Dear Patron:

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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 583,953

VETERAN Enoch King

RANK Corp.

SERVICE Co. F. 115, N. C. Vol. Inf.

CAN No. 12681

NUMBER NO. 27

Reproduced at the National Archives

11953
13.

Act June 27, 1890.

3—405.

PENSIONER DROPPED.

U. S. Pension Agency,

LOUISVILLE, KY.

APR 22 1901, 189

Certificate No. 583953

Class Invalid

Pensioner Enoch King

Soldier

Service F, 115th U.S.C. Vol. I

Finance Division
MAY 10 1901
BUREAU OF PENSIONS

Hon. Commissioner of Pensions:

SIR: I have the honor to report that the above-named pensioner who was last paid at $8., to 4th May, 1899,

A. & N. S. Death,
O. K.
June 26th, 1899

has been dropped because of

Date

Very respectfully,

Louis Cowan
Pension Agent.

Every name dropped to be thus reported at once.

7904b50m9-98

Reproduced at the National Archives

War Department,

RECORD AND PENSION DIVISION,

Washington, AUG 14 1889, 188

Respectfully returned to the Commissioner of Pensions.

Enoch King, a Corporal of Company F.,
115 Regiment U. S. C. I. Volunteers, was enrolled on the
3 day of September, 1864, at Bowling Green, Ky.,
for 3 years, and is reported: On roll from enlistment
to December 31, 1864, present, and so reported to
December 31, 1865. Mustered out with Co. at
Indianola, Texas, February 10, 1866.
L. D. The records furnish no evidence of disability.
Return for Jany. 1865 does not
show him absent.

By authority of the Secretary of War.

T. C. Ainsworth
Capt. and Assistant Surgeon, U. S. A.

Per

(2)

3—499

Reproduced at the National Archives

(3-060.)

L. Div.
M-P Ex'r.

Adjutant General's Office
RECEIVED
JUL 20 1889
ENLISTED
Volunteer Branch.

Department of the Interior,

BUREAU OF PENSIONS,

No. 707 054.
Enoch King
Co. F 115 N.Y.C. Inf

July 18, 1889

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 Enoch King who, it is claimed, enlisted Sept 3, 1864, and served as Pvt in Co. F, 115 Reg't N.Y.C. Inf; also in Co. [illegible] Co. B. Barthurst Commanding and was discharged at Indianola Texas, July 10, 1866

While serving in Co. F, 115 Reg't N.Y.C. Inf he was disabled by Rheumatism in Limbs and Back at Paris Ky June 1865

also

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

If Change of disease exists can it be reported.

Very respectfully,

James Tanner
Commissioner

The Adjutant General, U. S. Army.

(13502—75 M.) o 6-002.

108/19

L Division.

FIRST CALL

On Adjutant General, U. S. A.

87 Inv

Claim No. 707 854

Enoch King

G. F. 115. N.S.C. Inf

RECORD & PENSION OFFICE
1845497
WAR DEPARTMENT

12-9-99

3—464 aa.

Southern Div., S. P., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Decbr. 18 1899.

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history of the soldier with personal description and name of former owner.

SOUTH DIV.
DEC 20 1899
RECEIVED.

No other report on file.

Invd. Cf. No. 583,988.

Name, Enoch King.

Co. "F", 115th Reg't U.S.C. Vol. Infy.

Thos. Ward Commissioner.

0-4

Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, DEC 19 1899

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Enoch King
Co. F, 115 U.S.C. Inf.
the military records furnish the following in addition to report herewith: He was Enl. a private & promoted Corpl.
Name of owner David King.
Pers. Desc. follows:

Born	Logan Co. Ky
Age	30 yrs
Occup.	Farmer
Eyes	Black
Hair	Black
Comp.	Brown
Height	5 ft. 7 1/2 in.

The medical records show him treated as follows.

No record found.

RECEIVED
DEC 19 1899
U.S. PENSION OFFICE

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

Chief, Record and Pension Office.

Per

(323a-a)

Recommended for Compilation

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DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Kentucky County of Logan, ss.

On THIS 21st day of May, A. D. 1889 personally appeared before me, Clerk of the County Court a court of record within and for the County and State aforesaid, Enoch King aged 55 years a resident of the town of Russellville county of Logan State of Ky who, being duly sworn according to law, declares that he is the identical Enoch King who was ENROLLED on the 3rd day of Sept 1864, in Company F of the 115th Regiment of U.S.C.T. Inft commanded by S.B. Barthurst and was honorably DISCHARGED at Indianola Texas on the 10th day of Feb 1866 that his personal description is as follows: Age 55 years; Height 5 feet, 7½ inches; complexion brown; hair black; eyes black. That while a member of the organization aforesaid, in the service and in the line of his duty at Paris in the State of Ky on or about the month day of Jan. 1865 he took a severe cold which resulted in Rhaumatism of limbs & back which as He grows older he grows worse

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury the precise manner in which received.

That he was treated in hospitals as follows: Was treated by Regtl Surgeon.

Here state the name or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

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

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since the 11 day of Feb 1866, he has not been employed in the military or naval service. That since leaving the service this applicant has resided in the County of Logan in the State of Kentucky and his occupation has been that of a Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer That he is now greatly disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States

He hereby appoints, with full power of substitution and revocation, PATRICK O'FARRELL, of Washington, D. C., his true and lawful attorney to prosecute his claim. That he has not received or applied for a Pension. That his postoffice address is Russellville in the County of Logan and State of Ky.

Enoch × King
his mark
Claimant's Signature.

ATTEST: Henry Myers

J. W. Head.

(Two witnesses who can write sign here.)

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Also personally appeared Henry Myers, residing at Russellville Ky and J W Head, residing at Russellville 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 Enoch King, the claimant, ~~sign h. 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.

Henry Myers

J. W. Head.

Signatures of Witnesses.

SWORN to and subscribed before me this 21st day of May, A. D. 1889, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, ~~including~~ the ~~erased~~, words ~~and the words~~ ~~added~~; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Jno. G Orndorff Clerk

(Signature.)

Logan County Court

(Official character.)

NOTE.—This MUST NOT be executed before a Notary Public or Justice of the Peace.

INVALID CLAIM FOR PENSION.

ORIGINAL.

Enoch King, Applicant.

Co. F, 13th Regt. Ky. Vol. Cav.

Enlisted Sept 1 3 1864

Discharged Feb 16 1866

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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Please hand to a Comrade.

Declaration for Invalid Pension.

(Act of June 27, 1890.)

To be executed before a Clerk of a Court of Record or a Notary Public or Justice of the Peace having a Seal.

State of Kentucky, County of Logan, ss:

On this 31st day of May, A. D. one thousand eight hundred and ninety

personally appeared before me, a County Court Clerk in and for the county and State aforesaid, duly authorized to administer oaths, Enoch King aged 56 years, a resident of the _____ of _____, county of Logan, State of Kentucky, who being duly sworn according to law, declares that he is the identical Enoch King who was enrolled on the 3d day of September, 1864, in Corp. Co H 115 Reg U.S.C.Troops

(Here state rank, company and regiment in military service, or vessel, if in the navy.)

in the war of the rebellion, and served at least ninety days in the service of the United States, and was honorably discharged at Indianola Texas on the 10th day of February, 1866.

That he is partially unable to earn a support by manual labor, by reason of Severe Cold Contracted resulting in Rheumatism of limbs and back, also a roaring in head and deafness from Pneumonia

(Here state the name and nature of the disability.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has applied for pension under application No. 707054. That he is a pensioner under certificate No. _____

(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 U. S., under the provisions of the act of June 27, 1890. He hereby appoints PATRICK O'FARRELL, of Washington, D. C., his lawful attorney to prosecute his claim, and agrees to allow him a fee of ten dollars. His postoffice address is Russellville Logan Co. Ky.

Attest: Willis Harding

Wallace Browning

his
Enoch X King
mark

(Claimant's signature.)

This Blank is for the Exclusive use of CAPTAIN PATRICK O'FARRELL'S Clients.

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Also personally appeared Wallace Browning residing at Russellville Ky., and Willis Harding, residing at Logan 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 Enoch King 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 for 15 years and 16 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.

Wallace Browning
Willis Harding
(Signatures of witnesses.)

STATE OF Kentucky COUNTY OF Logan, ss:

Sworn to and subscribed before me this 31st day of July, A. D. 1890

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

L.S.

Jno. G. Orndorff Clerk
(Signature.)
Logan Co Court
(Official Character.)

Execution not good unless Seal is attached.

Act of June 27, 1890.
Soldier's Application.

Name Enoch King
Service Co. C. 11th Regt. Ky Vol
Address Russellville Logan Co. Ky
Date of reception AUG 7 1890

7/108

FILED BY
PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW,
Washington, D. C.

Reproduced at the National Archives

Act June 27, 1890.

3–402.

Certificate No. 583,953

Name, Enoch King

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.

Enoch King
Cave Spring
Logan Co Ky

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

Answer. No. Was married to Indiana Ogden

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

Answer. in 1852. While slaves afterwards got a Certificate from Court

Third. What record of marriage exists?

Answer. Being Last Lawfully married by Certificate dont Know whether there is any record

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. Never Married but once

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

Answer. Robert King. Born June 30th 1854 Enoch was born Nov 26th 1859
Hamie was born August 15th 1860 Annie was born Oct 13th 1863
Mathis was born May 8th 1865 Lucie was born July 9th 1871
Florida was born Sept 19th 1875 Jeff was born April 16 1877
Mattie was born Nov 1 1882

Enoch his x mark King
(Signature.)

Date of reply, May 4th, 1898

0-8

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DECLARATION FOR THE INCREASE FOR AN INVALID PENSION.

State of Kentucky County of Logan, ss.

On this 29th day of August, A. D. one thousand eight hundred and ~~eighty~~ ninety one personally appeared before me, a Deputy County Court Clerk within and for the County and State aforesaid, Enoch King, aged 58 years, a resident of the Town of Russellville, County of Logan State of Ky, who, being duly sworn according to law, declares that he is a pensioner of the United States, Certificate No. 283.953 enrolled at the Louisville Pension Agency at the rate of eight dollars per month, by reason of disability from Rheuma[Here name the disability for which pension was granted.] tism and disease of lungs incurred in the Military [Military or Naval] service of the United States while serving as Corp. [Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.] in Co. F. 115 Regiment (U.S. Colored Troops)

That he believes himself to be entitled to an increase of pension on account of the present rating being too low for the degree of his disability He claims that he should [Here give a plain statement of why you should have a higher rate of Pension.] have a higher rating for by reason of said disabilities he is greatly suffer greatly disabled for the performance of manual labor and as by reason Rheumatism his condition grows steadily worse. He therefore requests another examination so that he may be rated according to the degree of his disabilities, Not having been able to do a full days work for several months

He also claims additional pension for deafness formerly alleged

~~He also claims a re-rating, as the rate originally allowed him, was too low and not commensurate with the extent of his disability which has existed permanently since discharge.~~ He hereby appoints, with full powers of substitution and revocation,

PATRICK O'FARRELL, Attorney-at-Law, WASHINGTON, D. C.,

his true and lawful attorney to prosecute his claim.

His post office address is Russellville Logan Co. Ky
(State your address in full.)

Geo. T. Lyne

Henry P Lang

his
Enoch X King.
mark
(Claimant's Signature)

(If claimant sign by mark, two witnesses must sign here.)

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Also personally appeared Geo. T. Lyne, residing at Gordonsville Ky and Henry P. Long, residing at Russellville 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 Enoch King, 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.

Geo. T. Lyne

Henry P. Long

(If witnesses sign by mark, two persons who can write sign here.) *Signatures of Witnesses.*

SWORN to and subscribed before me this 29th day of August, A. D. 1891

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.]

Moty Gordon Clerk

(Signature.)

By Minor Morton D.C.

(Official character.)

Act of June 27, 1890.

INVALID.

:o:

CLAIM FOR INCREASE.

Enoch King, Applicant.

Co. Reg't.

Vols.

Pension Certificate No. 543 Pd 3

PENSION CERTIFICATE NOT REQUIRED.

PENSION BUREAU SEP 1891 U.S. OFFICE.

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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Finance Division.

Department of the Interior,

BUREAU OF PENSIONS,

Jan. 20, 1894.

Cert. No. 583,953.

Enoch King.

Respectfully referred

to Mr. Van Mater

Chief Bd. of Review Division

for consideration of

evidence herewith

in rebuttal.

W B Shaw Jr

Chief of Division.

12557 b—15 m

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PHYSICIAN'S AFFIDAVIT.

☞ **TAKE NOTICE.**—The affidavit should, if possible, be in the handwriting of the affiant: **the marginal instructions must be carefully observed before writing out the statement.** All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Kentucky **County of** Logan **, ss.**

In the pension claim No. _____

of Enoch King

late of Co F 115 Regt U.S.C Infty.
(Company and regiment or service, if in the army; or vessel and rank, if in the navy.)

Personally came before me, a Justice of the Peace in and for the aforesaid county and State, Kentucky, a citizen of Logan County whose Post Office address is Olmstead 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 a practising physician, and that he has been acquainted with said soldier for about four years, and that

Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

NOTES.

The Physician's affidavit must show the following facts:
1st. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as nature of his disability and dates of treatment.
2d. If he has treated soldier since discharge he should so state giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.
3d. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time, ⅛, ¼, ½, ⅝, ¾, ⅞ or entirely as the case may be.

I have been Enoch Kings physician since 1890- In regard to the double deafness I have to say that I treated him (as before stated) for eczema of the scalp + auricle- both ears were then 1890, and are now involved in the eczema- this is I think the cause of the increasing deafness- But the rheumatism is responsible for the physical disability- which I put at- fully 3/4

11 4

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He further declares that he has been a practitioner of medicine for 21 years, and that he has no interest direct or indirect, in the prosecution of this claim.

E. F. Brodie M. D.
(Affiant's signature. Give rank and service if in the army.)

Sworn to and subscribed before me this 9 day of December A. D. 1892 and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Miller
(Official Signature.)

L.S.

J. P. Logan Co
(Official Character.)

I, Jno. G. Orndorff Clerk of the County Court in and for the aforesaid County and State, do certify that W. H. Miller, who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of Peace 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 11th day of Dec 1893

L.S.

Jno. G. Orndorff Clerk
Clerk of the Logan County Court

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF PEACE. If before a JUSTICE OR NOTARY, then CLERK OF COUNTY COURT must add his certificate of character thereon, and not on a separate slip of paper.

Finance Division
JAN 20 1894
Bureau of Pensions.

Medical Evidence.

Affidavit of E. F. Brodie M.D. Chapmanville Ky

Claim of Lucinda Ferrell
No. 339,053
for Increase

PENSION OFFICE
DEC 26 1893

FILED BY
PATRICK O'FARRELL,
JAN 23 1894
ATTORNEY AND COUNSELOR-AT-LAW,
Washington, D. C.

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GENERAL AFFIDAVIT.

State of Kentucky, County of Logan, ss:

In the matter of Enoch King Co. F 115th Regt U.S.C Inft, C#583. 9573

ON THIS 3rd day of July, A. D. 1893, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, John Trabue aged 28 years, a resident of Gordensville in the County of Logan and State of Ky, whose postoffice address is Lewisburg Logan Co Ky, and Ben Mills aged 38 years, a resident of Olstead in the County of Logan and State of Kentucky whose postoffice address is Olstead, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

We have known Mr Enoch King all our life, and do under oath testify that he is a Christian gentleman and his deafness of both ears is not due to vicious habits, and from the severity of the case now, I believe it to be of a permanent character, I do further testify that he complains of a roaring in his head, and demonstrates signs of much annoyance from the same

NOTE.

State how long you have been acquainted with claimant. If you were acquainted with him at the time of his return from the army, state what his physical condition was. State the name of the disease he complained of, how it appeared to affect him, and what symptoms you observed of said disease when he complained.

If he has complained of suffering from said disease each year since then, while under your observation, state such fact, and in what manner he appeared to be affected by the disease or disability. It is not expected that neighbors or laymen can testify the same as physicians, but they should be able to testify to the symptoms they observed of the disease or disability from which he complained, and state to the best of their knowledge and belief the extent to which he has been disabled for performing manual labor by reason of the alleged disability.

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

James D Richards
C C Vaughn
[If Affiants sign by mark, two persons who can write sign here.]

John Trabue
B. H. Mills
[Signature of Affiants.]

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State of Kansas, County of Logan, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavits to said affiant, including the words _____ erased, and the words _____ added, and acquainted them with its contents before they 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 they is credible person.

Certificate verified
Pension dept

[L. S.]

W. M. O'Hara
[Official Signature.]

J. P.
[Official Character.]

Finance Division,
JAN 20 1894
Bureau of Pensions

ADDITIONAL EVIDENCE.

CLAIM OF
Amanda Kinney
Ev. 116,[illegible]

AFFIDAVIT OF
Orlan Goodknight
Mary Miller
Exr. & Adml. Pltf.

Ex. 3 Feb 93

BOARD OF EXAMINERS
JAN 23 1893
OFFICE OF

FILED BY
PATRICK O'FARRELL,
Attorney and Counselor-at-Law,
WASHINGTON, D. C.

Byron S. Adams, Printer, 512 Eleventh St.

Reproduced at the National Archives

(3–145 b.) Act 583953 Act of June 27, 1890.

Increase INVALID PENSION.

Claimant, Enoch Riney

P. O., Cane Spring
County, Logan
State, Ky

Rank, Corpl
Company, H
Regiment, 115, U.S.C. Vol Inf

Rate, $ ____ per month, commencing ____

Disabled by ____

RECOGNIZED ATTORNEY:

Name, Patk. O'Farrell
P. O., Washington D.C.

Fee $ 2, Agent to pay
Articles filed —, 189

APPROVALS:

Submitted for June 23, 1893
Approved for ____

____, 189 , ____, Legal Reviewer.

E. H. Ripley, Examiner.
Approved for ~~dropsy for~~ rheumatism and disease of lungs, ~~not~~ ~~to be~~ ~~rotably disabled thereby~~ ~~entitling a support~~ ~~from~~ ~~Pension Office~~ ~~under~~ act of June 27, 1890, ~~$~~ ~~per month~~ ~~from~~ ~~Pension Office~~ ~~under~~ act of June 27, 1890, No other disability. J.M.
Aug 23rd 1893, ____, Medical Referee. E.

Enlisted Sept 3, 1864 Honorably discharged Feb 10, 1866 Last paid to ____, at $ 8, for Rheumatism and disease of lungs —

____ Pension under other laws at $ —, for ____

____ ended ____

Original declaration, act June 27, 1890, filed Aug 7, 1890; alleged Rheumatism in limbs & back, roaring in head and deafness from Neuralgia.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Sept 1, 1891, alleges Rheumatism and disease of lungs and deafness,

By Mark no mo

0-4

11321 b—20 m

Oct 29/94 Rec'd evidence and Rec'd June 27/94

Reproduced at the National Archives

CLAIMANT'S AFFIDAVIT.

State of Kentucky County of Logan ss.

In the matter of Enoch King, Co. F 11th Regt U.S.C.T.
Cf. 383. 95-3

ON THIS 16" day of June A. D. 1893, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Enoch King aged 59 years, a resident of Cave Spring in the County of Logan and State of Ky. whose Post Office address is Cave Spring well known to me to be reputable and entitled to credit, and who, being duly sworn declared in relation to said case as follows:

I Enoch King do under oath Certify that I became deaf in both ears in the Spring of 1871.
And the same is not from or due to vicious habits and is certainly permanent Character,
He further testifies that he is unable to furnish Medical testimony since Dr R.B. King this his last family Physician died March 29/93.

C E Callier
Jas B King
[If Affiant sign by mark, two persons who can write sign here.]

his
Enoch X King
mark
(Signature of Affiant.)

Reproduced at the National Archives

61

State of Kentucky County of Logan 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 credible person.

Certificate on file in Pension Dept

W M Dunavant
[Official Signature]

J P Clk
[Official Character.]

I ..... Clerk of the County Court in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a ..... in and for said County and State, duly commissioned and sworn; and 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

[SEAL.] Clerk of the Court.

NOTE.—This should be sworn to before a **Clerk of Court, Notary Public,** or **Justice of the Peace.** If before a **Justice** or **Notary,** then **Clerk of County Court** must add his certificate of character hereon, and not on separate slip of paper.

ADDITIONAL EVIDENCE

CLAIM OF

Amanda Young
C. R. 115 Ky. Vol.

AFFIDAVIT OF

CLAIMANT.

Inv. & Rebld. 2
Cert. 45393

FILED BY

PATRICK O'FARRELL,

WASHINGTON, D. C.

Law Reporter Print.

Reproduced at the National Archives

(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, &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.

Increase Pension Claim No. 5-83953
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Enoch King, Rank, Corp.

Company F, 115 Reg't U.S.C. | Russellville, Ky. State,
[Post-office address of the Board.]

Claimant's post-office address.

Cane Springs, Ky. | Apr. 4th, 1894
[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: Rheumatism, disease of heart and lungs, and impaired hearing, both ears.

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

and that he receives a pension of Eight 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.

Just after the war I began to have Rheumatism and other trouble. My hearing has been bad four or five years.

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98½; height, 5 feet 7 inches; weight, 145 pounds; age, 63 years.

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

Nutrition fair, Muscles average, skin normal. Pulse rate, standing 80, after exercise 95 Action weak, No increase of dullness. Apex at 5th space. Expansion Rest 37, Expiration 36 Inspiration 38 No sign of disease of lungs. Crepitation in all joints of extremeties. Pain & Stiffness on motion of knee joints. No enlargement or atrophy

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.

With the left ear he hears ordinary tone not beyond two feet; no objective evidence of disease. The right ear fails to hear loud tone at six feet; no objective sign of disease. The test must well applied and should note at slight distance of in both ears.

No evidence of evil habits. No other trouble noticed.

T. O. Hale, Pres. W. R. Perry, Sec'y. J. B. Harrel, Treas.

May 2nd 94

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

(12474—100,000.) 6—552

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Continue record of examination here.

PENSION OFFICE U.S. MAY 21 1894

SURGEON'S CERTIFICATE

IN CASE OF

Green Hiatt

Co. E, 11th Reg't Ohio Cav

Applicant for Pension.

No. 288 283

DATE OF EXAMINATION:

April 4, 1894.

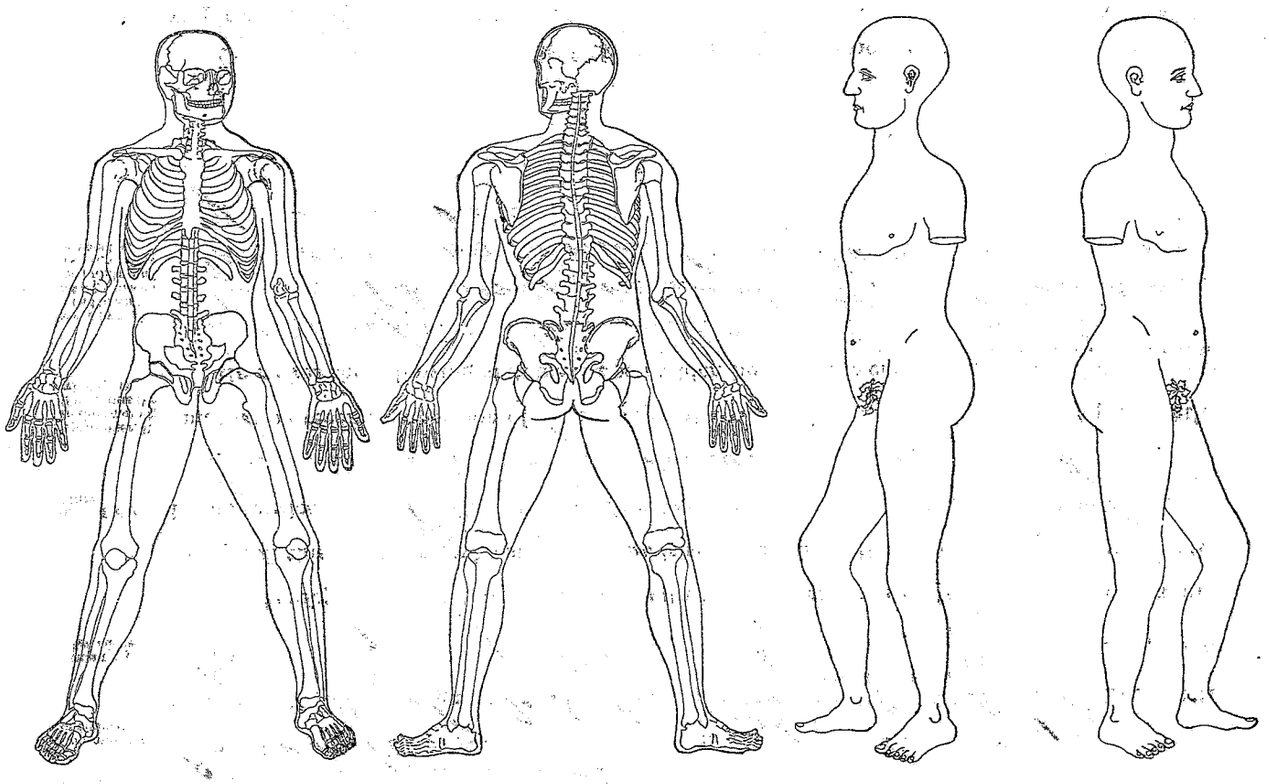
[illegible], Pres.,
[illegible], Sec'y,
[illegible], Treas.,
BOARD.

Post office, Lawrenceburg

County, Dearborn

State, Indiana

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



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

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

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3—146 b.

LAW: _____

Reissue to _____

Claimant, Enoch Kuig

P. O., _____ | Rank, Corpl

County, _____ | Company, F

State, _____ | Regiment, 115 U.S.C.V.

Rate, $_____ per month, commencing _____

ACT OF JUNE 27, 1890.

Revision under Departmental Decision of May 27, 1893, and Office Orders (No. 225) of June 9, 1893, and (No. 240) of August 26, 1893.

Respectfully referred to the Medical Referee for his opinion whether, under the above decisions, the pensioner is entitled to his present rate of $_____?

(Call attention to any pending claim for increase, former pension and rate under another law, or other essential fact.)

_____, 189__ _____, *Reviewer.*

_____, 189__ _____, *Medical Referee.*

NOTE.—If the present rate is continued on the above action, cut off the remainder of this blank at this point.

Reference for Notice of Reissue under another Law, Reduction, or Dropping.

Respectfully referred to the Chief of the Notification Section for legal notice to the pensioner that his pension under the above act will be _____

in accordance with the above opinion of the Medical Division _____
(If action is solely upon conclusive legal grounds, erase this clause and state legal grounds.)

_____, 189__ _____, *Reviewer.*

Final Medical Action after Legal Notice and Hearing.

Upon all the evidence now filed in the case the medical action taken Oct 1 25, 189 3, should be changed to continuance of $8 per month, cause of age

Sept 27, 189 4, Thos. Featherstonhaugh, *Medical Referee.*

Final Legal Action after Notice and Hearing.

Reproduced at the National Archives

MEDICAL TESTIMONY.

Doctor's name and Post Office address.

State of Kentucky, County of Logan, SS:

E. F. Brodie M.D. whose Post Office is Olmstead,

County of Logan State of Kentucky

and whose age is now 48 years, being first duly sworn, says that he is a regular practicing physician of 21 years standing, and that he gave medical advice and treatment to Enoch King late a Corporal of Company "F" of the 11th Regiment of Col, Ky. Infty Vol's., as follows:

DIRECTIONS

Doctor: Please state when (the year at least) you first treated the soldier, what you treated him for and how many years thereafter you continued to treat him and give him medical advice, giving a full medical history of his disease and its progress, whether he has grown better or any worse. If at all possible, give date and duration of all treatment administered; your books will help you. If the case appears to have been one of long standing, and chronic, say so, if his disease has been aggravated by intemperate or other bad habits, so state. If you have treated him for more than one disease, please follow these instructions for each and particularly, doctor, give your opinion as to the degree of extent (¼, ½, ¾, etc.) in which he has been disabled for labor during your knowledge of his case

I first treated Enoch King in Sept- for Rheumatism since that time I have frequently prescribed for him on account of a "diurria" caused by prostatic enlargement due to age- I know his disability is on the increase because he is not able financially to have Dr Rhea properly treated for this reason and because of his growing age he is becoming less and less able to perform manual labor- I would put his present disability at ⅔ fully-

I further swear that I am not interested in this claim for pension.

E. F. Brodie M. D.
Affiant's Signature.

If ever in the service, give rank.

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STATE OF Kentucky, COUNTY OF Logan, SS.

Sworn to and subscribed before me this 13th day of November 1893, by the above named affiant; and I certify that said affiant is the person he represents himself to be, and is a physician in good standing and a credible witness.

I further certify that I am nowise interested in said case, nor am I concerned in its prosecution.

Jno. G. Orndorff, Clerk,
Official Signature.
Logan County Court.
By W. J. Stovall, D.C.
Official Character.

[L. S.]

I, ... Clerk of the County Court in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing 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 thereto is genuine.

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

.....

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

NOTE.—This may be executed before any officer authorized to administer oaths for general purpose. PROVIDED he uses a seal impress on this paper, or has a certificate of official character on file in the Pension Office. If he has no seal or certificate of official character on file in the Pension Office then the certificate of Clerk of Court should be attached.

MEDICAL TESTIMONY.

IN CLAIM OF

Geo. W. Mann

Co. A, 1st Ky. H. A. Vol. Inf.

FOR

Increase

Affidavit of

J. H. Broadus, M. D.

Filed Nov 23 1893

PENSION BUREAU

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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BOARD OF REVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Sept 28, 1893

Cert. No. 5-83.953.

Pensioner, Enoch King

Co. F 115 Regt. U.S.C. Vol Inf

Act of June 27, 1890.

Respectfully referred to the Chief of the Finance Division for ~~suspension~~ notice of reduction to

per month,

~~subject to the usual legal notice,~~ in accordance with the opinion of the Medical Division rendered under the decision of the Secretary of May 27, 1893, and order (No. 225) dated June 9, 1893. and order No. 240, of Aug. 26. 1893.

W. W. Rowell

Reviewer.

, 189

Legal notice and hearing having been given the pensioner the decision to

the pension in accordance with the opinion above referred to is

Reviewer.

11634 b—10 m

Finance Division
OCT 19 1893
Suspension Section.

Reproduced at the National Archives

Board of Revision,
Sept 15th 1893,

Cert No. 583953
Pensioner E. King
Co. F 115 Regt U.S.C.I.

Respectfully referred to Dr Gentsch, Asst Medical Referee. Before taking final action in this case I submit it for final review as to the allowance of a rate.

J. H. [illegible]

Chief Bd. of Revision.

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(3–526.)

Bd. of Rev. Division.

Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C., Mar 7, 1891

No. Claim, 707,054

Cert. No.

Claimant,

Soldier, Enoch Laing

Co. F, 115 Reg't N.Y. Vol. Inf.

Respectfully returned to the Chief Bd. Rev.

The claimant having been ordered recently to appear for medical examination the claim should be held in the Div. until the list of examinations has been received in order that no injustice may be done him

Hamlin
Rev

Chief of Division.

0–5

3580 b—50 m

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M.W.

(3—536.)

July 5, 1883.

No. 583953

Claimant, Enoch King

Soldier,

F Co. 115 Reg't U.S.C. Vol. Inf

Respectfully referred to Medical Referee, with the request that he state whether claimant is entitled to a rating for "deafness"

Is he entitled to amount now receiving for rheu[illegible] and disease of lungs. Please state action on lungs.

Fisher

APP'D No. 3.

[illegible] Chief Board Review.

Chief ____ Division

(1852—25 M.) 6—096

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[3—216 a.]

Stine Ex'r.

Orig No. 707054

Act of June 27, 1890.

Enoch King

P. O. Russellville

Logan Co. Ky.

Service: H. 115 USC Inf Corp

Enlisted: 3 Sept, 1864.

Discharged: 10 Feb, 1866

Application filed: 7 Aug, 1890

Alleges:

Any other Claim filed: 707054

Numerical No. 286723

Attorney: Patrick O'Farrell

P. O. City

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

3

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(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, &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.

Increase Pension Claim No. 583,953
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Enoch Riley, Rank, Corpl

Company "F", 11th Reg't Ohio V.I. | Boarding Gruen, State,
[Post-office address of the Board.]

Claimant's post-office address.

Cedar Springs Ohio | Feby 15th, 1893
[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: Rheumatism, Increase of Lungs and Weakness

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

and that he receives a pension of Ex Sist 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.

Increase of disabilities

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 17; temperature, 98; height, 5 feet 8 inches; weight, 135 pounds; age, 52 years. General physical appearance is only fair and by his age-

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

Impure pasty Stiffness of both Shoulders with Crepitus, Slight Stiffness and Crepitus both Knees and Claims pain in Right hip and over Course of Sciatic Nerve. No Contraction or Enlargement or Atrophy. All other joints Sign Join Condition varying from Eighteenths Heart Normal in Rate Rhythm and Force and no Murmurs—

No evidence of disease of Lungs consolidation Murmurs clear and distinct over both Lungs no dullness no Rales, no rattling. The only evidence of disease of Air passages in Chronic Pharyngitis Pharyngy and also past Nares. Eustachian tubes occluded, Deafness both ears. Vision in Left only Impaired, ordinary Sight. He is, in our opinion, entitled to a 4/8

Rate for EACH cause of disability.

rating for the disability caused by Rheumatism & Do for that caused by Disease of Lungs and 15/30 for that caused by Slight Deafness both ears

Wm. H. Hiett, Pres. A. B. Thurman, Sec'y. Thos. B. Wright, Treas.

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

(7567—200,000.) 6—552

Reproduced at the National Archives

Continue record of examination here.

Concussion left ear at Vera Just night ear at Jones Just. Is susceptible chronic of structure or specimen difficult to larynx at dry rasp. rating 10/30. Ten thirtieths of degree disability proved to exist.

PENSION OFFICE
MAR 6 1893

SURGEON'S CERTIFICATE

IN CASE OF

Enoch Hunt

"A," 115th Reg't Penn'a Vol.

Co. A,

Applicant for Increase

No. 583,953

DATE OF EXAMINATION:

July 15th, 1892.

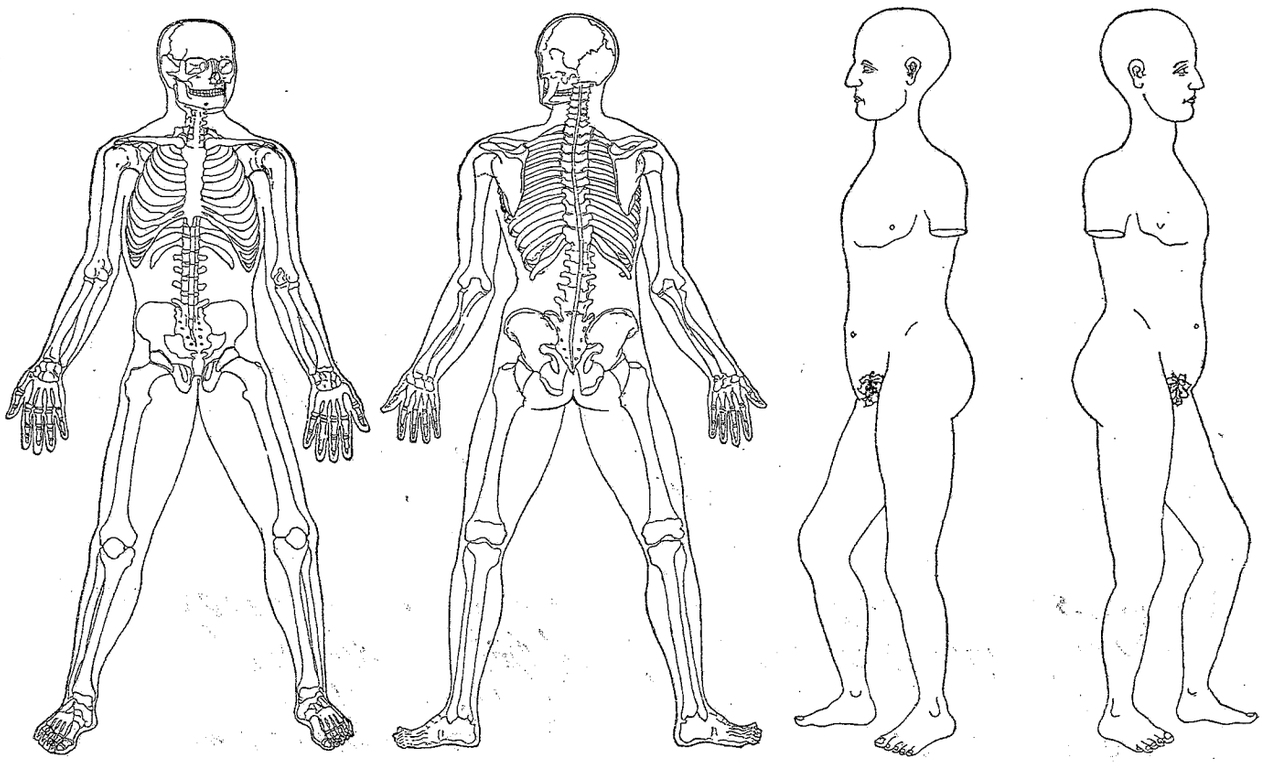
Geo. H. White, Pres., } BOARD.
Wm. [illegible] Sec'y.
[illegible] Treas.

Post office, Brookville

County, Jefferson

State, Pa.

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



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

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

Reproduced at the National Archives

(3—111.)

☞ 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. 707054
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Enoch Berry, Rank, Private

Company A, 113 Reg't Ill Vol Inf | Russellville Ky State,
[Post-office address of the Board.]

Claimant's post-office address.

Bear Spring Logan Co Ky | March 25, 1891.
[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: Rheumatism in limbs & back Also wearing in head & deafness from neuralgia

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.

Had Rheumatism during the war, and suffered with pain in heart
Also the man have been of bad health since

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 46; temperature, 99; height, 5 feet 7½ inches; weight, 140 pounds; age, 56 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889.

Nutrition but fair, muscles small Skin dry - Apparent age greater than real
Chest expansion - inspiration 33 - expiration 32
Respiration too frequent & shortened right lung during most work
A Cavity in lower part of apex left lung
~~Lung~~ Hearing fair - No evidence of neuralgia
Throat red & congested - Areus Senile both Eyes
No other disability found
No signs of bad habits
Conditions may have resulted from exposure during army service

Examined Mustering

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 18 rating for the disability caused by Disease of Lungs, _____ for that caused by _____, and _____ for that caused by _____

Absent, Pres. M M Berry, Sec'y J. L. Sammons, Treas.

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

(632— M.) 6—552

Reproduced at the National Archives

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Frank Hines late Co. D, 115th Reg't Ohio Vol.

Applicant for Pension

No. 707054

DATE OF EXAMINATION:

March 26, 1891.

Albert Pres.,
Geo. Perry Sec'y,
J. L. Simmons Treas.,
} BOARD.

Post office, Mansfield

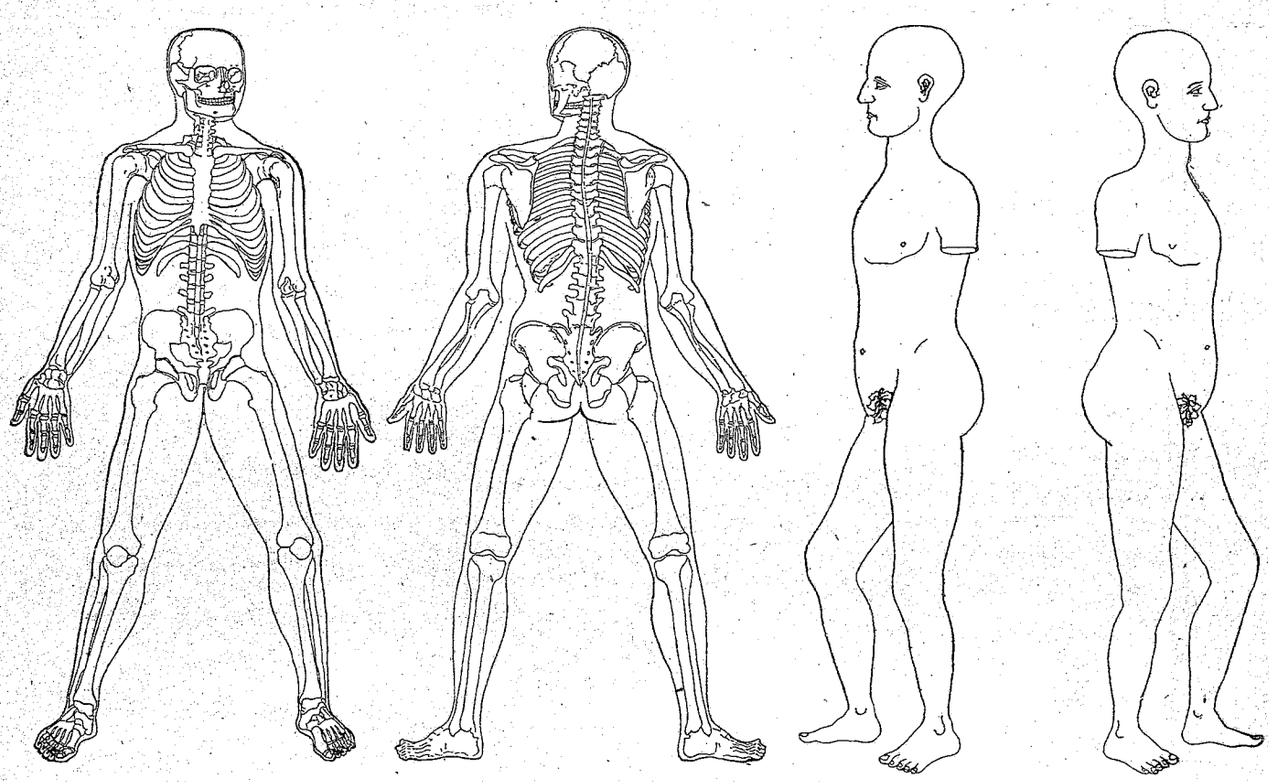
County, Seneca

State, Ohio

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

Myers

PENSION OFFICE APR 1 1891



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.*]

c—552

Reproduced at the National Archives

☞ 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. 707057

Name and rank of claimant. Enoch Kirby, Rank, Corpl

Company F, 115 Reg't Ky V | Boarding Ground (Post office address of the Board.) State,

Claimant's post office address. Russellville Ky | August 28th (Date of examination.), 1889.

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. Rheumatism on Limbs & Back

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

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

Pulse rate per minute, 78; respiration, 17; temperature, 98; height, 5 feet 6½ inches; weight, 145 pounds; age, 54 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. Contracted Rheumatism at Paris Ky in 1864

Upon examination we find the following objective conditions: General appearance pain. Complains of Pain in Back Shoulders and Knees. Some Stiffness of Shoulders with Crepitation on motion of Joints but no Swelling or Atrophy. Suffers pain and Tenderness on pressure over Lumbar region and Just over crest of Illium Portion portion of Left Side Stiffness of Knees and Hands fingers acting of Heart normal No Hypertrophy or abnormal Sounds

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.

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, ——— 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 6/18 rating for the disability caused by Chronic Rheumatism for that caused by ———, and ——— caused by ———

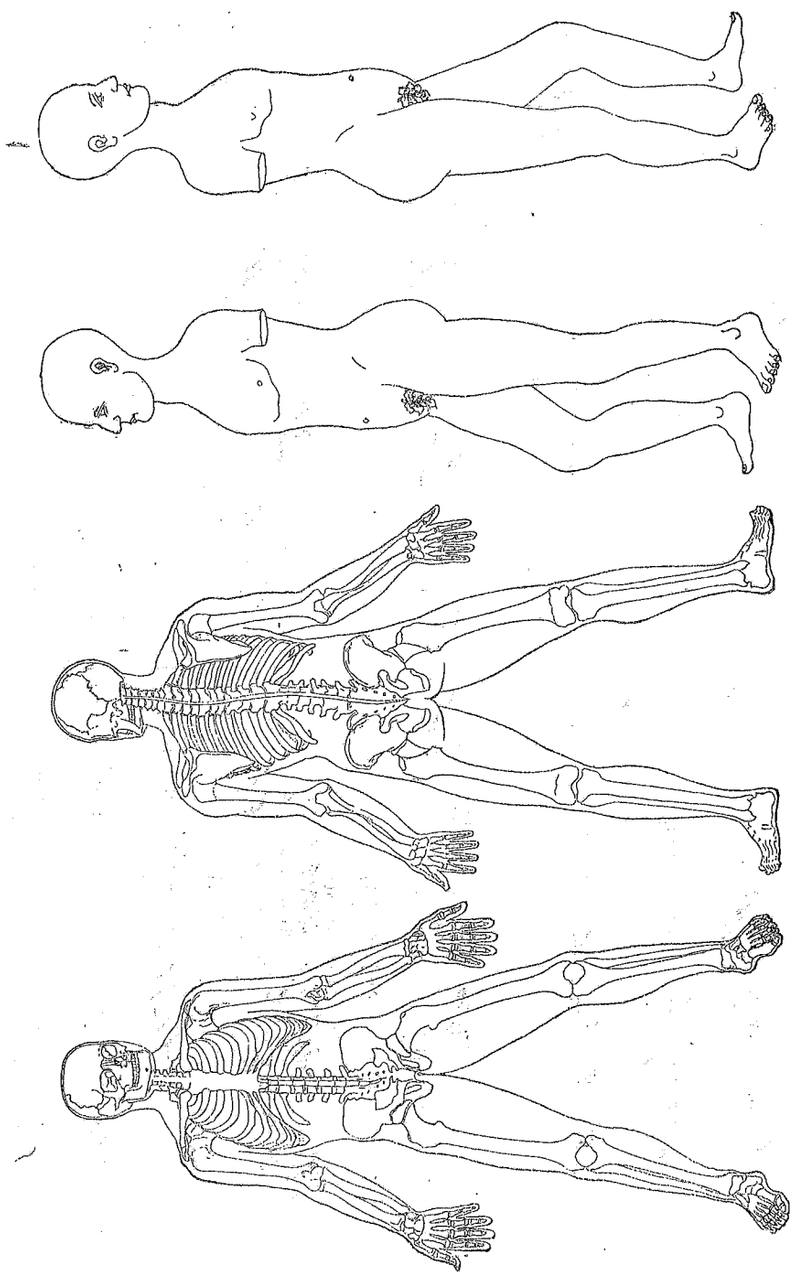
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

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

J L Taylor, Pres. W B Johnson, Sec'y. H. McCown, Treas.

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

(12695—100,000.) 6—427



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.

PENSION BUREAU OFFICE

SURGEON'S CERTIFICATE

IN CASE OF

Enoch King

Co. H, 115 Reg't Ill. Vol.

Applicant for original

No. 707,054

DATE OF EXAMINATION:

August 28th, 1889.

J. L. Taylor, Pres.,
J. M. Wilson, Sec'y,
H. H. Coburn Jr., Treas.,
} BOARD.

Post office, Bowling Green

County, Pike Co

State, Ky

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

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

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GENERAL AFFIDAVIT.

State of Kentucky, County of Logan, ss.

In the matter of Inv. Pension No. 707054. of Enoch King Corp. Co. F 115 Reg. U.S.C. Troops. * 707.054

ON THIS 7 day of May, A. D. 1890, personally appeared before me, a a County Court Clerk in and for the aforesaid County, duly authorized to administer oaths, Daniel Long aged 57 years, a resident in the County of Logan and State of Ky. whose postoffice address is Olmstead Ky., and Abraham Bibb aged 66 years, a resident in the County of Logan and State of Ky. whose postoffice address is Gordensville Ky. well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

We have known Enoch King for more than Forty years. That in 1866. the time said King returned from the war. he was suffering by reason of Rheumatism, and from my opinion he has been disabled fully one half from performing manual labor each and every year since, by reason of said disability. The said King has, during the above stated time, complained of pains and stiffness in his joints and limbs and often walks lame. Affiants further state that our means of knowing these facts to which we testify are that we have lived in the neighborhood to said King. seeing him frequently during the above period, and furthermore we have often worked with him, and talked with said King about his disabilities. He grows worse every year & recently he is unable to do anything.

NOTE.

State how long you have been acquainted with claimant. If you were acquainted with him at the time of his return from the army. State what his physical condition was. State the name of the disease he complained of, how it appeared to affect him, and what symptoms you observed of said disease when he complained.

If he has complained of suffering from said disease each year since then, while under your observation, state such fact, and in what manner he appeared to be affected by the disease or disability. It is not expected that neighbors or laymen can testify the same as physicians, but they should be able to testify to the symptoms they observed of the disease or disability from which he complained, and state to the best of their knowledge and belief the extent to which he has been disabled for performing manual labor, by reasons of the alleged disability.

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

W. P. Morris

J. C. Watson

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

Daniel His X Long mark

Abraham His X Bibb mark

[Signature of Affiants.]

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STATE OF Kentucky COUNTY OF Logan, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavits to said affiant , including the words ~~erased~~, and the words ~~added~~, and acquainted them with its contents before they 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 are personally known to me and that they credible person.

Jno. G. Orendorff Clerk
(Official Signature.)

Logan County Court
(Official Character.)

[L. S.]

ADDITIONAL EVIDENCE.

CLAIM OF
O'Dea
Co. K. 115th Regt.
U.S. Col'd Inft.

AFFIDAVIT OF
Dr. Ball
Dr. 1864

PENSION OFFICE JUL 11 1890

FILED BY
PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW,
WASHINGTON, D. C.

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PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence, then two of the soldier's comrades should testify

State of Kentucky, County of Logan, ss.

ON THIS 9 day of September A. D. 1887, personally appeared before me a County Court Clerk in and for the aforesaid county, duly authorized to administer oaths Peter G Arnold aged 52 years, a resident of Russellville in the county of Logan and State of Kentucky and ..... aged ..... years, a resident of ..... in the county of ..... and State of ..... who being duly sworn according to law, state that he is acquainted with Enoch King applicant for Invalid Pension, and know the said Enoch King to be the identical person of that name who enlisted or volunteered as a Serg't in Company F 115 Regiment of U. S. C. Troops vols., and who was discharged [Died or was discharged.] at Indianapolis Ind on or about the 10 day of Feb 1866 by reason of Service needed no longer

[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said Enoch King while in the line of his duty, at or near Paris in the State of Ky. did, on or about the ..... day of Dec 1864, become disabled in the following manner, viz:

While he was on duty guarding

[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.]

bridges & trussels near the above named place Contracted Severe Cold standing in the rain & sleet which resulted in Rheumatism in back and limbs

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, and to the best of your recollection about what time the disability was contracted.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.

That the facts stated are personally known to the affiant by reason of serving in the

[Here state whether the affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.]

same Company and personally seeing him Every day.

State your source of information, whether present at time and an eye witness to the facts related.

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And deponent further state that he is well acquainted with the claimant, having known him for at least 45 or 46 yrs and further, that My knowledge of the facts above stated are derived from said acquaintance, and from having served as Corp (Mention Rank) of Company F of the 116 Regiment of U.S.C.T. volunteers, from the 6th day of Sept. 1864 to the 10th day of Feb'y 1866. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that He is totally disinterested in this claim.

Post Office address of affiant is Russellville Ky

A.C. Harris

John D. Jordan

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

his
Peter X Arnold
mark
(Signature of Affiants.)

STATE OF Kentucky COUNTY OF Logan ss.

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , ~~including the words~~ erased, and the words added, and acquainted 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.

Jno. G Orndorff Clerk
(Official Signature.)

Logan County Court
(Official Character.)

[L. S.]

ADDITIONAL EVIDENCE.

Proof of Disability.

CLAIM OF

Enoch Riley

No. 17 Reg't. Co. F U.S.C.T. Vols.

FOR Pension.

RECEIVED OCT 1 1890 PENSION OFFICE

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence, then two of the soldier's comrades should testify.

State of Kentucky, County of Logan, ss.

ON THIS 10th day of August A. D. 1897: personally appeared before me a County Court Clerk in and for the aforesaid county, duly authorized to administer oaths Solomon Gatewood aged 54 years, a resident of Russellville in the county of Logan and State of Ky and aged years, a resident of in the county of and State of who being duly sworn according to law, state that I am acquainted with Enoch King applicant for Invalid Pension, and know the said Enoch King to be the identical person of that name who enlisted or volunteered as a Sergt in Company F 115 Regiment of U. S. C. Troops vols., and who was discharged. [Died or was discharged.] at Indianola Texas on or about the 10 day of Feb 1866 by reason of service needed no longer [Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said Enoch King while in the line of his duty, at or near Paris in the State of Ky did, on or about the day of Dec 1864, become disabled in the following manner, viz: from cold contracted while on picket [Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.] guarding bridges Trussells near the above named place he was taken sick with a severe cold that resulted in Rheumatism in back & limbs

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, and to the best of your recollection about what time the disability was contracted.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.

That the facts stated are personally known to the affiant by reason of being in the Same [Here state whether the affiant was with the command Company & personally seeing him at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.]

State your source of information, whether present at time and an eye witness to the facts related.

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And deponent further state that he is well acquainted with the claimant, having known him for at least More than 40 yrs and further, that My knowledge of the facts above stated are derived from said acquaintance, and from having served as Priv't (Mention Rank) of Company F of the 115 Regiment of U.S.C. Troops volunteers, from the 2nd day of Sept, 1864 to the 10th day of Feb'y, 1866. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that I am totally disinterested in this claim.

Post Office address of affiant is Russellville Ky,

Henry Myers — John M. Gaitwood

Henry Morton — Solamon Gaitwood his mark

(If affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

STATE OF Kentucky COUNTY OF Logan ss

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , ~~including~~ the words erased, and the words added, and acquainted 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.

Wm. G. Arnold Clerk
(Official Signature.)
Logan County Court.
(Official Character.)

[L. S.]

PENSION OFFICE OCT 4 1889

ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

CLAIM OF Soldier's Heirs

No. 9 1 2 1 5 4

Co. F 115 Reg't U.S.C.T. Vols.

FOR Orig'l Pension.

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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ORIGINAL.

HISTORY OF CLAIMANT'S DISABILITY.

State of Kentucky, County of Logan, ss:

In the matter of the original invalid pension claim No. 707054 of Enoch King Corp. of Co. G 115th U.S.Col.Infty. Vols.

ON THIS 8th day of July, A. D. 1889, personally appeared before me, a County Clerk in and for the aforesaid County, duly authorized to administer oaths, Enoch King aged 55 years, a resident of town of Russellville in the County of Logan and 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: My postoffice address is Russellville Logan Co, Ky. (Give present address in full.)

Since my discharge from said service about the 10th day of Feb. 1866, I have resided in County of Logan, State of Ky. and no where else (Give the name of each place with date of any change of residence.)

and that my occupation has been that of a Farmer

I further state that the disability for which a pension is claimed arises from Rheumatism of limbs & back resulting from a severe cold

which was contracted Jan 1863 at Paris Ky. (Here state the time, place and all the circumstances under which the disability for which pension is claimed originated.)

while in line of duty

NOTE.

Give a full description of your disabilities, and state the name and number of the hospitals in which you were treated. If you remember you should give the name of the doctors that treated you. Give the best possible description of the hospital, state whether it was a regimental, brigade, division, corps or general hospital and whether it was a tent, or a frame, brick or stone building and where located, state the dates of treatment as near as you recollect; by this means your record may be traced in the Surgeon General's Office.

I received hospital treatment in service as follows: By Regtl. Surgeon whose name I am unable to state or give any account of whatever.

From my said discharge to present time I have received the following medical treatment for said disease:

Dr Marrian Bailey of Logan Co. treated me from the first year of my discharge in 1866 up until he died in 1884 after he died Dr Richard King of Logan Co Ky. near Furgerson Station has waited on me up until the present time (Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased so state.)

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And during all the said time my physical condition and abililty to perform manual labor has been as follows:

For more than Two years after my discharge
(State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for
I was totally disabled to do anything and
what period or periods giving dates as nearly as possible you have been prevented from following your usual occupation.
could not walk on the account of my back
since then I have been disabled
at intervals and at no time have
I been able to make more than a
half hand

NOTE. State how you are affected by the disabilities upon which you claim a pension and the extent to which you are disabled from performing manual labor thereby.

J. H. Ealy
W. C. Pearson
(Two witnesses who can write sign here)

Enock His X King
mark
(Signature of Claimant.)

STATE OF Kentucky COUNTY OF Logan ss

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , ~~including the words~~ erased, and the words added, and acquainted 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.

[L. S.]

Jno. G. Orndorff Clerk
(Official Signature.)
Logan County Court
(Official Character.)

HISTORY OF CLAIMANT'S DISABILITY.

No. 701,754.

CLAIM OF

Enock King
Co. F, 7th U. S. Col'd Inf.

FOR

Original Pension

FILED BY

PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW,
WASHINGTON, D. C.

RECEIVED
PENSION OFFICE
NOV 15 1899

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INABILITY AFFIDAVIT.

To be executed only by the Claimant

State of Kentucky County of Logan, ss.

In the matter of Original Invalid Pension Claim, No 707,054, of Enoch King Co. F 115 Reg. U.S.C.T. Troops

ON THIS 24 day of July, A. D. 1889, personally appeared before me, a County Court Clerk in and for the aforesaid County, duly authorized to administer oaths, Enoch King, a resident ~~of~~ in the County of Logan, and State of Kentucky, whose Post Office address is Russellville Ky, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That he is unable to comply with the requirements of the Pension Office as to Medical Treatment since the death of Dr Merian Bailey & Dr Risk

for the reason that Dr Richard King refuses to give me his affidavit on the grounds that ~~D~~ he has not been attending on me long enough back to do me any good, I am unable to find a Commissioned Officer or First Sergeant of my company, hence I furnish Two Comrades

That he is unable to prove his condition from date of discharge up to the year 1889 by medical testimony for the reason that set forth above

He respectfully requests that the testimony of Two Comrades be accepted in lieu of Commission Officers & 1st Sergeant

Henry Ulyes

Edward Davis

[If affiant's sign by mark, two persons who can write sign here.]

his
Enoch X King
mark
(Signature of affiant.)

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STATE OF Kentucky COUNTY OF Logan ss.

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words ~~erased~~, and the words ~~added~~, and acquainted 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.~~

John Dudley C.L.O.C.C.
(Official Signature,)

By W. J. Lunan D.C.
(Official Character,)

[L. S.]

INABILITY AFFIDAVIT.

ADDITIONAL EVIDENCE.

AFFIDAVIT OF CLAIMANT.

Cavalry Co. G 115th Ky. U.S.A.

No. 710054

RECEIVED BY PENSION OFFICE OCT. 4 1889

PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW,
WASHINGTON, D. C.

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INABILITY AFFIDAVIT.

To be executed only by the Claimant

State of Kentucky County of Logan, ss.

In the matter of Enock King Pension Claim, No 70,054, of

115th Reg't Co. F. U.S.C.T.

ON THIS 24 day of March, A. D. 1891, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Enock King, a resident of Russellville, in the County Logan, and State of Ky., whose Post Office address is Russellville, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That he is unable to comply with the requirements of the Pension Office as to furnishing Surgeons or Commissioned Officers

for the reason that Dr Walker did not attend Com me and I have no knowledge where any Commissioned Officers are

That he is unable to prove his condition from date of discharge up to the year by medical testimony for the reason that Had been here to fore stated

He respectfully requests that the testimony of Comrades be accepted in lieu of Surgeons and Commissioned Officers

Otis Howard

C C Vaughan

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

his
Enock X King
mark

(Signature of affiant.)

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STATE OF Kentucky COUNTY OF Logan ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words erased, and the words added, and acquainted 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 credible person.

Certificate of officer's character on file in Pension Office

[L. S.]

W. M. Newman
(Official Signature.)

J. P.
(Official Character.)

PENSION OFFICE APR 1891

PENSION OFFICE APR 1891

INABILITY AFFIDAVIT.

ADDITIONAL EVIDENCE.

AFFIDAVIT OF CLAIMANT.

Cynthia Long
E- 115 Ky. C. Inf.

No. 401,054

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

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(3–145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION. C & R.

583953 Louisville

Claimant, Enoch King

P. O., Russellville

County, Logan

State of Kentucky

Rank, Corporal

Company, F.

Regiment, 11th U. S. C. Vol. Inf.

Rate, $ 8, per month, commencing August 7, 1890.

Disabled by Rheumatism & Dis. of lungs

RECOGNIZED ATTORNEY.

Name, Patrick O'Farrell

P. O., Washington D.C.

Fee, $ 10 00 Agent to pay.

Articles filed, (None), 189

APPROVALS.

Re

Submitted for Admission, Feb 24 1891, May 4 1891 L. B. Stivers, Examiner.

Approved for Admission

Approved for Rheumatism and Disease of lungs $8.00 Total catab disability O.E.

Reamey Logan
Legal Reviewer.

Medical Referee.

May 9, 1891

May 12, 1891

not now pensioned under other laws. Last paid to ____, 18__, at $____

Pensioned from ____, 18__, at $____, for ____

SERVICE SHOWN BY RECORD.

Enlisted September 3, 1864, and honorably discharged Feb 10, 1866

Re-enlisted ____, 18__, ____ honorably discharged ____, 18__

Declaration filed August 7, 1890, alleges permanent disability, not due to vicious habits, from Rheumatism in limbs and back also roaring in head and deafness from neuralgia

Claimant does not write. No. M. C.

2447 b–100 m

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Dec 18/99, A.G. Report calls for full history, pers. descriptn & name of former owner. EB

[3—216.]

M. J. Gill Ex'r. INVALID.

No. 707054

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

Jany 19/1900 - Atty O'Farrell for test as to origin of Rheumatism service, test of arrest & gaitway on file not accepted, as correspondence fails to elicit reply EB

Enoch King

P. O. Russellville

Logan Co., Ky.

Service: Co. F, 115th U.S.C.I.

Enlisted: Sept. 3, 1864

Discharged: Feb. 10, 1866

W.

Application filed: May 31, 1889

Alleges: Rheumatism of back

Re-enlisted: 1/8/100

Attorney: Patrick O'Farrell

P. O. Washington D.C.

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(16252—6,000.)

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June 27/89 Ass't. P

Md. July 21 89. + 2

Va. Oct 6 '79

W. Va. Ad. Med Exr Bd

Bowling Green. Ky.

N. C.

S. C.

Fla.

Ga.

Ala.

Miss.

La.

Tex.

Ky.

Tenn.

Mo.

Ark.

D. C.

U. S. C. T.

APR 26 1892

Claimant notified through
Hon Andrew Kirby
that claim has been allowed under Act of [illegible], 1890; and that claim under old law will receive consideration, when reached in its order.

H. E. R.

Oct 29/94. Ass't

Jactwood

Correspondence

with Attorneys

Jactwood.

Mr Stubbs

Attorneys

Correspondence with

Attorneys

Correspondence

Stubbs

W. O.

Board of Review. 1891

Reproduced at the National Archives

May 22 1891 Cert. date of death JMK

DROPPED

April 22 1891

death JMK

(3–230.)

INVALID. (Series)

Cert. No. 583953

Name, Enoch King

Rank, Corp. ; Service, Co. F. 115 Ill. C. Vol. Inf.

Agency

Original Roll: Louisville

Transf'd , 18 , to

" , 18 , to

Issued May 23, 1891

Mailed , 18

Rate and Period, $ 8 , from Aug. 7, 1890

Deductions:

Disability: Rheumatism + dis. of lungs

Class D Issue Entered

Board of Revision. Active & complete

Examining Surgeon

Issued , 18

Mailed , 18

Rate and Period, $, from , 18

DEAD.

Deductions:

Disability:

Class Issue Entered

Reproduced at the National Archives

Issued, ..., 18

Mailed ....., 18

Rate and Period, $....., from ....., 18

Deductions: .....

Disability: .....

Issued ....., 18

Mailed ....., 18

Rate and Period, $....., from ....., 18

Deductions: .....

Disability: .....

INDORSEMENTS.

Jan 7 8 1891 - P.A. Pension Ctf
Name corrected on Ctf from
C K E S.
Feb 20 1892 Co Name to Pensioner
Address to C Co. 2 C A K
17/94, Ctf. Ord. Boc
Shelbyville, Ky.
2/94 Pension Not date will
continued at $8. 1/94