co., N. W., S. C., and W. T. Fitzgerald.

Letter of the Secretary of the Interior.

DEPARTMENT OF THE INTERIOR,
WASHINGTON, June 26, 1884.

The Commissioner of Pensions.

SIR: Herewith is transmitted to you a power of attorney from N. W. Fitzgerald, N. W. Fitzgerald & Co., S. C. Fitzgerald, and W. T. Fitzgerald to GEORGE E. LEMON, and a letter of withdrawal of said parties and firm as Pension Attorneys, which, under the circumstances and the good standing of GEORGE E. LEMON, are approved by me.

You will therefore recognize GEORGE E. LEMON as Attorney in all cases heretofore represented by said parties and firm according to the terms of the papers herewith filed with you.

* * * * * * *

Very respectfully,

H. M. TELLER, Secretary.

RECEIVED
FEB 12 1885
PENSION BUREAU

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

OFFICES, 615 FIFTEENTH STREET N. W.,

P. O. DRAWER 325. WASHINGTON, D. C.

This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884, under the provisions of the Act of Congress approved July 4, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT,

The Attorney, George E. Lemon, making no charge therefor.

ARTICLES OF AGREEMENT

Whereas I, Allen Ward (Name of claimant.), late a Private (Rank.) in Company "D", of the 6th Regiment of Ky Cav Volunteers, war of 1861 and 1865, 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 attorney, GEORGE E. LEMON, of Washington, D. C., the fee of twenty-five 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 attorney, 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.

Two persons who can write sign here as witnesses.

Allen Ward
(Signature of claimant.)

1 John Caswell

2 B D Best

Dry Run P.O. Scott County Ky
(Post-office address—give Town or City, County and State.)

State of Kentucky, County of Scott, ss.

Be it known, that on this, the 1st day of February A. D. 1886, personally appeared Allen Ward (Name of claimant.), the above named, who, after having had read over to him (Him or her.) 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 (His or her.) free act and deed.

[L. S.] J C Lemon J.P.S.C.
(Official signature.)

☞ To be executed before any officer competent to administer oaths. Clerk's certificate not required. ☜

☞ Leave this blank for GEORGE E. LEMON, Attorney, to Sign. ☜

BOOK KEEPERS DIVISION
EXAMINED AND FOUND CORRECT
Book keeper.

And now, to wit, this 6th day of Feby, A. D. 1886, I accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability endeavor faithfully to represent the interests of the claimant in the premises, and I hereby certify that I have received from the claimant above named the sum of No dollars, and no more, No dollars being for fee, and the sum of No 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 attorney making no charge therefor.

Witness my hand the year and day above written.

(Signature of attorney.)

District of Columbia, City of Washington, ss.

Personally came GEORGE E. LEMON, 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.

FEB 10 1886

Witness my hand and seal this ____ day of ____, 188__.

[L. S.] William Selby
(Official signature.) NOTARY PUBLIC.

Approved for twenty-five dollars, ____ and payable to GEORGE E. LEMON, of Washington, D. C., the recognized attorney

Commissioner of Pensions

NOTICE TO CLAIMANT.

This Contract is Permissible Under the Law, but Not Compulsory.—Read the following Copy of the Statute.

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

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney"

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

"SEC. 4786. The agent or attorney of record in the prosecution of the case may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be $10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in case of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed: *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court

APPROVED JULY 4, 1884.

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

U. S. SENATE CHAMBER,
WASHINGTON, D. C., July 8, 1884.

GEORGE E. LEMON, Esq., Washington, D. C.

MY DEAR SIR: Before leaving for the recess I desire to express to you my high appreciation of the method and efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.

Very truly, yours,
CHARLES F. MANDERSON, U. S. S.

We regard GEORGE E. LEMON, of this city, as a competent and reliable attorney in pension cases.
JOHN F. MILLER, U. S. S.
JOHN J. INGALLS, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., July 3, 1884.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.
L. E. ATKINSON, M. C., 18th Pa. District.

GEORGE E. LEMON, Esq.:

I have had occasion to employ you with pension or other claims prosecuted by your firm, and have uniformly commended you to my soldier constituents and others.
JOHN S. ROBINSON, M. C., 9th Ohio District.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, and I should be glad to remember him to the soldiers of my district.
T. J. WOOD, M. C., 10th Ind. District.

I believe that GEORGE E. LEMON, of this city, is a competent and reliable attorney in pension cases, and one who stands well with the Commissioner of Pensions and Department.
B. W. PERKINS, M. C., Kansas.

I have known something of the manner in which Mr. GEORGE E. LEMON, of this city, has conducted his business. I have found him an efficient, attentive, and trustworthy attorney. A. X. PARKER, M. C., 19th Dist., N. Y.

I take pleasure in recommending Mr. GEORGE E. LEMON, of this city, as a lawyer of good reputation for skill and reliability.
B. M. CUTCHEON, M. C., 9th Dist., Mich.

Attention is also invited to the following from other members of Congress:

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., July 3, 1884.

We take pleasure in recommending GEORGE E. LEMON, of this city as a reliable attorney.

W. S. ROSECRANS, 1st Dist., Cal.
JAMES LAIRD, 2d Dist., Neb.
J. G. CANNON, 15th Dist., Ill.
GEO. R. DAVIS, 3d Dist., Ill.
J. H. BAGLEY, Jr., 15th Dist., N. Y.
H. H. BINGHAM, 1st Dist., Pa.
J. C. S. BLACKBURN, 7th Dist., Ky.
C. A. BOUTELLE, 4th Dist., Me.
T. H. BRECK, Washington Ter.
J. H. BREWER, 2d Dist., N. J.
J. O. BROADHEAD, 9th Dist., Mo.
T. M. BROWNE, 6th Dist., Ind.
HUGH BUCHANAN, 4th Dist., Ga.
J. N. BURNES, 4th Dist., Mo.
W. H. CALKINS, 14th Dist., Ind.
J. F. CLAY, 2d Dist., Ky.
POINDEXTER DUNN, 1st Dist., Ark.
N. H. DERBY, 1st Dist., Mich.
J. F. FARRELL, 1st Dist., N. J.
J. F. FARRTY, 2d Dist., Ill.
J. F. FOLLETT, 1st Dist., Ohio.
E. H. FUNSTON, 2d Dist., Kan.
D. W. GEDDES, 14th Dist., Ohio.
D. B. HENDERSON, 3d Dist., Iowa.
B. F. HOWEY, 4th Dist., N. J.
ELZA S. JEFFORDS, 2d Dist., Miss.
B. W. JONES, 3d Dist., Va.
W. P. JONES, 3d Dist., Iowa.
J. H. KEIFER, 3d Dist., O.
G. V. LAWRENCE, 24th Dist., Pa.
J. H. LEWIS, 13th Dist., Ohio.
H. B. LOVERING, 6th Dist., Mass.
J. W. MCCORMICK, 11th Dist., Ohio.
BENTON MCMILLIN, 4th Dist., Tenn.
EUSTACE GIBSON, 4th Dist., W. Va.
WM. DORSHEIMER, 7th Dist., N. Y.
R. Q. MILLS, 9th Dist., Texas.
C. H. MORGAN, 12th Dist., Mo.
E. N. MORRILL, at large, Kan.
W. C. OATES, 3d Dist., Ala.
CHAS. O'NEILL, 2d Dist., Pa.
D. P. PAGE, 2d Dist., Ohio.
L. E. PAYSON, 2d Dist., Ill.
J. M. RIGGS, 2d Dist., Ill.
W. E. ROBINSON, 2d Dist., N. Y.
O. R. SINGLETON, 5th Dist., Miss.
CHAS. STEWART, 1st Dist., Texas.
J. B. STORM, 11th Dist., Pa.
I. S. STRUBLE, 11th Dist., Iowa.
J. R. THOMAS, 20th Dist., Ill.
J. R. TUCKER, 6th Dist., Va.
M. H. WHITE, 1st Dist., Minn.
W. L. WILSON, 2d Dist., W. Va.
E. B. WINANS, 6th Dist., Mich.
H. S. VAN EATON, 6th Dist., Miss.
P. V. DEUSTER, 4th Dist., Wis.
D. W. CONNOLLY, 12th Dist., Pa.
A. H. PETTIBONE, 1st Dist., Tenn.
JAS. C. NICHOLLS, 1st Dist., Ga.
GEORGE BLYDENBURGH, 2d Dist., N. Y
W. H. H. LLOYD, 1st Dist., Ind.
S. W. MOULTON, 17th Dist., Ill.
A. J. HOLMES, 10th Dist., Iowa.
J. D. TAYLOR, 17th Dist., Ohio.
M. L. CLARDY, 10th Dist., Mo.
J. E. O'HARA, 2d Dist., N. C.
H. G. BERLEIGH, 17th Dist., N. Y.
E. S. LACEY, 8th Dist., Mich.
S. L. MILLIKEN, at large, Me.
S. H. MILLER, 20th Dist., Pa.
J. J. KLEINER, 1st Dist., Ind.

ARTICLES OF AGREEMENT.

(Act of Congress, approved July 4, 1884.)

Org Gr 561 508

Allen Ward
(Name of claimant.)

Org. Inf. Pvt.
(Character of claim.)

No. .....

12-6-Ky Cav

Important to Former Clients of N. W. Fitzgerald & Co., N. W. S. C., and W. T. Fitzgerald.

Letter of the Secretary of the Interior.

DEPARTMENT OF THE INTERIOR,
WASHINGTON, June 26, 1884.

The Commissioner of Pensions.

SIR: Herewith is transmitted to you a power of attorney from N. W. Fitzgerald, N. W. Fitzgerald & Co., and W. T. Fitzgerald, and letter addressed to GEORGE E. LEMON and a letter of instructions to said parties and him as attorney in fact, in the matter of claims of said parties and the good standing of GEORGE E. LEMON as attorney are approved by me.

You will therefore recognize GEORGE E. LEMON as Attorney in all cases heretofore represented by said parties and firm according to the terms of the papers herewith filed with you.

* * * * * * *

Very respectfully,
H. M. TELLER, Secretary.

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

OFFICES, 615 FIFTEENTH STREET N. W.,

P. O. DRAWER 325. WASHINGTON, D. C.

APPEAL. C WH

Docket No. 10796:1

No. 754,201

Claimant,

Soldier, Allen Ward

Service, D. C. Ky Cavy

Filed APR 20 1906 *by*

P O. J. B. Cralle & Co
Washington D. C

Department of the Interior,

APR 24 1906, 190

Respectfully referred to the Commissioner of Pensions for papers and report.

Jesse E. Wilson
Assistant Secretary.

ACTION.

6/21/06

JUN 18 1906 Action Affirmed.

HISTORY OF CLAIM.

Pensioner, Allen Ward, *Certificate No.* 754201

1st service, D. 6 Ky. Vol. Cav., *enlisted* Oct. 11, 1861; *discharged,* Sept. 6, 1865

2nd service, ; *enlisted,* , 18, *discharged,* , 18

Pensioned from July 24, 1890, *at* $6.00 *per month for* Sciatica and disease of rectum

Original declaration, Act of June 27, 1890, *filed* July 24, 1890

alleged disease of left hip and side results of lightning from.

July 22, 1892 alleged sciatica and disease of rectum and heart, neuralgia and tumor of right shoulder. Rejected July 19, 1894.

Aug. 10, 1897 alleged piles, sciatica, rheu. tumor in Lt. shoulder, shortening in head and other diseases not named. Rejected Dec. 28, 1898

Decla. filed under the general law alleged lightning fear affecting left side and left hip. Declaration filed Feb. 8, 1886.

3–20

BUREAU OF PENSIONS

BOARD OF REVIEW.

Nov. 28, 1903

Cf No. 754201

Soldier, Hood

Co. D, 6th Reg't Ky. Cav.

When Certificate is issued, return papers to Loucher

Div. for action on claim

for increase

act of June 27

1890.

Paul

Re-Rev.

T. W. DALTON,

Chief Board of Review.

0-3

DROP REPORT--PENSIONER

ALLEN WARD,
LEXINGTON KY
754201 ACT MAY
330 LINCOLN AVE

Cert. No
Pensioner
Soldier
Service
Class

Remarks

ACCOUNTING DIVISION

OCT 14 1931

....., 193

The name of the above-described pensioner who was last paid at the rate of $ 100 per month to SEP 4 - 1931; 193....., has this day been dropped from the roll because of death Sept 14 1931

Vet Adm.
Fin Form 1411 Chief Accounting Division.

VETERANS' ADMINI
Bureau of Pen
Finance

(Name of pensioner)

(Name of guardian)

(Certificate number)

(Rate)

Minors	Commencement	Ending

Guardian's P. O. address and remarks--

After action, please
return Claim to Southern
Division for further
consideration of claim
for increase pending
under act of June 27,
1890 -

J.B.G.

Exr -

(3–230.)

Act June 27, 1890.

INVALID. (Series _____)

Cert. No. 754201

Name, Allen Ward -

Rank, Sergt.; Service, Co. "D", 6 "Ky. Vol" Cav.

Agency. { Original Roll: Louisville -
Transf'd _____, 18____, to _____
" _____, 18____, to _____

Issued April 15", 189 2

Mailed " 22 , 18 92

Rate and Period, $ 6.- , from July 24", 1890

Deductions: 0

Disability: Sciatica and dis. of rectum -

Class Invalid Issue. Fee, $ 1.00 Entered

Issued Oct 4", 1902

Mailed " 10 , 1903

Rate and Period, $ 8 , from July 25, 1902

Deductions: _____

Disability: Partial inability to earn support by manual labor.

Class Invalid Issue. Fee, $ Allowance Entered

Act June 27, 1890.

Issued _____, 18

Mailed _____, 18

Rate and Period, $ _____, from _____, 18

Deductions: _____

Disability: _____

Class _____ Issue. Fee, $ _____ Entered

Issued _____, 18

Mailed _____, 18

Rate and Period, $ _____, from _____, 18

Deductions: _____

Disability: _____

Class _____ Issue. Fee, $ _____ Entered

ENDORSEMENTS.

July 27-1894 Asst Atty Lemon notified of rejection Increase Claim

Wee. 8/98. Atty Jaeger Whitaker & Clark Attorney. Inc. Apr June 27/00 No inc. 10. 14 R

4-1-02. Asst Rej. N. L. Dr

Invalid Division
I. C. 754201
Allen Ward
D. & K. Cav.

December 17, 1927

Mr. J. W. Milam,
680-81-82 McClelland Building,
Lexington,
Kentucky.

Sir:

Replying to your letter relative to the pension claim of Mr. Ward, I have to advise you that your letter of October 19, 1927, was made the basis for a claim for increase to $90 per month under the act of July 3, 1926, and on November 19, 1927, the claimant was called upon to furnish the necessary evidence in support of the claim. When such evidence shall have been received, prompt consideration will be given thereto.

Respectfully,

Winfield Scott

WINFIELD SCOTT
Commissioner.

JSJ mky

J W. MILAM
ATTORNEY
680-81-82 McCLELLAND BUILDING
LEXINGTON, KY.

Nov 5 1927

Sir —

Would you kindly favor me with a reply to my letter of Oct 19-1927 with reference to Allen Ward, Cert # 754, 201

Yours very truly

J. W. Milam

Add File
3-18-28

OFFICERS
COMMANDER
ALEX SPEARS
GRAVES, COX & CO.
ADJUTANT
W. H. PREWITT
VEACH'S
SERVICE OFFICER
J. W. MILAM
605 SECURITY TRUST BLDG
FINANCE OFFICER
SAM GOLDBERG
141 WATER STREET

LEXINGTON POST No. 8

AMERICAN LEGION
1927
LEXINGTON, KY.

EXECUTIVE COMMITTEE
JESSE TILLETT
E. E. POTTS
R. M. GUTHRIE
S. J. AMATO
J. R. McCARTHY
CHAPLAIN
HAYS FARRISH

Allen Woods Ct. 754-201

Woods, Allen 12 Oct 27

12/17/27.

Pvt. 4 mths

Dec 4/27

Dear Sir —

I have been to see the claimant several times within the past few weeks and find his condition such as is described in the enclosed affidavits.

Yours very truly

J. W. Milam
Service Officer
Am. Legion
Lex. Post. # 8.

PENSION U. S. DEC 14 1927 OFFICE

3-2452

ACT OF JULY 3, 1926

INCREASE

Cert. No. 754,201

Claimant Allen Ward.

Rank Sergeant Service Co. M, 6th Ky. Inf.

Rate, $ ..... per month, commencing .....

REJECTED FEB 14 1928 J.H.K

APPROVAL

Submitted for Action, Dec. 21, 1927, Jos. M. Keefer Examiner.
Bd. of Rev.

Approved for increase Act of July 3 1926.	Approved for rejection Not totally helpless or blind
Dec 22, 1927, J.H. Woods Reviewer.	July 10, 1928, Lashells Medical Reviewer. C. S. Rice Medical Referee.

Pensioned at $ 72 per month, under ACT OF MAY 1, 1920

Claim filed Oct. 21 1927,

None M. C.

330 Lincoln Ave.
Lexington, Ky.

INVALID DIVISION

3—79

Med Division.

DEPARTMENT OF THE INTERIOR.
BUREAU OF PENSIONS.

Washington, D C. Jan 17, 1918

Certificate No. 75-4201

Pensioner Allen Ward

Class 72 - May 1-1920

Agency

The *Disbursing Clerk* is respectfully requested to state below to what date payment was last made to the above-named pensioner, and what post-office address was at that time.

C. S. Rice
Chief of Division.

DISBURSING OFFICE,

, 191

The above-named pensioner was last paid on , 191 , when post-office address was

330 Lincoln Ave
Lexington-Ky

6—1378 *Disbursing Clerk.*

3—794

Invalid Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

NOV 19 1927, 192

Inv. Cert. No. 451,201

Pensioner Allen Ward (Ward)

Law ACT OF MAY 1, 1920

Group No. or former Agency $12.

The Chief, Finance Division, is respectfully requested to state below at what rate and to what date payment was last made to the above-named pensioner, and address at that time.

Keefer.

Chief of Division.

....., *192*

The above-named pensioner was last paid at $..... to ....., 192 ,

when address was .....

330 Lincoln Ave

Lexington, Ky

Chief, ... *Division*

GOVERNMENT PRINTING OFFICE 6—6652

3-1647.

Act. of May 1, 1920

Cert. 754201

Name, Allen Ward

Application filed Dec 15, 1921

Service, D 6 Ky Cav.

Jan 16-1922 - Cir Cellu to Clairvaux for and & allowed Fi & Inv WD

0-2

DEC 20 1921
RECEIVED

Lexington

3-1647

Act. of May 1, 1920

Cert. 754201

Name, Allen Ward

Application filed Dec 22, 1924

Service, D 6, Ky Cav

Jan 31, 1925 Clmt cer for date as def as poss; a Da 10th regd 9 evi showing same Dm Dis K.W.G.

Feb.10,1925.Civil Ex.Thru P.M. at Richmond,Ky.laj/W

O-2

PENDING FILES
JAN 31 1925
RECEIVED

3-2229

ORDER MEDICAL EXAMINATION

ACT OF MAY 1, 1920.

CERT. NO. 754201

Ward

Feby 8 25

Wm Baker

Jones

3—421

FILES DIVISION
Admitted & Abandoned
NOV 15 1927
RECEIVED

CALL SLIP

Original No. _____

Certificate No. 754.201

Inv Class

Claimant _____

Soldier Ward

Service _____

Case called for _____, 192

By _____, _____ Div.

FILES DIVISION
Miscellaneous
INVALID

Charged _____, 192

to _____

Charged _____, 192

to Mus. Inv

Charged 11/10/27, 192

to Jones

Charged Mid Div., 192

to 11/10/27

Charged 11-17-, 192 7

to Invalid Div

GOVERNMENT PRINTING OFFICE 6—287

J. W. MILAM
ATTORNEY
680-81-82 McCLELLAND BUILDING
LEXINGTON, KY.

Oct-19-1927.

Commissioner of Pensions
Washington D.C.

What is the chance of getting an increase for Allen Ward, Sgt. Co. D. 6th Reg. Ky. Cav. who was granted a pension under certificate # 754,201.

Yours very truly,
J. W. Milam

Adam 3-16-25

PENSION OFFICE U. S. RECEIVED OCT 21 1927

IN THE MATTER OF THE CLAIM OF

ALLEN WARD, CERTIFICATE No. 754 201.

The affiant Sarah Ward says that she is approximately 80 years old; that she resides in Lexington, Fayette County, Kentucky; that she is the wife of Allen Ward the above named claimant; that she resides continuously with her husband; that with the aid of her grand-children she cares for the said claimant; that claimant is confined to his bed almost all the time and that when he does sit up it is only for a few minutes; that he cannot feed himself unassisted or sit up except for a few minutes at a time and then he has to be watched constantly; that he cannot put on or take off his garments and that he cannot walk except for a few steps when some of the boys assist him; that his sight is practically gone, he being unable to recognize persons whom he has known for years and that the above conditions have existed for more than eighteen months.

She says that Dr JP Warren is their family physician

U.S. PENSION OFFICE DEC 7 1927

Sarah Ward

Subscribed and sworn to before me by Sarah Ward this the 9 day of ~~November~~ December 1927. My commission expires Feby.17th., 1930.

J. W. Y. NOTARY PUBLIC FAYETTE COUNTY, KY.

J.P. Mulan

Notary, Fayette County, Ky.

754201 Ward

Ct 754, 201

DR. J P WARREN
LEXINGTON, KY

Nov.26,1927.

Mr.J.W.Milam.
City.
Dear Sir,

At your request I have examined Mr.Allen Ward today and found his condition as follows:

He is unable to walk without the support of some person and falls when he attempts to walk without this support.

He is unable to dress himself and has to spend most of his time in bed.

This disability is due to senility,arterio-sclerosis and high blood pressure.

Very truly yours,

J.P. Warren.

Subscribed and sworn to before me by Dr J.P.Warren Nov. 26 1927.

J.W. MILAM NOTARY PUBLIC FAYETTE CO. KY.

PENSION DEC 14 1927 U.S. OFFICE

J.W. Milam
Notary Public, Fayette Co. Ky.

My Com. Expires Feby 17-1930.

ACT OF JULY 3, 1926

I. C. 754201

Allen Ward

D 6 Ky Cas.

3—371

Cert. No. 754,201

ACT OF MAY 1, 1920

INCREASE

Claimant Allen Ward

P. O. Route #3 Richmond

County Madison

State Kentucky

Rank Sergeant

Service Co. D,

6" Ky. Cav

Rate, $ 72 per month, commencing December 11, 1924

STATE REPRESENTATIVE. None

APPROVAL

Submitted for Med Ex January 31 1925, K.A. Carlton, Examiner.
" " " adhr Feb 25, 1925 K.A. Carlton

Approved for

INCREASE, SECTION 2,
ACT OF MAY 1, 1920.

2/28/25
No Medical Examination
K.A.C.

Jan. 31, 1925, H.A. Cady Div. Reviewer.

, 192 , Rereviewer.

Approved for $72.00 from December 11-1924.

Not warranted from prior date.

Baker, Medical Examiner.

Mch 5, 1925, Medical Reviewer.

Medical Referee.

Enlisted , 18; honorably discharged , 18

Enlisted , 18; honorably discharged , 18

Enlisted , 18; honorably discharged , 18

Length of pensionable service years, months, days.

Pensioned at $ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed Dec. 15, 1924 & Dec. 22, 1924

Claimant does —— write.

No. , M. C.

6—6315

DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Kentucky ., County of Madison ss:

On this 9th .day of Dec. 1921, personally appeared before me, a Notary Public within and for the county and State aforesaid, Allen Ward , who, being duly sworn according to law, declares that he is 81 years of age, and a resident of Richmond Ky. R.R.D.#3 county of Madison , State of Kentucky ; and that he is the identical person who was ENROLLED at. Rawsville Georgia , under the name of Allen Ward , on the first day of January 1863 as a Veteran Volunteer, in Co "D" Kentucky Vol. Calvary
(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 Civel War
(State name of war, Civil or Mexican.)
war, and was HONORABLY DISCHARGED at. Louisville Ky , on the 6th day of Sept. 1865
That he also served as a private in Co. "D" 1st Ky. Regiment under Captain Isaac Taylor and was honorably discharged Dec. 31st 1863 - at Rawsville Ga. to reenlist as above

That his personal description at enlistment was as follows: Height 5 feet 8 inches; complexion light color of eyes Blue ; color of hair light ; that his occupation was Farmer ; that he was born Sept. 30th 1840, at. Madison Co. Kentucky

That he requires the regular personal aid and attendance of another person on account of the following disabilities:

(State in this space the nature of any and all disabilities.)
I do not have regular attendant but on account of bad eye-sight an physical condition in general I do not make any trips to get far from home without an attendant.

That since leaving the service he has resided at Madison Co. Kentucky
and his occupation has been Farmer . That he has not applied for pension under original No.. . That he is a pensioner under Certificate No. 754201 Ill.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of May 1, 1920.

(Two attesting and identifying witnesses.)

(1) W C Bowling
(Signature of first witness.)
Waco Ky
(Address of first witness.)

(2) R.B. Grinstead
(Signature of second witness.)
Waco . Ky.
(Address of second witness.)

Allen Ward
(Claimant's signature in full.)

(Claimant's address in full.)

Subscribed and sworn to before me this 13th day of Dec , A. D. 1921, 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.]

O. C. Bucher
(Signature.)
Notary Public
(Official character.)
Waco Ky.
(Post Office address of officer.)

O. C. BUCHER NOTARY PUBLIC MADISON COUNTY, KY.

MY COMMISSION EXPIRES JAN 19th 1923

PENSION U. S. DEC 16 1921 OFF

Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, Law Div. Per W&R

ACT APPROVED MAY 1, 1920.

DECLARATION FOR PENSION.

Number.....

Claimant .....

Service .....

INSTRUCTIONS.

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the Act of May 1, 1920, because he requires the regular personal aid and attendance of another person.

The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

ACT APPROVED MAY 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of $72 per month.

INFORMATION REQUIRED.

If applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file in support of his application:

1. The sworn statement of the attending family physician, describing the disabilities which make necessary the regular personal aid and attendance of another person.

2. The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance rendered; whether the claimant is confined to the house or to his bed, and if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

3. The claimant should state whether any member of his family rendered military or naval service in the late World War, and if so, whether he has applied to the War Risk Insurance Bureau for compensation, or is in receipt of the same because of the death in, or since the service, of such member of his family.

C. 757201

In re—
Allen Ward
C 6 Ky. Cav—

Abandoned

Richmond Ky.
Route 3,
Dec 11—1924

To the Pension Commissioner
Washington D.C,
Sir;

At my age of 84 years, and as I am unable physically to engage in any gainful occupation, and that I am bedfast, at least half of the time, and that I am unable financially to retain the services of a nurse other than my wife who is also feeble, I am sure this establishes a permanent and total disability, beg of you, consider an increase in my pension.

Your Respectfully
Allen Ward

Subscribed & Sworn to before me
this 19th day of Dec 1924
G B Moores—Notary Public

My commission expires Feb. 11th 1926

NOTARY PUBLIC MADISON CO. KY.

Declaration accepted as a claim under Sec. 2, act of May 1, 1920.

PENSION DEC 22 1924 U. S.

CE

CHIEF'S DESK
LAW
JAN 30 1925
DIVISION
U.S. BUREAU OF PENSIONS

NOTARY PUBLIC
MADISON CO. KY.

apx Graph'd (Louisville)

3—364

~~Rsuse~~ Increase

ACT OF MAY 11, 1912.

Cert. No. 754201

ACT OF MARCH 4, 1913

Claimant, Allen Ward

P. O., RR 3 Richmond

County, Madison

State, Kentucky

Rank, Sergeant

Service, Co. D. 6 Ky. Cav.

Rate, $ 30.- per month, commencing September 30, 1915

Approved for Increase
$40 from June 10, 1918
$ from 19
Act of June 10, 1918
BARGER Exr.
Gaulbn Rev.
JUN 26 1918 ; Agent to pay.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, None

P. O.,

Fee, $

Articles filed , 19

CIVIL WAR

APPROVAL.

Submitted for adm Oct. 27, 1915 C Scott, Examiner.

Approved for increase Rate $ 30. per month; age 75 years.

Length of pensionable service: 3 years, 10 months, 26 days.

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

on account of

Nov 10, 1915, Geo. P. Meyer Legal Reviewer. Nov. 12, 1915, W. F. Wolfe Re-Reviewer.

Enlisted Oct 11, 18 61; honorably discharged Sept 6, 18 65

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 3 years, 10 months, 26 days.

Pensioned at $ 25 per month, under Act of May 11. 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed Oct 4, 1915

Age shown by evidence 75 years; date of birth ~~alleged~~ Sept 30, 1840

Claimant does 1 write.

No, M. C.

6—3317

Affadavit. — Act May 11-1912

In the matter of Pension Claim of Allen Ward. Co "D" Sixth Regt. Ky. Cav. Personally came before me Allen Ward who state in relation to claim aforesaid as follows.
That he is the Claimant above named that he is already a pensioner by Cert # 754201. at the rate of Twenty-five dollars per month ($25)
That he was born September 30-1840 and he is now 75 yeas of age.
That he was First-Enrolled in above Co. & Regt Oct-20-1861 and was honorably Discharged Dec 31-1863 Reinlisted on Janu 1-1864 and Discharged Sept 6-1865 by reason of Special Ord 163. That he makes this affadavit in order to be placed on the Invalid Pension Roll under the disability of Age at the rate of ($30.) Thirty dollars per month. That my Post Office Address is Richmond Ky. R3

Allen Ward
Richmond, Ky. R3.

Sworn to and subscribed before me this 2nd day of October 1915.
My Commission Expires Mch 7-1916.

Jas. A. White
Notary Public
Richmond Ky.

RECEIVED
PENSION
OCT 4 1915
U. S.
OFFICE.

May 11–1912

Affadavit of
Allen Ward
Bybee. Ky.
Invalid Pen Claim
Act May 11–1912.

CIVIL WAR
OCT 5 1912
DIVISION.

Jas B Lewis

3—364

Reissued

ACT OF MAY 11, 1912.

Cert. No. 754,201.

Claimant, Allen Ward.

P. O, Rybee,

County, Madison,

State, Kentucky,

Rank, Sergeant,

Service, Co. 6 Kentucky Cavalry.

Rate, $ 25. per month, commencing May 31, 1912.

CIVIL WAR

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ... | Fee, $ ....., Agent to pay.

P O, ... | Articles filed ....., 19

APPROVAL.

Submitted for Adm., Jan. 15, 1913, Ness Lanham, Examiner.

Approved for Admission Rate $ 25— per month; age 71 years.

Reissue from Act of February 6, 1907.

Length of pensionable service 3 years, 10 months, 26 days.

Deductions in service from any cause none years, ... months, ... days,

on account of .....

February 8, 1913, H. J. Hunt. Legal Reviewer. Feby. 10, 1913, W. G. Penney Re-Reviewer.

Enlisted Oct. 11, 1861; honorably discharged Sep. 6, 1865

Enlisted ....., 18 , honorably discharged ....., 18

Enlisted ....., 18 , honorably discharged ....., 18

Length of pensionable service 3— years, 10— months, 26— days.

Pensioned at $ 15— per month, under Act Of February 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 31, 1912

Age shown by evidence 71— years; date of birth alleged Sep. 20, 1840

Claimant does ——— write.

6—3317

No ——, M C.

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky, *County of* Madison, *ss:*

On this 28th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a notary public within and for the county and State aforesaid, Allen Ward who, being duly sworn according to law, declares that he is 71 years of age, and a resident of Bybee, county of Madison, State of Kentucky, and that he is the identical person who was ENROLLED at Camp Barnes, Estill Co. Ky., under the name of Allen Ward, on the 20th day of Oct, 1861, as a private, in Co D. 6th Reg. Ky. Cav. Vol.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED

(State name of war, Civil or Mexican.)

at Rowsville, Ga., on the 31st day of Dec, 1863.

That he also served as Sergeant of Jas.B.Rogers, Co. D. 6th Reg. Ky. Vet. Vol. Cav. Enrolled on 1st day of Jan 1864, at Rowsville, Ga., was honorably discharged at Louisville, Ky. on 6th day of Sep. 1865.

(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, five feet six inches, complexion, light, color of eyes, blue, color of hair, light, that his occupation was farmer, that he was born Sep. 20th, 1840, at Madison County, Ky.,

Mailed to S.A.Cuddy, Chief Law Division, Washington, D.C. accepted

That his several places of residence since leaving the service have been as follows Madison Co. Ky. fromtime of discharge till 1875. Frankfort, Ind till 1877, Madison Co, Ky till 1881, Scott Co. Ky. till 1897. Clark Co. Ky. till 1901. Madison Co. Ky till present

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 754201. That he has applied for pension under original No.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Bybee, county of Madison, State of Kentucky.

Attest. (1) J. M. Lykins

(2) Chas M. Embry

Allen Ward

(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 28th day of May, 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.]

Robt W Rowland

(Signature.)

My Commission Expires Jan. 12th 1914

Notary Public

(Official character.)

RECEIVED MAY 31 1912 PENSION OFFICE U. S.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3—014.

MAY 31 1912

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 954201

Name, Allen Wood

Service,

INSTRUCTIONS.

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

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

ACT APPROVED MAY 11, 1912.

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

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

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

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

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

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

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

mw
754201
Louisville

3—364.

Original No. .....

Certificate No. 754201

ACT OF FEBRUARY 6, 1907.

INCREASE

Claimant. Allen Ward

P. O., Bybee

County, Madison

State, Kentucky

Rank, Sergeant

Company, D.

Regiment, 6 Kentucky Vol Cav

Rate, $ 15 per month, commencing October 3, 1910,

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ...

P. O., ...

CIVIL WAR

APPROVAL.

Submitted for Admitted October 7, 1910, W B Maynard, Examiner.

Approved for Increase,
Age over 70,
Rate $15- per month,

Oct. 10, 1910, F J Robinson *Legal Reviewer.* Oct 11, 1910, W W Vanfossan *Re-Reviewer.*

Enlisted October 11, 1861; honorably discharged September 6, 1865

Enlisted ....., 18 ; honorably discharged ....., 18

Enlisted ....., 18 ; honorably discharged ....., 18

Pensioned at $ 12 per month, under Act February 6, 1907

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed October 3, 1910.

Date of birth alleged, September 30, 1840

Age shown by evidence 70 years.

Claimant does ..... write.

HR Harvey Helm, M. C.

6—810

A.P. Louisville

3—364.

Reissue

Original No. ____

Certificate No. 754201

ACT OF FEBRUARY 6, 1907.

Claimant, Allen Ward

P O, Waco

County, Madison

State, Kentucky

Rank, Sergeant

Company, D

Regiment, 6 Ky Vol Cav

Rate, $ 12. per month, commencing February 28, 1907

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ____

P O, ____

SOUTHERN.

APPROVAL.

Submitted for October 5, 1907, J. F. Cole, Examiner

Approved for Admission.

Age over 62.

Rate, $12. per month.

Reissue to allow under act of February 6, 1907. Deduct subsequent payments and drop name from roll under act of June 27, 1890.

Oct. 12, 1907, August Smith, Legal Reviewer.

Oct. 12, 1907, V. M. Tucker, Re-Reviewer

Enlisted October 11, 1861, honorably discharged September 6, 1865

Enlisted ____, 18 , honorably discharged ____, 18

Enlisted ____, 18 , honorably discharged ____, 18

Pensioned at $ 12 per month, under Act June 27-1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed February 28, 1907

Date of birth alleged, 1840

Age shown by evidence 66 years

Claimant does — write.

G G Gilbert Atty, M C

6—810

Jno.

3—014.

ACT OF FEBRUARY 6, 1907

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky }
County of Madison } ss.

On this 24 day of February, A. D. one thousand nine hundred and Seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Allen Ward, who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Waco county of Madison, State of Kentucky; and that he is the identical person who was ENROLLED at Irvine Ky under the name of Allen Ward, on the 17 day of October, 1861, as a private, in Co D, 4th Reg. of Ky Cavalry
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Rowsville Georgia, on the 31st day of December, 1863.
That he also served — was discharged at Rowsville Ga. by reason
(Here give a complete statement of all other services, if any.)
of Enlistment - Veteran Volunteer, and was finally
discharged at Louisville Ky. On the 6th of Sept 1865.
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 4 inches, complexion, light; color of eyes, Blue, color of hair, light; that his occupation was Farmer; that he was born in Madison Co Ky 1840, at

That his several places of residence since leaving the service have been as follows
in 1875 Johnson Co Ind. in 1880 Scott Co Ky. To 1897
(State date of each change, as nearly as possible.)
in Clark Co. Since then in Madison Co Ky.

That he is a pensioner That he has heretofore applied for pension
His pension Certificate is No. 754201
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Waco, county of Madison, State of Kentucky

Allen Ward
(Claimant's signature in full.)

Attest: (1) W. T. Fielder
(2) D Fielder

Also personally appeared W. T. Fielder, residing in Waco Ky and D. Fulder, residing in Waco Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Allen Ward, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 40 years and 40 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

W. T. Fielder
D Fielder
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 24 day of February, A D 1907, 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 interest, direct or indirect, in the prosecution of this claim.

[L. S.]

My Commission Expires Jan. 12, 1910.

Wm Breton
(Signature.)
Notary Public
(Official character.)
Waco Ky.

Valid.

E. C. P., Law.

6—803

FEB 28 1907 U. S. OFFICE.

3–014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 717201

Name, Allen Ward

Service, Civil War

INSTRUCTIONS.

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

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

RECORD MAR 15 1907

AN ACT

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

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

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month, seventy years, fifteen dollars per month, seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act, and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

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

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED *February 6, 1907*

6—803

WM. BEATON NOTARY PUBLIC MADISON, GA.

3—014.

ACT OF FEBRUARY 6, 1907

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky }
County of Madison } ss.

On this 30 day of Sept, A. D one thousand nine hundred and ten, personally appeared before me, a Notary Public within and for the county and State aforesaid, Allen Ward, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Byron county of Madison, State of Kentucky, and that he is the identical person who was ENROLLED at Camp Barnes under the name of Allen Ward, on the 12 day of Oct, 1861, as a private, in Co D. 6 Reg Ky Cav. Vol.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Rousville Ga., on the 31 day of Dec, 1863
That he also served as a Sergeant, Co D. 6 Reg Ky Vol Cav
(Here give a complete statement of all other services, if any.)
Was enrolled on the First day of Jan 1864. at Rousville Ga. Was discharged at Louisville Ky. Sep 6-1865

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 inches; complexion, light; color of eyes, blue; color of hair, light; that his occupation was farmer, that he was born Sep 30- 1840, at Madison Co. Ky

That his several places of residence since leaving the service have been as follows
(State date of each change, as nearly as possible.)
Madison Co Ky. except about 19 yrs in Scott Co. Ky. coming to Madison Co. Ky in 1900

That he is a pensioner. That he has heretofore applied for pension
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
Ctf No 754.201

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907

That his post-office address is Byron, county of Madison, State of Ky

Allen Ward
(Claimant's signature in full.)

Attest (1) _____

(2) _____

Also personally appeared Wm Benton, residing in Waco Ky and H J Bonny, residing in Waco Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Allen Ward, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 10 years and 19 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Wm Benton

H. J. Bonny.
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 30 day of Sept, A. D 1910, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Robt M Rowland
(Signature.)
Notary Public
(Official character.)
My Commission Expires Jan. 12th 1914

PENSION OFFICE U. S. OCT 3 1910

ROBERT M. ROWLAND NOTARY PUBLIC MADISON CO. KY.

Verified as to execution accepted
S. A. Cuddy,
Chief, Law Division;
per JFH

6—803

92

3–014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 577,420 92a

Name, Allen Mack

Service, U.S. Navy

Co. [illegible]

INSTRUCTIONS.

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

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

LAW DIVISION RECEIVED OCT 31 1916

RECORD OCT 31 1916

CIVIL RECORDS DIVISION OCT 31 1916

AN ACT

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

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

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month, seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act, and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

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

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED *February 6, 1907*

6—803

ROBERT A. ROMAN NOTARY PUBLIC MADISON CO. KY.

3—357.

Cert. No. 754201

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Allen Ward

P. O. .....

County .....

State .....

Rank Sergeant

Company C. D. 6 Ky Cav

Regiment .....

Rate, $..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name .....

P. O. .....

Fee, $ .....

Agent to pay.

APPROVALS.

Submitted for ....., ..., 190 , ..., *Examiner.*

Approved for .....

Abandoned

, 190 , ...
Legal Reviewer.

, 190 , ...
Re-Reviewer.

Approved for .....

Aggregate of disabilities shown, permanent in character: $.....

..... *Medical Examiner.* ..... *Medical Reviewer.*

, 190 , ...
Medical Referee.

Enlisted Oct 11, 1861; honorably discharged Sept 6, 1865

Enlisted ....., 186 ; honorably discharged ....., 186

Pensioned at $..... per month. Last paid to .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug 10, 1906 alleges Increase

Claimant does ..... write.

Certificate not filed.

6—774

....., *M. C.*

CIVIL WAR

UNDER AGE ORDER OF COMMISSIONER OF PENSIONS, APPROVED MARCH 15 1904.

Declaration for Increase of Pension.

Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

☞Execute this before some officer having a seal.

State of Ky County of Madison , ss:

On this 30th day of July A. D. 1906, personally appeared before me, a Notary Public within and for the County and State aforesaid, Allen Ward

Claimant's name should be written here.

aged 41 years, a resident of Waco County of Madison

Age here. Place of residence here. Name of County here.

State of Ky, who, being duly sworn according to law, declares that he is the identical

Name of State here.

Allen Ward who was enrolled on the 20 day

Name of Claimant.

of Aug., 1864, in Co. D. 6th Reg. Ky. Cav

Month. Year. Here state rank, Co. and Reg't. if in Military service, or vessel if in the Navy

in the WAR of the REBELLION and served at least NINETY DAYS, and was HONORABLY DISCHARGED at Louisville Georgia, on the 31 day of Dec, 18 63

Place where discharged. Month. Year

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except Recruited Jan 1st 1864 T. Discharged at Louisville Ky 31/4/1865

That he is now unable to earn a support by manual labor That he is a pensioner under Certificate

Partially or wholly.

No 737201 at 10 dollars per month. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely piles sciatic rheumatism, lameness left hip and back and debility due to age

Also on account of

That he was born on the 30 day of Sept, in the year 18 40

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the *Act of June 27, 1890 as amended by Acts of May 9 1900 and July 1, 1902* He hereby appoints

J. B. CRALLE & CO.,

PENSION ATTORNEYS, CRALLE BUILDING, 108 C St., N. W., WASHINGTON, D. C.,

their successors or legal representatives his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Two Dollars when his increase is allowed. That his Post Office address is Waco County of Madison State of Ky

Claimant's P. O. address here. Name of County here. Name of State here.

Attest two witnesses. { Dillard Fielder, Mat Comelison

Allen Ward

[Claimant's Signature.]

PENSION U. S. AUG 8 1906 OFFICE.

ATTY FILED

Also personally appeared Dillard Fulden, residing
Name of first Witness here.
at Waco Ky, and Mat Cornelison,
Name of second Witness here.
residing at Waco Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Dillard Fielder

Mat Cornelison

Signatures of two witnesses who write their names.

Sworn to and subscribed before me this 30th day of July, A. D. 1910

and ~~I do 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 interest, direct or indirect, in the prosecution of this claim.

My Commission Expires Jan. 12, 1910.

Executing Officer's [L. S.] Seal here.

Wm Burton
Official Signature.

Notary Public
Official Character.

Declaration and power of attorney valid.
S. A Cuddy,
Chief, Law Division.
per G. A. W-8-10

Under AGE Order of Commissioner of Pensions, Approved March 15, 1904.

DECLARATION FOR INVALID PENSION.

Under Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

INCREASE.

Name Allen Ward.

Rank Co. D 6th Regt. Ky. Vols.

Certificate No. 754,201

FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,
CRALLE BUILDING,
WASHINGTON, D. C.

RECEIVED AUG 9 1906 REGISTRY

RECORD AUG 10 1905 DIVISION

8/11

K.O'D.

DEPARTMENT OF THE INTERIOR,
WASHINGTON. JUN 18 1906

Certificate No.754,201.	:	Docket No.107,963.
Allen Ward,	:	Appeal.
Co. D, 6th Kentucky Vol.Cav.	:	Affirmed.

----------oOo-------

INCREASE--ACT OF JUNE 27, 1890.

Held: The present rating $10 per month, is fully commensurate with the degree of inability to earn a support by manual labor.

---------oOo------

The Commiasioner of Pensions,

Sir:

Allen Ward, late of Company D, 6th Kentucky Volunteer Cavalry, a pensioner under the act of June 27, 1890, at the rate of $10 per month, filed on April 20, 1906, an appeal from the Bureau action of March 13, 1906, in rejecting his claim for increase filed on May 29, 1905.

It is contended on the part of appellant that he is totally disabled from earning a support by manual labor and, therefore, entitled to a rating of $12 per month.

Soldier was examined before a board of surgeons on February 7, 1906, who reported the following conditions:

Pulse rate 89, 90, 102; respiration 16, 17, 21; temperature, 98-4/5; age, 65 years; height, 5 feet 8 inches, and weight, 145 pounds.

Rheumatism:--He has crepitation in left shoulder joint, also, in left hip and knee. He limps in walking. Some limitation of motion in left shoulder and hip and knee. He has rheumatism. Disease of heart. Apex beat three inches below nipple and on a verticle line. Heart area increased. Sounds loud. No cyanosis, some dyspnoea. No oedema. Heart is hypertrophied. Legs, hips and back:--He is lame in legs from rheumatism. No enlargement of joints. Erector spinal muscles are very hard and rigid. He stoops badly. He has lumbago. He traced course of pain from left hip down to heel. He has sciatica. Rectum:--He has three external piles, size of end

of finger; bleeding and ulcerated. No other disease of rectum.
No evidence of senile debility.
Lungs:--No dulness; respiratory murmur clear and distinct over both lungs. Lungs normal.
Kidneys:--Specific gravity 1018; no albumin -on heat and nitric acid test; no sugar on Fehling test. Kidneys normal.

Dr. H. G. Sandlin, testified by affidavit filed on December 1, 1905. He described substantially the same conditions as contained in the report of the board of surgeons.

The Department has carefully considered the evidence and is of the opinion that a rate in excess of $10 per month is not shown on account of the soldier's inability to earn a support by manual labor.

The Bureau action is affirmed and the papers are herewith returned.

Very respectfully,

Jesse E. Wilson

Assistant Secretary.

AFFIRMED

Board of Review
JUN 20 1906

OFFICE OF
J. B. Cralle & Co.,
PENSION ATTORNEYS,
Cralle Building
WASHINGTON, D. C.

April 17, 1906.

RECEIVED
APR 20 1906
Board of Pension Appeals
SECRETARY TO THE COMMISSION

The Honorable,

The Secretary of the Interior,

Washington, D. C.

Sir:

Referring to the claim of Allen Ward, late Pvt. Co. D 6 Ky. Cav. for increase of pension, under the Act of June 27, 1890 and its amendments, Inv. Ctf. No. 754201 we are advised by the Bureau under date of March 13, 1906 that on said date the claim was rejected upon the ground that a rate in excess of $10.00 per month was not warranted by the degree of inability to earn a support by manual labor, as shown by the evidence on file in the claim.

We invite attention to the testimony of Dr. H. G. Sanalin filed Nov. 29, 1905 and contend that the action of the Bureau is contrary to the evidence and is error and that claimant is entitled to a rate in excess of $10.00 per month and ask that said action be reviewed and reversed.

Respectfully,

J. B. Cralle & Co

Allen Ward

DEPARTMENT OF THE INTERIOR
RECEIVED
APR 20 1906
Board of Pension Appeals.

April 17, 1906.

Respectfully,

Chief Clerk.

Referred to the Commissioner of Pensions with the recommendation that the evidence and that contained in the letter of Dr. H. C. Smalley dated Nov. 23, 1905 and filed with the papers in the case of Mary Ward, Inv. Cert. No. 724201 be sufficient to warrant the allowance of a pension of $10.00 per month from and after March 4, 1905.

Respectfully,

Chief Clerk.

Referred to the Commissioner of Pensions with the recommendation that the evidence and that contained in the letter of Dr. H. C. Smalley dated Nov. 23, 1905 and filed with the papers in the case of Mary Ward, Inv. Cert. No. 724201 be sufficient to warrant the allowance of a pension of $10.00 per month from and after March 4, 1905.

Respectfully,

Chief Clerk.

Washington, D. C.

Hon. Secretary of the Interior,

Sir:

Allen Ward

[illegible]357. Cert. 754201

ACT JUNE 27, 1890.

O. L. Pending.

Increase INVALID PENSION.

Claimant, Allen Ward

P. O. Waco,

County Madison

State Kentucky

Rank Sergeant

Company D.

Regiment 6 Ky Vol Cav.

Rate, $ ____ per month, commencing ____

Pensioned for ____ inability to earn a support by manual labor

March 13, 1906 A.G.H.

SOUTHERN.

RECOGNIZED ATTORNEY.

REJECTED

Name J. B. Crallé & Co

P. O. Washington, D. C.

Fee, $2.

Agent to pay.

APPROVALS.

Referred December 14, 1905 Md Ex L Scherneckow

Submitted for March 6, 1906, M B Hayward, Examiner.

Approved for sciatica, disease of rectum and heart and senile debility old. Piles. rheumatism lameness of left hip and back alleged May 29, 1905. Disease of legs and lumbago Order 71.

March 6, 1906 C E Lusby
Legal Reviewer.

, 190 , So Den
Re-Reviewer.

Approved for rheumatism disease of heart and rectum and senile debility

Aggregate of disabilities shown, permanent in character: $10.00

No increase.

Taylor
Medical Examiner.

March 9", 1906

Medical Reviewer.

C. P. Wallace
Acting
Medical Referee.

Enlisted October 11, 1861; honorably discharged September 6, 1865

Enlisted ____, 186__; honorably discharged ____, 186__

Pensioned at $10. per month. Last paid to ____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 29, 1905 alleges Increase, Piles, sciatic rheumatism, lameness in left hip and back, age debility,

Claimant does not write.

Certificate not filed.

No. M. C.

0-4

After action is had on the above claim, please return the case to the Southern Division for consideration of the claim under the General Loan.

Respectfully
A. B. Maynard
Examiner

March 6, 1906.

3-357.

Cert. No. 7 #201

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Allen Ward

P O Waco

County Madison

State Kentucky

Rank Sergeant

Company D

Regiment 6 Ky. Vol. Cav.

Rate, $ ____ per month, commencing ____

Pensioned for ____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. B. Coalle & Co.,

P O. Washington, D.C.

Fee, $ 2

Agent to pay.

SOUTHERN.

Referred Aug. 28 05 Med. Ex

APPROVALS

M. K Rensburg, Exr

Submitted for ____, ____, 190__, ____, *Examiner*

Approved for ____

Approved for ~~____~~ The evidence does not warrant a medical examination as it fails to show an aggravated degree of disability from ~~Incurred Cause~~ under Ord 74.

~~Aggregate of disabilities shown, permanent in character, $~~ ____

____, 190__, ____
Legal Reviewer.

____, 190__, ____
Re-Reviewer.

J. H. Graham
Aug 29 05, 190__, ____
Medical Examiner.

Post Surgeon
C. F. Phelps Act'g
Medical Reviewer.

Medical Referee.

Enlisted October 11, 186 1; honorably discharged September 6, 186 5

Enlisted ____, 186__; honorably discharged ____, 186__

Pensioned at $ 10 per month. Last paid to ____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 29, 1905, alleges increase

Claimant does ✓ write.

Certificate not filed.

No M. C.

0-4

mem
754201
Louisville

3–357.

Cert. No. 754,201.

ACT JUNE 27, 1890.

Increase **INVALID PENSION.**

Claimant, Allen Ward

P. O. Waco,
County Madison
State Kentucky

Rank Sergeant,
Company D
Regiment 6th Ky. Vol. Cav.

Rate, $ 10 per month, commencing October 5, 1904.

Pensioned for Partial inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

Name J. B. Crall and Co.
P. O. Washington, D. C.

Fee, $ 2.
Agent to pay.

APPROVALS.

Submitted for November 16, 1904. M. P. Barr, Examiner.

Approved for Sciatica, disease of rectum and heart and senile debility. Old Piles, lame left hip and back and senility. Was allowed June 8, 1904, Lipoma and senile debility. Order 71.

Nov. 16, 1904, S. B. Benjamin
Legal Reviewer.

, 190 , Se. Rev.
Re-Reviewer.

Approved for Sciatica, disease of rectum and heart and senile debility.

Aggregate of disabilities shown, permanent in character: $ 10 from October 5 1904.

Bullock
Medical Examiner.
Nov 17, 1904,

Carey L
Medical Reviewer.

Medical Referee.

Enlisted October 11, 1861; honorably discharged September 6, 1865

Enlisted , 186 ; honorably discharged , 186

Pensioned at $ 8 per month. Last paid to —

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed June 8, 1904, alleges Piles, sciatic rheumatism lame left hip and back and age, — and claims increase,

Claimant does write.
Certificate not filed.

M. C.

64

3—357.
(Old No. 3—145 b.)

Cert. No. 754201

ACT JUNE 27, 1890.

Increase

INVALID PENSION.

Claimant, Allen J Ward

P O Waco

County Madison

State Kentucky

Rank Sergeant

Company "D"

Regiment 6th Ky Vol Cav

Rate, $ per month, commencing

Pensioned for inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

REJECTED
Jany 21-903. Dw

Name None.

P O.

Fee, $

Agent to pay

APPROVALS.

Submitted for Dec 19, 1902 W Wheeler, Examiner

Approved for Sciatica and disease of rectum and heart and general debility. (Old.) Rheumatism and tumor on right shoulder, heretofore alleged.

January 13, 1903 Benj F Harlan
Legal Reviewer.

, 190 ,
Re-Reviewer.

Approved for Sciatica and disease of Rectum and Heart and general debility

Aggregate of disabilities shown, permanent in character $ 8

No increase

Bennett
Medical Examiner.

Jany 14, 1903 Sam Houston
Medical Referee.

Keenan
Medical Reviewer.

Enlisted October 11, 1861; honorably discharged September 6, 1865.

Enlisted , 186 , honorably discharged , 186

Pensioned at $ 8 per month. ~~Last~~ paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed February 24, 1902, alleges Increase

Claimant does write.
Certificate not filed.

Dw , M. C.

0-4

cav 754201

O. I. P.

(3–145 b.)

Act of June 27, 1890.

Louisville INCREASE.

INVALID PENSION.

Claimant, Allen Ward Cert. # 754201

P. O., Tulip

County, Clark

State, Kentucky

Rank, Sergeant

Company, D.

Regiment, 6th Ky. Vol. Cav.

Rate, $ 8 per month, commencing July 25 1900

Disabled by Sciatica, disease of rectum and heart and general debility

SOUTHERN.

RECOGNIZED ATTORNEY:

Name, Claimant

P. O., 0

Fee $ –, – Agent to pay.

Articles filed –, 189–

APPROVALS:

Submitted for adm. Sept. 19, 1900

Approved for Sciatica and disease of rectum and Rheumatism tumor of right shoulder disease of heart and general debility now, alleged Febuary 9. 1900

September 22, 1900, W E Stith, Legal Reviewer.

J. P. Smith, Examiner.

Approved for sciatica and disease of rectum and heart and General debility

Aggregate of disabilities shown, permanent in character, $ 8 from July 25–1900.

Sept 25–1900. J. J. Rauh, Medical Referee.

Enlisted Oct. 11, 1861. Honorably discharged Sept. 6, 1865. Last paid to –, at $6.00, for sciatica and disease of rectum

Pension under other laws at $ –, for

– ended –

Original declaration, act June 27, 1890, filed –, 189–; alleged –

PRESENT CLAIM. ACT OF JUNE 27, 1890.

Declaration filed Feb. 9 1900, 189–, alleges piles, Rheumatism tumor of right shoulder, disease of heart and general debility.

0–4

Non M.C.

Writs

O. 2. P.

3—145 b.

Act of June 27, 1890.

Increase INVALID PENSION.

Claimant, Allen Ward Cert. # 754201

P. O., Georgetown

County, Scott

State, Kentucky

Rank, Sergeant

Company, D

Regiment, 6th Ky. Vol. Cav.

Rate, $ ..... per month, commencing .....

Disabled by .....

REJECTED
Dec. 28/98

RECOGNIZED ATTORNEY:

Name, Taber & Whitman Co., Lily

P. O., ...

Fee $ 2.00 , ... Agent to pay.

Articles filed — , 189....

APPROVALS:

Submitted for adm. Nov. 5, 1898

Approved for Sciatica and disease of rectum. Reject rheumatism, tumor right shoulder and dizziness No dis. as per action of the Med. Referee.

Nov. 23, 1898. Brandeberry, Legal Reviewer.

Isabel P. Smith, Examiner.

Approved for sciatica and disease of rectum $6- no increase no other disability

Wilson Nov. 21" 1898 J. J. Rank, Medical Referee.

Enlisted Oct. 11, 1861. Honorably discharged Sept. 6, 1865 Last paid to ....., at $ 6.00, for sciatica and disease of rectum

..... Pension under other laws at $ ....., for

..... ended .....

Original declaration, act June 27, 1890, filed July 24, 1890; alleged disease of left hip and side results of typhoid fever. July 22, 1892. Sciatica and disease of rectum, heart disease, neuralgia and tumor of right shoulder.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed August 10, 1897, alleges piles, sciatic rheumatism tumor in right shoulder, vomiting in head and other diseases not named.

.....

0-4

No M. C.

Writes

(3—145 b.) Act of June 27, 1890.

Increase

INVALID PENSION.

Claimant, Allen Ward of # 754 201

P. O., Great Crossing
County, Scott
State, Ky.

Rank, Sgt.
Company, D
Regiment, 6th Ky. Vol. Cav.

Rate, $ ..... per month, commencing .....

REJECTED.

Disabled by .....

RECOGNIZED ATTORNEY:

Name George E. Lemon
P O., Cincinnati

Fee $2.00, ... Agent to pay
Articles filed ....., 189..

APPROVALS:

Submitted for June 25", 1894
Approved for Sciatica and disease of rectum.

Isabel P. Smith, Examiner.
Approved for sciatica and disease of rectum (#6.00) No increase.

Alleged heart disease neuralgia and tumor of right shoulder refused to Med. Ref.
July 10, 1894, Metzger, Legal Reviewer

Rate covers disease of heart & other ratable disabilities
Edstrom Thos. Featherstonhaugh Foster
July 19, 1894, ..., Medical Referee.

Enlisted Oct. 11", 1861. Honorably discharged Sept. 6", 1865. Last paid to ....., at $6.00, for sciatica and disease of rectum

Pension under other laws at $ ....., for

ended

Original declaration, act June 27, 1890, filed July 24", 1890; alleged disease of left hip and side results of Typhoid fever.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 21st 22nd, 1892 alleges sciatica and disease of rectum, heart disease, neuralgia and tumor of right shoulder.

0-4

11321 b—20 m

No W. C.

Writes

3–145 a.

ACT OF JUNE 27, 1890.

INVALID PENSION.

Claimant, Allen Ward.

P O, Dry Run. | Rank, Sergt.

County, Scott | Company, D

State, Kentucky | Regiment, 6 Ky Vol. Cav.

Rate, $ 6, per month, commencing July 24th 1890

Disabled by Sciatica & dis of rectum.

RECOGNIZED ATTORNEY

Name, Geo. E. Lemon, | Fee, $ 10, Agent to pay

P O, Cily, | Articles filed, , 189

APPROVALS

Submitted for Adm'n Oct 10, 1894, Grinstead, Examiner

Resubmitted adm'n Mar 30/92

Approved for admission

Approved for Sciatica and disease of rectum $6-

No other notable disability-

Frisbie — Legal Reviewer

April 2 1892

Thos. D. Lugram M.D. — Medical Referee.

Apr. 2, 1892

now pensioned under other laws Last paid to , 18, at $

Pensioned from , 18, at $, for

SERVICE SHOWN BY RECORD.

Enlisted Oct 11, 1861, honorably discharged Sept 6, 1865.

Re-enlisted Dec 31, 1863. honorably discharged , 18

Declaration filed July 24, 1890, alleges permanent disability, not due to vicious habits, from disease of left hip and side results of typhoid fever

Affidavit Jan 22/92 alleges files.

o-4

Claimant writes

4814 b—100 m

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

DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Kentucky }
County of Scott } ss:

On this 21st day of July, A. D. one thousand eight hundred and ninety ---, personally appeared before me, Deputy-clerk Scott circuit-Court, a ---- in and for the County and State aforesaid, Allen Ward (Name of Claimant.), aged 50 years, a resident of near Dry Run, County of Scott, (Give Town, County and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country state about how many miles from nearest Postoffice.) State of Kentucky, who, being duly sworn according to law, declares that he is the identical Allen Ward (Name of Claimant.), who entered service during the War of the Rebellion under the name of Allen Ward (Name under which enlisted.) on or about the 1st day of Sept^r, 1861, as Pvt (Give rank.) in company D. (Or vessel, if in the navy.) of the 6th regiment of Ky. Cav. commanded by 1st Jas. Buchanan; 2d Isaac Taylor; 3d Jas. B. Rogers (Name of company's commander. If upon any General's Staff, state that fact.), and was HONORABLY DISCHARGED at ----, on or about the 19th day of Sept^r, 1865, by reason of expiration of term of Service; that his personal description is as follows: Age, 50 (on 31st day of Oct/51) years; height, 5 feet 9 inches; complexion, Light; hair, Light; eyes, Light. That he is now suffering from (Here state the name and nature of any disease, wound or injury which in any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.) Deseases of left hip & side, with which he has been afflicted more or less continuously since his recovery from a severe spell of Typoid Fever, during his aforesaid.

and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has not been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the 19th day of Sept^r (Give date of last discharge from the service.), A. D. 1865, he has not been employed in the military or naval service of the United States.

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

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never received but has applied for a pension. Clm #561508 (If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)

That his Postoffice address is Dry Run, County of Scott, State of Kentucky.

Allen Ward
(Claimant's Signature.)

Two witnesses to claimant's signature sign here:

(1) Nash Atkins

(2) Jacob Wigginton

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

Sav. orig. #561508
185121

Co. ____ Regt. ____

INVALID.

CLAIM FOR PENSION.

ACT JUNE 27, 1890.

Allen Ward Applicant,

Pvt Co., D. 6th Reg't,

Ky Cavy Vols.

Enlisted ____, 18 61

Discharged ____, 18 63

PENSION A JUL 24 1890 U OFFICE.

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

Offices 615 Fifteenth St. N W,

P. O. DRAWER 325. WASHINGTON, D. C.

57/136

July Oct 8/90 P

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

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA,
WASHINGTON, D. C., June 12, 1890.

It gives me pleasure to recommend GEORGE E. LEMON, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.

Respectfully, JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER,
WASHINGTON, D. C.

GEORGE E. LEMON, Esq., Washington, D. C.

MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.

Very truly, yours, CHARLES F. MANDERSON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 12, 1890.

I take pleasure in recommending GEORGE E. LEMON, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession. Very truly G. C. MOODY, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 16, 1890.

I regard GEORGE E. LEMON as one of the most thoroughly reliable and competent attorneys in Washington. GILBERT A. PIERCE, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney, and entirely responsible for all his contracts.

Respectfully, S. M. CULLOM, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending GEORGE E. LEMON of this city, as a reliable attorney.

C. K. DAVIS, U. S. S. — J. G. CARLISLE, U. S. S.
PHILETUS SAWYER, U. S. S. — WATSON C. SQUIRE, U. S. S.
A. S. PADDOCK, U. S. S. — H. M. TELLER, U. S. S.
W. D. WASHBURN, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.
L. E. ATKINSON, M. C., 18th Pa. District.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence. GEO. W. E. DORSEY, 3d Dist., Neb.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney, and worthy of all confidence. J. C. BURROWS,
4th Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims intrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge.

Very respectfully D. B. HENDERSON, 3d Dist. Iowa.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients. JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES,
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WM. MCKINLEY, Jr., 18th Dist., O.
E. N. MORRILL, 1st Dist., Kan.
S. L. MILLIKEN, 3d Dist., Me.
P. S. POST, 10th Dist., Ill.
L. E. PAYSON, 9th Dist., Ill.
THOS. J. HENDERSON, 7th Dist., Ill.
WM. E. MASON, 3d Dist., Ill.
FRANK LAWLER, 2d Dist., Ill.
W. G. LAIDLAW, 34th Dist., N. Y
I. S. STREUBLE, 11th Dist., Iowa.
W. G. STAHLNECKER, 14th Dist., N. Y.
J. M. WILEY, 33d Dist., N. Y
JOHN F. LACEY, 6th Dist., Iowa.
SERENO E. PAYNE, 27th Dist., N. Y
J. H. MCCARTHY, 8th Dist., N. Y.
W. E. OWEN, 10th Dist., Ind.
J. B. CHEADLE, 9th Dist., Ind.
GEO. E. SENEY, 5th Dist., Ohio.
J. J. PUGSLEY, 12th Dist., Ohio.
HENRY H. BINGHAM, 1st Dist., Pa.
JOSEPH D. TAYLOR, 17th Dist., O.
H. J. SPOONER, 1st Dist., R. I.
EDWARD P. ALLEN, 2d Dist., Mich.
J. LOGAN CHIPMAN, 1st Dist., Mich.
E. H. FUNSTON, 2d Dist., Kan.
B. W. PERKINS, 3d Dist., Kan.
J. H. KETCHAM, 16th Dist., N. Y.
JNO. G. SAWYER, 31st Dist., N. Y.
CHAS. S. BAKER, 30th Dist., N. Y.
H. TOWNSEND, 1st Dist., Colo.
FREDERICK MILES, 4th Dist., Conn.
WM. W. MORROW, 4th Dist., Cal.
JOSEPH R. REED, 9th Dist., Iowa.
C. A. HILL, 8th Dist., Ill.
J. H. SWENEY, 4th Dist., Iowa.
ABNER TAYLOR, 1st Dist., Ill.
G. W. ATKINSON, 1st Dist., W Va.
CHAS. O'NEILL, 2d Dist., Pa.
O. S. GIFFORD, Rep.-at-large, S. D.
BENJ. BUTTERWORTH, 1st Dist., O.
E. H. CONGER, 7th Dist., Iowa
and others.

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

Also personally appeared Nath Atkins of Oxford Co Ky and Jacob McQuinter of Scott Co Ky, residing at ____, residing at Scott Co Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward (Name of Claimant.) the claimant ____ (Sign his name or make his mark.) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Nath Atkins

Jacob McQuinter (Signatures of witnesses to identify applicant.)

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

(1) ____

(2) ____

SWORN TO AND SUBSCRIBED before me this 24 day of July, A. D. 189 0, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words ____ (If any words have been erased in the application, enter them here.) ____, erased, and the words ____ (If any words have been added in place of any erased, enter them here.) ____, added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

[L. S.]

Thomas W Samuels (Signature.)

Asst Clerk Circuit Court (Official character.)

DECLARATION FOR ADDITIONAL INVALID PENSION.

OLD AND NEW DISABILITY.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN AND DEPENDENT PARENTS.

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

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

State of Kentucky
County of Scott } ss:

On this 18th day of July, A. D. one thousand eight hundred and ninety-two, personally appeared before me, J. C. Lemon, a Justice of the Peace within and for the County and State aforesaid, Allen Ward, aged 57 years, a resident of Great Crossing, County of Scott, State of Ky., who, being duly sworn according to law, declares that he is a pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number 754,201, and duly enrolled at the Louisville Pension Agency, at the rate of Six dollars per month, having served in the Military service of the United States Pvt. Co. D.

(State whether military or naval.)

6 Ky. Cav.

(State company and regiment, or other oganization, if in the Army; and rank and vessel, if in the Navy.)

that his present physical condition is such that he believes himself entitled to receive an increased rate for his pensioned disabilities, ~~and~~ Sciatica and disease of rectum.

Application is also hereby made for additional pension by reason of the following-named new disabilities for which he is not pensioned Disease of heart, and general rheumatism, Neuralgia and Tumor on point of right shoulder

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

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of services done and to be done in the premises, he hereby agrees to allow his said Attorney, George E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions.

That his Postoffice address is Great Crossing, County of Scott, State of Ky.

Allen Ward

(Signature of claimant.)

Two witnesses to claimant's signature sign here:

(1) Mark Arthurs

(2) McMan Lille Morgan

Certificate No. 754,201

Af. File.

INVALID.

CLAIM FOR ADDITIONAL PENSION.

Old and New Disability.)

ACT JUNE 27, 1890.

Allen Ward, Applicant,

Pvt. Co., "D" 6 Reg't,

Ky. Cav. Vols.

Enlisted Sept. 1, 1861.

Discharged Sept. 19, 1865.

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

1729 New York Avenue Northwest,

(LEMON BUILDING,)

P. O. DRAWER 325. WASHINGTON, D. C.

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

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA,
WASHINGTON, D. C., June 12, 1890.

It gives me pleasure to recommend GEORGE E. LEMON, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.

Respectfully, JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER,
WASHINGTON, D. C.

GEORGE E. LEMON, Esq., Washington, D. C.

MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your client prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.

Very truly, yours, CHARLES F. MANDERSON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 12, 1890.

I take pleasure in recommending GEORGE E. LEMON, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession. Very truly G. C. MOODY U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 16, 1890.

I regard GEORGE E. LEMON as one of the most thoroughly reliable and competent attorneys in Washington. GILBERT A. PIERCE, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.

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Respectfully, S. M. CULLOM, U. S. S.

U. S. SENATE,
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C. K. DAVIS, U. S. S. J. G. CARLISLE, U. S. S.
PHILETUS SAWYER, U. S. S. WATSON C. SQUIRE, U. S. S.
A. S. PADDOCK, U. S. S. H. M. TELLER, U. S. S.
W. D. WASHBURN, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.

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L. E. ATKINSON, M. C., 18th Pa. District.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence. GEO. W. E. DORSEY, 3d Dist., Neb.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney, and worthy of all confidence. J. C. BURROWS,
4th Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims intrusted to him, and have never yet heard one complaint from his clients. I also personally know of him doing many acts of kindness for soldiers without charge.

Very respectfully, D. B. HENDERSON, 3d Dist. Iowa.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients. JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney.

WM. MCKINLEY, JR., 18th Dist. O	H. J. SPOONER, 1st Dist., R. I.
E. N. MORRILL, 1st Dist., Kan.	EDWARD P. ALLEN, 2d Dist., Mich.
S. L. MILLIKEN, 3d Dist., Me.	J. LOGAN CHIPMAN, 1st Dist., Mich.
P. S. POST, 12th Dist., Ill.	E. H. GUNSTON, 2d Dist. Kan.
L. E. PAYSON, 9th Dist., Ill.	B. W. PERKINS, 3d Dist., Kan.
THOS. J. HENDERSON, 7th Dist., Ill.	S. H. KETCHAM, 16th Dist., N. Y.
WM. E. MASON, 3d Dist., Ill.	JNO. G. SAWYER, 31st Dist., N. Y.
FRANK LAWLER, 2d Dist., Ill.	CHAS. S. BAKER, 2d Dist., N. Y.
W. G. LAIDLAW, 3d Dist., N. Y.	H. TOWNSEND, 1st Dist., Colo.
J. S. STRUBLE, 11th Dist., Iowa.	FREDERICK MILES, 4th Dist., Conn.
W. G. STAHLNECKER, 14th Dist., N. Y.	WM. W. MORROW, 4th Dist., Cal.
J. M. WILEY, 33d Dist., N. Y.	JOSEPH R. REED, 6th Dist., Iowa.
JOHN F. LACEY, 6th Dist., Iowa.	C. A. HILL, 8th Dist., Ill.
SERENO E. PAYNE, 5th Dist., N. Y.	J. H. SWENEY, 4th Dist., Iowa.
J. H. MCCARTHY, 8th Dist., N. Y.	ABNER TAYLOR, 1st Dist., Ill.
W. D. OWEN, 10th Dist., Ind.	G. W. ATKINSON, 1st Dist., W. Va.
J. B. CHEADLE, 9th Dist., Ind.	CHAS. O'NEILL, 2d Dist., Pa.
GEO. E. BENDY, 5th Dist., Ohio.	O. S. GIFFORD, Rep.-at-large, S. D.
J. J. PUGSLEY, 12th Dist. Ohio.	BENJ. BUTTERWORTH, 1st Dist., O..
HENRY H. BINGHAM, 1st Dist., Pa.	E. H. CONGER, 7th Dist., Iowa
JOSEPH D. TAYLOR, 17th Dist., O.	and others.

General Certificate to my Official character on file in the Pension Office, June 1/91 to June 1/93. L. P. L. & L.

☞ The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

Also personally appeared Mark Watkins
then Oxford Scott Co, Kentucky, and Mauduke Morgan
at then Rogers Gap, Scott Co, Kentucky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward
(Name of claimant.)
the claimant sign his name to the foregoing declaration; that they have every reason to
(Sign his name or make his mark.)
believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Mark Watkins
Mauduke Morgan
(Signatures of witnesses to identity of applicant.)

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

(1) .....

(2) .....

SWORN TO AND SUBSCRIBED before me this 18th day of July, A. D. 1893, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words .....
(If any words have been erased in the application, enter them here.)
.....
[L. S.]
.....
(If any words have been added in place of any erased, enter them here.)
....., erased, and the words
....., added;
and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Geo. E. Lemon, Jr. Atty.
(Signature.)
Geo. E. Lemon & Co., Washington, D. C.
.....
(Official character.)

DECLARATION FOR INCREASE OF AN INVALID PENSION

ACT OF JUNE 27, 1890.

Under an Act Granting Pensions to Soldiers and Sailors who are Incapacitated for the Performance of Manual Labor and Providing for Pensions to Widows, Minor Children, and Dependent Parents.

State of Kentucky }
County of Scott } ss:

On this 7 day of August, A. D. one thousand eight hundred and ninety Seven, personally appeared before me, R. C. Stead a Notary Public within and for the County and State aforesaid, Allen Ward, aged 57 years, a resident of Stamping Ground, County of Scott, State of Ky., who, being duly sworn according to law, declares that he is a pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number 757 201, and duly enrolled at the Louisville agency Pension Agency at the rate of $12 dollars per month, having served in the military (State whether military or naval.) service of the United States in Co. "D" 6th Ky. Cav.

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion that his present physical condition is such that he believes himself entitled to receive an increased rate under said act, and that he now suffers from Piles, Sciatic Rheumatism and Ironsore on Right Shoulder, and divers other things I can not name, Swimming in the head, among them

all of which are permanent in character, and not due to vicious habits.

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

Taber & Whitman Co.,

of WASHINGTON, D. C., his true and lawful attorneys, to prosecute his claim.

That his Postoffice address is Stamping Ground County of Scott, State of Ky.

Allen Ward
(Signature of claimant.)

Two witnesses to claimant's signature sign here:

(1) J. J. Yates

(2) John B. Adams

ATTY FILED.

Also personally appeared J. J. Yates, residing at Stamping Ground, and John B. Adams, residing at Stamping Ground, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward (Name of claimant.) the claimant sign his name (Sign his name or make his mark.) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. J. Yates

John B. Adams

(Signatures of witnesses to identity of applicant.)

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

(1) .....

(2) .....

SWORN TO AND SUBSCRIBED before me this 7 day of August, A. D. 1897, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words .....

(If any words have been erased in the application, enter them here.)

Great Crossings was erased & Stamping Ground placed in its stead —, erased, and the words .....

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

, added;

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

L. S.]

R. C. Stead

(Signature.)

Notary Public

(Official character.)

My commission expires on March 1898.

☞ The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

Certificate No. 754.201

File.

INVALID.

CLAIM FOR ADDITIONAL PENSION.

ACT JUNE 27, 1890.

Allen Ward, Applicant,

Co. D, 6 Reg't, Ky Vol.

Enlisted ....., 18..

Discharged ....., 18..

RECEIVED AUG 20 1897 PENSION OFFICE

FILED BY
TABER & WHITMAN CO.,
Attorneys and Counsellors at Law,
Lock Box 125. WASHINGTON, D. C.

126.

Declaration for Increase of Pension

Under the Act of June 27, 1890.

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

State of Kentucky, County of Clark, ss:

ON THIS 8 day of February, A. D., one thousand Nine hundred ~~and~~ ~~eight~~ 1900 personally appeared before me, a Notary Public, Clark Co., within and for the County and State aforesaid Allen Ward aged 58 years, a resident of ~~Kentucky~~ Tulip County of Clark State of Kentucky, who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the Louisville Ky Pension Agency at the rate of $8 dollars per month, Certificate No. 764201; by reason of disability from Piles
(Here name the disability for which pension was granted.)

That he was a Sergt in Co. D 6 Reg't Ky Cav Vols.
(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 the ground that the rate allowed him is too low and not commensurate with the extent of his present disability He therefore requests that he be favored with another medical examination with the view of determining his right to $12 per month, the full rate allowed under the Act of June 27, 1890. Wholly incapacitate from earning a support by manual labor by means of Piles. Rheumatism tumor of right shoulder disease of heart and general debility

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

He hereby appoints, with full power of substitution and revocation of, his true and lawful attorney, to prosecute his claim.

His Post-office address is Tulip Clark County Ky

Jesse Owen

Fred H. Owen
(Two witnesses who write sign here.)

Allen Ward
(Signature of Claimant.)

PENSION A FEB 9 1900 U. S. OFFICE.

Also personally appeared Jesse Owen, residing at Winchester, Ky, and Fred W Owen, residing at Winchester ky, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Allen Ward, the claimant, sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Jesse Owen

Fred W Owen

(If Affiants sign by mark, two persons who write sign here.) (Signatures of Affiants.)

Sworn to and subscribed before me this 8 day of Feb, A. D. ~~189~~ 1900

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words Winchester erased, and the words ~~Tulip~~ erased, and the words Tulip added; and that I have no interest, direct or indirect, in the prosecution of this claim.

J. E. Bradley
(Official Signature.)

N. Ed. Ky.,
Winchester, Ky.
Comm. Expires Jan. 10, 1902.
(Official Character.)

[L. S.]

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

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

[L. S.] Clerk of the

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

Soldier's Application
FOR
INCREASE
Under the Act of June 27, 1890.

Allen Ward, Applicant.
Co K, 6 Reg't
Ky Cav
Vols.
Pension Certificate No. 764201

FILED BY
Applicant

Printed and For Sale by John F. Sheiry, Claim Blank Agency, 623 D Street, N. W., Washington, D. C.

RECEIVED FEB 13 1900 LAW DIVISION

RECEIVED FEB 13 1900

Declaration for Increase of an Invalid Pension.

OLD AND NEW DISABILITY)

State of Kentucky County of Estill, ss:

On this 22 day of Feby, A. D., one thousand ~~eight~~ 19 hundred and Two personally appeared before me a Notary Public within and for the County and State aforesaid Allen Ward, aged 61 years, residing in the County of Madison, State of Kentucky who, being duly sworn according to law, declares that he is a pensioner of the United States by certificate number 754201, and duly enrolled at the Louisville Ky Pension Agency, at the rate of Eight dollars per month, by reason of disability from This Pension being for partial inabilty to earn a support by Manul Labor.

[Here name the disability for which pension was granted.]

incurred in the (military or naval) service of the United States, while serving as a Private

[Here state rank.]

Co D, 6th Reg't Kentucky Cav Vol.

His present physical condition is such that he believes himself entitled to receive an increased pension.

He further declares that the above named disabilities have resulted in Service in said Company & Regiment

Application is also hereby made for increase of pension on account of a new disability, to-wit While a member of

at or near in the State of on or about the month of , 186. Incurred or contracted

(Here name the new disability for which pension is claimed, state when where, and how contracted, and if treated in hospitals give names of hospitals and dates of treatment.)

he claims a increase of pension because the rate he draws at present is unreasonably low and disportionate to the rate paid other pensioners for Similar or Equivelant disabilities. Therefore he thinks himself entitled to increase of pension because increase in disabilty.

Claimant desires to be ordered before the board of U S. Examining Surgeons at Irvine Kentucky. Please grant his request. That he hereby appoints, with full power of substitution and revocation,

his true and lawful attorney, to prosecute his claim.

His Post-Office address is Waco Madison Co Ky.

1 Geo T Grinstead

2 W S Winkler

Two persons who can write their names sign here.

Allen Ward

Claimant's signature.

PENSION OFFICE FEB 24 1902 U. S.

Also personally appeared Geo F. Grinstead residing at Waco Kentucky and W. S. Winkler residing at Winston Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw the claimant, Allen Ward sign his name or make his mark) to the foregoing declaration, that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 40 years and Less than years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Geo. F. Grinstead

W. S. Winkler

If either of the identifying witnesses sign by mark, two witnesses who can write their names MUST sign on these two lines. Signature of witnesses.

Sworn to and subscribed before me this 22 day of Feby, A. D. 1902,

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased, and the words

[SEAL] added, and that I have no interest, direct or indirect, in the prosecution of this claim.

W. F. Sharp

[Official signature.]

Notary Public

[Official character.]

My commission expires Mch 2nd 1902.

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC OR JUSTICE OF THE PEACE. If executed before an officer not using a seal, his official character should be certified to by a Clerk of Court, unless there is on file in the Pension Bureau a general certificate, covering his present term, and if said certificate has been filed, he should state so opposite his signature.

OLD

Mo 754 201

INVALID

Claim for Increase,

OLD AND NEW DISABILITY.

APPLICANT: Allen Ward

Co. D 6th Reg't Ky Cav Vols.

Certificate No. 754 201

FEB 26 1902

RECEIVED FEB 26 1902 PENSION BUREAU

C. A. BECKERT & Co., 605 F-2 E STREET, N. W.

Declaration for Increase of Pension.

Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

☞Execute this before some officer having a seal.

State of Kentucky, County of Madison, ss:

On this 24 day of May A. D. 1904, personally appeared before me, a Notary Public within and for the County and State aforesaid, Allen Ward

Claimant's name should be written here.

aged 63 years, a resident of Waco County of Madison

Age here. Place of residence here. Name of County here.

State of Ky., who, being duly sworn according to law, declares that he is the identical

Name of State here.

Allen Ward who was enrolled on the 1st day

Name of Claimant.

of Sept, 18 61, in Co D. 6th Reg Ky. Vol Cav.

Month. Year. Here state rank, Co. and Reg't. if in Military service, or vessel if in the Navy.

in the WAR of the REBELLION and served at least NINETY DAYS, and was HONORABLY DISCHARGED at Louisville, OL the 6th day of Sept, 18 65

Place where discharged. Month. Year.

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except .

That he is Wholly unable to earn a support by manual labor. That he is a pensioner under Certificate

Partially or wholly.

No 765201 at $ dollars per month. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely Piles Cystitis Rheumatism Lumbago and Old Wound in left hip and Back

Also on account of Age

That said disabilities are *not* due to vicious habits, and are, to the best of his knowledge and belief, *permanent*.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the *Act of June 27, 1890, as amended by Acts of May 9, 1900 and July 1, 1902.*

He hereby appoints

J. B. CRALLE & CO.,

CLAIM ATTORNEYS, CRALLE BUILDNG 108 C St. N. W., WASHINGTON, D. C.,

his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of *Two Dollars* when his increase is allowed. That his Post Office address is Waco

Claimant's P. O. address here.

County of Madison State of Ky.

Name of County here. Name of State here.

Attest two witnesses. H. T. Downing, Geo. B. Moore

Allen Ward

[Claimant's Signature.]

ATTY. FILED

PENSION OFFICE U. S. JUN 8 1904

Also personally appeared H. T. Bonny, residing
Name of first Witness here.
at Waco, and George B. Moore,
Name of second Witness here.
residing at Waco, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

H. T. Bonny

George B. Moore

Signatures of two witnesses who write their names.

Sworn to and subscribed before me this 27 day of May, A. D. 1904, and I do 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 interest, direct or indirect, in the prosecution of this claim.

My commission expires Feb 15 - 1906

Executing Officer's [L. S.] Seal here.

G. B. Moore

Official Signature.

Notary Public

Official Character.

NOTARY PUBLIC MADISON CO. KY.

DECLARATION FOR INVALID PENSION.
Under Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

INCREASE.

Name Allen Ward

Rank Co. D - 6 Regt. Ky. Cav. Vols.

Certificate No. 753.201

RECEIVED LAW DIVISION JUN 10 1904

FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,
CRALLE BUILDING, 901 G St.
WASHINGTON, D. C.

RECEIVED JUN 1904 PENSION BUREAU

Declaration for Increase of Pension.

Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

☞Execute this before some officer having a seal.

State of Kentucky, County of Madison, ss:

On this 23 day of May A. D. 1905, personally appeared before me, a Notary Public, within and for the County and State aforesaid, Allen Ward

Claimant's name should be written here.

aged 64 years, a resident of Waco County of Madison

Age here. Place of residence here. Name of County here.

State of Ky., who, being duly sworn according to law, declares that he is the identical

Name of State here.

Allen Ward who was enrolled on the 1st day

Name of Claimant.

of Sept., 1864, in Co. "D" 6 Reg. Ky. Cav.

Month. Year. Here state rank, Co. and Reg't. if in Military service, or vessel if in the Navy.

in the WAR of the REBELLION and served at least NINETY DAYS, and was HONORABLY DISCHARGED at Louisville, on the 16 day of Sept., 1865

Place where discharged. Month. Year.

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except

That he is now unable to earn a support by manual labor. That he is a pensioner under Certificate

Partially or wholly.

No. 754,201 at 10 dollars per month. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely Piles, sciatic rheumatism, lameness in left hip and back, and debility due to age

Also on account of

That he was born on the 30 day of Sept 1840

That said disabilities are *not* due to vicious habits, and are, to the best of his knowledge and belief, *permanent*.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the *Act of June 27, 1890, as amended by Acts of May 9, 1900 and July 1, 1902.*

He hereby appoints

J. B. CRALLE & CO.,

CLAIM ATTORNEYS, CRALLE BUILIDNG 108 C St. N. W., WASHINGTON, D. C.,

his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of *Two Dollars* when his increase is allowed. That his Post Office address is Waco

Claimant's P. O. address here.

County of Madison State of Ky.

Name of County here. Name of State here.

Attest two witnesses. G. B. Moore, Chas. Cornelison

Allen Ward

[Claimant's Signature.]

ATT'Y FILED

RECEIVED PENSION BUREAU MAY 29 1905 U. S.

Also personally appeared G. B. Moore, residing
Name of first Witness here.
at Waco Ky, and Lehina Cornelison,
Name of second Witness here.
residing at Waco Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

G. B. Moore

Lehina Cornelison

Signatures of two witnesses who write their names.

Sworn to and subscribed before me this 23 day of May, A. D 1905, and I do 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 interest, direct or indirect, in the prosecution of this claim.

Executing Officer's [L. S.] Seal here.

G. B. Moore
Official Signature.

My commission Expire Feb 15th 1906
Notary Public
Official Character.

NOTARY PUBLIC MADISON CO. KY.

Declaration and power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per L. L.

DECLARATION FOR INVALID PENSION.
Under Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

INCREASE.

Name Allen Ward.
Rank Co. D 6 Regt.
Ky. Cav. Vols.
Certificate No. 754,201.

LAW DIVISION MAY 31 1905 RECEIVED

FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,
CRALLE BUILDING,
WASHINGTON, D. C.

RECEIVED JUN 2 1905 COMMISSIONER

Claimant's

ACT OF JUNE 27, 1890.

GENERAL AFFIDAVIT.

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

State of Kentucky
County of Scott } ss.

#56,508

In the matter of claim for Co "K" 6th Ky. Cav. of Allen Ward
(Character and number of claim.)
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State, Allen Ward, the
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)
above claimant, this January 19th 1892,

a person of lawful age, who, being duly sworn, declares in relation to the aforesaid case as follows:

That he incurred Piles about the Fall of 1864, on the March from Resaca Georgia to Nashville Tennessee, when Genl Hood evacuated Atlanta Georgia, and we fell back to Nashville and he followed: Affiant, Claimant, further says that he has been troubled more or less, and suffered therewith continuously ever since, Especially when he is forced from necessity to do any hard work, or lifting, or when Costive: and that the same is a permanent disability, and not due to vicious habits

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

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

1 _____
(Name of one witness to X mark.)

2 _____
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. Allen Ward

SWORN TO AND SUBSCRIBED before me this 19th day of January 18 92 and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words _____

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

_____ in lines _____, erased, and the words

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

_____ in lines _____, added;

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

General June 1-91 To June 1-95 — J. C. Lemon, J.P.D.C.
(Name of officer before whom executed.)

[L. S.] Certificate of My official character on file in the Pension Claim Dept., Washington D.C.
(State whether Justice, Notary Clerk, or Deputy Clerk.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that _____, before whom the above
(Justice or Notary's name.)

affidavit was made, is a _____ duly authorized to administer oaths
(Justice of the Peace or Notary Public.)

and that the above is his signature.

JAN 22 1892 JUSTICE SNO

IN WITNESS WHEREOF I have hereunto set my hand and official seal this _____ day of _____, 18 ____.

[L. S.]

_____
(Name of the Clerk or Deputy Clerk.)

Clerk of the _____
(Name of Court.)

Southern DIVISION.

Additional Evidence.

No. 561,508

CASE OF

Allen Grand,

Co. "E" 6 Reg't Ky. Cav.

FOR ACT OF JUNE 27, 1890. Pension

AFFIDAVIT OF Claimant

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

WASHINGTON, D. C.

[illegible] Lock Box 385

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL OR MENTAL DISABILITY.

Under Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; **the marginal instructions must be carefully observed** before writing out the statement.

STATE OF Kentucky, COUNTY OF Madison SS.

In the matter of the application for pension of Allen Hand

On this 17 day of November, A. D. 1905, personally appeared before me, a Notary in and for the aforesaid County, duly authorized to administer oaths, Dr. H. G. Schwalin, aged 36 years, a resident of Richmond in the County of Madison and State of Kentucky whose Post office address is Richmond Ky and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he has this day made a Careful physical examination of the aforesaid Claimant and finds him to be Suffering as follows (1) Has a Chronic Sciatic Rheumatism of long Standing presenting pain and detailed tenderness of the Crural & Sciatic nerves and especially tender for the last several inches after leaving the Sacro sciatic notch with Aching & Shooting pains at night and during Day, on Exertion.

The affected left thigh and leg is somewhat atrophied the thigh being 1½ in. smaller than the right.

Claimant also Suffers from a Hammerlandel Condition of the rectum presenting on Stool 3 External Piles ½ to ¾ in in diameter with a history of bleeding at times.

Claimant also Suffers from a General Rheumatic Condition of most all the muscles & Joints being sore & also painful & stiff.

Has also a Rheumatic Heart being irregular and feeble with a Slight Mitral Murmur with history of Dyspnea & palpitation

Affiant States that Claimants Condition is Such that he is unable to perform manual labor and Gainful Justice.

Affiant States that he took this Affidavit in his office this the 17th day of November 1905

Clerk

Instructions! Read Carefully.

The physician making a statement on this blank should state *fully* and *explicitly* all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether ⅛, ¼, ⅜, ½, or entirely, as the case may be.

He should also *particularly* state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

PENSION OFFICE U. S. NOV 29 1905 A

He further declares that he has practiced medicine 14 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

P. G. Scandlin
Affiant's Signature.

Sworn to and subscribed before me this 17 day of November, A. D. 1905, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including all the words ..... erased, and all the words ..... added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My Commission expires February 15, 1906.

Chas B. Hamilton
Official Signature.

Notary Public
Official Character.

(L. S.)

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

Papers

ACT OF JUNE 27, 1890
AS AMENDED BY
ACT OF MAY 9, 1900.

PHYSICIAN'S AFFIDAVIT

CLAIM OF

Late ..... in Co. ..... Reg't.

of ..... Vols.

Character of Claim.

No. .....

AFFIDAVIT OF

Dr. .....

SOUTH DIV. DEC 1 1905 RECEIVED

FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,
CRALLE BUILDING,
WASHINGTON, D. C.

No. 7.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL OR MENTAL DISABILITY.

Act of June 27, 1890 as amended by Act of May 9, 1900.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant, **the marginal instructions must be carefully observed** before writing out the statement.

STATE OF Kentucky, COUNTY OF Madison SS:

In the matter of the application for pension of Allen Wards

Co "D" 6 Reg. Ky Cav Vols

On this 12th day of June, A. D. 190[illegible], personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Dr Vardy Sanders, aged 33 years, a resident of Waco in the County of Madison and State of Kentucky whose Post office address is Waco, Ky and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Instructions! Read Carefully.

The physician making a statement on this blank should state *fully* and *explicitly* all the disabilities of a permanent character, either mental or physical, from which the claimant has suffered from date of filing his application up to the present time, and to what extent, in his opinion, the claimant has been disabled by reason of said disabilities for the performance of manual labor (hard work), whether ⅛, ¼, ⅜, ½, or entirely, as the case may be.

He should also *particularly* state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

I have been called to see Allen Ward for examination pension. This claimant is suffering with Rheumatism which at times totally disabled him. He also has a history of hemorrhoid which he says gives him much trouble during the last. He has an exceedingly rapid heart action (pulse 120) with abnormal sounds both valves murmurs. He complains of dizziness and inability to lie on his left side. He shows considerable disability from rheumatism and weakness of the hands. I would estimate his disability at at least 3/4

PENSION BUREAU RECEIVED JUN 23 1902

He further declares that he has practiced medicine Nine years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Dr. Wardy Taylor
Affiant's Signature.

Sworn to and subscribed before me this 17th day of June, A. D 1905, and I hereby certify that the affiant is a practicing physician in good professional standing, that the contents of the above declaration, etc., were fully made known to him before swearing, including all the words ---- erased, and all the words ---- added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My commission Expires Feb 15th 1906

G. B. Moore
Official Signature.

(L. S.) Notary Public
Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

ACT OF JUNE 27 1890
AS AMENDED BY
ACT OF MAY 9 1900

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Late Allen Wards Co. A 6 Reg't
of Ky Cav Vols

Character of Claim.

Cert. No. 757201

SOUTH DIV.
AUG 24 1905
RECEIVED.

FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,
CRALLE BUILDING,
WASHINGTON, D. C.

Southern Division.

WSK Ex'r.

Cert. No. 7.74201.

3—65.

Allen Ward.

Sgt. Co. D, 2 Ky. Vol. Cav.

RECEIVED MAR 14 1906 DIV.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., March 3, 1906.

Page 3-14-06

Enlisted October 11. 1861.

Discharged September 6. 1865.

Mr. John Butler.

223 Sadie Av. South Bend. Ind.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and RETURN THIS CIRCULAR, EVEN THOUGH YOU DO NOT REMEMBER THE SOLDIER or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply REQUIRES NO STAMP.

Very respectfully,

V. Warner.

Commissioner.

Q. Do you remember the soldier Allen Ward as a member of your company?

Ans. Yes

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. Yes.

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. Cannot remember the nature of the sickness.

RECEIVED PENSION OFFICE MAR 13 1906 U. S.

(Signature:) John T. Butler

(Address:) Sadie Ave. # 223

South Bend, Ind.

Southern Division.

Cert. No. 35420

Allen Ward.

Sgt. C. 86. Ky. Vol. Cav.

Page 3-14-06

115 N. Ex'r.

3 [illegible] 1865.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., March 3. 1906.

Enlisted October 11. 1861.

Discharged September 6. 1865.

Mr. Isaac Taylor.

New post. Chickasaw. Dist. 19. Indian Ty.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and RETURN THIS CIRCULAR, EVEN THOUGH YOU DO NOT REMEMBER THE SOLDIER or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply REQUIRES NO STAMP.

Very respectfully,

V. Warner.
Commissioner.

Q. Do you remember the soldier Allen Ward as a member of your company?

Ans. _____

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. _____

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. It Seems Like I have heard him complain of having Piles am not Certain

(Signature:) Isaac Taylor

(Address: _____

PENSION OFFICE U.S. MAR 17 1906

Southern Division.

1115 K Ex'r.

Cert. No. 75H201.

Allen Ward.

Sgt. Co. D. 6. Ky. Vol. Cav.

1861-1865.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., March 3. 1906.

SOUTH DIV. 20 1906 WAR RECEIVED

Enlisted October 11. 1861.

Discharged September 6. 1865.

Mr. Samuel B. Griggs.

Spearville Brown Co. Ind.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and RETURN THIS CIRCULAR, EVEN THOUGH YOU DO NOT REMEMBER THE SOLDIER or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply REQUIRES NO STAMP.

Very respectfully,

W. Warner.

Commissioner.

Q. Do you remember the soldier Allen Ward.

as a member of your company?

Ans. Yes.

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. Yes.

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. Typhoid fever. when camped near Cumberland Gap. the date I have forgotten.

(Signature:) Samuel B. Griggs

(Address: Rushville

Illinois

PENSION G MAR 19 U. S. 1906 OFFICE.

Rushville Illinois
March 16th 1906

Department of the Interior, Sirs
I was discharged in Dec. 1864, and
possibly Allen Ward was sick or wounded
after my discharge, Yours

Samuel B Griggs

Evidence filed
in regard to
origin — O.L. —
subsequent to rej-
Echoes — prior to
notice of.

No. 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,

As to Incurrence of Claimant's Disability or Disabilities.

☞The person making affidavit on this blank should be careful to fill in *all* the blank spaces *as fully as possible.* The paper may be sworn to before any officer authorized to administer oaths.

STATE OF Kentucky, COUNTY OF Garrard SS

In the Pension Claim No. of 737201 of Allen Ward

late a Private in Co. "D" of the 6th Reg't. of Ky. Cav. Vols.,

personally appeared before me, a Notary Public *in and for the aforesaid County, duly*

authorized to administer oaths William P Anderson *aged* 65 *years, a resident of*
Affiant's Name here. Age.

Paint Lick *in the County of* Garrard *and*
Affiant's place of residence here. County here.

State of Kentucky *who being duly sworn, according to law, states that he was a*

Corporal in Co. D of the 6th Reg't. of Ky Cav Vols.,

and was well acquainted with Allen Ward this applicant for Pension, and
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a Pvt in Company D

6th Regiment of Ky. Cav. Vols.
Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery

THAT THE SAID Allen Ward while in the line of duty,
Claimant's Name here.

incurred Typhoid Fever & Piles
Here state the wound, injury or disease claimant first incurred.

at or near Camp Herndon State of Ky on or about
State at or near what place claimant incurred his disability Name of State.

the 10 day of March year of 1862, under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you can.

Was taken sick and taken to private house of Judge Pope

CLAIMANT ALSO INCURRED Hip Disease
Here state the second disability claimant incurred, if he incurred more than one.

at or near Camp Herndon State of Ky on or about
State at or near what place claimant incurred his disability Name of State.

the 1st day of June left year of 1862, under the following circumstances
Day Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability Write them out as fully as you possibly can.

Jan June 1862 Fever left and this disease

Continued

THIRD DISABILITY Piles
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near Huntsville Ala. State of Alabama on or about
State at or near what place claimant incurred his disability Name of State.

the ____ day of Sept year of 1863, under the following circumstances
Day Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

Piles Fever had grown worse, so bad.

Could not keep on duty.

FOURTH DISABILITY
Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near State of on or about
State at or near what place claimant incurred his disability. Name of State.

the day of year of , under the following circumstances:
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date
Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.

PENSION D NOV 29 U. S. 1905 OFFICE

That the facts are personally known to the affiant by reason of Sing Corporal

The affiant should here state his rank, Co. and Reg't. and whether he was with the

Co D - 6th Reg. Ky Cav. vol

command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, all

I saw Allen Ward when taken sick

the circumstances he can possibly remember touching the claimant's incurrence of his disability. In a case of rupture, wound or injury, affiant should state

frequently both at Camp Kinnan and

if he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance

after he left there.

All the facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

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

Post office address of affiant is Paint Lick Garrard

Co. Ky

J. D. Burchell

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

William S Anderson

Signature of Affiant.

State of Kentucky County of Garrard, ss:

Sworn to and subscribed before me this 17th day of November, A. D. 1905.

by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words

at time saw left"

erased,

and all the words "Camp Kinnan"

added, and acquainted him

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

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

and that he is a credible person.

W. F. Champ

Official Signature.

(L. S.)

Notary Public G. Co. Ky

Official Character.

MY COMMISSION EXPIRES JAN. 11, 1908

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

AFFIDAVIT OF A COMMISSIONED OFFICER, FIRST (ORDERLY) SERGEANT, OR A COMRADE, As to Incurrence of Claimant's Disability or Disabilities.

CLAIM OF

Allen Ward

Late Co. D 6th Reg't Ky Cav. Vols

of

Character of Claim.

Original Invalid

General Law

No. 754 241

DEC 1 1905 RECEIVED

FILED BY

J. B. Cralle & Co.,

CLAIM & PENSION ATTORNEYS,

CRALLE BUILDING,

WASHINGTON, D. C.

2

N.L. Pending -

5 358. Certificate No. 754,201

INVALID PENSION.

REISSUE TO ALLOW UNDER THE GENERAL LAW.

Pensioner, Allen Ward.

P O, Waco

County, Madison

State, Kentucky -

Rank, Private

Company, "D"

Regiment, 6 Ky. Vol. Cav.

Rate, $ ____ per month, commencing ____

Dec 7, 1905

REJECTED

S.W.D.

Pensioned for

SOUTHERN.

RECOGNIZED ATTORNEY.

Name, Milo B. Stevens and Co. (by Substitution)

P O Washington, D. C.

Fee, $ ____ ; Agent to pay

Articles filed February 12, 1886

APPROVALS.

Approved for rejection of typhoid fever affecting left side and hip on ground of no record or medical evidence in service or at discharge or for several years thereafter, and claimant's stated inability to furnish same -

Submitted November 22, 1905. J.B. Gallenne, Examiner

Approved for rejection on the ground of no record, no medical or other satisfactory evidence of origin of affection of left side and left hip in the service, or existence since discharge prior to about 1884, and claimant is apparently unable to furnish evidence sufficient to establish the claim

medical adviser not required.

Nov. 25 1905. W.K. Cleaves, Legal Reviewer

Nov 28 1905. W.A. Pare, Re-Reviewer

_____, Medical Examiner

_____, 190__, _____, Medical Reviewer

_____, 190__, _____, Medical Referee.

Enlisted October 11, 1861 Discharged September 6, 1865

Other service None

Pensioned under the act of June 27, 1890, at $ 10 per month Last paid to _____, 1__

PRESENT CLAIM.

Declaration filed February 8, 1886, under the general law, alleges that at Camp Herndon, Kentucky, about March 10, 1862, claimant contracted typhoid fever affecting his left side and left hip - caused by exposure -

Claimant does [redacted] write.

No

0-2

M C.

DECLARATION FOR ORIGINAL INVALID PENSION

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

STATE OF Kentucky }
COUNTY OF Scott } ss:

On this first day of February, A. D. one thousand eight hundred and eighty 6 personally appeared before me Clerk of the Scott Circuit Court, a court of record within and for the County and State aforesaid, Allen Ward (Name of Claimant.), aged 45 years, a resident of Dry Run, Scott (Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country state about how many miles from nearest Post-Office.), County of Scott. State of Kentucky, who, being duly sworn according to law, declares that he is the identical Allen Ward (Name of claimant.) who entered service under the name of Allen Ward (Name of claimant) on or about the 1" day of Sept 1861 as Private (Give rank.) in company "D" of the 6" regiment of Ky Cav commanded by Capt. Isaac Taylor (Name of Company's Commander. If upon any General's Staff, state that fact.) and was DISCHARGED at Louisville Ky, on or about the 19" day of Sept, 1865, by reason of Special Order; that his personal description is as follows Age, 45 years; height, 5 feet 8 inches; complexion, dark; hair, dark; eyes, dk blue That while a member of the organization aforesaid, in the service and in the line of his duty at Camp Herndon, in the State of Kentucky, on or about the 10th day of March, 1862, he contracted typhoid fever affecting his left side & left hip caused by exposure. (Here state name or nature of disease, or the location of the wound or injury If disabled by disease, state fully its causes; if by wound or injury the precise manner in which received.)

That he was treated ~~in hospitals as follows:~~ by Regt Surgeon; (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.) Dr Mc'Millan, for about 2 months, and after that by Dr Brannaugh, a son-in-law of Col. Reuben Mundy - Batallion Commander at that time - 1st Batallion was afterwards consolidated with 6th Ky Cavalry - Commanded by Col. Lewis B Watkins.

That he has not been employed in the military or naval service otherwise than as stated above except (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.) reenlisted as veteran 1st Jan 1864.

That since the 19" day of Sept, A. D 1865, he has not been employed in the military or naval service of the United States. That since leaving the service ~~this applicant has resided in the~~ of (Town or City.) ~~and~~ in the State of ~~his occupation has been that of a~~ Farmer That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer That he is now in part (Wholly or in part.) 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

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never (If previous application has been made, give number of claim, if possible.) received ~~never~~ applied for a pension. That his Post-office Address is Dry Run County of Scott, State of Kentucky

Allen Ward (Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:

(1) James W Samuell

(2) James C Lemon

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

Jht.

INVALID.

PENSION BUREAU DEC-8 1885 OFFICE

CLAIM FOR PENSION.

ORIGINAL.

Allen Ward Applicant.

Pvt Co "D" 6" Regt.

Kentucky Cav Vols

Enlisted 1" Sept, 1861

re " 1" Jan 1865

Discharged 19" Sept, 1865

NO SUBSEQUENT

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELOR AT LAW,

No. 615 Fifteenth Street N. W.,

P. O. DRAWER 325, WASHINGTON, D. C.

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

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., *March* 1, 1879.

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

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

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

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

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

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

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

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

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

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

I REQUEST POSTAL STAMPS FOR REPLIES AND FOR RETURN OF PAPERS.

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

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

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

Also personally appeared James M Samuels of Lunenburg County, and James Coleman of Same County, residing at Same, residing at Same, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Allen Ward (Name of Claimant.) the claimant sign his Name to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

(Sign his name or make his mark.)

(1) James M Samuels
(2) James Coleman
(Signatures of witnesses to identity of applicant.)

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

(1)
(2)

[L. S.]

SWORN TO AND SUBSCRIBED before me this 14th day of February, A. D 1882; and I hereby certify that the contents of the above declaration, &c. were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words "as Regulated as Present" "as the State of ansas" (If any words have been erased in the application, enter them here.)

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

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Holly Coates
(Signature.)
Clerk Scott Circuit Court
(Official character.)

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

State of Kentucky }
County of Scott } ss.

In the pension claim of Allen Ward
(Name of Claimant.)

Personally appeared before me, a Justice of the Peace in and for aforesaid County and State, said Allen Ward
(Name of Claimant.)
late Private (Give rank.), Company "D" Regiment 6 Ky Cav. Volunteers, now a resident of Near George Town, County of Scott, State of Ky, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares, in relation to aforesaid case, as follows

That he is unable to comply with the requirements of the Pension Office as to furnishing evidence of a Regimental Surgeon because he has made deligent search & inquery, and can obtain no information of his Whereabouts, if living; on the contrary has been informed that he is dead — his name was Dr McMillan

He therefore respectfully requests that the requirement be waived.

Allen Ward
(Signature of Claimant.)

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

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

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

PENSION OFFICE. MAY 18 1886

2

SWORN TO AND SUBSCRIBED before me this 6th day of May 1886; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words .....

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

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

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

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

J. E. Lemon, 1886.
(Name of officer before whom executed.)

[L. S.]

(State whether Justice, Notary Clerk, or Deputy Clerk.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

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

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 6 day of May, 1886.

[L. S.]

J. Henry Roche Clerk
(Name of the Clerk or Deputy Clerk.)

Clerk of the Scott County Court.
(Name of what Court.)

DIVISION

No. —

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

615 FIFTEENTH STREET NORTHWEST,

Lock Box 325 WASHINGTON, D. C.

Claimant's

~~GENERAL~~ AFFIDAVIT.

State of Kentucky
County of Scott } ss

In the matter of claim for Allen Ward, (No. 561508)
(Character and number of claim.)

late of Co D — 6th Regt. of Kentucky Cavalry Vol
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace, in and for
(Justice, Notary Judge, Clerk or Deputy Clerk.)

aforesaid County and State, said Allen Ward
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)

aged 45 — of Dry Run P.O., Scott County, Ky.,

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

That very soon after his discharge from the service, above named Dr John Christopher and Dr Howard Christopher, of Waco, Madison Co Ky., commenced treating him for his back & hip trouble & left side — contracted in the service, and they, as partners, continued to treat him up to the year 1874, and part of that year, until when sd. Dr. Howard Christopher died. Dr John Christopher continued to treat me until the spring of 1875 — When I moved away from Waco to Franklin, Johnson Co. Indiana. Sd Dr John Christopher moved from Waco to Florida, after I left there, where he died. This latter fact I learned from his wife's family, and his old neighbors & friends. I moved back from Indiana to Waco, in August 1875, and was treated a few times by one Dr Ayres — Who moved away from Waco, and if living I do not know where — although I have made diligent inquiring. From the time of being treated by the aforesaid Dr Ayres until the treatment by Dr Wm Moore & Dr J.C. Thomason of this county (whose affidavits have been furnished), by the advice of friends and advertisements, and my own best judgment, I have used various kinds of Patent Medicins — neither of which — nor the Medical treatments — have ever given me material relief. Dr Thos. Mefford of this (Scott) Co Ky, also treated me during parts of 1881 & 1882 — We had some trouble about his charges, and he seems not disposed to accommodate me with his affidavit, or in any other way — Nor do I know that it would amount to more than the affidavits of Drs Moore & Thomason above mentioned — for then my condition was about the same and he gave me no permanent relief — Nor do I believe any one, or any treatment, ever will — The disease is too deeply seated in my bones.

~~further declare that no interest in said case, and not concerned in its prosecution.~~

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

1 _____
(Name of one witness to X mark.)

2 _____
(Name of other witness to X mark.)

Signature of Affiant, ~~or of each Affiant.~~ Allen Ward

3

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

SWORN TO AND SUBSCRIBED before me, this 3d day of July, 1886, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words "Further" & to "prosecution" inclusive

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

in line , erased, and in line

the words "Franklin"

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

, added;

that the affiant is (is or are.) to me well known and is (is or are.) respectable and worthy of full credit. and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

J. C. Lemon J.P.S.C.

(Name of officer before whom executed.)

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

☞ **The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.**

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of Kentucky

County of Scott } *ss:*

I, J. Henry Wolfe (Name of Clerk of Court.), Clerk of the County Court in and for aforesaid County and State, do certify that J. C. Lemon (Justice of the Peace or Notary Public.), Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a Justice of the Peace (Justice of the Peace or Notary Public.) 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 thereto is genuine.

Witness my hand and seal of office this 3d day of July 1886.

[L. S.]

J. Henry Wolfe

Clerk of the Scott County Court.

PENSION OFFICE RECEIVED JUL 5 1886

Issue — DIVISION.

No. 361,508

Additional Evidence.

CASE OF

Allen Mard

Ky Cavy

FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

ATTORNEY,

Offices 615 Fifteenth St. N. W.,

WASHINGTON, D. C.

P. O. Lock Box 325

3–173.

So. Div. P.D.S. Ex'r.

Ct. No. 75420

Allen Ward

Co. D, 6th Reg't Ky. Vol. Cav.

SOUTH DIV. OCT 17 1898 RECEIVED

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Sept. 24, 1898

SIR

Will you kindly 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 family

Very respectfully,

Allen Ward
Stamping Ground
Ky.

J. L. Davenport
Acting Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer. Yes Sir my Wife Maiden name Was Sarka. B. Fritts

No. 2. When, where, and by whom were you married? Answer January 11 1866

By Napoleon Johnson Baptist preacher

No. 3. What record of marriage exists? Answer I have none But you can find the record in Clerk office of Madison county Ky

No. 4. 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 Sir

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer I have 11 Nine A Ward March 25 1867 Rufus A Ward August 1, 1869 Lucky Ward Born March 13 1871 Rosa B. Born January 19 1873 Marty D Born may 12 1876 Margie M Born February 14, 1879 Henry E Born January 11. 1880 Hetie Born June 2, 1882 Mary Born October 24 Date of reply, February 11, 1894 1884 Sarka, A. Born May 21 1884 Bettie, B, Ward Born October 6, 1891

0-2

(Signature.) Allen Ward

P.O. address Owen

My post office is
Georgetown Ky

WMcCC

POWER OF ATTORNEY.

ATT'Y FILED.

Know all Men by These Presents, That I, Allen Ward

of near Duvall, County of Scott,

in the State of Kentucky, have made, constituted and appointed, and by these presents do make, constitute and appoint

ALVA S. TABER,

of the City of Washington, in the District of Columbia, my true and lawful Attorney, for me and in my name, place and stead, hereby annulling and revoking all former Powers of Attorney or authorizations whatever in the premises, to prosecute my claim for Loss sustained 1874 and 1881 under Act of July 4 1862 of 20.6" Del. Car.

and to furnish, from time to time, any further evidence necessary or that may be demanded, giving and granting to my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present at the doing thereof—hereby transferring to the said Alva S. Taber all rights heretofore granted to George E. Lemon as such Attorney; and I hereby request that the said Alva S. Taber be substituted in the place of the said George E. Lemon in any articles of agreement as to fees heretofore executed by me in favor of the said George E. Lemon—with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney, or his substitute or legal representative, may or shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of February, A. D. 1897

Allen Ward
(Claimant's signature.)

Two witnesses who can write must sign here in all cases.

1 J. A. White

2 George Lewis

S. DIVISION.

Cf No. 75-4,201

POWER OF ATTORNEY

FROM

Allen Ward

U. LAW. B
FEB 10 1897
P. RECEIVED B

CLAIM FOR

PENSION
FEB
U. 9
1897

FILED BY

ALVA S. TABER,

ATTORNEY,

Representing the Executors of the Estate of George E Lemon,

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR,

OFFICE OF THE SECRETARY,

WASHINGTON, D C., *Jan. 18, 1897*

COMMISSIONER OF PENSIONS.

SIR Herewith is transmitted to you a letter from the Executors of the last will, &c., of George E. Lemon, deceased, stating that it is their desire to do all they can to promote the interests of the claimants who were decedent's clients at the date of his death, by such means as may be satisfactory to the Government, and as far as possible to secure to his estate the benefits of the services he has rendered, and for that purpose they desire to have these cases prosecuted by Alva S. Taber

To that end they submit a form of Power of Attorney to be executed by said claimants, together with a circular letter, to be mailed from said executors to each claimant, which, under the circumstances and the good standing of Alva S. Taber, are approved by me

You will, therefore, recognize Alva S. Taber in each case, in accordance with the existing practice of your office, in which the claimants shall have executed said Power of Attorney

Respectfully,

JOHN M. REYNOLDS,
Assistant Secretary.

State of Kentucky
County of Scott } ss:

Be it known, That on this 4th day of February in the year eighteen hundred and ninety-seven, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Allen Ward, to me well known to be the identical person who executed the foregoing Letter of Attorney, and the same having been first fully read over to him, and the contents thereof duly explained, acknowledged the same to be his act and deed, and that I have no interest, present or prospective, in the claim to which this instrument is supplementary

In testimony whereof, I have hereunto set my hand and affixed my seal of office the day and year above written.

[L. S.]

J. C. Lemon, NPLC.
(Official signature of Magistrate.)

Genuine Certificate of My Official Character & File in Pension Claim of Allen Ward, Ky.

IMPORTANT—This paper should be acknowledged before a Magistrate required by law to use a seal, which seal should be impressed hereon.

SUBSTITUTION.

Know all Men by these Presents, That I, ALVA S. TABER,

having been duly made, substituted and appointed true and lawful attorney for Allen Ward (Relationship of claimant and name of soldier), late of Co. D (letter.), 6 (number.) Regt., Ky (State) Vols., Cav who is a claimant for Invalid (Character of claim.) pension, which claim is entitled in the name of Allen Ward (Name of claimant.) for Inv. pens July 14-62 (Character of claim, and under what law.) numbered ....., (or certificate numbered 754201,) being duly empowered thereby to do and take all lawful ways and means in said claimant's name and generally to do all and every other act or thing, under the laws or regulations, whatsoever is necessary and needful to be done, and also conferring upon me full power of substitution authorizing me to substitute another Agent or Attorney in my place and clothing him with the same powers and benefits which I derived from the said claimant, through said power of attorney,

Now, therefore, I hereby constitute, appoint and substitute in and for myself, as such attorney in fact for the said claimant, MILO B. STEVENS & CO. of Washington, D. C., duly qualified and recognized attorneys before the Interior Department, as my substitute, and hereby clothe them with the same duties in said claim and the same rights in fee agreements as I acquired and now possess under the said power of attorney by the act of the claimant, and denude myself of the same, hereby ratifying and confirming all that the said attorneys as my substitute shall lawfully do or cause to be done by virtue hereof and by virtue of the power of attorney granted to me as aforesaid.

In witness whereof I have hereunto set my hand and seal this 7th day of August, 1897.

Alva S. Taber SEAL.

Witness:
1. E. P. Dorsey
No. 1405 G street N. W., Washington, D. C.
2. Lee Rea
No. 1947 Vermont avenue N. W., Washington, D. C.

PENSION OFFICE U. S. AUG 19 1897

AUTHENTICATION.

District of Columbia, City of Washington, ss:

Before me, the undersigned, a Notary Public in and for the said District of Columbia, personally appeared ALVA S. TABER, to me well known to be the identical person named in the foregoing substitution of attorney, who, in my presence, subscribed to and acknowledged the same to be his act and deed.

In witness whereof I have hereunto set my hand and seal this 7th day of August, 1897.

Steven S. Norman

Notary Public.

SUBSTITUTION.

Know all Men by these Presents, That I, ALVA S. TABER,

having been duly made, substituted and appointed true and lawful attorney for Allen Ward, late of Co. D, 6 Regt., Ky Vols., car,
(Relationship of claimant and name of soldier.) (letter.) (number.) (State.)

who is a claimant for Invalid pension, which claim is entitled in the name of
(Character of claim.)

Allen Ward for Inv. pens June 27-90
(Name of claimant.) (Character of claim, and under what law.)

numbered ....., (or certificate numbered 754201,) being duly empowered thereby to do and take all lawful ways and means in said claimant's name and generally to do all and every other act or thing, under the laws or regulations, whatsoever is necessary and needful to be done, and also conferring upon me full power of substitution authorizing me to substitute another Agent or Attorney in my place and clothing him with the same powers and benefits which I derived from the said claimant, through said power of attorney,

Now, therefore, I hereby constitute, appoint and substitute in and for myself, as such attorney in fact for the said claimant, MILO B. STEVENS & CO. of Washington, D. C., duly qualified and recognized attorneys before the Interior Department, as my substitute, and hereby clothe them with the same duties in said claim and the same rights in fee agreements as I acquired and now possess under the said power of attorney by the act of the claimant, and denude myself of the same, hereby ratifying and confirming all that the said attorneys as my substitute shall lawfully do or cause to be done by virtue hereof and by virtue of the power of attorney granted to me as aforesaid.

In witness whereof I have hereunto set my hand and seal this 7th day of August, 1897.

Alva S. Taber SEAL.

Witness:
1. E. P. Seaver
No. 1405 G street N. W., Washington, D. C.
2. Neil Cleaver
No. 1947 Vermont avenue N. W., Washington, D. C.

PENSION OFFICE U. S. AUG 19 1897

AUTHENTICATION.

District of Columbia, City of Washington, ss:

Before me, the undersigned, a Notary Public in and for the said District of Columbia, personally appeared ALVA S. TABER, to me well known to be the identical person named in the foregoing substitution of attorney, who, in my presence, subscribed to and acknowledged the same to be his act and deed.

In witness whereof I have hereunto set my hand and seal this 7th day of August, 1897.

Thomas L. Pence
Notary Public.

3—389

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D C, *January 2, 1915*

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

Very respectfully,

G. W. Saltzgaber

Commissioner.

ALLEN WARD,

BYBEE, KY.

754201

PENSION APR 9 1915 U. S. OFFICE.

FOLD HERE.

No. 1. Date and place of birth? *Answer* Sept 30th 1840. Madison Co.

The name of organizations in which you served? *Answer* 1st division 1st army cor 3rd Brigade 6th regiment. Ky Vol cav. Co D.

No. 2. What was your post office at enlistment? *Answer* Waco Ky. Madison Co.

No. 3. State your wife's full name and her maiden name. *Answer.* Sarah B. Fritts. Sarah B. Ward.

No. 4. When, where, and by whom were you married? *Answer.* Jan 18, 1866. at Waco by:- Napoleon Johnston.

No. 5. Is there any official or church record of your marriage? (yes.)

If so, where? *Answer* Richmond Ky, Madison Co.

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.

FOLD HERE.

No. 7 If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary 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.* no.

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

FOLD HERE.

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

Nannie P. Ward. born March 5th 1867.
Vollie Ward. " Aug 1st 1869.
Lockey Ward " March 13th 1871.
Rosa Bell Ward " Jan 19th 1873.
Muggy N. Ward " Feb 19th 1878.
Monty Ward " May 12th 1876.
Henry E. Ward " Jan 11th 1881.
Hettie Ward " June 2th 1883.
Mary D. Ward " Feb 11th 1887.:- continued bottom of sheet

Date April 7th 1915. (Signature) Allen Ward.

c 6—272

Sarah A. Ward — born. May 21st 1889.
Bettie S. Ward " Oct 6th 1892.

Act June 27, 1890

3–402.

Certificate No. 754201

Name, Allen Ward

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,

H Clay Evans

Commissioner.

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

Answer Yes Sir Sarka Sue Briney Smith her Maiden name

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

Answer 1866 January the 18th by Napalon Johnson

Third. What record of marriage exists?

Answer Now only The record in Richmond Madison county

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 Sir

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

Answer. I have 11 children all living Marie March 5th 1867 Rufus August 21st 1869 Tooley March 13th 1871 Rosie January 14th 1873 Murty May 12th 1876 Maggie febuary 19 1878 Henry January 21st 1880 Hettie June 2nd 1883 Mary febuary 11th 1887

Date of reply, Sarka May 7th, 1894 (Signature.) Allen Ward

0–8

5301b750m1–98

Bettie October 6th 1891

April the 24th 1898

561,508.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec 28, 1886.

Respectfully returned to the Commissioner of Pensions.

Allen Ward, a Prot. of Company D, 6th Regiment Ky. Cavy Volunteers, was enrolled on the 11th day of Octbr, 1861, at Estill Co Ky (3 yrs.), and is reported: On roll from enrolment to Febry 28 '62 absent without remark; Mar & Apr. 62 present; on roll from Apr. 30 '62 to Aug 31 '62 (4 mos' musters) absent sick; Jany & Febry '63 (next on file) present; Mar & Apr. '63 not borne; May & June '63 absent cause not shown; July & Aug '63 present; Sept & Oct '63 same. He re-enlisted as Vet Vol in same Co & Regt Dec. 31 '63 at Rofsville Ga. 3 yrs. and is reported on rolls for Nov. & Dec. '63 Prot present; same to Apr. 30 '64; May & June '64 Teamster absent cause not shown; July & Aug '64 Wagoner present; Sept & Oct '64 absent cause not shown; Nov & Dec '64 present; same to June 30 '65. July & Aug '65 Sergt present. He was mustered out with Co. at Louisville Ky. Sept 6 '65 a Sergt. Returns prior

R C Drum

Assistant Adjutant General

C 504/19

56 1508

to Febry '63 & returns for June '63 not on file. Returns for Mar., Apr., May & July '63 & May, June, Sept, Oct & Nov. '64 do not report him absent sick or otherwise. Return for July '64 reports him present on Extra or Daily Duty as Teamster.

C.W. The records of this Office furnish no evidence of alleged disabilities

Regtl Hospl records not on file except a Consolidated Morning report for Nov. 1863. which furnishes no information in the case.

R. C. Drum
Assistant Adjutant General

504
19

[illegible] Div.
J2 A J, Ex'r.
No. 561508
Allen Ward
Co. D. 6 Ky. Cav.

Department of the Interior,

PENSION OFFICE,

May 1, 1886.

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 Allen Ward, who, it is claimed, enlisted Sept. 1, 1861, and served as Private in Co. D, 6 Reg't Ky. Cav.; also in Co. ,

and was discharged at Louisville Ky, Sept. 19, 1865.

While serving in Co. D, 6 Reg't Ky Cav, he was disabled by Typhoid fever resulting in diseases of left hip and of left side at Camp Herndon Ky on or about ~~Also~~ Mar 10, 1862.

and was treated in hospitals of which the names, location, and dates of treatment are as follows: Treated by Regimental Surgeon.

Very respectfully,

John C Black

Commissioner.

The Adjutant General, U. S. Army.

(324—100 M.)

508/19

C82

PENSIONS DEC 28 1886 OFFICE

R. & P. DIV.
1886
423757
OCT 22
S.G.O.

(1. Encl.)

WAR DEPARTMENT,

SURGEON GENERAL'S OFFICE,

RECORD AND PENSION DIVISION.

U.S. WAR DEPT. DEC 24 1886 SURGEON GEN'L'S OFFICE WASH. D.C.

RECEIVED FEB. 10, 1887 ADJUTANT GENERAL'S OFFICE

Washington, D. C., Dec. 24 , 1886

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. 576,578 , *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:

Records bearing upon this inquiry

Remarks

By order of the Surgeon General

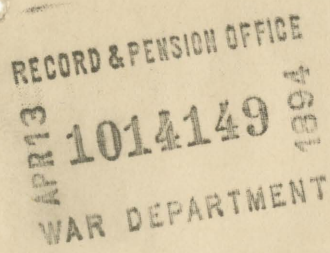
F. C. Ainsworth
Asst *Surgeon, U S. Army*

No. 423757

per LHB

(172)

4



D.P.S.

(3-464.—aa.)

So. DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Apl. 12", 1894.

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history ..... (Descriptive list.) of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

Claim No. C. 754201

Name Allen Ward

Co. D 6" Regt. Ky. Vol. Cav.

W. Lochren

Commissioner.

12088—100,000. 6-843

No other report on file.

☞ Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, APR 13 1894, 189 .

Respectfully returned to Commissioner of Pensions *with the information that* in case of Allen Ward, Co. D, 6 Ky Cav. no additional military record has been found to report of Dec. 28, 1886. No Medical record found.

PENSION OFFICE U APR 13 1894

BY AUTHORITY OF THE SECRETARY OF WAR:

D. C. Ainsworth

Colonel, U. S. Army, Chief of Office.

Per M

(323)

RECORD & PENSION OFFICE
JUN 21 2179104 1902
WAR DEPARTMENT

3—050.
(Old No. 3—464.)

Lo. Div. R. & P. W., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 20, 1902.

Respectfully referred to the Chief of The Record and Pension Office, War Department, requesting the age of the within named soldier at date of enlistment.

Inf. Co. F. 7th H. Inf.
Allen Ward.
Co D. 6th Ky. Cav.

PENSION U. S. JUN 21 1902 OFFICE.

SOUTH DIV. JUN 23 1902 RECEIVED

Commissioner

0-4

Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, JUN 21 1902

Respectfully returned to the

Commissioner of Pensions,

with the information that in case of
Allen Ward.
Co D 6 Ky. Cav
Age 21 at enlistment.

PENSION U. S. JUN 21 1902 OFFICE.

BY AUTHORITY OF THE SECRETARY OF WAR

F. C. Ainsworth

Chief, Record and Pension Office.

Per m

(323)

AFFIDAVIT TO ORIGIN OF DISABILITY.

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

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

State of Kentucky }
County of Madison } *ss.*

In the matter of the Pension claim of allen Ward

H Co. D, 6th Ky Reg't cavalry Vols., personally came before me, a clerk of the County Court in and for the aforesaid County and State,
(Title of officer administering oath.)

Frances M. Penny, of Madison, County of , State of Kentucky, who, being duly sworn, declares in relation to the aforesaid claim that his age is 45 years; that he is the identical person who served as a Private in Co. D, , 6th Reg't Kentucky Vols., and knows the above soldier, who was a member of Co. D, 6th Reg't Kentucky vols that on or about the 10 day of March, 1862, while in the line of duty, and without fault or improper conduct on his part, at or near Camp Herendon, State of Kentucky, said soldier incurred Typhoid Fever ~~which~~ which affected his left side and hip he was at the time driving a waggon by the order of Lieutenant Colonel Monda commanding battalion i knew him well prior to his enlistment he was a robust healthy man free from any disability perceivable i waited on him when sick with this fever was with him while sicke in the hospital was with him all the time in the servace up to his Discharge and he was complaining all the time more or lep with his side & hip i have seen him often every year since our Discharge and i have never seen him but he was complaining more or lep with his side & hip i know the facts from personal knowledge being with him all the time while in U. S. service which was some four years

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.

If the injury was a rupture, be particular to state its location and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed

State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.

State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

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

Affiant's Post-Office address is as follows: Union City Madison County Ky

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

E. S. Embry
(Name of one witness.)

Benjamin Cox
(Name of other witness.)

F M Penny

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

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

SWORN TO AND SUBSCRIBED before me this 19th day of February 188 6; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words .....

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

erased, and the words (which)

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

..... added;

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

Thos Thorpe

(Name of officer before whom executed.)

[L. S.]

Clerk County Court,

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such: except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that ..... before whom the above

(Justice or Notary's name.)

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

(Justice of the Peace or Notary Public.)

and that the above is his signature.

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

day of ....., 188 .

[L. S.]

.....

(Name of the Clerk or Deputy Clerk.)

Clerk of the .....

(Name of what Court.)

DIVISION.

Affidavit of Commissioned Officer or Comrade.

Additional Evidence.

No. .....

PENSION OFFICE

11 MAR 61886

Co. ..... Regt., ... Vols.

AFFIDAVIT OF

(Name of Affiant.)

Late ..... Co. ..... Regt. ..... Vols.

(Rank.) (Rank.)

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

OFFICES, 615 FIFTEENTH STREET N. W.,

P. O. DRAWER 325. WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Kentucky }
County of Madison } ss:

In the matter of claim for Allen Ward D 6 Ky Co
(Character and number of claim.)

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

Personally came before me, a Notary Public in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State, Francis M. Deavy, aged 57 years,
residing at Union City, County of Madison, State
of Kentucky, and _____, aged _____ years,
residing at _____, County of _____, State
of _____, who, being duly sworn, declare in relation to the aforesaid case
as follows: i knowed Allen Ward of co D 6 Ky Cav vet well
i also remember when he had been at Camp Wheaton
kentucky in April 1862 i also remember
that he had piles heard him complain of & saw
all of the time while in service & up to the
last 2 years i have not seen him every month.
i was a member of co D 6 Ky Cav vet well

_____

_____

_____

SWORN TO AND SUBSCRIBED before me this 8th day of March 189 7, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words .....

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

.....in line....., erased, and in line.....

the words.....

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

, added;

that the affiant is (is or are.) to me well known and is of good Character (is or are.) and that I have no interest, direct or indirect, in the prosecution of this claim.

S. P. Deatherage
(Name of officer before whom executed.)

[L. S.]

Notary Public
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

☞ The Officer before whom this affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

S. DIVISION

No. 45420

Additional Evidence.

CASE OF

Allen Ward

Co. K

FOR

AFFIDAVIT OF

U.S. PENSION OFFICE AUG 3 1897

FILED BY

Wm P. Stevens & Co. Successors to GEO. E. LEMON.

GEORGE E. LEMON,
Attorney and Counsellor at Law,
WASHINGTON, D. C.

PENSION BUREAU MAY 2 1894 U.S. OFFICE.

So. Div 3–489.

I. P. S. Ex'r

Inv. of. No. 754201

Allen Ward

Great-crossing, Ky.

Co. D. 6th Reg't Ky. Vol. Cav.

Return this with your reply.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., April 21st, 1894

SIR:

To aid this Bureau in the adjudication of the above entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of

affection of left side and hip while in the service and continuance of the same from discharge until the present time.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse of this letter will be appreciated.

Very respectfully,

W. Lochren

Commissioner

F. M. Denny

Union City

Madison Co. Ky.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the *Postmaster* or some other *United States official*, who should certify that the contents were fully made known to you before signing.

Post-office address: Union City Ky

April the 28, 1894

SIR:

In reply to your request I have to state that I Romeo
ole allen Ward was with Iwan
in Co F 96 Ky vet. can be found sick
at Cayherindon mx, co, Kentucky in
February & march & April 1862
with fever he all ways was
complaing of a hurting in left side
and thig but acted like rehumatize
he was complaing a grat deal
a while in the sursice and dere
the war iham not seen him for
three ayears cant say where he is
at this time But as for his sickes
while in the servis i no that to Be
facts for i rotated on him for some
time i knew him Before the war
he had no complaint then

Very respectfully,

Francis M. Denny

COMMISSIONER OF PENSIONS,

Washington, D. C.

AFFIDAVIT TO ORIGIN OF DISABILITY.

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED.

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

RECEIVED MAR 6 1886 PENSION OFFICE

State of Kentucky

County of Madison ss.

In the matter of the Pension claim of Allen Ward

Private Co. "D", 6th Reg't Kentucky Cal Vols., personally came before me, a Deputy Clerk (Title of officer administering oath.) in and for the aforesaid County and State, James Burnett, of Mt Vernon Berea, County of Madison, State of Kentucky, who, being duly sworn, declares in relation to the aforesaid claim that his age is 57 years; that he is the identical person who served as a Private in Co. "D", 6th Reg't Ky Cal Vols., and knows the above soldier, who was a member of Co. "D", 6th Reg't Ky Cal, that on or about the 10th day of March, 1862, while in the line of duty, and without fault or improper conduct on his part, at or near Camp Herndon, State of Kentucky, said soldier incurred Contracted typhoid fever affecting his left side Hip & bowels from exposure. While in the Regt being detailed a teamster in the U.S. Service while at Camp Herndon Ky He served from the 12th day of Aug 1861 until the 10th day of March 1862 and was a stout able bodied man all the time until he contracted the above disease. I was present at the time and a messmate of his and visited him often while sick I was discharged on the 24th day of December 1864 and left Allen Ward still in veteran Service.

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.

If the injury was a rupture, be particular to state its location and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.

State whether you saw him at the date of or immediately prevaus to discharge; also when, where, and whether the disability named then existed.

State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.

State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

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

Affiant's Post-Office address is as follows:

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

C. H. Rawlings
(Name of one witness.)

H. H. Woodcock
(Name of other witness.)

James Burnett

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

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

SWORN TO AND SUBSCRIBED before me this 18 day of February 188 6; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words .....

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

erased, and the words .....

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

..... added,

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

Thos Thorpe Clerk

(Name of officer before whom executed.)

[L. S.] By E. J. Fish D.C.

(State whether Justice, Notary Clerk, or Deputy Clerk.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such: except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that ..... before whom the above

(Justice or Notary's name.)

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

(Justice of the Peace or Notary Public.)

and that the above is his signature.

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

day of ....., 188

[L. S.] .....

(Name of the Clerk or Deputy Clerk.)

Clerk of the .....

(Name of what Court.)

J. DIVISION.

Affidavit of Commissioned Officer or Comrade.

Additional Evidence.

No. 561,570

Orig

(Character of claim.)

Aeneas Mars

(Name of claimant.)

Late Pvt, Co. K

(Rank.)

6 Regt., Ky Cav Vols.

AFFIDAVIT OF

(Name of Affiant.)

Late ....., Co. .....

(Rank.)

..... Regt., ... Vols

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

OFFICES, 615 FIFTEENTH STREET N. W.,

P. O. DRAWER 325, WASHINGTON, D. C.

RECORD & PENSION OFFICE
APR 13 1013934 1894
WAR DEPARTMENT

I.Q.S. (3—061.) CALL No. 10.
Ex'r.

So. Division.

Department of the Interior,

BUREAU OF PENSIONS,

April 12", 1894.

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about the spring of, 1862, of Francis M. Denny James Burnett

of Co. D. 6th Ky. Vol. Cav.

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

Cl't. Claim No. 754201

Allen Ward

D. 6th Ky. Vol. Cav.

Wm Lochren
Commissioner.

10447—50 m. 6—222

Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, APR 13 1894.

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Francis M Denny,

&

James Burnett,

mentioned in the preceding endorsement ~~are~~ *present during the period named in that endorsement* ~~except as follows:~~

During the period named the station of the company and regiment was as follows:

Camp Henderson, Ky.

PENSION OFFICE APR 14 1894

BY AUTHORITY OF THE SECRETARY OF WAR:

D Lammond
Colonel, U. S. Army, Chief of Office.

Per m.

(320)

GENERAL AFFIDAVIT.

State of Kentucky
County of Madison } ss

In the matter of claim for Invalid Pension
(Character and number of claim.)
Allen Ward
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State, Jesse Campbell
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)
age Sixty three Waco Madison County Ky

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:
I lived a neighbor to Allen Ward for
Twelve or fifteen years after he served as a
Soldier in the late war of the Rebellion
he was a near neighbor of mine living a portion
of the time in a fourth of a mile from me and
a part of the time about one miles and nearly all
the time not Exceeding two or three miles
he worked with me in 1866 and 1867 our
business was cutting and hauling cord wood
I cut the wood and he and his father were
Teamsters or drivers the Teaming during that time he
was afflicted with his left Side and Hips and was
not able to work more than a Three fourth part of
his time his general appearance were that
of a man in a broken down Condition
of health the reason why I am enabled to
make a Statement in Reguard to his condition
is as follows he lived a near neighbor to me
as a boy I stated and often worked to gether
and he often talked to me about his
disability

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

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

1 _____ (Name of one witness to X mark.)

2 _____ (Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. Jesse Campbell

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

SWORN TO AND SUBSCRIBED before me, this 12th day of October, 1886, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words _____

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

_____ in line _____, erased, and in line _____

the words _____, added;

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

that the affiant is (is or are.) to me well known and is (is or are.) respectable and worthy of full credit, and that I have no interest, direct or indirect, in the prosecution of this claim.

J. F. Douglas
Justice of the Peace

[L. S.]

_____
(Name of officer before whom executed.)

_____
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

☞ **The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.**

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of Kentucky }
County of Madison } ss:

I, Thos Thorpe (Name of Clerk of Court.), Clerk of the County Court in and for aforesaid County and State, do certify that J. F. Douglas (Justice of the Peace or Notary Public.), Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a Justice of the Peace (Justice of the Peace or Notary Public.) 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 thereto is genuine.

Witness my hand and seal of office this 12" day of October 1886

[L. S.]

Thos Thorpe
Clerk of the County Court

DIVISION.

No.

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

PENSION OFFICE OCT 22 1886

FILED BY

GEORGE E. LEMON,
ATTORNEY,
Offices 615 Fifteenth St. N. W.
P. O. Lock Box 325.
WASHINGTON, D. C.

[3–056.]

So. Div
I. P. S. Ex'r
Inv. of No. 754201
Allen Ward
Co. D 6 Reg't Ky Cav

Return this letter with your reply.

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

PENSION OFFICE. U S MAY 9 1894

Apl. 21, 18 94

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Jesse Campbell
Waco
Madison Co Ky

Jno Lochren
Commissioner

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer:

Of what disability did he complain, and how was he affected?

Answer:

How frequently have you seen him since your first acquaintance?

Answer:

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: I thought I would answer your inquiery to the best of my knowledg at this time I was moved about 100 hundred milds from whair I did live when I was aquainted with Allen ward and I am giting very for git ful and I cant make no Correct statment on his Claim at pregant, it being

My means of knowing the facts of the case are these

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully, that I am 71 yearz old

Jesse Campbell

To the Commissioner of Pensions

6—547

11749 b—20 m

GENERAL AFFIDAVIT.

State of Kentucky, County of Madison, ss.

In the matter of the Pension Claim, No. , of

Allen Ward, late Co. "D" 6 Regt Kentucky Cav.,

ON THIS 3rd day of Feby A. D. 1894, personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,

Henry English aged 59 years, whose Post Office address is

Richmond Madison County Kentucky

who being duly sworn declared in relation to said case as follows

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

That he is well acquainted with the applicant Allen Ward a private in Co D 6th Reg Ky Cavalry who was discharged by reason of Expiration of Service Sept 19- 1865 who claims disability by reason of affliction of left hip and side caused by Typhoid fever contracted in 1862 affiant Henry English has known claimant Forty Years and that he claimant has suffered most of the time since his discharge by reason of said affliction of his left side and hip and knows that most of the time he is unable to labor for a support. affiant further states he is not aided or prompted by any written or printed statements or recital prepared or dictated by any other person, and further states that this affidavit was written in his presence by D. P. Turner from his own dictation at Richmond Ky this 3rd day of Feby 1894

He further declares that he has no interest in said case, and is not not concernd in its prosecution.

Henry English

Annie E. Mershon
(If Affiant sign by mark, two persons who can write sign here.)

(Signature of Affiant.)

PENSION OFFICE. U FEB 12 1894

STATE OF Kentucky, COUNTY OF Madison, ss.

Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said affidavit of said affiant , including the words ..... erased, and the words ..... added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution and that said affiant is personally known to me and that he is a credible person.

D. P. Armes
(Official Signature.)

J P M C
(Official Character.)

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

PENSION OFFICE FEB 12 1894

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

[L. S.]

Clerk of the .....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE OF THE PEACE who has no certificate on the file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper

ADDITIONAL EVIDENCE.

CLAIM OF Allen Ward
Co. "B" 6 Reg't Ky. Cav.

AFFIDAVIT OF Henry Longest.

Sig Sur
Ct 7574.20

FILED BY
A. B. Hood,
Geo. E. Lemon
ATTORNEY,
WASHINGTON, - - D. C.

GENERAL AFFIDAVIT.

State of Illinois
County of Fayette } ss:

In the matter of claim for
(Character and number of claim.)

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

Personally came before me, a Justice of the Peace in and for
(Justice, Notary Judge, Clerk or Deputy Clerk.)

aforesaid County and State, Nathan Sams 75 years old
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)

Sandoval P. O. Fayette County State of Illinois
Post office Brecherity, Effingham Co Ill

a person of lawful age, who, being duly sworn, declares in relation to the aforesaid case as follows:

I have known him for the last Fourteen Years I have known him to be Down at Times with his left Side & hip he was unable to get out of his Bed at Times in 1878 & 80 I worked With him in 1879 I worked With him in a Rock quary and at Times he could not Do ½ Days Work in 1881 I worked With him & he Was not able to Work ½ his Time Working on a farm

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

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

1 George P Hopper
(Name of one witness to X mark.)

2 John Reitzer
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. Nathan his X mark Sams

10

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

SWORN TO AND SUBSCRIBED before me, this 9 day of August, 1886, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words _____

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

_____ in line _____, erased, and in line _____

the words _____, added;

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

that the affiant is (is or are.) to me well known and is (is or are.) respectable and worthy of full credit, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] Leonard McArdle

(Name of officer before whom executed.)

a Justice of the Peace

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

☞ **The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.**

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of Illinois }
County of Fayette } ss:

I, John D. Perrine (Name of Clerk of Court.), Clerk of the County Court in and for aforesaid County and State, do certify that Leonard McArdle (Justice of the Peace or Notary Public.), Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a Justice of the Peace (Justice of the Peace or Notary Public.) 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 thereto is genuine.

Witness my hand and seal of office this 1st day of September 1886.

[L. S.] J. D. Perrine

Clerk of the County Court

Death DIVISION.

No. 57,055

Additional Evidence.

CASE OF

Allen Ward

D-6-Ky Cav

FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

ATTORNEY,

Offices 615 Fifteenth St. N. W.,

WASHINGTON, D. C.

P. O. Lock Box 325.

[3-056.]

PENSION B MAY 7 1894 U S OFFICE.

D. Div
I. P. S. Ex'r.
Inv. ctf. No. 754201
Allen Ward
Co. D. 6th Reg't Ky. Cav.

Return this letter with your reply.

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

Apl. 21, 1894

Sir.

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Nathan Sams
Beecher City,
Effingham Co. Ills.

Wm Lochbrun
Commissioner

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: about 20 years 1873 I come in the neighborhood where he lived in that year

Of what disability did he complain, and how was he affected?

Answer: complained with his Back and hips and Piles there was times when he could not turn himself in bed

How frequently have you seen him since your first acquaintance?

Answer: as much as once a week for 16 years

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: he has. he was not able to do work half of the time. have not seen him but once in the last 8 years but he still suffered with the same disabilities as before when I saw him last

My means of knowing the facts of the case are these: ~~as~~ that I worked with him and know the facts of my own Personal knowledge

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Nathan Sams

6—547

11749 b—20 m

GENERAL AFFIDAVIT.

State of Kentucky
County of Scott } ss

In the matter of claim for Pension, No $ 61588 of
(Character and number of claim.)

Allen Ward D 6 Ky Cav
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary Judge, Clerk or Deputy Clerk.)

aforesaid County and State, B. J. Delaplain
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)

33 years old, of Dry Run Post Office, Scott County Kentucky

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

I am a merchant have known Allen Ward
about 3 years he lived in my house & did not
know him until about 3 years ago
& have employed him & worked with him at
times he often complained of his left side & hip
am certain he worked when he thought to
have been in bed or in the house. from the
fact he has a large family & most of them
girls so he was compelled to work to
get the necessitys of life for them
I know him to be a sober honorable
straight forward kinds of a man
he was sick in January 1884
then in June 1885 then in August 1885
then June 1886 he is not
able to do more than 3/4
of a days work of a stout able bodyed
man

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

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

1 _____
(Name of one witness to X mark.)

2 _____
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

B. J. Delaplain

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

SWORN TO AND SUBSCRIBED before me, this 4th day of August, 1886, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words _____

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

_____ in line _____, erased, and in line _____

the words _____, added;

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

that the affiant is (is or are.) to me well known and is (is or are.) respectable and worthy of full credit, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] J. H. Lemon, J.P.S.C.

(Name of officer before whom executed.)

(State whether Justice, Notary Clerk, or Deputy Clerk.)

The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of Kentucky }
County of Scott } ss:

I, J. Henry Woolfe, Clerk of the County Court in and for aforesaid

(Name of Clerk of Court.)

County and State, do certify that J. H. Lemon, Esq., who hath signed his

(Justice of the Peace or Notary Public.)

name to the foregoing jurat, was at the time of so doing a Justice of the Peace in

(Justice of the Peace or Notary Public.)

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

Witness my hand and seal of office this 4th day of August 1886

[L. S.] J. Henry Woolfe

Clerk of the Scott County Court

Scott DIVISION.

No. 96,506

Additional Evidence.

CASE OF

Allen Mood

D. C. Ky Cavy

PENSION AUG 21 1886 OFFICE

FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

ATTORNEY,

Offices 615 Fifteenth St. N. W.,

P. O. Look Box 325

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Kentucky,
County of Scott : } ss

In the matter of claim for Pension of
(Character and number of claim.)
Allen Ward Co. F 6 Ky Cav
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State, Benjamene Newland, aged 57, Whose
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)
residence is near Georgetown, in Scott County, Kentucky, and
whose Post-Office address is Georgetown Ky.,
a person of lawful age, who, being duly sworn, declares in relation to the aforesaid case as follows

That he has been a neighbor of and well acquainted with the above mentioned Claimant Allen Ward since the year 1881 continuously, and during said twelve years have frequently visited each other and worked together on the Same farm.

Affiant further says that, from their first acquaintance aforesaid to the present time, said Allen Ward has complained and suffered with an affection of his left side and hip, and twice since 1888 Affiant saw him when he was confined to his bed from said affections and unable scarcely able to help himself or get up from the bed without assistance.

Wherefore Affiant knows that Claimants aforesaid disabilities have continued "from 1888 to 1890", as well as from 1881 to the present time.

Affiant further says that he has not used nor been aided or prompted by any printed or written statement or recital, prepared or dictated by any other person, and that his above testimony was written in his presence, and only from his oral statements then Made to Squire J. C. Lemon, by whom written, in Georgetown Ky., this December 30th 1893.

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

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

1 Eder Bardon Jr.
(Name of one witness to X mark)

2 J. C. Allen
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. Benjamene his Mark Newland

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

SWORN TO AND SUBSCRIBED before me this 30th day of December, 1893, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words "able" "says".

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

in line 11 & 12, erased, and in line

the words

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

, added;

that the affiant is (is or are.) to me well known and is (is or are.) respectable and worthy of full credit, and that I have no interest, direct or indirect, in the prosecution of this claim; and that I wrote the above affidavit in presence of said affiant, and only from his oral statements then made to me.

J. E. Lemon, J.P.D.C.
(Name of officer before whom executed.)

General Certificate of my official character on file in the pension claim dept., Washington D.C.
(State whether Justice, Notary Clerk, or Deputy Clerk.)

☞ The Officer before whom this affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

Additional Evidence.

DIVISION.

No. 7 5 4 2 0 1

CASE OF

Allen Ward

Co. B. 6 Reg't Ky Cav.

FOR

AFFIDAVIT OF

Benjamin Mustard

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

WASHINGTON, D. C.

PENSION OFFICE. JAN 10 1894

GENERAL AFFIDAVIT.

State of Kentucky
County of Scott } ss

In the matter of claim for Pension, No. 561,508
(Character and number of claim.)
of
Allen Ward D 6 Ky Cav
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State, W. J. Veale, residence near, one Post Office
(Here write the name of affiant, or of each affiant, together with *Age*, *Residence* and *Post-Office* address.)
address, Dry Run, Scott Co., Ky

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

I am a Farmer - am fifty years of age I have known Allen Ward for three years or more past - He lived in same neighborhood and for two years in a House of which I am part Owner pas a Renter - I did not know him until within the last three or four years Some 14 or 15 years after his discharge. I Employed him frequently during the past three years and Know that he often complained of an affection of his Side and hips and that he was confined to his House and bed frequently during that time He often Worked When complaining and said that in justice to himself he should not do so but that his Necessities and his families Needs Compelled him to work - he complained of his left Side and hip - When he Works I think he can do about three fourths the work of an able bodied man

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses hereto.

1 _____
(Name of one witness to X mark.)

2 _____
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. W. J. Veale

15

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

SWORN TO AND SUBSCRIBED before me, this 19th day of July, 1886, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words _____

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

in line _____, erased, and in line _____

the words _____, added;

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

that the affiant (is or are.) to me well known and (is or are.) respectable and worthy of full credit, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

J. C. Lemon, J.P.S.C.

(Name of officer before whom executed.)

(State whether Justice, Notary Clerk, or Deputy Clerk.)

The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of Kentucky

County of Scott } ss:

I, J. Henry Wolfe, Clerk of the County Court in and for aforesaid

(Name of Clerk of Court.)

County and State, do certify that J. C. Lemon, Esq., who hath signed his

(Justice of the Peace or Notary Public.)

name to the foregoing jurat, was at the time of so doing a Justice of the Peace in

(Justice of the Peace or Notary Public.)

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

Witness my hand and seal of office this 4th day of August 1886.

[L. S.]

J. Henry Wolfe

Clerk of the Scott County Court

DIVISION.

No.

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

ATTORNEY,

Offices 615 Fifteenth St. N. W.,

P. O. Box 325 WASHINGTON, D. C.

Instructions.

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

1. Length of time he has been practicing medicine.

2. Whether or not, he knew the soldier *before enlistment.* If he did know him, *for how long a period he knew him, how intimately,* and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and *particularly* that he was *free from the disability on which he claims pension, or any tendency thereto.*

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

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

(1 At about what date he first treated him.

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

(3) Period during which he has treated him, *giving approximate dates* where exact dates cannot be given and if dates of prescriptions or visits cannot be given, he should state why

5 **Very Important.**—He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, *during each month or year* of the period of his treatment, in other words, what has been the *average loss of time from labor,* per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform whether ⅛ ¼, ½, ⅝ ¾, or as the case may have been

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Kentucky }
COUNTY OF Lincoln } ss:

In the pension claim of Allen Ward
(Name of claimant.)
D. 6 Ky. Cav
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Clerk of County Court in and for aforesaid County and State, G. W. Bromagh, (Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.) (Name of Physician or Surgeon.) a resident of Stanford (City or Village.) of the County of Lincoln, State of Kentucky, who, being duly sworn, declares in relation to the aforesaid case as follows

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

In the spring of 1862 I visited Camp Herndon Knox Co Ky and remained about one week during my stay there I attended Allen Ward, private in Com D 6th Ky Cav. who was then ill of typhoid fever. He not know how long he remained sick ~~after~~ nor what his physical condition was after recovery

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

G. W. Bromagh M. D.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

4

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

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

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., *March* 1, 1879.

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

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

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

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

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

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

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

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

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

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

Southern DIVISION

No. 561,508.

MEDICAL EVIDENCE. of

G. W. Bronaugh M.D.

PENSION
APR - 8 1880
OFFICE.

CLAIM OF

Allen Ward

D. C. Ky. FOR Corp.

Orig. Inv.

FILED BY

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

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

Witness my hand and official seal this 24th day of March, 188 6

[L. S.]

Sign here [signature] Clerk

(Justice, Notary, or Clerk of Court, as the case may be.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

STATE OF .....

COUNTY OF ..... } ss:

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

Witness my hand and seal of office this ..... day of ....., 188

[L. S.]

Clerk of the ..... Court.

POSTAGE. The amount expended for postage in conducting the correspondence in original pension claims, and in increase claims where a new disability is alleged, ranges from about thirty cents to about one dollar, averaging in such claims about fifty cents. Increase claims, when new disability is not alleged, require much less postage, ranging from about nine cents to about eighteen cents. Bounty claims, about thirty cents. Property taken by the U. S. Army, and horses lost in service, from fifty cents to one dollar and fifty cents. CLAIMANTS are requested to keep me whole in matters of POSTAGE. This is a small matter to each claimant, but a very important one to me.

IMPORTANT—The Physician will first state how long he has been engaged in the practice of Medicine and Surgery He will next state the MANNER IN, and the EXACT EXTENT TO, which the disabilities, (naming them, upon which the claim for Pension is based, incapacitate the claimant for the performance of manual labor, whether ~~ONE-EIGHTH,~~ ONE-FOURTH, ONE-THIRD, ONE-HALF, or as the case may be.

REFERENCE IS TO BE MADE TO ANY TREATMENT WHICH THE PHYSICIAN MAY HAVE ADMINISTERED.

State of Kentucky
County of Scott } *ss:*

In the pension claim of Allen Ward.
(Name of claimant.)

late of Co. "D" "6" Regt Kentucky Cavalry
(Company and Regiment, or vessel, or other organization or department.)

Personally came before me, a Justice of the Peace in and for aforesaid County and State, Dr. A. J. Gano a resident
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.) (Name of Physician or Surgeon.)
of Near White Sulpher, of the County of Scott
(City or Village.)
State of Kentucky, who, being duly sworn, declares in relation to the aforesaid case as follows:
(If space here be not sufficient, the Physician may execute an additional affidavit as to the facts not herein embraced.)

I have been a Practicing Physician for Thirty one Years And have known Mr Ward about Eight Years. Since I have known him he has been an invalid at least half his time caused from a diseased hip and acute pain of the Sciatic Nerve. I find upon examination of Mr Ward a slight enlargement of the left hip with valvular disease of the Heart. I find the limb a little shortened and at one point in the hip there is much tenderness Mr Ward states that his trouble was caused from a protracted spell of Typhoid fever during his service in the late war which I believe to be Strictly True

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

A. J. Gano
(Signature of Physician or Surgeon. If ever in the Army give rank and service.)

FILED DEC 18 1888 COMMISSIONER OF PENSIONS

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

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

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., *March* 1, 1880.

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

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

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., *March* 8, 1875.

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

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

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

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

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

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

Southern Division.

No. 561,508

Rejected Claim.

MEDICAL EVIDENCE.

CLAIM OF

Allen Ward

Late Pvt Co D

6th Regt Ky Cav.

FOR

Invalid

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

Offices 615 Fifteenth St. N. W.,

P. O. Lock Box 345. WASHINGTON, D. C.

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

.....

Witness my hand and official seal this 3d day of February, 1883. Character of Official in Full in Duplicate

Sign here J. H. Lemon, Jr. Notary Public

(Justice, Notary, or Clerk of Court, as case may be.)

.....

READ! It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a JUSTICE OF THE PEACE OR NOTARY PUBLIC, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the office of the Commissioner of Pensions.

I, ..., Clerk of the County Court, in and for aforesaid
(Name of Clerk of Court.)

County and State, do certify that ....., Esq., who hath signed his
(Justice of the Peace or Notary Public.)

name to the foregoing affidavit, was at the time of so doing a ..... in
(Justice of the Peace or Notary Public.)

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

Witness my hand and seal of office this ..... day of ....., 188

.....

Clerk of the .....

POSTAGE. The amount expended for postage in conducting the correspondence in original pension claims, and in increase claims where a new disability is alleged, ranges from about thirty cents to about one dollar, averaging in such claims about fifty cents. Increase claims, when new disability is not alleged, require much less postage, ranging from about nine cents to about eighteen cents. Bounty claims, about thirty cents. Property taken by the U. S. Army, and horses lost in service, from fifty cents to one dollar and fifty cents. CLAIMANTS are requested to keep me whole in matters of POSTAGE. This is a small matter to each claimant, but a very important one to me.

IMPORTANT.—The Physician will first state how long he has been engaged in the practice of Medicine and Surgery. He will next state the MANNER IN, and the EXACT EXTENT TO, which the disabilities, (naming them, upon which the claim for Pension is based, incapacitate the claimant for the performance of manual labor, whether ~~ONE-EIGHTH~~, ONE-FOURTH, ONE-THIRD, ONE-HALF, or as the case may be.

REFERENCE IS TO BE MADE TO ANY TREATMENT WHICH THE PHYSICIAN MAY HAVE ADMINISTERED.

State of Kentucky }
County of Scott } ss:

In the pension claim of Allen Ward.
(Name of claimant.)

late of Company "D", 6th Regt Kentucky Cavalry, Vol.
(Company and Regiment, or vessel, or other organization or department.)

Personally came before me, a ~~Notary Public~~ Justice of the Peace in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)

aforesaid County and State, Dr S. F. Gano a resident
(Name of Physician or Surgeon.)

of Georgetown, of the County of Scott
(City or Village.)

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

(If space here be not sufficient, the Physician may execute an additional affidavit as to the facts not herein embraced.)

I have known the Applicant Allen Ward since 1869 and know him as a laboring man. He suffers at times with a Neuralgic or Rheumatic affection of the left side & this that amounts to at least one half disability He claims that this disability was the result of a prolonged Attack of Typhoid fever while in the Service. And I have no reason to doubt the truth of his Statement

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

S. F. Gano Late Surgeon
(Signature of Physician or Surgeon. If ever in the Army give rank and service.)

Ky Mount Ky Lexington Ky

12

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WASHINGTON, D. C., *March* 1, 1880.

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

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

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

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

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

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

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

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

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

PENSION
FEB 20 1888
OFFICE
EXAMINER.

Southern Division.

No. 561,508

Rejected Claim.

MEDICAL EVIDENCE.

CLAIM OF

Allen Ward

Late Pvt Co. D

6th Regt Ky Cav

FOR

Invalid

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELLOR AT LAW,

Offices 615 Fifteenth St. N. W.,

P. O. Lock Box 395. WASHINGTON, D. C.

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

Witness my hand and official seal this 1st day of Feb'y, 188 8 [illegible] character

Sign here [illegible] Certificate of Office in Pension Bu[illegible]

(Justice, Notary, or Clerk of Court, as case may be.)

READ! It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a JUSTICE OF THE PEACE OR NOTARY PUBLIC, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the office of the Commissioner of Pensions.

I, ..., Clerk of the County Court, in and for aforesaid
(Name of Clerk of Court.)

County and State, do certify that ....., Esq., who hath signed his
(Justice of the Peace or Notary Public.)

name to the foregoing affidavit, was at the time of so doing a ..... in
(Justice of the Peace or Notary Public.)

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

Witness my hand and seal of office this ..... day of ....., 188

Clerk of the .....

Dr Thomason

L. Mefford

Instructions.

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

1. Length of time he has been practicing medicine.

2. Whether, or not, he knew the soldier *before enlistment.* If he did know him, *for how long a period he knew him, how intimately,* and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and *particularly* that he was *free from the disability on which he claims pension, or any tendency thereto.*

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

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

(1 At about what date he first treated him.

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

(3) Period during which he has treated him, *giving approximate dates* where exact dates cannot be given and if dates of prescriptions or visits cannot be given, he should state why

5 Very Important.—He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, *during each month or year* of the period of his treatment, in other words, what has been the *average loss of time from labor,* per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether ⅛, ¼, ½, ⅝, ¾, or as the case may have been.

IMPORTANT—*The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions*

STATE OF Kentucky }
COUNTY OF Scott } ss:

In the pension claim of Allen Ward
(Name of claimant)
late Private Co D. 6 Ky. Cav
(Company and Regiment, or Vessel, or other organization or department.)

Personaly came before me, a Justice of the Peace in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
aforesaid County and State. Dr. J. C. Thomasson, a resident
(Name of Physician or Surgeon.)
of Georgetown (City or Village.) of the County of Scott,
State of Kentucky, who, being duly sworn, declares in relation to the aforesaid case as follows Have been practicing Medicine for 6 yrs—

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

I first met Allen Ward in October '84- Cured to me suffering with a chronic trouble of back & hip. (Left) Neuralgia and Sciatica for which I prescribed— I saw again in Jan' 85, or rather from Jan 26 to Feb 11th '85 I treated him for same trouble very much aggravated from some cause which was attributed at the time to hard labor in tobacco warehouse Again in October 85 he came to me for treatment Stating that he never was entirely free from suffering— Not knowing personally of the Amount of labor that he can do but judging from my knowledge of his Physical Condition, I would place the Amount of labor for him to perform, with justice to himself at about one half the Amount of a healthy man— His disease being such that precludes his exposing himself in bad weather, & changes of weather as affecting him as to prompt labor at such times

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

J. C. Thomasson M.D.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)
Member of County Board of Health

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

14

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JUN 1 1886
OFFICE

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Chairman, Committee on Invalid Pensions, House Reps.
W. F. SLEMONS, Member of Congress,
Second Congressional District of Ark.
W. P. LYNDE, Member of Congress,
Fourth Congressional District of Wis.
R. W. TOWNSHEND, Member of Congress,
Nineteenth Congressional District of Ill.

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

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

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

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

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

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

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

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

Dr Thomas

South DIVISION.

No. 561508

MEDICAL EVIDENCE.

Allen Ward

D 6 Ky. Cav.

CLAIM OF

JUN 1 1886
OFFICE

FILED BY

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

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

Witness my hand and official seal this 5th day of June 1886

[L. S.]

Sign here L. E. Lemon
(Justice, Notary, or Clerk of Court, as the case may be.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

STATE OF Kentucky
COUNTY OF Clark } ss:

I, Henry Wade (Name of Clerk of Court.), Clerk of the County Court in and for aforesaid County and State, do certify that L. E. Lemon (Justice of the Peace or Notary Public.), Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a Justice of the Peace (Justice of the Peace or Notary Public.) 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 thereto is genuine.

Witness my hand and seal of office this 5th day of June, 1886

[L. S.]

Henry Wade
Clerk of the Clark County Court

L. Moore

Instructions.

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

1. Length of time he has been practicing medicine.

2. Whether, or not, he knew the soldier *before enlistment*. If he did know him, *for how long a period he knew him, how intimately*, and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and *particularly* that he was *free from the disability on which he claims pension, or any tendency thereto.*

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

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

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

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

(3) Period during which he has treated him, *giving approximate dates* where exact dates cannot be given, and if dates of prescriptions or visits cannot be given, he should state why.

5. **Very Important.**—He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, *during each month or year* of the period of his treatment; in other words, what has been the *average loss of time from labor*, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether ⅛, ¼, ½, ⅝, ¾, or as the case may have been.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Kentucky }
COUNTY OF Scott } ss:

In the pension claim of Allen Ward
(Name of claimant.)
late Private of Co D. 6 Ky. Cav
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Justice of the Peace in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
aforesaid County and State, Dr W. G. Moore, a resident
(Name of Physician or Surgeon.)
of Dry Run (City or Village.) of the County of Scott,
State of Kentucky, who, being duly sworn, declares in relation to the aforesaid case as follows:

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

Have been a practicing Physician for Two & Years
I Became acquainted with Allen Ward in the Early Spring of 85 before ever having Prescribed for him heard him Complain with back & Hip (left) which I found after being called to Treat him was Myalgia and that he Suffered greatly from the Same which has Continued to increase to the present time Rendering him unfit for Manual Labor nearly or Quite One half to my own Personal Knowledge he is a great portion of time ~~lost~~ totally unfit for Labor any Sudden Change of weather greatly aggravates his Case and Stops him from Labor
I Can not give the exact dates of the time I treated him but It was Several times during the Spring and Summer of 1885

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

Dr Wm G Moore
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

13

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

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

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., *March* 1, 1879.

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

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

BELVIDERE, ILLINOIS, *October* 24, 1875.

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

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

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

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

W. P. SPRAGUE, Member of Congress,
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EXECUTIVE MANSION, BOISE CITY,
IDAHO TERRITORY, *September* 5, 1876.

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

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

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

_____ DIVISION.

No. _____

MEDICAL EVIDENCE.

CLAIM OF

FOR

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law.

Offices, No. 615 Fifteenth Street N. W..

P. O. Lock Box 325. WASHINGTON, D. C.

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

_____

_____

_____

Witness my hand and official seal this ____ day of _____ 188 6

[L. S.]

Sign here _____

(Justice, Notary, or Clerk of Court, as the case may be.)

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

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

STATE OF _____

COUNTY OF _____ } ss:

I, _____, Clerk of the County Court in and for aforesaid
(Name of Clerk of Court.)

County and State, do certify that _____, Esq., who hath signed his
(Justice of the Peace or Notary Public.)

name to the foregoing jurat, was at the time of so doing a _____ in
(Justice of the Peace or Notary Public.)

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

Witness my hand and seal of office this ____ day of _____, 188 6.

[L. S.]

_____

Clerk of the _____ *County Court.*

PENSION OFFICE JUN 17 1886

(3—III.)

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

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

Insert character† and number of claim. Original Pension Claim No. 561,508

Name and rank of claimant. Allen Ward, Rank, Private,

Company E, 6 Reg't Ky Cavy, Lexington Kentucky State,

Claimant's post office address. Dry Runs Scott Co Ky (Post office address of the Board.)

July 28, 1886 (Date of examination.)

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

Cause of disability. Diseases of Left side and Left hip, Sequel of Typhoid Fever

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of _____ dollars per month.~~

Pulse rate per minute, 80; respiration, 18, temperature, 98½, height, 5 feet 9½ inches; weight, 142½ pounds; age, 46 years.

He makes the following statement upon which he bases his claim for† Original—

Here give the claimant's statement as briefly and as compactly as possible. that he contracted Typhoid Fever at Camp Harrington Knox Co Ky in Spring of 1862 Was off duty about 6 months. Ever since his Recovery he has had pain in Left Lumbal region, running down Left Thigh Sciatica and Hunter and Damp weather, States that when he had the fever he had a bed sore on buttock.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. Upon examination we find the following objective conditions: Claimant is well nourished, Nothing abnormal found on Sciatic region. No atrophy, retraction limitation of motion. or tenderness is Complained of on pressure behind Left Joint No tenderness down thigh, Therefore no Objective Symptoms of Sciatica tenderness do not rate for it.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c, through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. No scar of alleged bed sore. Slight defect at slight Diastolic murmur over Left Ventricle it is not transmitted. Was duty, slight Mitral Stenosis. Fracture normal size, size, thickness & position. We cannot see that it causes any disability.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ——— probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a ——— rating for the disability caused by Sciatica, ——— for that caused by Heart Disease, and ——— caused by Results of Typhoid Fever.

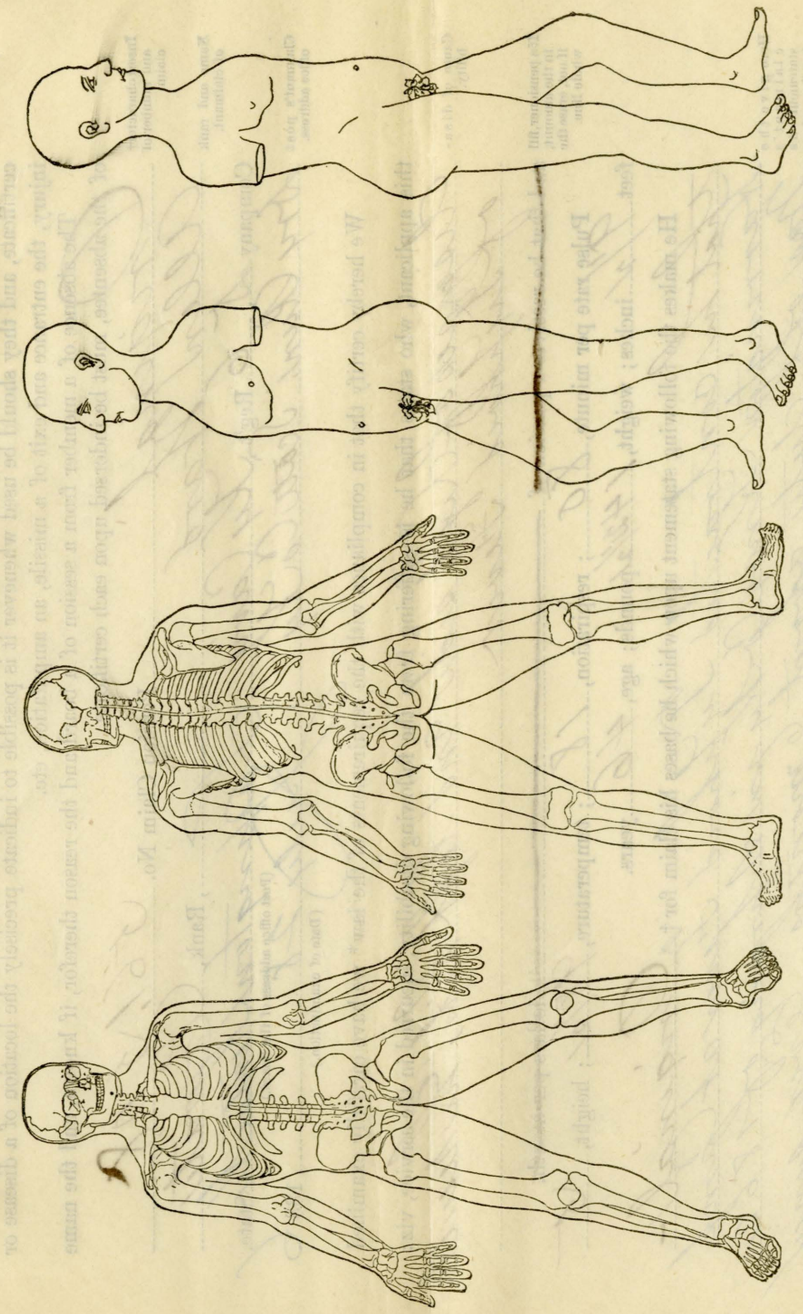
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

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

W. O. Bullock, Pres. M. Park, Sec'y D. Robinson away, Treas. on leave of absence.

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

(4869—100,000.)



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

SURGEON'S CERTIFICATE

IN CASE OF

Allen Ward

Co. D, 6 Reg't Ky Cav'y

Applicant for Original

No. 561,508

DATE OF EXAMINATION:

July 28, 1886

W. O. Bullock, Pres.,
M Scott, Sec'y,
D Robinson away, Treas., } BOARD.
on sick leave

Post office, Lexington

County, Fayette

State, Kentucky

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

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

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

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

Insert character† and number of claim. Original Pension Claim No. 561508.

Name and rank of claimant. Allen Ward, Rank, Private

Company L, 6 Reg't Ky Cavy. LEXINGTON, KY. State,
(Post office address of the Board.)

Claimant's post office address. Dry Run. Scott Co Ky. June 7 1880
(Date of examination.)

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

Cause of disability. Lugged of left side 2nd left hip, resulting from Typhoid Fever

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of ——— dollars per month.

Pulse rate per minute, 90; respiration, 20; temperature, 98½; height, 5 feet 10 inches; weight, 147 pounds; age, 50 years.

He makes the following statement upon which he bases his claim for† Original

Here give the claimant's statement as briefly and as compactly as possible. had Typhoid Fever and Spring of 1862, near Barbourville Ky. Was off duty about six months. Over pressure then say has pain running from left hip joint to knee. Made worse by exertion.

Upon examination we find the following objective conditions: No lack of

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. Symmetry about hips & thighs No ankylosis. No tenderness along course of sciatic nerve. No limitations of motion. No deformities. No impairment of function. No disease or disability

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

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

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

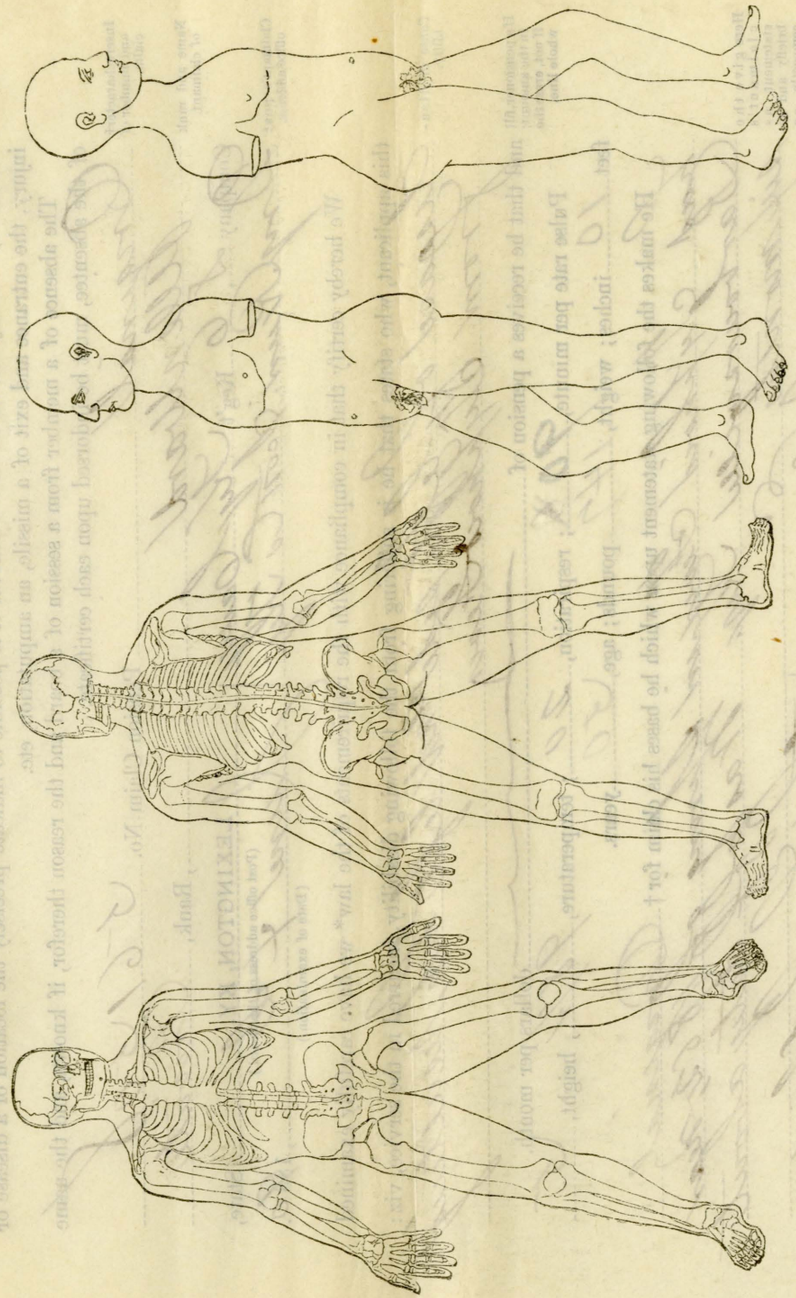
* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

D Bennett, Pres. W T Scott, Sec'y D T Goodloe, Treas.

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

(15762—100,000.) 6—427

17



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

SURGEON'S CERTIFICATE

IN CASE OF

Allen Ward

Co. D, 6 Reg't Ky Cavy

Applicant for Original

No. 561,508.

DATE OF EXAMINATION:

August, 1888

D Bruner, Pres.,

W L Scott, Sec'y, } BOARD.

D T Goodloe, Treas.,

Post office, LEXINGTON, KY.

County, Fayette

State, Kentucky

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

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

Douglas
6 26 88

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

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

Insert character and number of claim. Original Pension Claim No. _____
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Allen Ward, Rank, Private.

Company D, 6th Reg't Ky Cav. | Frankfort Ky State,
[Post-office address of the Board.]

Claimant's post-office address. Dry Run Scott Co Ky. | Oct 14, 189 1
[Date of examination.]

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

Cause of disability. in the service, viz Disease of the Left Hip. result of Typhoid Fever & diarhoea & Piles

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original.
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. That he had Typhoid Fever at Camp Dennedan Knox Co Ky—in March 62—was disabled for duty until Aug 62 & has suffering in Continual pain in left hip, so that the Dr's had to "Log him up". That he had Camp dysentery at Calhoon Ky. in Sept. resulting in Piles & Diarhoea ever since.

Upon examination we find the following objective conditions Pulse rate, 84. respiration, 16, temperature, 98°.8, height, 5 feet 8½ inches, weight, 147 pounds, age, 57. years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889 Disease of Left Hip. There is no disease of femur or muscles—but is thickened. He has Decided pain over Sciatic nerve to posterior part of Scalp & Head. Confined to bed upon when the nerve quiets—

Diarhoea and Piles. He has no diarhoea now. is habitually constipated. there are no external piles, fissures or fistulae or prolapsus. Spec examination—pamphlet—shows general enlargement of the Hemorrhoidal veins & there piles as large as bitter beans and two of them on the Congenital mucal walls—No ulceration discernible found.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Piles., 2/18 for that caused by Sciatica., and _____ for that caused by _____

Rate for *EACH* cause of disability.

Jas R Ely, Pres. C B Chinn, Sec'y E E Hume, Treas.

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

(3504—300,000.) 6—552

Continue record of examination here.

This man brought his order to this board after Operation of hernia but he could not present himself for Examination before this time, as he was detained at home by sickness in his family. He is poor and cannot afford expense of coming again to this Board therefore ask that he be examined.

PENSION OFFICE OCT 19 1891

SURGEON'S CERTIFICATE

IN CASE OF

Allen Ward

Co. D, 6 Reg't Ky. Cav.

Applicant for Original

No. 576,560

DATE OF EXAMINATION

Oct 14, 189 1.

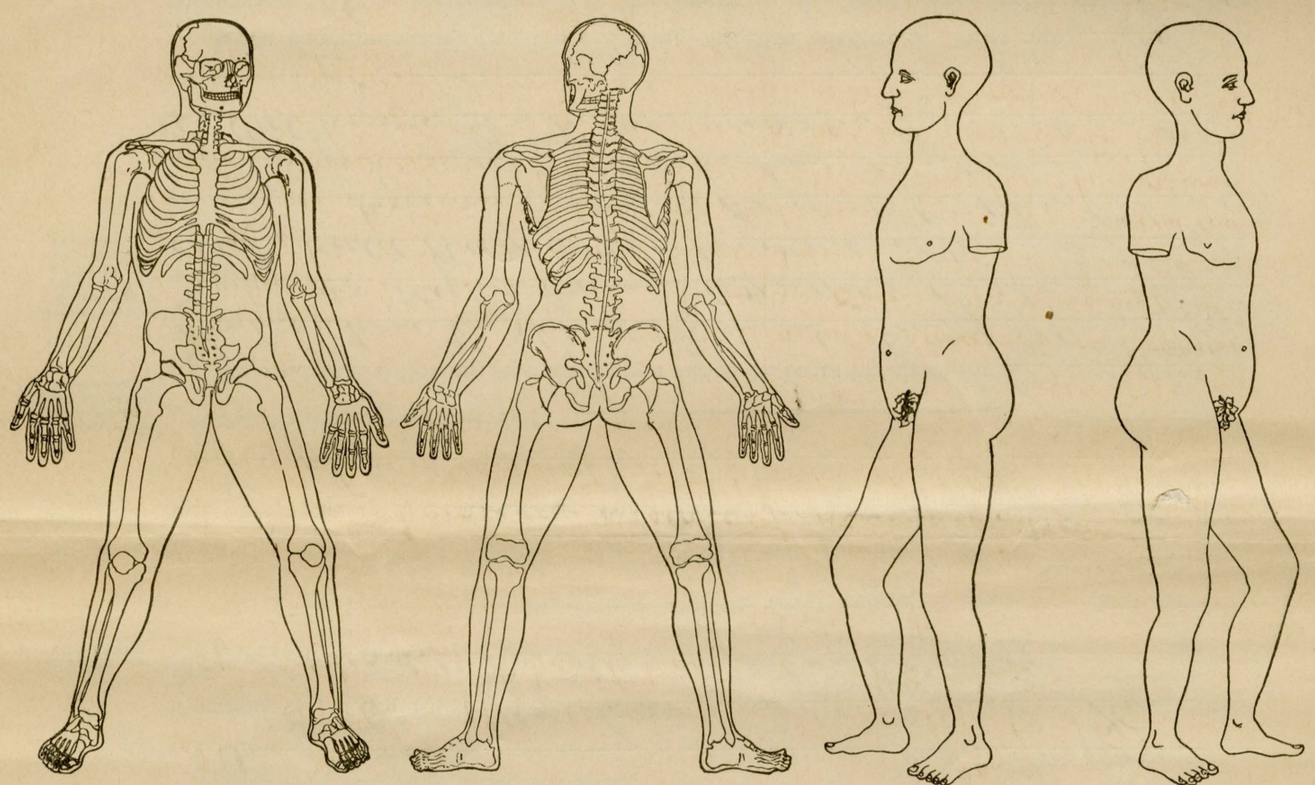
Jas. R Eby, Pres.,
Jas. B. Holmes, Sec'y, } BOARD.
E. E. Adams, Treas.,

Post office, Hopkinsville

County, Christian

State, Kentucky

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



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

6—553

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

Insert character and number of claim.

Increase [State above whether for original, increase, or restoration.] Pension Claim No. 754201

Name and rank of claimant.

Allen Wood, Rank, Sergt.

Company H, 4th Reg't Ky Cav. Frankfort Ky [Post-office address of the Board.] State,

Claimant's post-office address.

Great Crossing Scott Co Ky. May 23 [Date of examination.], 1894

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

Cause of disability.

in the service, viz Sciatica Disease of rectum, Heart Rheumatism, Neuralgia & Tumor of right Shoulder

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

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

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

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

At camp Herndon Ky in 1862 contracted sciatica, was in Hospital from March 6 to 15 of May same year. In 1863 at Calhoun Ga contracted disease of Rectum. was excused from duty 2 weeks, have been troubled with this complaint, at times ever since. In Madison Co Ky in 1869 contracted heart trouble, ~~At this~~ of 1863. at camp Herndon Ky Contracted Rheumatism In 1871 contracted neuralgia which he says confines him to bed about one week every year. About 4 or 5 years ago contracted tumor of right shoulder

Upon examination we find the following objective conditions Pulse rate, 78 respiration, 18, temperature, 98.2, height, 5 feet 8½ inches; weight, 143 pounds, age, 54 years. Claimant is fairly well nourished, tongue clean but pale liver, spleen Stomach & lungs normal

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

Sciatica. Exam shows no objective symptoms, but claimant says it causes him to keep his room most of the time his bed two or three times a year a week or ten days at a time - he carries this hip a little outward, says there is always a dull aching but not severe except as above stated

Disease of Rectum; Examination shows no external disease spec. Exam. shows rectal walls inflamed & ulcerated hemorrhoidal vessels engorged, there are four tumors size of butter beans four miles quite sensitive no prolapsus

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated When not due to such habits this fact must be stated.

Heart: Examination shows apex impulse two inches below nipple plainly visible to inspection & palpation area of dullness 4½ x 5 inches. action tumultuous with increased force. there is a slight metallic murmur with second sound systolic no dilatation no hypertrophy no dyspnoea no oedema, there is cyanosis pulse sitting 78 standing 96 after brisk of 132

Rheumatism; Exam shows all joints normal except

. He is, in our opinion, entitled to a

Rate for EACH cause of disability.

rating for the disability caused by , for that caused by , and for that caused by

E E Hume, Pres. H W Johnson, Sec'y W W Williams, Treas.

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

(9480—200,000.) 6—552

Continue record of examination here.

except slight crepitation in left shoulder = 1/10 limitation of motion in right shoulder there is no atrophy no oedema of muscles (see Fig) no contracted tendons for endelium of heart see above

Neuralgia; Exam shows loss of 2 teeth which he says were extracted on account of neuralgia of face on account of which he is in bad weather ~~he is~~ confined to the house two or 3 weeks each year

Tumor of Right Shoulder; Exam. shows a fatty tumor situated on upper 3d of deltoid muscle of right shoulder 3 x 3½ inches No disability.

Hands show no evidence of labor

SURGEON'S CERTIFICATE

IN CASE OF

Allen Ward

Co. D, 4 Reg't Ky cav

Applicant for Same

No. 754 201

DATE OF EXAMINATION:

May 23, 1894.

C. C. Lucas, Pres.,
A. W. Robinson, Sec'y,
W. D. Williams, Treas.,
BOARD.

Post office,

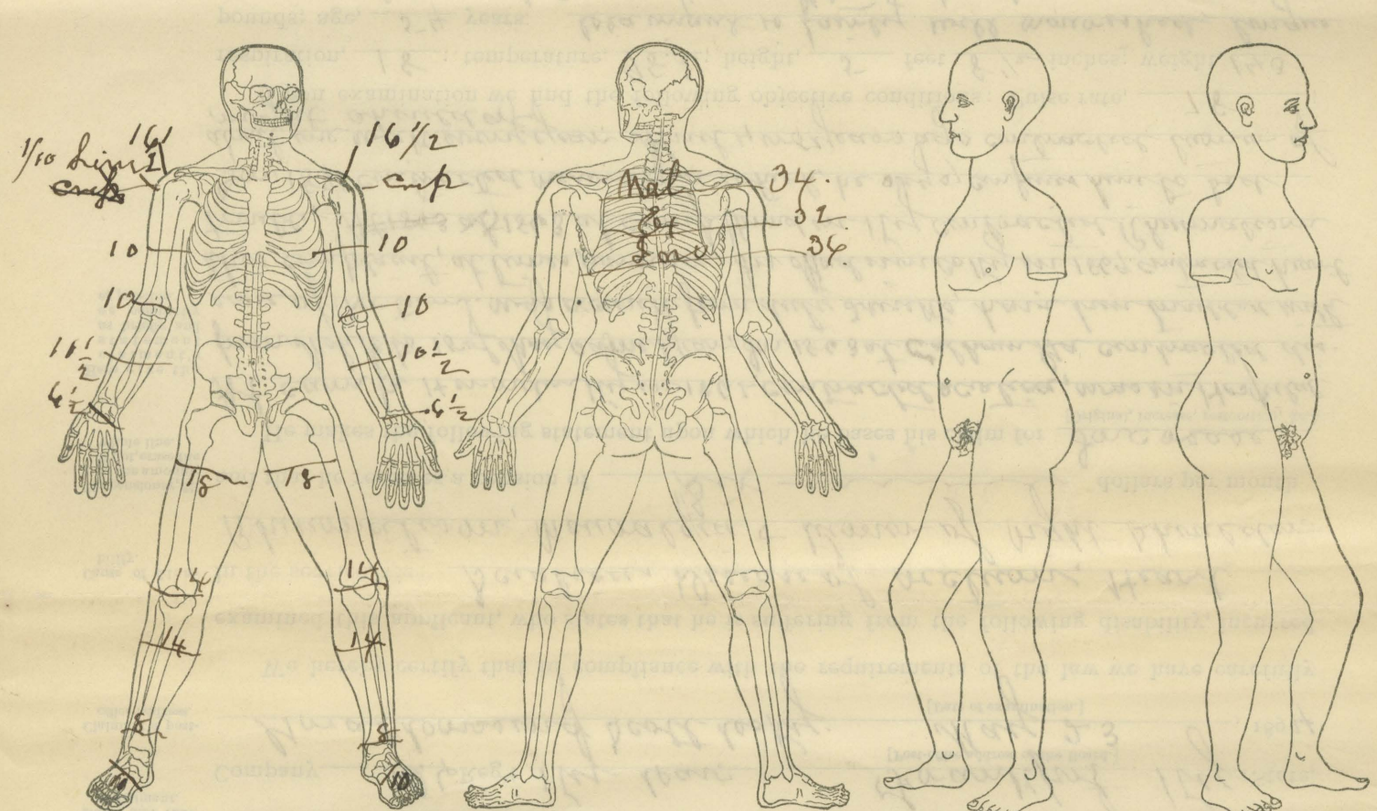
County,

State,

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

Allen Ward

PENSION OFFICE U.S. MAY 8 1894



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

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

6—552

3—111

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 754.201

Name of claimant. Allen Ward.

Sergent. [Rank.] Company D. 6th. Reg't Ky Vol Cav.

Claimant's post-office address. George town Ky

Address of Board. Frankfort P O, Kentucky State.

Oct 5th, 1898 [Date of examination.]

Cause of disability. Typhoid Fever; dis of Rectum. piles. Affection of Back, left side hip & head. Rheumatism. dis of Heart, neuralgia. Sciatica. Tumor on Right Shoulder.

He receives a pension of Six dollars per month.

He makes the following statement upon which he bases his claim for Increase. [Original, increase, restoration, etc.]

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

That he had Typhoid Fever at Cumberland Ford in 62 or 63 resulting in Sciatica in left hip. and pain in back & left side of sacrum. that he contracted piles, disease of Rectum in Calhoun Ky in 64. that he had Rheumatism in Franklin Tenn. in 63 & has had Heart disease since that: that he has Neuralgia in his head, & and a tumor on right shoulder:

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

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

Pulse rate, 76 - 90 - 126. [Sitting, standing, after exercise.], respiration, 18 - 20 - 24 [Sitting, standing, after exercise.], temperature, 98°,

height, 5'. feet 8 1/4 inches, actual weight, 143 pounds, age, 59 years.

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

Typhoid Fever: Resulting Sciatica of Left Hip & Affection of Sacrum: Careful Examination of the body shows no result from Typhoid Fever: his alleged Claim of Sciatica in left hip & left side of back, shows no affection on the part by symptoms by pressure, percussion over the alledged under plows & gives no pain on rotation or loss of motion. There is only left pain over & dorsal of the Sciatic nerve or pain in hip joint or back. No Rating.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated When not due to such habits this fact must be stated.

Piles / Dis of Rectum. Anal Inspection shows no fistula, fissure or Eczema. no recent or old piles: Rec Examination shows no stricture - no ulceration - no blind fistula - some redness & congestion of Rectal walls & vessels & one large pile, posteriorly located, red & inflamed and large as finger tip. There is considerable dilation of Rectal walls & tendency to prolapsus. Rating. Less Eighth tenths.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rheumatism. Inspection of Chest shows. thoracic arches. muscles of chest to be regular on both sides. Apex impulse visible and palpable, located in 5th inter-costal space 1/2 inch below nipple and 3/4 inch to right of nipple line: impulse diffused & broad & extended from left to right: Relative Cardiac dullness. is 2 inches from base to Apex impulse & 4 1/2 inches from apex impulse to left axillary: percussion shows a slight impulse at Apex & non impulse elsewhere: Auscultation shows normal Valvular action in both sides of thorax: no pulmonary veins & arteries. Cardiac action rhythmical and pulse rhythmical and instrumental. Pulse 78 - Breathing 20 - Temperature 98 - Some slight irregularity of cardiac action - No cyanosis no dyspnoea - Abdomen & arms & legs not palpable. - Some slight Varicosities on legs - but not perceptible degree. There are no Valvular murmurs - none of pericardium - No delusion - no Exhaustion - no Atrophy - no hypertrophy. - Relative dullness of cardiac area on percussion. The Heart is located Normally & functional action normal. No Organic or functional lesions found: Careful Examination of Lungs & Chest - thorax No Organic or functional disease of lungs, pleura or chest

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

E E Hume, Pres. H W Chinn, Sec'y. Jas R Ely, Treas.

N B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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 J M Kelly, Dr E E Eastman, and Dr G W Chenault, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on 5th day of Oct, 18 9 7

(*Signature.*) G W Chenault Sec

(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 ....., 18 "

(*Signature.*

PENSION OCT 13 1898 OFFICE

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward.

Co. D, 6th Reg't Hospital Corps.

APPLICANT FOR Increase

No. 457 201

DATE OF EXAMINATION Oct 5th, 189 8

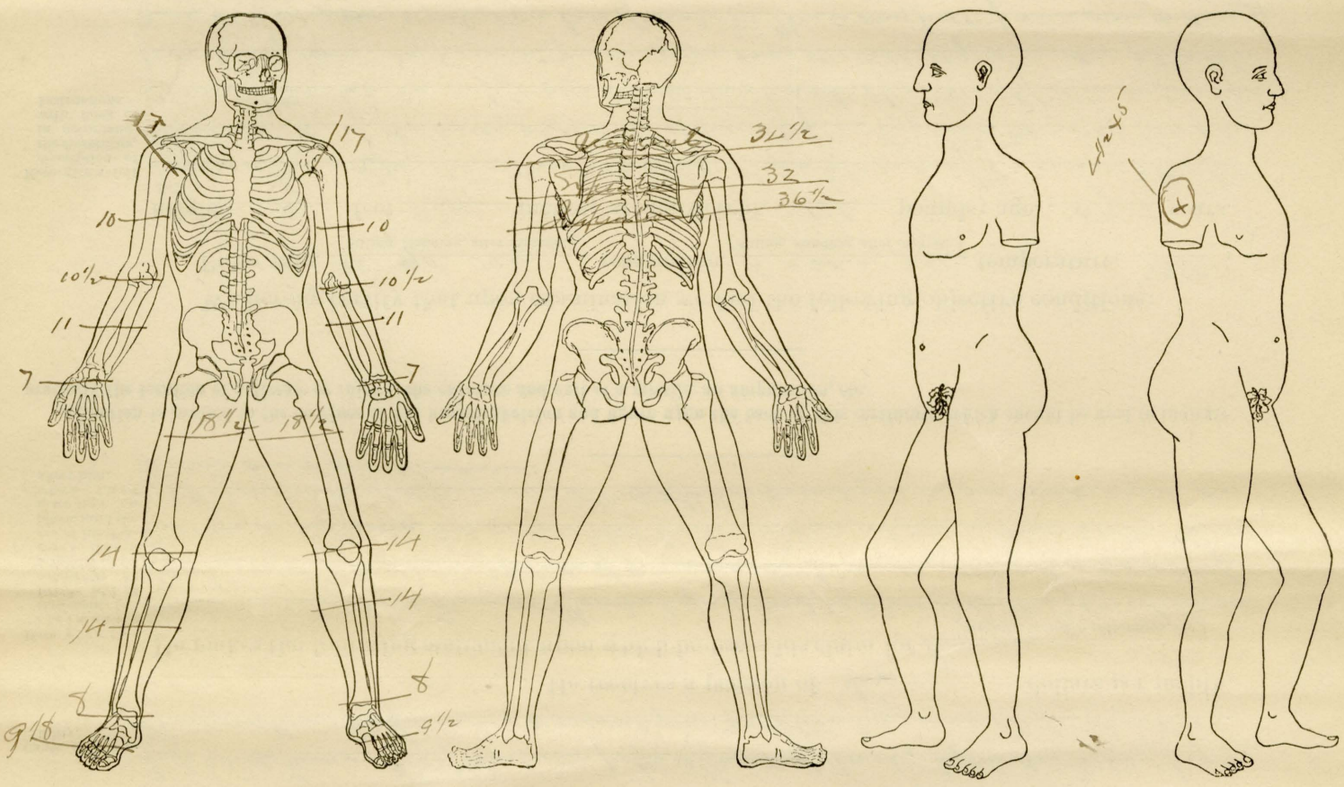
E E Eastman, *Pres.*, G W Chenault, *Sec'y*, Jas R Ely, *Treas.*, BOARD.

Post office, Louisville Ky

County, Jefferson

State, Kentucky

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



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

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

6—552

3—111

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid — Pension Claim No. 754201

Name of claimant. Allen Ward

[Rank.] Sergt Company D 6 Reg't Ky Vol Cav

Claimant's post-office address. Stamping ground Scott Co Ky

Address of Board. Frankfort Ky P O Kentucky State.

[Date of examination.] October 15, 1898

Cause of disability.

. He receives a pension of dollars per month.

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

He makes the following statement upon which he bases his claim for
[Original, increase, restoration, etc.]

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

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

Pulse rate, [Sitting, standing, after exercise.], respiration, [Sitting, standing, after exercise.], temperature,

height, feet inches; actual weight, pounds, age, years.

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

Walls Lungs Chest walls, tympanitic, respiration systematic & normal, from four areas. Posterior sounds are indicative of disease of Lungs. Vocal fremitus & deformities of chest walls & no disease of Lungs or respiratory organs found.

Limbs Right Leg Cicatrix (Surface) gunshot is painless and unlimited, there is no pain, swelling, stiffness, exfoliation or loss of motion in any joint of his body as contracted, stiff, or tender muscles or tendons There is no atrophy of muscles, limbs or joints. There is no disease of Heart or lungs (Respiration) No Rating.

Disease of Heart. Careful Examination shows (Aortic) no organic or functional disease of Heart No Rating

Sciatica Left Hip: Careful examination shows no tenderness on pressure of the nerve or faulty muscles no pain on motion in left hip joint no pain over Sacrum. no loss of motion in back No Rating.

Neuralgia of Head: He has tenderness on left side. Says he has attack every two weeks, he loses from 24 to 36 hours during their attacks. He has to go to bed during every attack. Examination shows tenderness of the sub occipital nerve at its exit. Some of the turbinated tissue. There is no congestion of eyes or Cornea or iris. pupil dilated contracts normally to light & shade. There are no indentations of the post cervical glands or glands of neck. no indications of Pyophules. Rating. Tumor Epithelioma

Tumor on Right Shoulder: He has a fatty tumor on the right deltoid muscle. Tumor measures 4 Inches by 5 inches. It does not interfere with the use of the arm or its growth & nourishment. No Rating.

Claimant is muscular well nourished and is physically

E E Hume, Pres. C W Chinn, Sec'y. Jas A Ely, Treas.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

N B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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 J. R. Ecky, Dr E. E. Hume, and Dr G. W. Mehurin, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on the 4 day of Oct, 18 98."

(*Signature.*) G. W. Mehurin Sec'y

(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 ....., 18 "

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward

Co. D, 6th Reg't Ky Vol Cav

APPLICANT FOR Pension

No. 741 207

DATE OF EXAMINATION Oct 4, 189 8

E. E. Hume, *Pres.*, G. W. Mehurin, *Sec'y*, J. R. Ecky, *Treas.*, } BOARD.

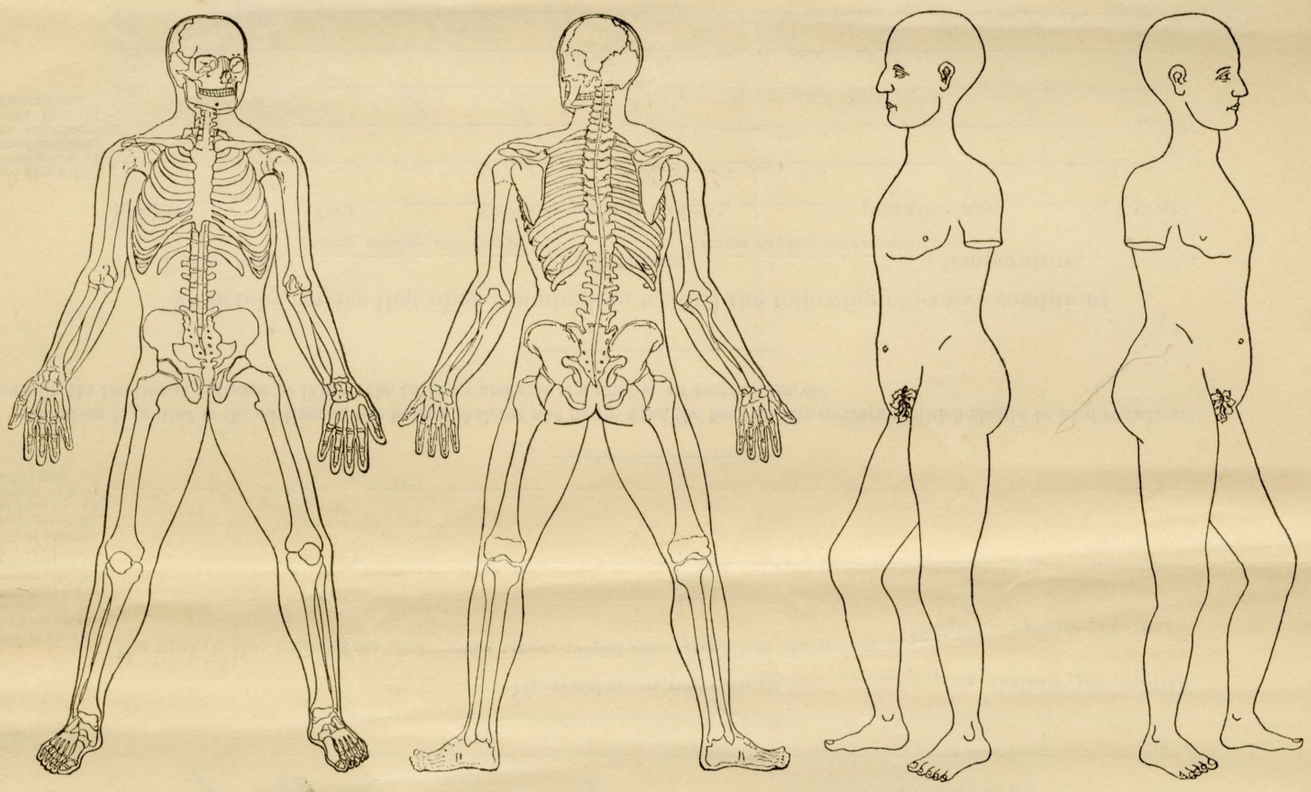
Post office, Louisville

County, Jefferson

State, Kentucky

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

PENSION U. S. OCT 13 1898 OFFICE



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

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

6—552

3—111

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 754201

Name of claimant. Allen Ward

Address of Board. Frankfort P O

[Rank.] Sergt Company D 6 Reg't Ky Vol Cav Kentucky State.

Claimant's post-office address. Stamping ground Scott Co Ky

October 5 , 1893

[Date of examination.]

Cause of disability.

He receives a pension of _____ dollars per month.

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

He makes the following statement upon which he bases his claim for _____

[Original, increase, restoration, etc.]

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

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

Pulse rate, _____ [Sitting, standing, after exercise.], respiration, _____ [Sitting, standing, after exercise.], temperature, _____,

height, _____ feet _____ inches, actual weight, _____ pounds, age, _____ years.

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

Able to perform manual labor. His hands show evidences of labor. He is a farmer. He says his weight in life was 189 lbs now weighs 143. His disabilities are not due to or aggravated by vicious habits or venereal diseases.

The actual or probable origin of every existing disability must be fully set forth.

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

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

E. E. Thurman, Pres. H W Colvin, Sec'y Jno L Ely, Treas.

N B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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 J. R. Ely, Dr T. Tottmeier, and Dr G. W. Robinson, were personally present and actually participated in the examination of Allen Frazee, the claimant in this case, on 5 day of Oct, 18 97;

(*Signature.*) G. W. Robinson Sec

(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 ....., 18 "

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF Allen Frazee

Co. D, 6th Reg't Ky Vol Cav

APPLICANT FOR Increase

No. 715 202

DATE OF EXAMINATION Oct 5, 1897

T. T. Tottmeier, *Pres.*,
G. W. Robinson, *Sec'y*,
J. R. Ely, *Treas.*,
BOARD.

Post office, Frankfort

County, Franklin

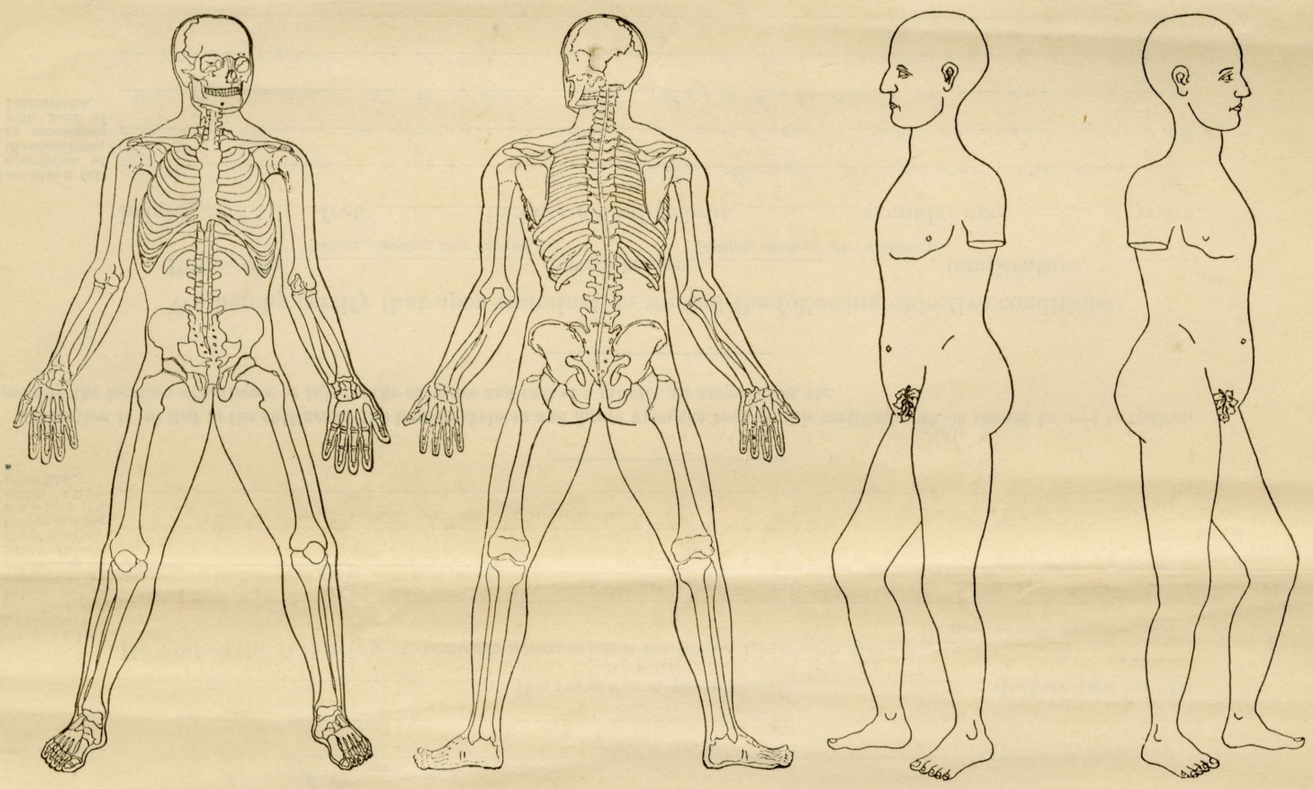
State, Kentucky

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

Postpaid.

PENSION OFFICE U. S. OCT 13 1898

H. D. OCT 25 1897



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

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

6—552

3—155.
(Old No. 3—111.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase. Pension Claim No. 754201

Name of claimant. Allen Ward

Rank. Pvt. Company A 6 Reg't Ky. Vol. Cav

Claimant's post-office address. Philip Clark Co. Ky.

Address of Board. Winchester P O, Kentucky State.

July 25, 1900 [Date of examination.]

Cause of disability. Piles, rheumatism, tumor of right shoulder, heart disease, general debility, disease of left hip and side results of typhoid fever, neuralgia, disease of rectum, sciatica, swimming in head, disease of back and all the disabilities found. He receives a pension of — six — dollars per month.

He makes the following statement upon which he bases his claim for increase. [Original, increase, restoration, etc.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him. Has piles in service. Rheumatism in service. Tumor of right shoulder 13 yrs. Heart disease in service. General debility 5 yrs. Disease of left hip and side results of typhoid fever in 1862. Neuralgia 15 yrs. Disease of rectum in service. Sciatica in 1862. Swimming in head 5 or 6 yrs. Disease of back and all disabilities found 15 yrs.

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

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

Pulse rate, 80, 84, 138 [Sitting, standing, after exercise.], respiration, 20, 22, 26 [Sitting, standing, after exercise.], temperature, 98.6,

height, 5 feet 9 inches, actual weight, 140 pounds, age, 60 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Piles:- At time of examination no evidence of any hemorrhoidal tumor. No state. Rheumatism:- Comparative measurements show nothing but normal differences. No enlargement nor swelling, no tenderness nor stiffness of joints. No state.

Tumor of right shoulder:- There is a lipoma 3 x 2 situated over head of humerus on deltoid muscle. No ratable disability.

Heart disease:- Apex impulse was visible to inspection 1½ inches below and ½ inch within nipple line. Area of cardiac dullness normal. Heart's action irregular, intermittent. Mitral regurgitant murmur. Marked dyspnoea no cyanosis, no oedema. Rating 12/18. General debility:- Claimant emaciated, much muscular tremor, much decrepitude. Hands do not show any evidence of toil. Rating 10/18.

Disease of left side & hip:- No evidence of any disease. Symptoms purely subjective. No state. Neuralgia:- No evidence of any neuralgia. No state.

Disease of rectum:- Rectum not inflamed, not ulcerated, no fissure, fistula, stricture nor prolapsus. No state.

Sciatica:- No evidence of any sciatica. No state.

Swimming in head:- Symptoms subjective. Nothing but his statement. No state.

Disease of back & all disabilities found:- No evidence of any disease of back. No state.

Chest measurement at rest 34 Ex. 33. Insp. 30½.

Sp. gr. of urine 1.010 acid light straw no albumen, no sugar. Except as above all organs normal. These diseases are not due to vicious habits.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

M. S. Broome, Pres. J. F. Holmes, Sec'y. J. A. Rankin, Treas.

N B —Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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 M. S. Browne, Dr J. N. Rauch, and Dr J. T. Holmes, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on 25th day of July, 1900."

(*Signature.*) J. T. Holmes 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 ....., 190 "

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward

Co. D, 6 Reg't Ky. Vol Cav.

APPLICANT FOR increase.

No 754201

DATE OF EXAMINATION July 25, 1900

M. S. Browne, *Pres.*, J. T. Holmes, *Sec'y*, J. N. Rauch, *Treas.*, } BOARD.

Post office, Winchester

County, Clark

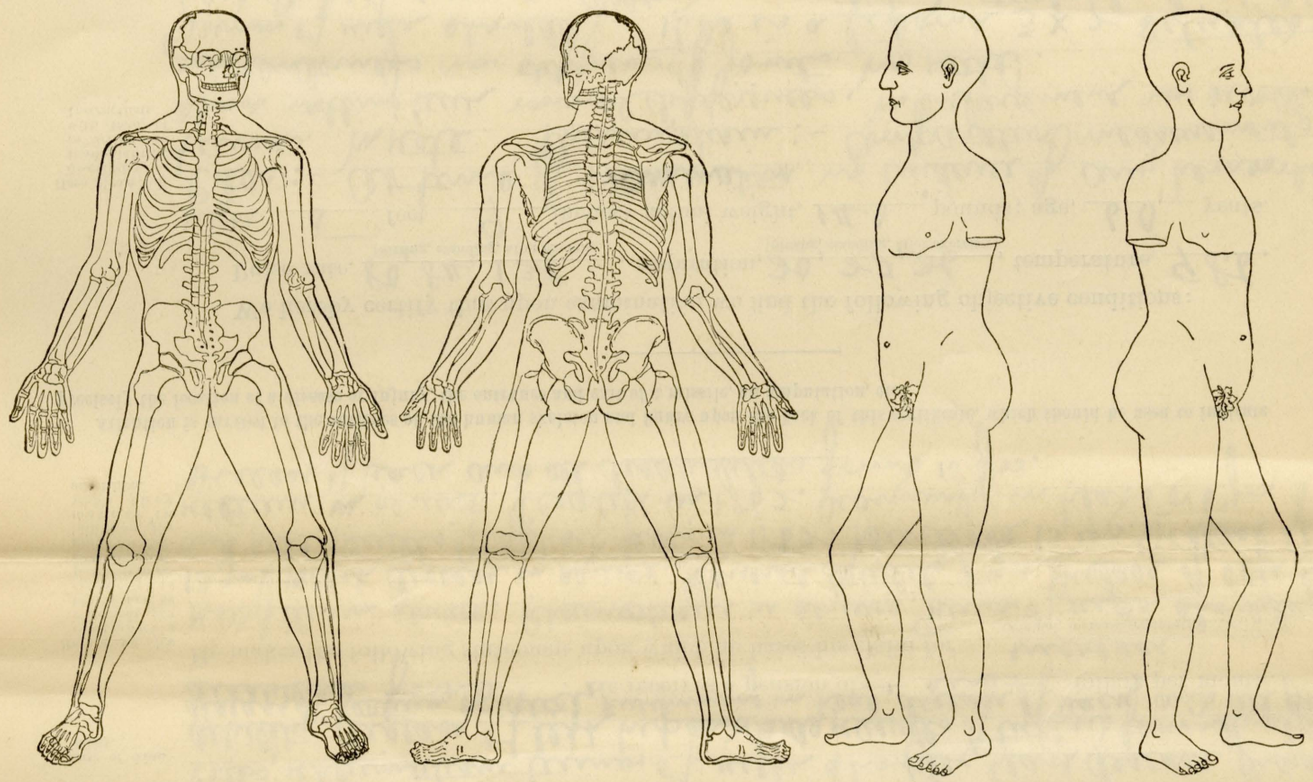
State, Kentucky

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

Almeda

PENSION U. S. AUG 3 1900

SOUTH DIV. AUG 15 1900 RECEIVED



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

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

6—552

3—155.
Id No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase. Pension Claim No. 754201

Name of claimant. Allen Ward

Company D 6th Reg't Ky Cav.

Claimant's post-office address. Waco Ky.

Address of Board. Irvine Ky. P O

July 16th State.

[Date of examination.], 1902.

Cause of disability. Exposure in the Summer & Winter &

He receives a pension of Eight dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him I had Typhoid Fever at Camp Henderson Ky in 1862 & rheumatism Sciatica & Impaired Dizziness & also said has Dis of Heart

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

Birthplace, Madison Co Ky., age, 62. years, height, 5-8; weight, 140 pounds, complexion, Ruddy; color of eyes, blue; color of hair, Gray, 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, 64 65 80 [Sitting, standing, after exercise.], respiration, 16 18 20 [Sitting, standing, after exercise.], temperature, 99;

Here give a full description of the disabilities, in accordance with Book of Instructions. He traced course of pain down left hip to heel over Sciatic nerve no change in relative size of Hip & leg. He has Sciatica. He has 3 External Piles. Size of end of finger no bleeding or ulcerated. no other disease of rectum Area of Heart not increased Apex beat 7 inches below nipple and on a vertical line with nipple no murmurs. Organs of Dyspnoea or edema. Apex beat is visible through chest wall on inspection & palpation. He has irritable Heart. He is not suffering from General debility He has Crepitation of both shoulder joints and limitation of motion in both in an upward direction. He could not raise either arm above a horizontal plane. He has Rheumatism. no evidence of Neuralgia other than Sciatica. He has a fatty Tumor on right biceps Size of goose egg. He says it is painful. He has no evidence of dizziness or impaired locomotion.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. We find that the aggregate permanent disability for earning a support by Manual labor is due to Sciatica Piles Heart & Rheumatism & Impaired not to exceed eight and warrants a rate of 10 per month.

G. A. Embry, Pres. M. D. Scott, Sec'y C. Marcum, Treas.

N B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—111 g.) 3—156 properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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. G. H. Embry, Dr. M. P. Scott, and Dr. C. Marcum, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on 16th day of July, 1902."

(*Signature.*) M. P. Scott Sec'y

(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 _____, 190 ."

Witnesses to mark. _____ _____

(*Signature of Applicant.*) _____

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward.

Co. A, 6th Reg't Ky. Cav.

APPLICANT FOR Increase

No. 757401.

DATE OF EXAMINATION: July 16th, 1902

G. H. Embry, *Pres.*; M. P. Scott, *Sec'y*; C. Marcum, *Treas.*, BOARD.

Post office, Lawrence

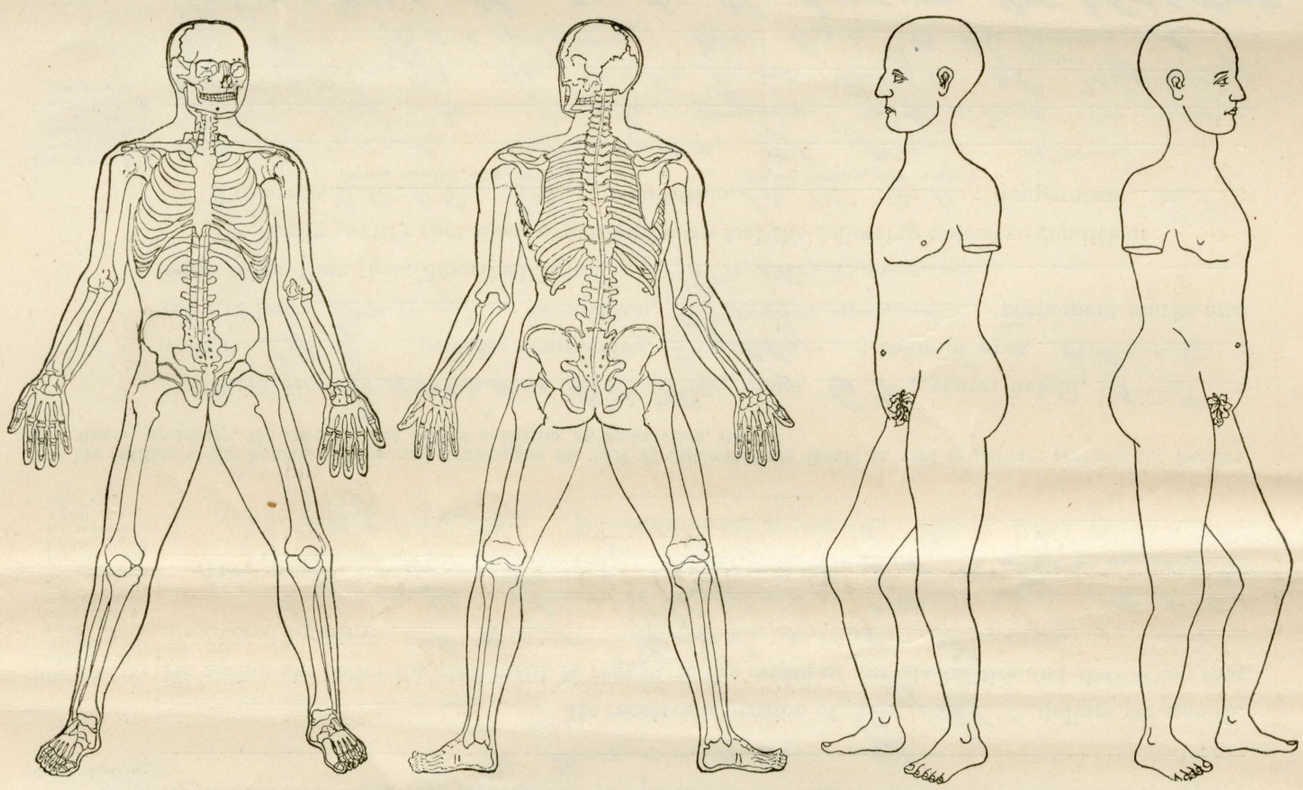
County, Estill

State, Kentucky.

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

PENSION OFFICE U. S. JUL 19 1902

SOUTH DIV. JUL 21 1902 RECEIVED



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

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

6—552

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. D. C. Pension Claim No. 754,201

Name of claimant. Allen Ward

Claimant's post-office address. Company D, 6 Reg't Ky. Vol. Cav. Waco, Madison Co., Ky.

Address of Board. Richmond P. O. Ky. State.

Oct. 5, 1904 [Date of examination.]

Names of disabilities.

He receives a pension of 8 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Had sciatica off & on ever since Spring of 1862, caused by typhoid fever & exposure.

Birthplace, Madison Co. Ky; age, 64 years; height, 5ft 8; weight, 145 pounds; complexion, light; color of eyes, blue; color of hair, gray; 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 88 100 [Sitting, standing. after exercise.]; respiration, 19 20 21 [Sitting, standing, after exercise.]; temperature, 98;

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

1. Sciatica - We find no objective signs.
2. Disease of rectum - There is one external tumor, 1/4 in. in diameter, neither tender, bleeding nor ulcerated nor fistula, fissure nor prolapsus recti.
3. Disease of heart - apex pulsation located 1 1/2 in. below and to the rt. of left nipple. Cardiac action is increased in force, and a systolic murmur over the aortic orifice, with slight hypertrophy and dilatation, and cyanosis on exercise, but no edema and dyspnea.
4. Piles - Sek first D.
5. Rheumatism - There are pain tenderness and limited motion of left shoulder, and also slight limitation about the left great trochanter.
6. Disease of back is lumbago.
7. We find a lipoma on the right deltoid muscle, size, 4 x 5 in., 1 1/2 ins deep.
Decayed teeth the cause of neuralgia, the only objective signs present.
8. Vertigo is complained of, but no special objective evidences.
9. Neuralgia is not evidenced by objective signs. He claims to have facial neuralgia at times, but not present today, & if he have it occasionally, in our opinion, it due to decayed teeth.
10. General debility is manifested.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

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

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

Jno W Harris, Pres. J. A. Gwyn, Sec'y. P. G. Sandlin, Treas.

6—552a

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

Marginal entries must never be made.

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. J. W. Farris, Dr. H. B. Sandlin, and Dr. J. A. Bryan, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on 5th day of October, 1904."

(*Signature.*) J. A. Bryan

(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 _____, 190 ."

Witnesses to mark. _____ _____

(*Signature of Applicant.*) _____

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward

Co. D, 6 Reg't Ky. Vol. Cav.

APPLICANT FOR Original.

No. 754,201

DATE OF EXAMINATION: Oct 5th, 1904

Jno. H. Bryan, Pres., } BOARD.
J. A. Bryan, Sec'y, }
H. B. Sandlin, Treas., }

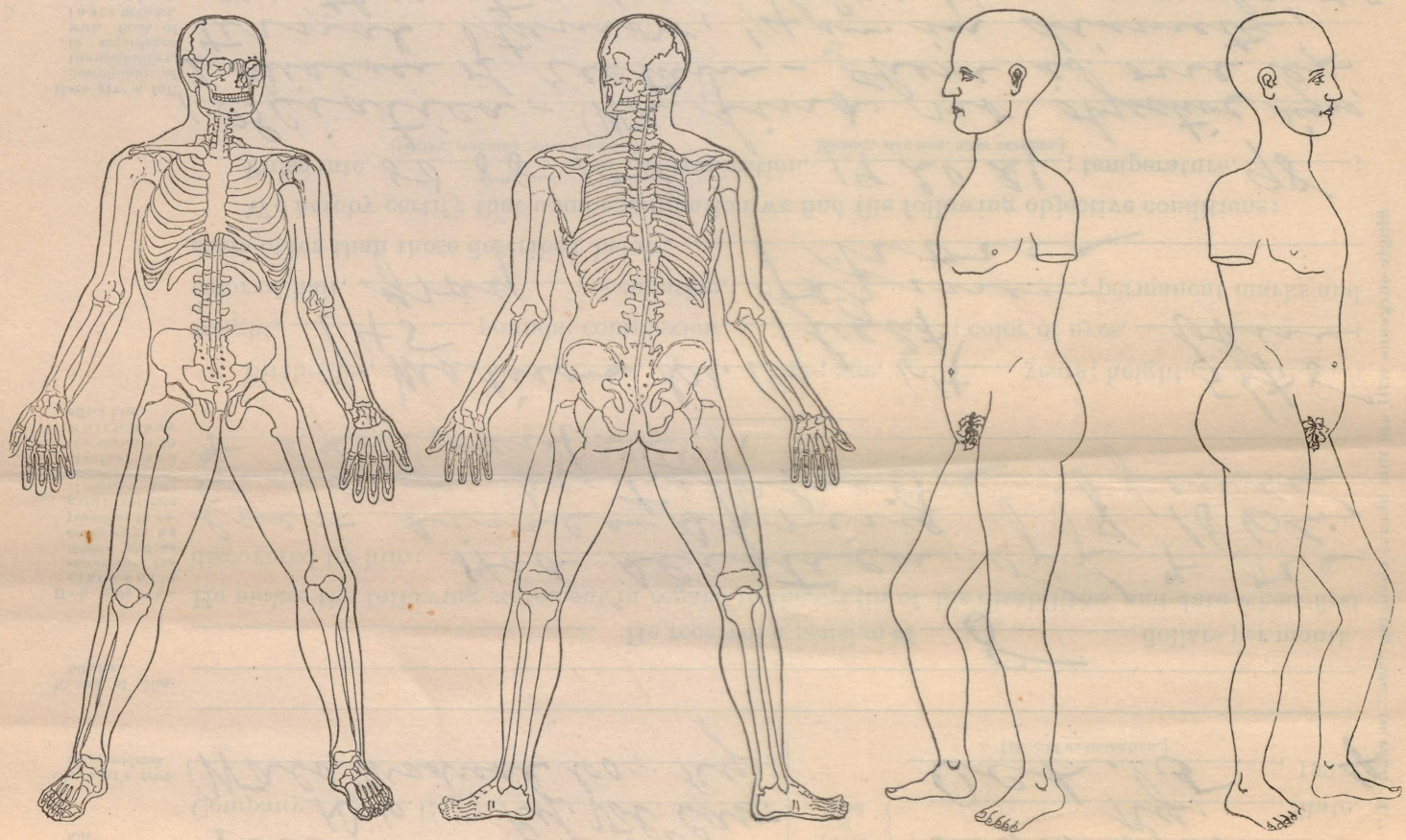
Post office, Richmond

County, Madison

State, Ky.

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

PENSION U. S. OCT 14 1904



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.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant. Pension Claim No. 754201 Allen Ward

Address of Board. Richmond Madison County Ky.

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.

3—190.
(Old No. 3—111 *g*.)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant. Pension Claim No. 754201
Allen Ward
Sgt., Company D, 6, Reg't Ky. Vol. Cav

Address of Board. Richmond
Madison County
Ky.
Oct. 5, 1904
[Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

by the various diseases described above, and senility by his general appearance of advanced age

11. Chest at rest 35 in., inspiration 38 in., expiration 34 in. Lungs in good and normal condition.

12 Liver, spleen and stomach found to be normal - no signs of disease shown in these organs, not [illegible] in the kidneys.

The urine is 1020, acid straw color, with neither sugar nor albumen.

We find no evidences of vicious habits, and no other disabilities are found as found.

We find that the aggregate permanent disability for earning a support by manual labor is due to disease of heart, piles, a hernia, general and senile debilities, not due to vicious habits, and warrants a rate of $12.

Jno W Harris, Pres. J. H. Bowman, Sec'y. H. C. Scandlin Treas.

Original entries must never be made.

Do not use the back of this blank for any purpose except as indicated.

PENSION D OCT 14 1904 U. S. OFFICE.

SURGEON'S CERTIFICATE

IN CASE OF

Allen Ward

Co. D, 6 Reg't Ky. V. Cav.,

Applicant for D. R. C.

No. 757201

DATE OF EXAMINATION:

Oct. 5, 1904

Jno. W. Harris, Pres.,
J. N. Swope, Sec'y,
W. H. Gaudy, Treas.,
} BOARD.

Post-office, Richmond

County, Madison

State, Ky.

☞ *Fill all blank spaces above.*

7155b50m-2-03

SOUTH D.V. OCT 22 1904 RECEIVED

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 754201

Name of claimant. Allen Wand

Company D 6 Reg't Ky Cav.

Claimant's post-office address. Waco Madison Co Ky

Address of Board. Irvine P O, Ky State.

Feb 7th, 1906 [Date of examination.]

Names of disabilities. Rheumatism. Disease of Heart. Lameness of legs Hip & Back. Disease of Rectum & Senile debility

He receives a pension of Ten dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him Rheumatism Came on in 1867 following Typhoid Fever. Heart Disease Soon followed & Lameness of Legs Hip & Back

Birthplace, Madison Co Ky, age, 65 years; height, 5—8; weight, 145 pounds, complexion, ruddy, 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, 89 90 102 [Sitting, standing, after exercise.], respiration, 16 17 21 [Sitting, standing, after exercise.], temperature, 98 4/5,

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Rheumatism He has exspitation in left shoulder joint also in left hip & Knee He limps in walking Some limitation of motion in left Shoulder & Hip & Knee. He has rheumatism. Disease of Heart Apex beat 3 inchs below nipple and on a vertical line with nipple Heart area increased sounds hard. No organic sis. Some Dyspnoea. no edema Heart is hypertrophied. Legs Hip & Back. He is lame in legs from rheumatism no enlargement of joints. Erector spinae muscles are rigid. He stoops badly. He has Lumbago. He traced course of pain from left Hip down to heel. He has Sciatica. Rectum. He has 3 external Piles Size of end of finger bleeding & ulcerated no other disease of rectum. Senile Debility. no evidence of Senile debility. Lungs. no dulness. Respiration murmur clear & distinct over both Lungs. Lungs normal. Kidneys S.P.G. 1018. no Albumen on heat or nitric Acid no sugar on Fehlings test. Kidneys normal.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

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

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. We find the aggregate permanent disabilities for obtaining a support by manual labor is due to rheumatism. Disease of Heart. Legs Hip & Back. Lumbago & Sciatica Hand & Rectum & not due to vicious habits and warrants a rate of $12 Dollars per month.

C Masseus Pres. G A Embry, Sec'y J S Irvin, Treas.

3-552a

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

Marginal entries must never be made.

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. C Emerson, Dr. G A Embury, and Dr. J B Turner, were personally present and actually participated in the examination of Allen Ward, the claimant in this case, on 7th day of Feb, 1906."

(*Signature.*) G A Embury 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 _____, 190 ."

Witnesses to mark. _____ _____

(*Signature of Applicant.*) _____

SURGEON'S CERTIFICATE

IN CASE OF Allen Ward.

Co. D, 6th Reg't Ky Cav.

APPLICANT FOR Increase

No. 754201.

DATE OF EXAMINATION: February 7th, 1906.

C Emerson, Pres., G A Embury, Sec'y, J B Turner, Treas., } BOARD.

Post office, Lyons.

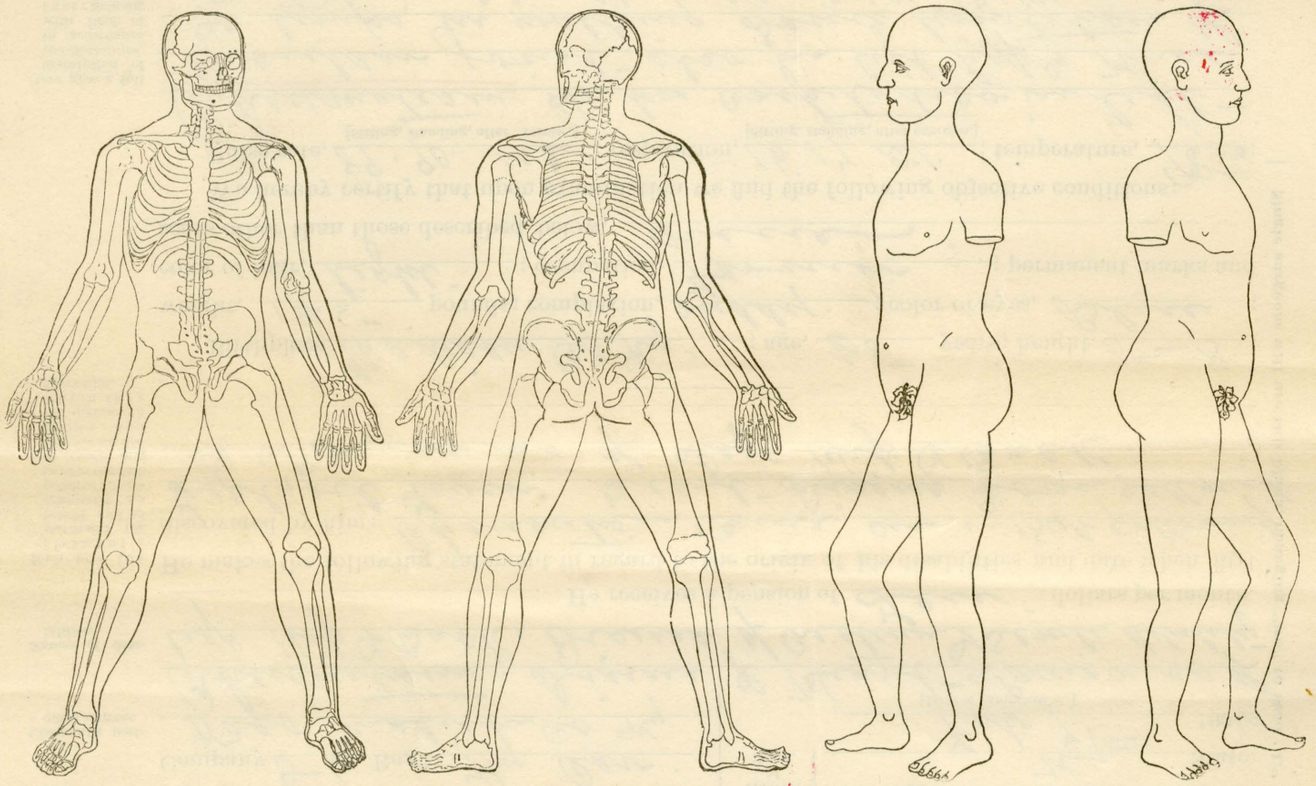
County, Estill.

State, Ky.

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

PENSION U. S. FEB 15 1906 OFFICE

B.P.W. FEB 15 1906



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.)

3—157.

CIVIL SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 754201.

Name of claimant. Allen Ward.

Claimant's post office address. Richmond Ky, Rout 3,

Address of Surgeon. Richmond Ky. P.O. Rt. 3 Kentucky. State.

Feb. 14, 1925 [Date of examination.]

Names of disabilities. Loss of sight Rheumatism. Gen'r senile debility ad.

He receives a pension of 50 - dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Lost Rheumatism in right hip for 4 months Cant see - water starts suddenly, Cant hold it, am giddy headed have to be helped to dress and attend when getting around.

Carefully note instructions given below. Birthplace, Ohio 14.; age, 84. years; height, 5-6.; weight, 150. pounds; complexion, fair; color of eyes, blue.; color of hair, Gray.; occupation, None.; permanent marks and scars other than those described below, None.

I hereby certify that upon examination I find the following objective conditions:

Pulse rate, 82 88. 96.; respiration, 18 20 24.; temperature, 98.;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here specifically and accurately set forth physical condition of claimant and give a full description of every existing disability, and make a separate paragraph for each disability. Hair gray and thin. Fairly well nourished for age. This day complained of stabbing pain in left side. No cough. No trouble with chest now. Has no particular chest trouble. Hearing very poor. Have to talk loud to him for attention.

Digestion poor Complains of Constipation. Kidneys irritable. Bladder and mobility to hold water. No hydro or varicocele. evident enlargement of Prostat.

Facts within the knowledge of the examining surgeon relative to the cause of any disability found should be stated. He has limitation of motion in right hip and walks poorly other joints normal for age. Has fatty tumor on right shoulder which unduly pains and is injured.

Act June 5-20, Survivors of Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth, one-fourth, one-half, three-fourths, or total. Claimant requires aid and assistance practically all the time. This study was obtained from a 12 yr old boy with. Cant see & read. Has to be dressed and undressed by family.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the board must be stated. When not due to such habits, this fact must be stated. On account senile conditions age, Rheumatism for sight and general debility I deem him more or less constantly dependent on some one practically all the time.

$72 Cases: In every instance where aid and attendance is alleged, state (in so many words) whether the regular aid and attendance of another person is or is not required.

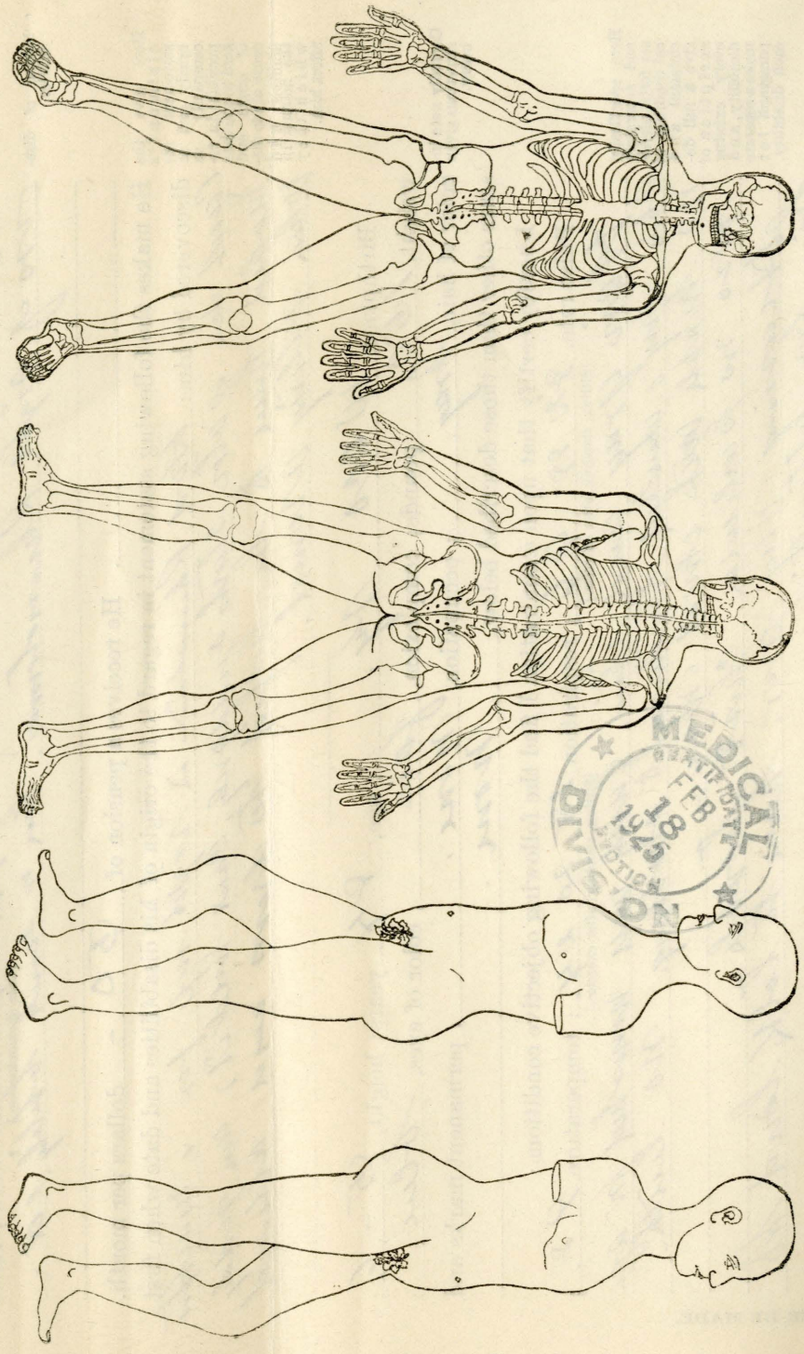
When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

H. G. Sandlin.

6—72 *Examining Surgeon.*

MARGINAL ENTRIES MUST NEVER BE MADE.

(Paste continuation sheet, if used, here.)



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.

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

ACT OF MAY 1, 1920

CIVIL SURGEON'S CERTIFICATE

Feb.10,1925

IN CASE OF

Allen Ward

Co. D, 6 Reg't Ky Cav

APPLICANT FOR

Ctf. 754201

No.

DATE OF EXAMINATION:

2-14, 1925

Examining Surgeon.

Post Office, Richmond

County,

State, Ky

When completed, return report and voucher for services to the Commissioner of Pensions, Washington, D. C.

PENDING FILES
FEB 24 1925

~~St Francis Ky~~

Civic Richmond, Ky

FEB 9 1925

2092

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 2420

VETERAN Allen Ward

RANK Pvt

SERVICE Co 56th Ky Vol Inf

CAN No. W723

ROLL NO 76

OUTCHARGE

Date 1/15/32

File No. 501 Ward, Allen D. (C.W.V) Ky

Subject Bur

Letter, memorandum, indorsement, telegram, last date 12/30/31

Deliver to Reinh Searcher

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—14548

February 19, 1932

MCC-Cb
WARD, Allen D.
Civil War.

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

Dear Madam:

In reference to claim for burial allowance in the case of your late father, the above-named veteran, you are advised that a voucher in the amount of $93.00, prepared in favor of Charles A. Baker Funeral Home, 303 South Limestone Street, Lexington, Kentucky, has been forwarded for settlement, which will be effected within a reasonable length of time. This represents the balance due him, as indicated on bill submitted in support of claim.

There remains a balance in the amount of $7.00 (difference between $100.00, maximum amount payable, and $93.00 paid Charles A. Baker Funeral Home), applicable toward the expense of burial of the veteran.

Evidence furnished shows that you paid $80.00 of the expenses incurred for the veteran's burial. Therefore, if you desire to file claim for the balance due, $7.00, as reimbursement for expenses incurred by you for his burial, and if the payment of $80.00 made by you was paid from your own personal funds, you should execute the enclosed affidavit Form 531, in accordance with instructions, and return it to this office for consideration.

Respectfully,

GEORGE E. BROWN,
Director of Compensation.

GENERAL RECORDS
FEB 24 1932
CLAIMS CLERK'S DIV.

Enclosure:
Form 531

MO'C/mel

VETERANS ADMINISTRATION

WASHINGTON

February 19, 1932.

IN REPLY REFER TO: MCC-Cb
WARD, Allen,
Civil War.

Charles A. Baker,
Funeral Home,
303 South Limestone St.,
Lexington, Ky.

Dear Sir:

Referring to claim filed with the Veterans' Administration for an allowance on burial and funeral expenses in the case of the veteran named above, you are informed that upon the evidence submitted there has been found allowable the sum of $ 93.00.

Accordingly an award of the amount stated has been made in favor of yourself

and settlement thereunder will follow in due course.

Respectfully,

GEORGE E. BROWN.
Director of Compensation.

jwh

Compensation Form 610
Rev. Sept. 1931

VETERANS ADMINISTRATION
COMPENSATION—Form 515, Rev. July, 1931
Form approved by Comptroller General U. S.
October 23, 1928

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Chas. A. Baker Funeral Home, 303 South Limestone St., Lexington, Ky.	Allen Ward, Lexington, Ky. Civil War Veteran. Non Adm. Beneficiary.	Sept. 14, 1931, Lexington, Ky.	$93.00

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have †~~not~~ been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this Administration and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the Veterans Administration; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Administration or traveling under orders of the Administration; and that this voucher is approved for $ 93.00, of which no amount represents a payment in excess of that allowed by law.

For the ADMINISTRATOR OF VETERANS AFFAIRS,

Date _____ ‡_____

Reimbursement Claims Authorization Officer.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonadministration beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the Veterans Administration, did not exceed $1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Administrator to excercise my judgment in the approval of this class of payments.

Date _____ §_____

Reimbursement Claims Authorization Officer.

MOC/eob 2/5/32

TO ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

2/6/32
MOC

_____

(Title) _____

Paid by Disbursing Clerk, Veterans Administration, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonadministration beneficiary."
† Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
§ Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.

U. S. GOVERNMENT PRINTING OFFICE: 1931 15–455

VETERANS ADMINISTRATION
COMPENSATION—Form 515, Rev. July, 1931
Form approved by Comptroller General U. S.
October 23, 1928

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Chas. A. Baker Funeral Home 303 South Limestone St. Lexington Ky.	Allen Ward Same Cant	9/14/31 Same	$93.00

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have †_____ been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this Administration and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the Veterans Administration; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Administration or traveling under orders of the Administration; and that this voucher is approved for $93.00, of which no amount represents a payment in excess of that allowed by law.

For the ADMINISTRATOR OF VETERANS AFFAIRS,

Date 9/14/31 ‡ Carl Boyd Hearse
Reimbursement Claims Authorization Officer.

+ Services $25.00
Embalming 25.00
Total bill $173.00

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonadministration beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the Veterans Administration, did not exceed $1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Administrator to excercise my judgment in the approval of this class of payments.

Date 1/28/32 9/30 Cash (Mrs. Betty Baker) by C. A. Baker 80.00
Reimbursement Claims Authorization Officer.
Bal $93.00

mos

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

(Signed) C. A. Baker owner C. A. Baker
(Title) Funeral Home

Paid by Disbursing Clerk, Veterans Administration, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonadministration beneficiary."
† Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
§ Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.

U. S. GOVERNMENT PRINTING OFFICE: 1931 15–455

Lexington, Ky., 1931

M

To C. A. Baker, Dr.

To Funeral Expenses of

Allen Ward

$ 173.00
$ 165.00

Received Payment,

192

RECEIVED
JAN 13 1932
MAIL SUB DIV
U.S.P.O.
RECEIVED
OCT 2 1931
RECEIPT SECTION
PENSION FILES SUB-DIVISION
REIMBURSEMENT SUB-DIVISION CLAIMS DIVISION
RECEIVED
JAN 18 1932
COMPENSATION SERVICE
REFERRED TO
RECEIVED
1931
COMPENSATION SERVICE
REFERRED TO
REIMBURSEMENT SUB-DIVISION, CLAIMS
REIMBURSEMENT SECTION
OCT 14 1931
REFERRED TO

Sept	14	To Casket, Body Hearse and Service		175 00		
		Embalming, shaving washing + dressing		25 00		
		Use of folding chairs		5 00		
		Opening + closing grave		10 00		
		Sedan x ms		8 00	173	00
Sept	30	1931 Cash (Mrs. Bettie Baker)		80 00		
		Balance			93	00

C. A. Baker
Owner C. A. Baker Funeral Home

Wm. L. Allen Co

Paid — New Form 531

and add Int. re Bill

of burial expense —

See letter of 12-30-31

CHAS. A. BAKER

FUNERAL HOME

303 SOUTH LIMESTONE STREET

LEXINGTON, KY.

November 14, 1931.

Veterans Administration.

Washington, D.C.

Your file
MCC-Ch

Gentlemen;

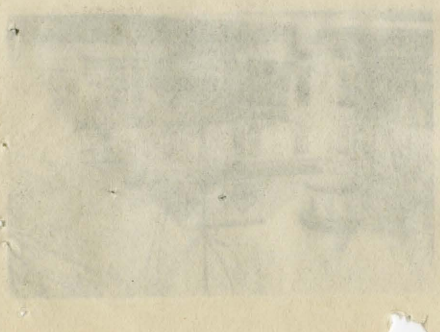
Since claimfor Allen X Ward was made , eighty ($80.00) dollars have been paid on account by Mrs. Bettie Baker. Notation of credit on bill enclosed.

The difference in amount total noticed on bill was an error on my part. Took total amount listed on books and placed on face of bill, then in itemizing account I noticed had failed to make charge for Sedan furnished. Overlooked in making change on face of account.

Yours truly,
C.A. Baker
C. A. Baker.

X
Discharge papers read Allen Ward — he has no D in name.
C.A.B.

RECEIVED
DEC 3 1931
COMPENSATION SERVICE



LEXINGTON, KY.
LUNERAL HOME

CHAS. A. BAKER
FUNERAL HOME
303 SOUTH LIMESTONE STREET
LEXINGTON, KY.

The inclosed Statements of funeral expense of Allen Ward are made a part of this affidavit. Use the form you wish.

C. A. Baker
Owner C. A. Baker Funeral Home

NOTARY PUBLIC FAYETTE COUNTY, KY.

REIMBURSEMENT SUB-DIVISION, CLAIMS RECEIVED JAN 13 1932 REFERRED TO

LEXINGTON, KY.
508 SOUTH LIMESTONE STREET
FUNERAL HOME
CRAFT & PARKER

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE
Revised July, 1930
Form 531

File No. XC _____

War _____

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

~~We~~ I } C. A. Baker Sole Owner of C. A. Baker Funeral Home
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of 303 (Number) South Limestone (Street) Lexington (City or town) Ky (State)

on oath depose and say that { ~~we are~~ I am } the Undertaker (Relationship to deceased) or (Undertaker)

~~of~~ for } Allen Ward (Name of deceased) _____ (Rank)

_____ (Organization) who died at 300 Sherman Ave., Lexington Ky (Place of death)

on the 14 of Sept., 1931 { ~~before~~ after } discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 173 00

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by { this firm me } for all services rendered as authorized by _____

Mrs. Bettie Baker (Name) Daughter (Relationship to deceased veteran)

of 300 (Number) Sherman Ave (Street) Lexington (City or town) Ky (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the U. S. Veterans Bureau on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $_____ (Insert amount paid by you) has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $_____ (If no payment has been received, insert word "Nothing")

received by me as reimbursement for burial and funeral expenses from _____ (Here state fully the source or sources from which reimbursement has been received by the person making claim)

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(1) _____ (Name)

_____ (Address)

(2) _____ (Name)

_____ (Address)

C. A. Baker (Signature of claimant)

By _____ (Name of person who executes affidavit for Undertaking firm)

Owner (Official capacity)

NOTE.—Signature made by mark must be witnessed by two persons to whom the person making affidavit is personally known, with the addresses of such witnesses shown.

STATE OF _____
COUNTY OF _____ } ss:

Subscribed and sworn to before me this 11 day of January, 1932

[SEAL]

Fred R. Baker
Notary Public.

Commission expires Jan 5 1936

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1930 15—242

(All instructions printed on this AFFIDAVIT must be followed)

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

UNITED STATES VETERANS' ADMINISTRATION
BOSTON, MASS. 1932
JAN 18 1932
RECEIVED
REIMBURSEMENT SUB-DIVISION

VA File No. XC

War

(Name of person who bore expenses of or of Undertaker or Undertakers that if expenses were not paid him)

of (Number) (Street) (City or town) (State)

on behalf deceased and says that I am (or was) the (Relationship to deceased) or (Undertaker)

of (Name of deceased)

who died at (Name) (Time of death)

on the 14th day of March, 1932 (Place) (Cemetery)

interred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 143.00

It claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by {I / my firm} for all services rendered as authorized by

It claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $ _____ has been paid by me from my personal funds and no reimbursement of

(Insert amount paid by you)

any part of such payment made by me has been received, except in the total sum of $ _____

(If no payment has been received, insert word "Nothing.")

received by me as reimbursement for burial and funeral expenses from

(Here state fully the source or sources from which

reimbursement has been received by the person making claim)

Witness to signature by mark:

(1) _____ (Name) _____ (Signature of claimant)

(2) _____ (Name) _____ (Address) By _____ (Name of person who executes affidavit for Undertaking firm) _____ (Official capacity)

(Address)

STATE OF MASSACHUSETTS
COUNTY OF SUFFOLK } ss:

Subscribed and sworn to before me this 11 day of March 1932

NOTARY PUBLIC
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires Nov. 2, 1934

NOTE.—Signature by mark must be witnessed by two persons who know the person making it and each witness should write his address as well as his name.

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, certain certification of the Clerk of the Court must be had.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and it bills (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1931 15—345

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE
Revised July, 1930
Form 531

File No. XC _____

War _____

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

We / I _____
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of _____
(Number) (Street) (City or town) (State)

on oath depose and say that {we are / I am} the _____
(Relationship to deceased) or (Undertaker)

of / for _____
(Name of deceased) (Rank)

_____ who died at _____
(Organization) (Place of death)

on the _____ of _____, 19____, {before / after} discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $_____

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by {this firm / me} for all services rendered as authorized by _____

_____
(Name) (Relationship to deceased veteran)

of _____
(Number) (Street) (City or town) (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the U. S. Veterans Bureau on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $_____ has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $_____
(Insert amount paid by you)
(If no payment has been received, insert word "Nothing")

received by me as reimbursement for burial and funeral expenses from _____
(Here state fully the source or sources from which reimbursement has been received by the person making claim)

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(1) _____ _____
(Name) (Signature of claimant)

_____ By _____
(Address) (Name of person who executes affidavit for Undertaking firm)

(2) _____ _____
(Name) (Official capacity)

_____
(Address)

NOTE.—Signature made by mark must be witnessed by two persons to whom the person making affidavit is personally known, with the addresses of such witnesses shown.

STATE OF _____ }
COUNTY OF _____ } ss:

Subscribed and sworn to before me this _____ day of _____, 19_____

[SEAL]

_____
Notary Public.

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1930 15—242

UNITED STATES VETERANS ADMINISTRATION
VETERANS ADMINISTRATION SERVICE
POST OFFICE BOX 1055
ATLANTA, GA. 30301

RECEIVED
JAN 18 1982
ATLANTA GA

File No. XC

War

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this AMENDED must be followed)

TO THE ADMINISTRATOR OF VETERANS AFFAIRS

I, who } (Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of (Number) (Street) (City or town) (State)

am the } (Wife or husband) (or Undertaker)

of } (Name of deceased)

who died at (Place of death)

on the (Date) (Cremation) of (Interment) } disposition of remains from service; final expenses were

incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $

If claim is made by Undertaker, use this paragraph

That the foregoing account is a correct and just charge made by } (this firm / me) for all services rendered as authorized by

(Relationship to deceased veteran) (Name)

of (Number) (Street) (City or town) (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the U. S. Veterans Bureau on this claim will reduce to that extent the application of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $ (insert amount held by you) has been held by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $ (If no payment has been received, insert word "Nothing.")

received by me as reimbursement for burial and funeral expenses from (Here state fully the source or sources from which reimbursement has been received by the person making claim)

Veteran's claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bill is attached hereto and made a part of this affidavit.

Witness to signature by mark:

(1) (Name) (Signature of claimant)

(Address) By (Name of person who executes affidavit for Undertaking firm)

(2) (Name) (Official capacity)

(Address)

NOTE.—Witness to mark must be addressed by person making affidavit to whom witness appears known.

STATE OF } ss:

COUNTY OF

Subscribed and sworn to before me this day of

[SEAL] Notary Public.

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the County under seal of the County stating that the person signing as Notary is the officer he pretends to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if held (in whole or in part) should be receipted to show the name of the person making payment, the amount held, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1931 12—343

REIMBURSEMENT SUB-DIVISION
RECEIVED
JAN 18 1982
CLAIMS
REFERRED TO

VETERANS ADMINISTRATION

WASHINGTON

RECEIVED JAN 18 1932 MAIL SUB DIV. U.S. VETERANS BUREAU 25

December 30, 1931.

IN REPLY REFER TO: MCC-Cb

801

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

WARD, Allen
Civil War Veteran.

Dear Madam:

Reference is made to your communication of recent date inclosing certain evidence for attention with regard to the Government burial allowance in the case of your late father, the above named veteran.

Form 531 executed by C. A. Baker as owner of C. A. Baker Funeral Home is not acceptable since he failed to execute the part at the top of said form stating the amount of expenses incurred in burial of veteran for which claim was filed.

It is requested, therefore, that if any part of this expense still remains unpaid, C. A. Baker, undertaker, should execute the inclosed form 531, preparing Parts I and II in accordance with instructions and signing it in the presence of a Notary Public who must affix his signature and official seal thereto.

The bill of C. A. Baker, herewith returned, shows that services were rendered for the burial of the veteran by him as an individual. Affidavit form 531 executed by Mr. Baker on November 14, 1931 as owner of C. A. Baker Funeral Home indicates that services for the burial of the veteran were rendered by said undertaking establishment of C. A. Baker Funeral Home. Therefore, it is desired that if C. A. Baker was sole owner of the C. A. Baker Funeral Home, that he furnish a statement in explanation of this fact. However, if he was the sole owner of C. A. Baker Funeral Home and if services were rendered by said establishment, C. A. Baker Funeral Home, for the burial of the veteran, it is requested that you furnish the bill itemized on the business billhead of C. A. Baker Funeral Home and that it be properly executed showing the full name of the veteran together with the full name of the one from whom payment was received, the amount paid and full name and official capacity of the one signing for the undertaking establishment.

If the services were rendered by C. A. Baker as an individual, it is requested that he sign the inclosed bill beneath the statement "Balance $93.00"

REIMBURSEMENT SUB-DIVISION
RECEIVED
JAN 13 1932
CLAIMS ADJUDICATION SERVICE
REFERRED TO

RECEIVED
JAN 14 1932
GENERAL REC. SDS
SUB-DIV.
FILE UNIT 2

WARD, Allen
Civil War Veteran.

indicating beneath his signature his official capacity in acting for the establishment.

Since evidence furnished shows that part of the expenses for the burial of the veteran were paid by you, the second form 531 inclosed herewith is forwarded for appropriate action by you if you desire to make claim for the balance due, difference between the $100.00 maximum allowance on expenses of burial and balance due the undertaking establishment, if any, providing that the said payment made by you was from your own personal funds.

Respectfully,

George E. Brown

GEORGE E. BROWN,
Director of Compensation.

Inc: 531 (2)

REIMBURSEMENT SUB-DIVISION
RECEIVED
JAN 18 32
RETURNED TO FILE

RECEIVED
JAN 18 1982
MAIL SUB BR
U.S.M.S.P.O.
RESERVED

OUTCHARGE

Date 12/1/31

File No. 801 Ward, Allen D. (C.W.V.) Ky.

Subject Bur.

3101

Letter, memorandum, indorsement, telegram, last date 11/3/31

Deliver to Reinh Searcher

7/9/32

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—14548

December 30, 1931.

JAN 6 1932
GEN... RECORDS
SUB-DIVISION

MCC-Cb
(Allen D.)

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

801 WARD, Allen D.
Civil War Veteran.

Dear Madam:

Reference is made to your communication of recent date inclosing certain evidence for attention with regard to the Government burial allowance in the case of your late father, the above named veteran.

Form 531 executed by C. A. Baker as owner of C. A. Baker Funeral Home is not acceptable since he failed to execute the part at the top of said form stating the amount of expenses incurred in burial of veteran for which claim was filed.

It is requested, therefore, that if any part of this expense still remains unpaid, C. A. Baker, undertaker, should execute the inclosed form 531, preparing Parts I and II in accordance with instructions and signing it in the presence of a Notary Public who must affix his signature and official seal thereto.

The bill of C. A. Baker, herewith returned, shows that services were rendered for the burial of the veteran by him as an individual. Affidavit form 531 executed by Mr. Baker on November 14, 1931 as owner of C. A. Baker Funeral Home indicates that services for the burial of the veteran were rendered by said undertaking establishment of C. A. Baker Funeral Home. Therefore, it is desired that if C. A. Baker was sole owner of the C. A. Baker Funeral Home, that he furnish a statement in explanation of this fact. However, if he was the sole owner of C. A. Baker Funeral Home and if services were rendered by said establishment, C. A. Baker Funeral Home, for the burial of the veteran, it is requested that you furnish the bill itemized on the business billhead of C. A. Baker Funeral Home and that it be properly executed showing the full name of the veteran together with the full name of the one from whom payment was received, the amount paid and full name and official capacity of the one signing for the undertaking establishment.

If the services were rendered by C. A. Baker as an individual, it is requested that he sign the inclosed bill beneath the statement "Balance $93.00"

JAN 5 1932
FILED
CHIEF CLERK'S

Bill in file 1/3/32 mcc

WARD, Allen
Civil War Veteran.

indicating beneath his signature his official capacity in acting for the establishment.

Since evidence furnished shows that part of the expenses for the burial of the veteran were paid by you, the second form 531 inclosed herewith is forwarded for appropriate action by you if you desire to make claim for the balance due, difference between the $100.00 maximum allowance on expenses of burial and balance due the undertaking establishment, if any, providing that the said payment made by you was from your own personal funds.

Respectfully,

GEORGE E. BROWN,
Director of Compensation.

Inc: 531 (2)

GWH

MO'C:kmb

UNITED STATES VETERANS BUREAU
ADJUDICATION SERVICE
Revised July, 1930
Form 531

File No. XC
War Civil

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

We / I } _____
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of _____
(Number) (Street) (City or town) (State)

on oath depose and say that { we are / I am } the _____
(Relationship to deceased) or (Undertaker)

of / for } WARD, Allen D.
(Name of deceased) (Rank)

_____ who died at _____
(Organization) (Place of death)

on the _____ of _____, 19____, { before / after } discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $_____

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by { this firm / me } for all services rendered as authorized by _____
Mrs Bettie Baker (Name) Daughter (Relationship to deceased veteran)

of 900 (Number) Sherman Ave (Street) Lexington (City of town) Kentucky (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the U. S. Veterans Bureau on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $_____ has been paid by me from my personal funds and no reimbursement of
(Insert amount paid by you)
any part of such payment made by me has been received, except in the total sum of $_____
(If no payment has been received, insert word "Nothing")

received by me as reimbursement for burial and funeral expenses from _____
(Here state fully the source or sources from which

_____
reimbursement has been received by the person making claim)

_____

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(1) _____ C. A. Baker Funeral Home
(Name) (Signature of claimant)

_____ By C. A. Baker
(Address) (Name of person who executes affidavit for Undertaking firm)

(2) _____ Owner
(Name) (Official capacity)

_____
(Address)

STATE OF Kentucky }
COUNTY OF Fayette } ss:

NOTE.—Signature made by mark must be witnessed by two persons to whom the person making affidavit is personally known, with the addresses of such witnesses shown.

Subscribed and sworn to before me this 14 day of November, 1931

[SEAL]

Fred R. Baker
Notary Public.

My Commission Expires December 6th 1932

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1930 15—242

REIMBURSEMENT BUS DIVISION CLAIMS DIVISION
RECEIVED
DEC 3 1931
COMPENSATION SERVICE
REFERRED TO

COMMONWEALTH OF KENTUCKY

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. 3070

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

1. PLACE OF DEATH — Allen Ward

County of Fayette, on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Voting Precinct No. Seminick — Registration District No. 500 — File No. 21632

Incorporated Town ..... — Primary Registration District No. 5037 — Registered No. 169

City Lexington ✓ No. 300 Sherman Ave. St. ..... Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Allen Ward

(a) Residence: No. 300 Sherman Ave. St. ..... Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH Sept. 30 1840

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky.

MOTHER

13. NAME Valentine Ward

14. BIRTHPLACE Va.

FATHER

15. MAIDEN NAME Lockey Burton

16. BIRTHPLACE Va.

17. INFORMANT Mrs. J. A. Baker

(Address) 300 Sherman

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington Cem. Date Sept. 15, 1931

19. UNDERTAKER C. A. Baker

(Address) Lexington, Ky.

20. FILED 9/18, 1931 D. A. Furlong Registrar,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1928 to 9/14, 1931

I last saw h alive on 9/1, 1931, death is said to have occurred on the date stated above, at 12:25 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arterio sclerosis	
Contributory causes of importance not related to principal cause:	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Warren, M. D.

(Address) Lexington, Ky.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 21st day of November in the year of our Lord one thousand nine hundred and Thirty-One

D. D. Blackerby

State Registrar.

REIMBURSEMENT SUB-DIVISION, CLAIMS DIVISION
RECEIVED
1931

VETERANS ADMINISTRATION

WASHINGTON

November 5, 1931

IN REPLY REFER TO: MCC-Cb

801
WARD, Allen D.
Civil War Veteran.

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

RECEIVED
NOV 28 1931
MAIL AND DIV
U.S. VET. BUR.
HEADQUARTERS

Dear Madam:

In reference to Form 536 executed by you on September 30, 1931, Affidavit supporting burial claim and bill of C. A. Baker attached thereto forwarded for attention with regard to the government burial allowance, you are advised that in accordance with provisions of the Act as amended, a sum not exceeding $100 may be allowed under certain conditions provided the deceased was a veteran of a war within the meaning of the Act. Accordingly it is necessary to verify the military record of the ex-service man before any definite action can be taken on a claim for an allowance toward expenses incurred in his burial and you will be further advised relative thereto at a later date.

However, if further action is desired on the claim it will be necessary that you forward to this office a certified true copy of the public record of the death of Allen D. Ward, which must bear the signature and certification of the official of such records. If the expenses incurred in his burial still remain unpaid as indicated on the bill of C. A. Baker returned herewith, the inclosed Affidavit Form 531 should be executed by Mr. Baker, who should prepare Parts I and II thereof in accordance with instructions. If, however, this expense has been paid in full the Form 531 should be executed by the one from whose personal funds this expense was paid, preparing Parts I and III in accordance with instructions thereon. If this be the case it will be necessary that C. A. Baker complete the inclosed bill to show the full name of the one from whom payment of $173.00 was received. If the bill is completed by some one other than C. A. Baker he should incidate thereon his full name and official capacity, in acting for the undertaking company.

It is desired also that you furnish a statement by C. A. Baker explaining why the amount of burial expenses is shown on the face of the

RECEIVED
DEC 3 1931
COMPENSATION SERVICE
REFERRED TO

RECEIVED
NOV 30 1931
GRAVES REGISTRATION
SUB-DIV.
FILE UNIT 2

VETERANS ADMINISTRATION

WASHINGTON

bill as $165.00, while the charges made thereon for services rendered total $173.00.

Respectfully,

George E. Brown

GEORGE E. BROWN,
Director of Compensation.

REIMBURSEMENT SUB-DIVISION, CLAIMS DIVISION
REIMBURSEMENT SECTION
RECEIVED
DEC 3 1931
COMPENSATION SERVICE
REFERRED TO

From
Mrs. J. A. Baker.
300 Sherman,
Lexington, Ky.

LEXINGTON
NOV 23
4:30 PM
1931
KY.

Mr. George E. Brown
Director of Compensation.
Veterans Administration,
Washington,
D. C.

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF—

VETERANS' ADMINISTRATION
Record Verification Unit
RECEIVED
OCT 31 1931

11-3-3

October 29, 1931 19

DIVISION COMPENSATION SUBDIVISION SECTION REIM SEC UNIT MCC-Cb

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

Name WARD, Allen D.
(Last.) (First.) (Middle.)

Rank and organization Pvt. Co. D, 6th Reg. Ky. Cav.

Date Camp

Date of enlistment October 20, 1861

Date of discharge ~~or death~~ December 31, 1863

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S.

Allotment No.: A.

Compensation Claim No.: C. Civil War Veteran

Converted Insurance No.: K.

Term Insurance No.: T.

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information Please give the complete military record and state whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By GEORGE E. BROWN, Director of Compensation

(not found as Allen D. Ward.)

1. Name Ward, Allen -.
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge Sgt., Co. D, 6th Kentucky Cav.
4. Date of enlistment Oct. 12, 1861
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. Defects noted by draft board
9. General or limited service
10. Date of discharge Sept. 6, 1865
11. Character of discharge hon
12. Date of indefinite furlough
13. Physical defects at discharge
14. Complete medical history
15. Future address Re-enlisted as a vet. Vol. Dec. 31, 1863.
16. Date of reenlistment (new army)
17. Present rank, organization, and location
18. Date and cause of death
19. Death in line of duty? Death due to own misconduct?
20. Emergency address
21. Date of birth
22. Date and rank of retirement
23. Dates and history of desertion or absences with court-martial findings

Report below on National Guardsmen only.

24. Date of President's call (World War)
25. Date answered President's call
26. Date mustered into Federal Service
27. Date of physical examination for Federal Service (World War)

U. S. GOVERNMENT PRINTING OFFICE: 1931

(SEE REVERSE SIDE)

2—9732

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

29. Effective date, amount of insurance and premiums .....

30. Insurance increased to $..... on ..... 19....., from $.....

31. Insurance canceled ..... Reinstated .....

32. Insurance reduced to $..... on ..... 19....., from $.....

33. Occupation at time of enlistment .....

34. ..... Statement of service from ....., 19....., to ....., 19.....

Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

2—9732

The records in this man's case do not indicate any other service.

War Dept. AGO
11-3-31.

C.H.Bridges,
Major General,
The Adjutant General.
By C.R.P.

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF—

VETERANS' ADMINISTRATION
Record Verification Unit
OCT 31 1931

(123-3)

October 29, 1931, 19

DIVISION COMPENSATION SUBDIVISION SECTION REIM SEC UNIT MCC-Cb

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

Name WARD, Allen D.
(Last.) (First.) (Middle.)

Rank and organization Sgt. Co. D, 6th Reg. Ky. Vet. Cav.

Date Camp

Date of enlistment January 1, 1864

Date of discharge or death September 6, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S

Allotment No.: A

Compensation Claim No.: C

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information Please give the complete military record and state whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By GEORGE E. BROWN, Director of Compensation

1. Name
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge
4. Date of enlistment
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
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11. Character of discharge
12. Date of indefinite furlough
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14. Complete medical history
15. Future address
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19. Death in line of duty? Death due to own misconduct?
20. Emergency address
21. Date of birth
22. Date and rank of retirement
23. Dates and history of desertion or absences with court-martial findings

Report below on National Guardsmen only.

24. Date of President's call (World War)
25. Date answered President's call
26. Date mustered into Federal Service
27. Date of physical examination for Federal Service (World War)

U. S. GOVERNMENT PRINTING OFFICE: 1931

(SEE REVERSE SIDE)

2—9732

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31. Insurance canceled .....
Reinstated .....

32. Insurance reduced to $..... on .....
19....., from $.....

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34. ..... Statement of service from ....., 19....., to ....., 19.....

Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

2—9732

For statement see attached sheet.

War Dept. AGO
11-3-31.

C.H. Bridges,
Major General,
The Adjutant General.
By C.R.P.

OUTCHARGE

11/18/31 02

Date 10/13/31

File No. 801 - Ward Allen (D). (W.V. - Ky)

Subject Bur. Cl. (Prvt. Co. A. 6th Reg. Ky. Cav. 12/31/63 - 9/6/65.

Died 9/14/31 - Lexington, Ky. - C.A. Baker fund.

Letter, memorandum, indorsement, telegram, last date

Deliver to Reimb. Searcher BD

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—14548

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF—

October 29, 1931, 19

DIVISION COMPENSATION SUBDIVISION SECTION REIM SEC UNIT MCC-Cb

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

Name WARD, Allen D. (Last.) (First.) (Middle.)

Rank and organization Pvt. Co. D, 6th Reg. Ky. Cav.

Date Camp

Date of enlistment October 20, 1861

Date of discharge ~~or death~~ December 31, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S

Allotment No.: A

Compensation Claim No.: C Civil War Veteran

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information Please give the complete military record and state whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

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Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

By George E. Brown
GEORGE E. BROWN, Director of Compensation

(not found as Allen D. Ward.)

1. Name Ward, Allen -. (Last.) (First.) (Middle.)
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11. Character of discharge hon
12. Date of indefinite furlough
13. Physical defects at discharge
14. Complete medical history
15. Future address Re-enlisted as a vet. Vol. Dec. 31, 1863.
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Record Verification Unit OCT 31 1931
NOV 12 1931

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Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

2—0732

The records in this man's case do not indicate any other service.

War Dept. AGO
11-3-31.

C.H.Bridges,
Major General,
The Adjutant General.
By C. H. P.

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION
FOR USE OF—

VETERANS' ADMINISTRATION
Record Verification Unit
OCT 31 1931

October 29, 1931, 19

DIVISION COMPENSATION **SUBDIVISION** **SECTION** REIM SEC **UNIT** MCC-Cb

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

Name WARD, Allen D.
(Last.) (First.) (Middle.)

Rank and organization Sergt. Co. D, 6th Reg. Ky. Vet Cav.

Date Camp

Date of enlistment January 1, 1864

Date of discharge or death September 6, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Army Serial No.: S

Allotment No.: A

Compensation Claim No.: C

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information Please give the complete military record and state whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

RECEIVED
NOV 2 1931
VETERANS' ADMINISTRATION
RECORDS DIVISION

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

Treated at Hospital No. at from , 19, to , 19

George E. Brown
GEORGE E. BROWN, Director of Compensation

---

1. Name
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge
4. Date of enlistment
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
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8. Defects noted by draft board
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U. S. GOVERNMENT PRINTING OFFICE: 1931

(SEE REVERSE SIDE)

2—9732

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Camp or station	*Organization*	*Period served in particular organization*
.....	.....	From ....., 19....., to ....., 19.....

2—9732

For statement see attached sheet.

War Dept. AGO
11-3-31.

C.H. Bridges,
Major General,
The Adjutant General.
By C.R.P.

November 5, 1931

MCC-Cb

WARD, Allen D.
Civil War Veteran.

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

Dear Madam:

In reference to Form 536 executed by you on September 30, 1931, Affidavit supporting burial claim and bill of C. A. Baker attached thereto forwarded for attention with regard to the government burial allowance, you are advised that in accordance with provisions of the Act as amended, a sum not exceeding $100 may be allowed under certain conditions provided the deceased was a veteran of a war within the meaning of the Act. Accordingly it is necessary to verify the military record of the ex-service man before any definite action can be taken on a claim for an allowance toward expenses incurred in his burial and you will be further advised relative thereto at a later date.

However, if further action is desired on the claim it will be necessary that you forward to this office a certified true copy of the public record of the death of Allen D. Ward, which must bear the signature and certification of the official of such records. If the expenses incurred in his burial still remain unpaid as indicated on the bill of C. A. Baker returned herewith, the inclosed Affidavit Form 531 should be executed by Mr. Baker, who should prepare Parts I and II thereof in accordance with instructions. If, however, this expense has been paid in full the Form 531 should be executed by the one from whose personal funds this expense was paid, preparing Parts I and III in accordance with instructions thereon. If this be the case it will be necessary that C. A. Baker complete the inclosed bill to show the full name of the one from whomepayment of $173.00 was received. If the bill is completed by some one other than C. A. Baker he should incidate thereon his full name and official capacity, in acting for the undertaking company.

It is desired also that you furnish a statement by C. A. Baker explaining why the amount of burial expenses is shown on the face of the

Fuller

bill as $165.00, while the charges made thereon for services rendered total $173.00.

Respectfully,

GEORGE E. BROWN,
Director of Compensation.

MO'C/rb

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION

FOR USE OF—

October 29, 1931

COMPENSATION ---------- 19

DIVISION ---------- SUBDIVISION ---------- SECTION ---------- UNIT ----------

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

WARD, Allen D.

Name ---------- (Last.) Pvt. Co. D, 6th Reg. Ky. Cav. (First.) (Middle.)

Rank and organization ----------

---------- Date ---------- Camp ----------

Date of enlistment ---------- October 20, 1861 ---------- December 31, 1865

Date of discharge or death ----------

Home address ----------

Army Serial No.: S---------- Civil War Veteran

Allotment No.: A----------

Compensation Claim No.: C----------

Converted Insurance No.: K----------

Term Insurance No.: T----------

Allotment deductions, Class A ---------- Class B ----------

From ----------, 19---, to ----------, 19---

Made subsequent to ----------, 19---

Premium deductions: Please give the complete military record and cause whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

From ----------, 19---, to ----------, 19---

Status of allotment through Z. F. O. ----------

Has final settlement been made? ----------

Certified copies of Forms 1-B ----------

Additional information ----------

Alleged disability ---------- incurred at ----------

Treated at ---------- Hospital No. ---------- at ---------- from ----------, 19---, to ----------, 19---

Treated at ---------- Hospital No. ---------- at ---------- from ----------, 19---, to ----------, 19---

Treated at ---------- Hospital No. ---------- at ---------- from ----------, 19---, to ----------, 19---

Treated at ---------- Hospital No. ---------- at ---------- from ----------, 19---, to ----------, 19---

GEORGE E. BROWN, Director of Compensation

By ----------

---

1. Name ---------- (Last.) (First.) (Middle.)
2. Army Serial No. ----------
3. Rank and organization at discharge ----------
4. Date of enlistment ----------
5. Physical defects at enlistment ----------
6. Was he medically examined and accepted at camp? ----------
7. Date and hour of induction by draft board ----------
8. Defects noted by draft board ----------
9. General or limited service ----------
10. Date of discharge ----------
11. Character of discharge ----------
12. Date of indefinite furlough ----------
13. Physical defects at discharge ----------
14. Complete medical history ----------
15. Future address ----------
16. Date of reenlistment (new army) ----------
17. Present rank, organization, and location ----------
18. Date and cause of death ----------
19. Death in line of duty? ---------- Death due to own misconduct? ----------
20. Emergency address ----------
21. Date of birth ----------
22. Date and rank of retirement ----------
23. Dates and history of desertion or absences with court-martial findings ----------

Report below on National Guardsmen only.

24. Date of President's call (World War) ----------
25. Date answered President's call ----------
26. Date mustered into Federal Service ----------
27. Date of physical examination for Federal Service (World War) ----------

U. S. GOVERNMENT PRINTING OFFICE: 1931

(SEE REVERSE SIDE)

2—9732

VETERANS ADMINISTRATION
Form 3101
Revised July, 1929

REQUEST FOR ARMY INFORMATION
FOR USE OF—

October 29, 1931, 19

DIVISION COMPENSATION SUBDIVISION SECTION REIM SEC UNIT WCC-Cb

It is requested that information be given on the subject checked and this sheet returned to the **Veterans Administration.**

Name WARD, Allen D.
(Last.) (First.) (Middle.)

Rank and organization Sgt. Co. D, 6th Reg. Ky. Vet. Inf.

Date Camp

Date of enlistment January 1, 1864

Date of discharge or death September 6, 1865

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1–B

Army Serial No.: S

Allotment No.: A

Compensation Claim No.: C

Converted Insurance No.: K

Term Insurance No.: T

Allotment deductions, Class A Class B

From , 19, to , 19

Made subsequent to , 19

Premium deductions:
From , 19, to , 19

Additional information Please give the complete military record and state whether or not this man served with forces mobilized for participation in any war, campaign or expedition.

Alleged disability incurred at

Treated at Hospital No. at from , 19, to , 19

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Treated at Hospital No. at from , 19, to , 19

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By CHARLES E. HILL, Director of Compensation

---

1. Name
(Last.) (First.) (Middle.)
2. Army Serial No.
3. Rank and organization at discharge
4. Date of enlistment
5. Physical defects at enlistment
6. Was he medically examined and accepted at camp?
7. Date and hour of induction by draft board
8. Defects noted by draft board
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U. S. GOVERNMENT PRINTING OFFICE: 1931

(SEE REVERSE SIDE)

2—9732

Form 3229 a

VETERANS ADMINISTRATION

MEMORANDUM

Date October 5, 1931.

From Director of Pensions
To Director of Compensation
Subject Ward, Allen D. 6th Ky. Cav.

Herewith is referred an affidavit of Bettie Baker, 300 Sherman Ave., Lexington, Ky., and the bill of the undertaker, in her claim for allowance on burial expenses of the soldier.

A. D. Wilkinson

A. D. Wilkinson,
Acting Director of Pensions.

October 5, 1931.

Director of Pensions
Director of Compensation
Ward, Allen D. 6th Ky. Cav.

Herewith is referred an affidavit of Bettie Baker, 300 Sherman Ave., Lexington, Ky., and the bill of the undertaker, in her claim for allowance on burial expenses of the soldier.

A. D. Wilkinson,
Acting Director of Pensions.

OCT 1
RECEIVED
OCT 5 1931

REIMBURSEMENT SUB-DIV.
OCT 1
1931
REFERRED TO
RECEIVED
OCT 7 1931
GENERAL RECORDS
SUB-DIV.
FILE UNIT 2

UNITED STATES VETERANS BUREAU
Form 536—Revised Oct., 1928

File No. XC _____

AFFIDAVIT SUPPORTING BURIAL CLAIM

(To be executed by next of kin, or other near relative, or friend of deceased)

1. (a) Full name of deceased Allen Ward

(b) Rank and organization Private Co. D. 6th Reg. Ky Cavalry
Also Sergeant Co. D. 6th Reg. Ky Vet Cav.

(c) Date of enlistment 20 Oct 1864 (d) Date of discharge 31 Dec 1863
Record 1 January 1865 6 Sept 1865
(If dates of service can not be furnished, state war in which veteran served)

(e) Age of deceased 90 years (f) Legal residence at time of death Ky 300 Sherman Ave Lexington Ky

(g) Date of death Sept 14 1931 (h) Place of death 300 Sherman ave Lexington Ky

(i) Date of burial Sept 16 1931 (j) Place of burial Lexington Cemetary

(k) Name and address of undertaker E. A. Baker 303 E Lime Stone St Lex. Ky

2. Was deceased single, married, widowed or divorced? Widower

3. (a) All cash money left by deceased none

(b) All amounts due and collectible from solvent debtors at date of death including accrued salary or commission none

(c) Nature and value of all other personal property left by deceased none

(d) All real property owned by deceased at date of death none

(e) Actual value thereof at date of death none
(If actual value can not be given state assessed value)

(f) Total encumbrances thereon none

(g) If property owned consists of house and land, state whether or not it was occupied or claimed as the home of the deceased at date of death none

4. (a) State total amount of all debts contracted and owing by the deceased at date of death exclusive of encumbrances on real property shown in 3 (f) above none

(b) Were the expenses of funeral, burial and transportation of the deceased entirely or in part paid by a state or other political subdivision, beneficial society, lodge, union, fraternal organization or national home for disabled volunteer soldiers? no

2—4349

(OVER)

(c) If so, what amount was allowed? none

(d) By whom? no one

5. What is your relationship to the deceased? a daughter

STATE OF Kentucky
COUNTY OF Fayette } ss:

I, Bettie Baker (Affiant), of 300 S Limestone (Street) Lexington (City or town) Ky (State)

do on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Sign here) Bettie Baker

Subscribed and sworn to before me this 30 day of Sept, 1931

[SEAL]

Fred R. Baker
Notary Public.

My Commission Expires December 8, 1932

NOTE.—This form is intended for use by the next of kin, other near relative, or friend of the deceased having full knowledge of his financial affairs and never by the undertaker presenting claim. Each question on this form must be fully answered. This form need not be used in the presentation of claim for reimbursement of burial expenses if the deceased died while in service or while receiving compensation, vocational training, or authorized medical, surgical, or hospital treatment.

In answering questions under Section 3 above, state only the property of deceased veteran. If property was held in joint ownership, attach hereto certified copy of that portion of the deed showing joint ownership. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court, under seal of the court, stating that the person signing as notary public is the officer he professes to be.

Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known and the addresses of such witnesses shown.

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—4349

RECEIVED OCT 14 1931 VETERANS ADMINISTRATION SUB-DIVISION CLAIMS DEPARTMENT

NEW REIMBURSEMENT CASE

CEA

Meeler Special JAN 21 1928

ACT OF JULY 3, 1926

I C No. 754201

Claimant

Soldier ALLEN WARD

Service D 6 KY CAV

Address 330 LINCOLN AVE LEXINGTON

FAYETTE County KY

Rec'd in S. E. D. JAN 20, 1928, from MED

REFERENCES

To Anderson Jan 23, 1928

initial ex MED DIV LETTER

FAYETTE County KY

To , 19

further ex

County

To , 19

further ex

County

To , 19

further ex

County

To , 19

further ex

County

To , 19

further ex

County

PAPERS, EXCEPT MAY 1, OF JULY 3, 1926, RETAINED

GOVERNMENT PRINTING OFFICE 6—1979 3—275

Cleveland

3-274

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

JAN 23 1928

Washington, D. C., ..., 19....

IC No. 754201

Ward

Mr. Anderson

Inspector.

The above-named case is herewith mailed you for special examination.

Use number and surname given on this receipt in entering case on your docket and daily reports.

THIS RECEIPT SHOULD BE PROMPTLY RETURNED

Received the above-named case this 25 day of Jan., 1928

W. W. Anderson

Inspector.

6-1268

RECEIVED
JAN 27 1928
S. E. D. FILES

RECEIVED
JAN 20 1928
S. E. D. FILES

3-2494

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

Jan. 17, 1928

The Chief,

Special Examination Division.

Subject: Claim for $90 rate, act of July 3, 1926,

I.C. 754201, of Allen Ward

P.O. 330 Lincoln ave., Lexington, Ky. Fayette

Special examination is desired to determine the merits of this claim. If it be shown that claimant is totally helpless or blind, the date when such condition arose should be ascertained as definitely as possible.

Attention is invited to the definition of the words, "totally helpless," set forth in the Department's construction of the act of July 3, 1926, under date of December 4, 1926.

Has the claimant any useful vision? Is he able to attend to any of his wants unaided? Limitation of vision to mere perception of light is total blindness within the meaning of the pension laws.

C. S. Rice

Medical Referee.

Approved:

WINFIELD SCOTT,
Commissioner.

3—078

BUREAU OF PENSIONS

JAN 21 1928

, 19

No. Claim

Cert. No. 754201

Claimant Ellen Ward

Soldier do

Service C D C Ky Vet

This claim is made special at the instance of

Circular letter dated

May 11 1927

Winfield Scott

Commissioner.

SPECIAL CLAIM

This slip must be kept on outside of case until pending claim is disposed of.

U. S. GOVERNMENT PRINTING OFFICE: 1927

ACT OF JULY 3, 1926

3-1638

INCREASE

Allen Ward

Cert. No. 754201

P. O.,

County,

State,

Application filed Oct 21, 1927

Service,

NOV 19 1927 Lehmt. civ. for evidence showing of totally helpless &c. Affts J. W. Milam. JFK.

Dec 17/27 Letter to Mr Milam advising him JFK Dear Sir,

FEB 14 1928

REJECTED

JFK

Attorney,

P. O.,

County, State,

INDEX TO INSPECTOR'S REPORT

Claim of Allen Ward *No.* 754201

GOVERNMENT PRINTING OFFICE 6—6917

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3-2494

RECEIVED
JAN 20 1928
S. E. D. FILES

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON Jan. 17, 1928

The Chief,

Special Examination Division.

Subject: Claim for $90 rate, act of July 3, 1926,

I.C. 754201 , of Allen Ward

P.O. 330 Lincoln ave., Lexington, Ky.

Special examination is desired to determine the merits of this claim. If it be shown that claimant is totally helpless or blind, the date when such condition arose should be ascertained as definitely as possible.

Attention is invited to the definition of the words, "totally helpless," set forth in the Department's construction of the act of July 3, 1926, under date of December 4, 1926.

Has the claimant any useful vision? Is he able to attend to any of his wants unaided? Limitation of vision to mere perception of light is total blindness within the meaning of the pension laws.

C. S. Rice

Medical Referee.

Approved:

Winfield Scott

WINFIELD SCOTT,
Commissioner.

2 Y.A

SPECIAL EXAMINATION
DIVISION

3-2496

UNITED STATES
DEPARTMENT OF THE INTERIOR
Bureau of Pensions
Washington

To Inspectors:

The regulation which requires the grouping of work by localities may be disregarded in the investigation of Civil War Veterans' claims, all of which are to be treated as extra special and disposed of with the utmost dispatch.

Perfunctory excuses for delay in the dispostion of any such case will not be accepted.

Please acknowledge.

Winfield Scott

WINFIELD SCOTT,
Commissioner.

3 9 6 3

E Morris N Y
330 Fulton

3—292

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Dated Lexington, Ky.

NOTICE OF SPECIAL EXAMINATION

Case of Allen Ward, *No.* 754201

To Allen Ward, *Claimant:*

You are hereby notified that, by order of the Commissioner of Pensions, the undersigned will on the 2 day of February, A. D. 19 28, and continuing thereafter as long as may be necessary, at Lexington, County of Fayette and State of Ky., and elsewhere if necessary, conduct a special examination of the aforesaid claim, at which time and place all available and material witnesses will be heard.

And you are further notified that you have the privilege of being present, in person or by attorney, during said special examination, and of cross-examining said witnesses and of introducing any material evidence on your own behalf if you so desire.

W. W. Anderson
Inspector.

I acknowledge service of copy of above notice this 2 day of February, 19 28, and desire the examination to begin at once.

Witness Frank Price

his
Allen X Ward
mark

4

6—6143 GOVERNMENT PRINTING OFFICE

Lexington, Ky., February 7, 1928.

The Commissioner of Pensions:

Herewith are returned with report all papers in claim, I.C. 754201, Allen Ward, Co. D 6 Ky. Cav., Civil War. Address: 330 Lincoln Ave., Lexington, Ky.

This claim was referred for special examination to determine whether the claimant is entitled to the $90 rate under act of July 3, 1926; and if so, from what date.

The claimant was served with the usual notice and his rights explained. He waived right to be present or represented during the taking of testimony in his claim.

The claimant is very feeble and decrepit. He is not confined to bed. It was observed that he gets up from his chair with great difficulty. He can get about his room unaided by using a chair and cane. His gait is very slow and dragging and he appears to be in danger of falling when on his feet. He and his family admit that he feeds himself and that he has some useful vision.

It is recommended that this report be referred for the consideration of the Medical Referee.

Respectfully submitted,

W. W. Anderson

Inspector.

5

3-289a

(For typewriter)

Case of Allen Ward No. 754201

On this 2 day of February , 19 28 at Lexington county of Fayette , State of Ky. before me, W. W. Anderson , an inspector of the Bureau of Pensions, personally appeared Allen Ward , who, being by me first duly sworn to answer truly all interrogatories propounded to h im during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 87 years old. I was born Sept. 31, 1840. I was a farmer when I was able to work.

Address: 330 Lincoln Ave., Lexington, Ky.

I am the claiman t in the above cited pension claim. I am pensioned at $72 per month.

I served in Co. D 6 Ky. Vol. Cav., during the Civil War.

Q. What is your present physical condition?

A. My worse trouble is that I have not good use of my legs so that I can hardly walk even with the use of a cane. I do not seem to have control of my legs. I have to drag my left leg. It is very difficult for me to get out of a chair. Yes, I can walk about the house very slowly with the use of a cane, unassisted. Myy head also bothers me. I have dizzy spells and am liable to fall when I try to stand or walk. My stomach is all right. I have to take something to move my bowels all the time.

Q. Do you go to the table at meals?

A. Yes, I go into the table by being helped.

Q. Do you feed yourself or does someone feed you with fork or spoon?

A. I feed myself.

Q. Do you get up from bed and retire to bed without assistance?

A. No, my wife helps me to bed and helps me up and helps me on and off with my clothes.

Q. What portion of the day do you sit up in your chair?

A. I lie down over two thirds of the day and some days all day?

Q. How long and from what cause have you been so disabled?

A. Along last February, I do not remember the date, I had bought

this lot and went down town to make a payment on it, and felt so well that I started to walk back home when I fell and hurt my left hip and side. A man picked me up in his car and brought me home and Dr. Warren came to see me that night. I was confined to my bed unable to walk at all for several weeks following that fall, and I have just been able to slip around the house on my cane ever since, not quite so bad as I am now.

Q. How long have you been as bad as you are now?

A. For the last two months?

Q. What happened to you then?

A. I fell in the yard, and I have had several falls since. the last time I fell was two weeks ago today when I fell in the kitchen and hurt my head.

I moved here from Madison county, Ky., October 15, 1926. I have lived here ever since and Dr. Warren has been my physician and has visited me several times, the last time was three or four weeks ago. No, I have had no other doctor since I have lived in Lexington.

Q. Of whom does your family consist?

A. My wife and two grand children, Thomas Rudolph Baker, and Woodroe Shelton Baker.

Q. Have you any intimate acquaintances among your neighbors?

A. No, they are all strangers to us.

I have been married once only. I married Sarah Sabina Fritts, in Madison Co., Ky., Jan. 18, 1866. She had not been married before We have never been divorced or separated. She is living. Our youngest child is over 30 years old.

I had no children in the world war. I had one grandson in said war, Allen B. Ward. No, I never received, applied for, nor have title to pension through the bureau of war risk insurance on account of the service of anyone in the world war.

I have heard you read and explain my rights. I waive right to be present or represented by attorney during the special examination of my claim. I cannot see overly well with my left eye. I can see fairly with right eye. At times with glasses I can read the finest

6—5121
GOVERNMENT PRINTING OFFICE

Witnesses

Frank Price

Mrs Lula L Ward.

his
Allen X Ward
mark
Deponent

Case of Allen Ward , No. 754201

Deposition of Allen Ward , continued, sheet 2

GOVERNMENT PRINTING OFFICE 6—5120

kind of print then my sight leaves me.

Q. Can you see to avoid such obstacles as chairs and tables in walking about the house on your cane?

A. Yes.

I have heard you read and explain my rights. I waive right to be present or represented by attorney during the special examination of my claim.

I have heard the foregoing deposition read and it is correct.

his
Allen X Ward
mark
Deponent

Witnesses

Frank Price

Mrs Lula F Ward

Subscribed and sworn to before me this 2 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson
Inspector.

Case of Allen Ward No. 754201

On this 2 day of February , 1928, at Lexington county of Fayette , State of Ky. before me, W. W. Anderson , an inspector of the Bureau of Pensions, personally appeared Sarah S. Ward , who, being by me first duly sworn to answer truly all interrogatories propounded to h er during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 81 years old. I am the wife of the soldier and pensioner Allen Ward, and have a wife's interest in his claim.

Address: 330 Lincoln Ave., Lexington, Ky.

I and the soldier were married Jan. 18, 1866, and we have lived together ever since.

Q. What is the soldier's present physical condition?

A. He is crippled in his left leg and left side and can't walk to do any good as his legs cross and he does not have good use of them. Yes, he manages to drag himself about the house on his cane.

Q. How much of the day does he sit in his chair on an average?

A. Some days he sits up nearly all day and some days he stays in bed nearly all day. I would say he is bed the most of the time.

Q. Does he go to the table for meals?

A. Yes, he generally does, a great many times I fix his meals and bring them to him and put them on a little table in his room and he sits in a chair and eats them?

Q. Does he feed himself?

A. He generally feeds himself.

Q. Does he get up from bed and retire to bed without assistance?

A. No, I generally always help him in and out of bed and dress and undress him.

Q. How long has it been since he was confined to bed and unable to get up at all?

A. Just before Christmas, last Christmas, he was in bed for five weeks.

Q. What was the trouble?

A. I don't know. He thought it was his bowels kind of packed that caused him to be so as he couldn't help himself.

Q. About how long has he been about as nearly helpless as he is now?

A. A little over a year ago he fell when he was walking home from down town and had to be brought home. Dr. Warren saw him that night. He hurt his left leg, hip, and side and was laid up in bed for about three weeks, and since then he has just been able to drag about the house a little on his cane.

Q. Who waits on him in caring for his personal wants?

A. Why there ain't anyone only me. When the children are home they wait on him some.

Q. How is his eyesight?

A. He hardly sees at all. He was a great hand to read. He gave up his reading as he got so he could not see well enough to read.

Q. Does he read sometimes with glasses now?

A. Sometimes he tries to read for a few minutes.

Q. When he goes about the house on his cane can he see to avoid obstacles such as chairs and tables?

A. Yes, but he is so weak and unsteady that some of us generally take hold of him and guide and support him. He takes ahold of a chair in one hand and pushes it along and uses his cane in the other hand. He complains of his head swimming and says it feels like his head is going to go before his body and he frequently falls. The last time he fell was about two weeks ago when he fell in the kitchen and hit his head on something that raised a great knot on his head.

I have heard the foregoing deposition read and it is correct.

her
Sarah S. X Ward
mark
Deponent

Witnesses

Frank Price

Mrs Lula Ward.

Subscribed and sworn to before me this 2 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson
Inspector.

6—5121
GOVERNMENT PRINTING OFFICE

3-289a

(For typewriter)

Case of Allen Ward No. 754201

On this 2 day of February , 1928, at Lexington county of Fayette , State of Ky. before me, W. W. Anderson , an inspector of the Bureau of Pensions, personally appeared Lula F. Ward , who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 20 years old. I am the wife of Edward S. Ward, a painter Address: 332 Lincoln Ave., Lexington, Ky. I am not related to the claimant Allen Ward by blood I married his grand-son. I live next door to the claimant and have lived next door to him for a year. I see him every day.

Q. What is claimant's present physical condition?

A. He complains of his left leg and when he tries to walk his legs cross and they act to me like he is paralyzed. Yes, he walks about the house. Shoves a chair in one hand and uses a cane in the other. He steps with his right foot very well but his left foot he drags it.

Yes, he goes to the table at meals and feeds himself.

Q. How much of the day does he sit up on an average?

A. About a third of the day.

Q. How is his eyesight?

A. He claims that he can't see at all out of one eye, and the other one is not much good.

Q. Can he see to avoid obstacles such as chairs or tables in going about the house?

A. Yes, sir, but generally one of us leads him.

Q. How long has he been as nearly helpless as he is now?

A. He has been as helpless as he is now for about a month but he has been pretty helpless for about a year ever since he had a fall down town and was brought home. He was confined to bed between three and four weeks as well as I remember following that fall.

Q. How is his head?

A. He complains of a swimming in his head and when he gets up to walk it looks like his head goes first and he has fallen several times during the last year.

I have heard the foregoing deposition read and it is correct.

Mrs Lula K Ward.
Deponent

Subscribed and sworn to before me this 2 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson
Inspector.

6—5121
GOVERNMENT PRINTING OFFICE

Case of Allen Ward No. 754201

On this 2 day of February , 19 28 at Lexington county of Fayette , State of Ky. before me, W. W. Anderson , an inspector of the Bureau of Pensions, personally appeared Frank Price , who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 18 years old. I do odd jobs, anything that comes along. Address: 332 Lincoln Ave., Lexington, Ky. I am a grand-son of the claimant Allen Ward. I have no financial interest in his claim. I have lived next door to him ever since he moved to Lexington, Ky. I see him every day.

Q. What is his present physical condition?

A. His main trouble is in his legs and head. His legs seem like they are paralyzed, he can hardly put one before the other.

Q. Does he walk any unassisted? If so describe how he walks?

A. Yes, a very little in the house, he holds to a chair and his cane and just kind of scoots along. He complains of swimming in his head and falls frequently, the last time he fell was about two weeks ago when he struck his head and raised a big knot on it.

Q. How much of the day does he sit up on an average?

A. Well about on an average of a third of the day.

Q. Does he go to the table at meals?

A. Yes, most of the times, sometimes granny takes his meals to him in his room.

Q. Does he feed himself or does someone have to feed him?

A. He feeds himself.

Q. How is his eyesingt?

A. Bad.

Q. What is wrong with his sight?

A. He says he can't see any atall out of his left eye. He says he can see a little out of his right eye. Yes, he tries to read at times with glasses.

Q. Can he see to avoid obstacles such as chairs and tables in a room?

A. Yes sir.

Q. How long has be been as nearly helpless as he is now?

A. For about a month past. He has been nearly as helpless as he is now ever since he had a fall down town about a year ago which laid him up for three or four weeks.

. I have heard the foregoing deposition read and it is correct.

Frank Price

Deponent

Subscribed and sworn to before me this 2 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson

Inspector.

6—5121
GOVERNMENT PRINTING OFFICE

Case of Allen Ward No. 754201

On this 2 day of February 19 28 at Lexington, county of Fayette , State of Ky. before me, W. W. Anderson , an inspector of the Bureau of Pensions, personally appeared Woodrow S. Baker , who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 15 years old. Occupation, delivering groceries on a bicycle . Address: 330 Lincoln Ave., Lexington, Ky.
I am a grand-son of the claimant Allen Ward. I have lived with him ever since I was 11 months old. Mother died when I was 11 months old.

Q. What is the claimant's present physical condition?

A. He is bothered most with his legs and head. His legs seem to go down with him and kind of cross when he tries to walk He walks about his room or house by shoving a chair in front of him with one hand and a cane in the other and sometimes we have to help him about. He often complains of his head swimming and when he does we have to put him to bed. He falls pretty often, the last time he fell was about two weeks ago. Lots of times we have to catch him when he gets up out of his chair, he gets overbalanced and seems like he wants to fall over, head over on his head.

Q. Does he go to the table at meals?

A. Yes, by us helping him.

Q. Does he feed himself or does someone feed him?

A. He feeds himself.

Q. How is his eyesight?

A. At times it is good and in about five minutes it will leave him so he can't see, and maybe it will be five minutes or something till that skim leaves his eyes and he can see again.

Q. Can he see to avoid obstacles such as chairs or tables in a room?

A.Yes, he can see enough to tell that they are there and not run over them.

Q. Can he get up out of bed and retire to bed without assistance?

A. No, he has to be helped to bed and helped up, and has to be dressed and undressed.

Q. How long has he been as nearly helpless as he is now?

A. For about a month past.

About a year ago he fell down town and was brought home and lay in bed for several weeks, three or four weeks, then got so he could get around a little better than he can now but not so good as before he fell.

I have heard the foregoing deposition read and it is correct.

Woodrow S Baker

Deponent

Subscribed and sworn to before me this 2 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson

Inspector.

6—5121
GOVERNMENT PRINTING OFFICE

3-289a

(For typewriter)

Case of Allen Ward No. 754201

On this 3 day of February , 1928, at Lexington county of Fayette , State of Ky. before me, W. W. Anderwon , an inspector of the Bureau of Pensions, personally appeared Dr. J. P. Warren , who, being by me first duly sworn to answer truly all interrogatories propounded to him during this special examination of aforesaid claim for pension, deposes and says:

6—5121

I am 45 years old. Occupation, physician.
Address: 502 City Natl. Bank Bldg., Lexington, Ky.
I am a graduate of the Louisville University, Class of 1905.

I first visited the claimant Allen Ward Dec. 6, 1926, at that time he was suffering from the minor complaints of old age mainly weakness. I next visited him May 2, 1927, at that time he was confined to bed suffering from a fall. He had great pain in one thigh but no fractures. I next visited him June 10, 1927, at that time he was confined to bed suffering from bronchitis.

I later was at his home, he was in bed, I talked to his family and made an affidavit for him.

In my opinion he is totally disabled. I have never seen him walk or feed himself or sit up. His family gave a history of his inability to dress without help or walk without holding to the furniture. I am sure that he will never be any better.

His troubles are senility, arterio sclerosis and high blood pressure.

I made and signed the affidavit shown me.

I have read the foregoing deposition and it is correct.

J. P. Warren
Deponent

Subscribed and sworn to before me this 3 day of February, 1928, and I certify that the contents were fully made known to deponent before signing.

W. W. Anderson
Inspector.

Page 17 Deposition 7

L.F.H. (1)

3—296

RECEIVED
FEB 9 1928
S. E. D.

S. E. D.

No. 754,201

Claimant: Allen Ward

Soldier: do.

P. O. address: Lexington

County: Fayette *State:* Ky.

Recommendation: Medical Referee

W. W. Anderson

Inspector.

REFERENCE

FEB 9 - 1928, *19*

~~Respectfully referred~~

to Medical Referee

for consideration.

M. L. DAWKINS,
Chief S. E. Division.

Chief S. E. Division.

RECOMMENDATION

, *19*

Reviewer.

ACTION

, *19*

Commissioner.

6—837 GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

WASHINGTON
April 14, 1932.

IN REPLY REFER TO: MCC-Cb
881 WARD, Allen D.
Civil War Veteran
YOUR FILE REFERENCE:

Mrs. Bettie Baker,
300 Sherman Avenue,
Lexington, Kentucky.

SC 754 201+

RECEIVED JAN 11 1933 PENSION INDEX SECTION

Dear Madam:

Referring to claim filed with the Veterans Administration for an allowance on burial and funeral expenses in the case of the veteran named above, you are informed that upon the evidence submitted there has been found allowable the sum of $ 7.00 . Accordingly an award of the amount stated has been made in favor of yourself,

_____ and

settlement thereunder will follow in in due course.

Respectfully,

George E. Brown

MO-es

APR 15 1932 GENERAL RECORDS SUB-DIVISION

APR 15 1932 UNIT 3

GEORGE E. BROWN,
Director of Compensation.

Fill 4/14/32 mor

Compensation Form 610
Rev. Sept. 1931
Notice of Allowance on Burial and Funeral Expenses

OUTCHARGE

Date 3-26-32

File No. 801 Ward, Alston L. (CWV) Ky.

Subject Burial Sgt Co D 6th Ky Cav. KIA

Died 9-14-31

Letter, memorandum, indorsement, telegram, last date 2-19-32

Deliver to Reinh Searcher MH

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—14548

ORIGINAL

Veterans Administration
Compensation Form 515, Rev. Jan. 1932
Form approved by Comptroller General, U. S.,
January 22, 1932

File . XC

War Civil

DECISION OF QUESTION OF FACT AND LAW
BURIAL, FUNERAL AND TRANSPORTATION OF BODY OF DECEASED VETERAN
AWARD BRIEF FACE

Allen Ward (Name of deceased veteran) Lexington, Ky. (Place of death) September 14,1931 (Date of death)

Home address of deceased Lexington, Kentucky. Did death occur before or after discharge or resignation from Service? After discharge. Was deceased a war veteran not dishonorably discharged from the last period of war service? Yes. Name of war in which deceased was a veteran? Civil Did deceased die while receiving from the Veterans Administration: Compensation?, Emergency Officer's Retirement Pay?, Medical, surgical or hospital treatment?, Vocational training?, or while traveling under orders of the Veterans Administration?, or in a Veterans Administration Home? . Was the deceased veteran a non-Administration beneficiary? Yes. If so, did his net assets, after deductions have been made in accordance with the regulations of the Veterans Administration, exceed $1,000? No. Is itemized bill or statement of account covering expenses on file with the Veterans Administration? Yes. If claim is for reimbursement, did claimant pay, from his personal funds, as much as the amount herein to be allowed, and is bill or statement of account receipted? Yes. If not, see explanation in "Remarks". Has full payment or reimbursement previously been received by claimant? No.

REMARKS:

Formal claim, received before March 1, 1932, on file in Veterans Administration.

Name and address of payee	Amount due payee
Bettie Baker, 300 Sherman Avenue, Lexington, Kentucky.	$7.00

Pursuant to the above facts the payee is entitled to the above award covering burial and funeral expenses by reason of the death of the above-mentioned veteran under the provisions of the World War Veterans' Act, 1924, as amended.

Submitted April 6, 1932 M. O'Connor (Adjudicator)

I, the undersigned, an officer of the Veterans Administration duly authorized under the provisions of section 5 of the World War Veterans' Act, 1924, as amended, to make decisions of questions of fact and law affecting any claimant to the benefits of section 201 (1) of Title II of the World War Veterans' Act, 1924, as amended, do hereby constitute in pursuance of such authority the foregoing statements as my decision of fact and law.

Approved 4/14, 1932. P. J. Schmidt (Authorization Officer)

Other Claims that Have Been Allowed

Claimant	Amount	Paid	
		Voucher No.	Date
Chas. A. Baker ~~Funeral~~ Home	$93.00		

WORK SHEET

Veterans Administration
Compensation Form 515-W, Rev. Jan. 1932
Form approved by Comptroller General, U. S.,
January 22, 1932

File No. XC

War Civil

DECISION OF QUESTION OF FACT AND LAW
BURIAL, FUNERAL AND TRANSPORTATION OF BODY OF DECEASED VETERAN
AWARD BRIEF FACE

Allen Ward (Name of deceased veteran), Lexington, Ky. (Place of death), Sept. 14, 1931 (Date of death)

Home address of deceased Lexington Ky. Did death occur before or after discharge or resignation from Service? after Discharge. Was deceased a war veteran not dishonorably discharged from the last period of war service? Yes. Name of war in which deceased was a veteran? Civil. Did deceased die while receiving from the Veterans Administration: Compensation?_____, Emergency Officer's Retirement Pay?_____, Medical, surgical or hospital treatment?_____, Vocational training?_____, or while traveling under orders of the Veterans Administration?_____, or in a Veterans Administration Home?_____. Was the deceased veteran a non-Administration beneficiary? Yes. If so, did his net assets, after deductions have been made in accordance with the regulations of the Veterans Administration, exceed $1,000? No. Is itemized bill or statement of account covering expenses on file with the Veterans Administration? Yes. If claim is for reimbursement, did claimant pay, from his personal funds, as much as the amount herein to be allowed, and is bill or statement of account receipted? Yes. If not, see explanation in "Remarks". Has full payment or reimbursement previously been received by claimant? No.

REMARKS: Formal claim, received before March 1, 1932, on file in Vet. Adm.

Name and address of payee	Amount due payee
Bettie Baker 300 Sherman Ave. Lexington, Ky.	$ 7.00

Pursuant to the above facts the payee is entitled to the above award covering burial and funeral expenses by reason of the death of the above-mentioned veteran under the provisions of the World War Veterans' Act, 1924, as amended.

Submitted 4/6, 1932. M. O'Connor (Adjudicator)

I, the undersigned, an officer of the Veterans Administration duly authorized under the provisions of section 5 of the World War Veterans' Act, 1924, as amended, to make decisions of questions of fact and law affecting any claimant to the benefits of section 201 (1) of Title II of the World War Veterans' Act, 1924, as amended, do hereby constitute in pursuance of such authority the foregoing statements as my decision of fact and law.

Approved_____, 193__. M. T. (Authorization Officer)

Other Claims that Have Been Allowed

Claimant	Amount	Paid	
		Voucher No.	Date
Chas. A. Baker Funeral Home	$ 93.00		

(over)

610 to Payee –

Mrs. Bettie Baker

VETERANS ADMINISTRATION
Compensation Form 531
Rev. Oct., 1931

File No. XC File 801
War Civil

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

We / I } Bettie Baker
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of 300 (Number) Sherman ave (Street) Lexington (City or town) Ky (State)

on oath depose and say that {we are / I am} the daughter (Relationship to deceased) or (Undertaker)

of / for } ~~80~~ Allen Ward ~~37~~
(Name of deceased)

(Rank)

(Organization) who died at Lexington, Ky.
(Place of death)

on the 14 of Sept., 1931 {before / after} discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 173.00

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by {this firm / me} for all services rendered as authorized by

(Name) (Relationship to deceased veteran)

of
(Number) (Street) (City or town) (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the Veterans Administration on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $ 80.00 (Insert amount paid by you) has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of $ Nothing
(If no payment has been received, insert word "Nothing")

received by me as reimbursement for burial and funeral expenses from
(Here state fully the source or sources from which reimbursement has been received by the person making claim)

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(1) (Name) X Bettie Baker (Signature of claimant)

(Address) By (Name of person who executes affidavit for Undertaking firm)

(2) (Name) (Official capacity)

(Address)

NOTE.—Signature made by mark must be witnessed by two persons to whom the person making affidavit is personally known, with the addresses of such witnesses shown.

STATE OF Kentucky }
COUNTY OF Fayette } ss:

Subscribed and sworn to before me this 19 day of March, 1937

[SEAL] Fred R. Baker
Notary Public.

No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be.

Bills should be stated on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

U. S. GOVERNMENT PRINTING OFFICE: 1931 15—242

VETERANS ADMINISTRATION
Compensation Form 521
Rev. Oct., 1931

File No. XC [illegible] File 801

War Civil

CLAIM FOR ALLOWANCE ON BURIAL EXPENSES

(All instructions printed on this Affidavit must be followed)

I, We } [illegible]
(Name of person who paid expenses or of Undertaker or Undertaking firm if expenses have not been paid)

of 300 [illegible] [illegible] [illegible]
(Number) (Street) (City or town) (State)

on oath depose and say that I am / we are } the [illegible]
(Relationship to deceased) or (Undertaker)

of / for } Allen Ward
(Name of deceased)

who died at [illegible]
(Place of death)

on the 14th of [illegible], 19[illegible] { before / after } discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 179.00

If claim is made by Undertaker, use this paragraph

That the foregoing amount is a correct and just charge made by { this firm / me } for all services rendered as authorized by

(Name)
of (Relationship to deceased veteran)
(Number) (Street) (City or town) (State)

and no payment for such services has been received by me except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the Veterans Administration on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

If claim is made by person who paid the expenses, use this paragraph

That of the foregoing amount $ 0.00 has been paid by me from my personal funds and no reimbursement of
(Insert amount paid by you)
any part of such payment made by me has been received, except in the total sum of $ None
(If no payment has been received, insert word "Nothing")
received by me as reimbursement for burial and funeral expenses from
(Name exactly the source from which
reimbursement has been received by the person making claim)

Wherefore claim is hereby made for such amount as may be allowed under existing law and regulations, the itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(1) [illegible]
(Name)
(Address)

(2) [illegible]
(Name)
(Address)

STATE OF [illegible]

COUNTY OF [illegible]

Subscribed and sworn to before me this 14th day of [illegible], 19[illegible]

[illegible]
Notary Public.

NOTE.—Signature mark must be witnessed by two persons who know the person making affidavit is personally known to them and the witnesses shown.

If affidavit is executed without seal of Notary Public, if the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be.

NOTE.—If claim is based on the business billhead of the Undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who received the money.

REIMBURSEMENT SUB-DIVISION, CLAIMS DIVISION
REIMBURSEMENT SECTION
RECEIVED
MAR 28 1932
COMPENSATION SERVICE
REFERRED TO

MAR 28 1932