

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 698,132

VETERAN Francis Izard

RANK Priv.

SERVICE Co. F, 34 U.S.C. Vol. Inf

CAN No. 14744

BUNDLE NO. 19

Inspected by Atty. J. P. [Signature]

Attorneys' Room.

Dec 9/95

July 13/7729 Soul
of Paris in four of
Rye in June 27/724

Reports of examining surgeons

inspected by Acty

Attorneys' Room.

Henry Douse
Attorneys' Room.
of Mich 4/96

July 30, 1897 Cause of drop
put his name explained
to pens & adv that no further
payments can be made in ca
MK

Feb 24 - 99
Claimant - George
Data W 4 p

DRAPPED

MAY 1906

190

Dead. And. adv.

MAY 7 1906

CILLEY.

(3-230.)

Act June 27, 1890.

INVALID. (Series.....)

Cert. No. **698132**

Name, Francis J. J. J. J.

Rank, *Mr.*; Service, *C. F. 344.8 C*

Original Roll: Knoxville

Agency. } Transf'd DEA, 18 Aug, to.

“ _____, 18____, to_____

Issued, Jan 9, 1892

Mailed 11/20/00, 18

Rate and Period, \$ 6, from Oct 2, 189

Deductions:

Disability: Chronic
Bronchitis

Issued June 24 1899

Mailed 11 29 1899

Rate and Period, \$ 2.00, from Jan. 1, 189

Deductions :

Disability *Ability to earn a*
support by manual labor

Issued, _____, 18

Mailed _____, 18

Rate and Period, \$_____, from _____, 18____

Deductions:

Disability :

Issued..... 18

Mailed _____, 18

Rate and Period, \$-----, from-----, 18

Deductions:

Disability:

INDORSEMENTS.

15/94 opened B.O. last drop
 19/94 at B.O. to drop - 3rd
 B.O. & opens advised B
 Aug 15/94 Atty's Foulé & Co - no
 action until shut files med
 vis. as to present existence &
 date of dropping of allega-
 tions
 10.18/95 limit & atty advised
 on sign of claim. E.F.P.

Renewal

3-216 a.

Positively Ex'r.

Det. No. 698 132

Act of June 27, 1890.

MD.

VA.

W. VA.

My Feb 1897 S. 22
June 10/97 atty Soule
Ed of Jacksonville Fla
W.C.

Francis Izard
P.O. ²311 Bay St Jacksonville
¹Duval Co. Fla.

Service: F 34 USL Inf.

Enlisted: Jan. 11, 1864.

Discharged: Feb. 28, 1865.

Application filed: Feb. 5, 1897.

Alleges: **PENDING.**

Any other Claim filed: *J. H. 698 132*

Numerical No.

N. C.

S. C. *May 24-99, Soule & Co*

FLA. *Virginian injury to life*

GA. *ankle and non vicious*

ALA. *habits, W.H.P.*

MISS. *P.M. audibility of*

LA. *Stout. W.H.P.*

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

Attorney: *Soule Geo.*

P. O. *Loily*

Recognized. Contract.

Cert. of Dis. Searched for 189

att. filed

No.

Nov 95 [3-216 a.]
Ex'r.
Inv. Cf. No. 698, 132
Act of June 27, 1890.

Journal

Not. Jan. 7. 90. E.A.
"H. through Allys
Mo. Soule & Co. at Jackson-
VA. ville Duval Co. Fla.
W. VA. Feb. 26 96
J.L.

Francis Izard
P. O. *#311 - West Bay St*
Jacksonville - Duval Co. Fla.
Service: *F 34 - U. S. C. Inf.*
Enlisted: *?* *~*, 18*63*.
Discharged: *?* *~*, 18*66*.
Application filed: *Dec. 21 -*, 189*5*.
Alleges: _____
Any other Claim filed: *L. Cf. 698. 132*
Numerical No. _____

PENDING
RECEIVED

- N. C.
- S. C.
- FLA.
- GA.
- ALA.
- MISS.
- LA.
- TEX.
- KY.
- TENN.
- Mo.
- ARK.
- D. C.
- U.S.C.T.

Atty. filed
Attorney: *Soule & Co*
P. O. *City*
Recognized. _____ Contract.
Cert. of Dis. Searched for 189

No. _____

Jan 1 1894
Med Ref
[3-216 a.]
Ex'r.
Olt No. 698. 132
Al-

Act of June 27, 1890.

Not Aug 1 1894
Ex Jacksonville
Duval Co. Fla.
MD
VA
W. VA.
Ex Jacksonville

Francis Izard
P. O. #304 N Bay St
Jacksonville Duval Co Fla
Service: F 34 U S L Inf
Enlisted: , 1863
Discharged: , 1866
Application filed: July 25, 1894
Alleges:
Any other Claim filed Olt 698. 132
Numerical No.

Duval Co. Fla Jan
N. C. 7-95. M 20.
S. C. Sept. 30/95. A. G. Runk call
FLA. for report. E. 7. f.
GA.
ALA.
MISS.
LA.
TEX.
KY.
TENN.
Mo.
ARK.
D. C.
U.S.C.T.

Attorney: Soule & Co
P. O. City
ATTY FILED

Recognized. Contract.

Schubert [3-216 a.]

Ex'r.

No. 929665

Act of June 27, 1890.

noty. 12-26-90 to B.W.
Md. & sub service
Va. May 5-9-1891
W. Va. Ex. Bd. Jacksonville Fla.
A.B.W.

Francis Gard
P.O. 307 W. Bay St.
Jacksonville, Fla
Service: F-34-usc. Inf

Enlisted: 64 or 65?, 18

Discharged: Feb 28, 1866

Application filed: Oct 2, 1890.

Alleges:

Any other Claim filed: No

Numerical No. 468737

N. C.
S. C.
FLA.
GA.
ALA.
MISS.
LA.
TEX.
KY.
TENN.
Mo.
ARK.
D. C.
U.S.C.T.

Attorney: Holman & Mace

P. O. City

Recognized. Contract.

Cert. of Dis. Searched for 18

Briefed by

J. H. W.

Claim No.

Certificate No.

698.132

Claimant

Soldier

Francis Ward

Service

434 U.S.C.T.

Additional Service

Feb 26, 1900

W

No Claim, New Records

No Claim, Old Records

REMARKS:



J. C. Knapp

Act

Chief Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Jan'y 10, 1895

No 698132

Name, Francis Izard

Co. F., 34 Reg't U.S. Inf.

Date of filing, Oct. 2, 1890.

Date of ~~rejection~~, dropping Apr. 19, 1894.

CAUSE OF ~~REJECTION~~. Dropping:

not notably disabled under Act of June 24, 1890.

ABSTRACT OF TESTIMONY TO REOPEN.

No testimony. Claimant files a new declaration to consider which the case is made

P E N D I N G.

Action of dropping adhered to.

C. L. Ball, Examiner.

Chief of Div.

E. H. B. 698132

Medical Division,
BUREAU OF PENSIONS,

Washington, D. C. May 31st 1899.

No. Claim, 698132.

Claimant,

Soldier,

Francis Izard.

Co. F,

34th Reg't U. S. C. V. Inf.

Respectfully returned to Chief
Board of Review
Claimant is entitled
to removal under
Act of June 27th 1890
for disease of heart
& dropsy and injured
left arm - as shown
by Medical Examiners
dated June 30th 1897.

Obvious.

W. L. E.
Approved.

Medical Examiner.

J. F. Rank
Medical Referee.

New Law (S-615.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *June 10th*, 189*6*

No. *698,132*

Name, *Francis Izard*

Co. *7*, *34* Reg't *U. S. L. T.*

Date of filing, *July 25th 1894*

Date of rejection, *Nov 2nd 1895*

CAUSE OF REJECTION.

*No ratable disability
shown from causes
alleged under the
Act of June 22nd 1890*

ABSTRACT OF TESTIMONY TO REOPEN.

A new and formal declaration
filed Dec 21/94
in which additional
disabilities are alleged to
consider which the claim
is made **PENDING.**

*Not accepted as a claim for
restoration -*

Adverse action of Nov 2/95 adhered to

Payton Examiner.

G. H. Crabb

, Chief of Div.

Act June 27, 1890.

PENSIONER DROPPED.

United States Pension Agency,

KNOXVILLE, TENN.

May 1, 1906

Certificate No. 698132

Class **INVALID.**

Pensioner Francis Igard

Soldier Pri. Co. F 34 "U.

Service S. C. Vol. Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the
 above-named pensioner who was last paid
 at \$12., to 4 Aug, 1905.
 has been dropped because of death.

Died Oct. 12. 1905.

Very respectfully,




United States Pension Agent.

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



Board of Revision,

Jan. 29 1894

Cert No. 698138

Name, Francis Izard

Notification Section
for notice to pensioner
that his pension will be
dropped.

at the expiration of legal
period.

J. H. Thompson
Reviewer

BOARD OF REVISION.

Department of the Interior,
BUREAU OF PENSIONS,

Aug. 11, 1893

Cert. No. 698132

Pensioner,

Francis Ward

Co.

34 Regt. M. S. L. Vol. Inf.

Act of June 27, 1890.

Respectfully referred to the Medical
Referee.

This pensioner is on the rolls under
above act at the rate of \$ 6. for
Chronic Bronchitis.

He has a claim for increase on file under
which he has been examined. To enable
this Board to dispose of the case will you
please state:

1st To what rate, if any, he is entitled
for the disabilities for which pensioned.

2d. To what rate, if any, for the above
and those found under his claim for in-
crease.

See last med. Ex. as to
alcoholism.

L. H. H. P.

Reviewer.

Board of Revision.

April 7 1894,

Cert. No. 698, 132

Name Francis D. Ford
Co. F. 34 Regt. U. S. C. Vol. Inf.

Act of June 27, 1890.

Respectfully referred to the
Chief of the Finance Div.

The pensioner having had
legal notice of having his
name should be dropped
from the roll in accordance
with the opinion of the
Medical Division rendered
under the decision of the
Secretary of May 27, 1893, and
orders (No 225) of June 9, 1893,
and (240) of August 26, 1893.

Forhand

Reviewer.

Under Act June 27, 1890.
(3-217)

INCREASE.

Claim to _____

No. 698132

Francis Izard,

P. O., Jacksonville,

County, Duval,

State, Fla.

Application filed, March 31, 1892.

State Service: Pri. F. 34 U. S. C. Inf.

Disability, _____

Attorney, Holman, Amos,

P. O., _____ City.

County, _____, State, _____

ATTY FILED

(3-217.)
Under Act June 27, 1890.

INCREASE.

Claim to

In aid of

No.

698.132

Francis Ward

P. O.,

#302 West Bay St

County,

Jacksonville

State,

Fla

Application filed,

Jan 29

, 1892

State Service:

Pr. 7-34 U S L

Inf W Jackson
Dual to Fla. Fee

6.93 E. J. W.

Disability,

Big

Attorney,

A. W. Fox

P. O.,

Jacksonville

County,

, State,

Fla

SOUTH DIV.
MAR 6 1899
RECEIVED.

3-173.

W. H. P., Ex'r.

Southern Div.
Inv'ty No. 698132.

Department of the Interior,

Francis I. Iard.

BUREAU OF PENSIONS,

Co. F, 84 Reg't U.S. Inf

Washington, D. C., Feb 24, 1899

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,

Francis I. Iard.

311. Bay St.

Jacksonville Fla

H. C. Evans

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: No. I am a widower - wife died in 1888

No. 2. When, where, and by whom were you married? Answer: During 1866.

at Jacksonville, Fla., by Rev Wm Bradwell

No. 3. What record of marriage exists? Answer: I believe it is in

the Records in the office of the County Clerk of Duval Co., Florida

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

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: One boy named Thomas Iard

born in 1881, in the spring of said year

Date of reply, February 25, 1899

Witness Thomas Jackson

Francis I. Iard

(Signature.)



8.

I

(3-145 b.)

Act of June 27, 1890.

INVALID PENSION.

Serial 698182,

Claimant, *Francis Izard.*P. O., *311 W Bay St.*County, *Jacksonville*State, *Florida.*Rank, *Private.*Company, *4*Regiment, *84, U.S.C., Vol Inf.*Rate, \$ *12*

per month, commencing

February 5, 1897.

Disabled by

Disease of heart, dropsy & injury of left ankle.

RECOGNIZED ATTORNEY:

Name, *Soule & Co*Fee \$ *10*

Agent to pay.

P. O., *Washington D.C.*

Articles filed

, 189

APPROVALS:

Submitted for *ad* *May 18*, 1897Approved for *disease of heart, dropsy and injured left ankle, renewal from February 5, 1897.**Rejest bronchitis, kidney disease, loss of toe rheumatism & scar on left shoulder, no disability under Act June 27/90.**subject to approval of Medical Referee. See slip.**June 6*, 1897, *Montgomery*, Legal Reviewer.*W H Proctor.*

Examiner.

Approved for *disease of heart dropsy and injury of left ankle & other disability affecting rate**Arthur**June 7, 1897,*

Medical Referee.

Enlisted *Jan 1*, 1864, Honorably discharged *Feb 28*, 1866 Last paidto *Feb 4, 1894*, at \$ *6*, for *Chronic Bronchitis, from Dec 9, 1890, Druffed, not rateably disabled.*

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 5-

, 1897, alleges

bronchitis, disease of heart and kidneys, loss of toe from frost bite, rheumatism dropsy, scar on left shoulder from burn and lameness of left ankle.

Signed by mark.

no m.c.

.....

Renewal

INVALID PENSION.

Claimant,

Francis Izard

678, 132

P. O.,

311 West Bay St

County,

Jacksonville

State,

Fla

Rank,

Pri

Company,

H

Regiment,

34. U.S. Co. Vol Inf

Rate, \$ per month, commencing

Disabled by

REJECTED.

RECOGNIZED ATTORNEY:

Name,

Boyle & Co

Fee \$

10

Agent to pay.

P. O.,

Washington DC

Articles filed

, 189

APPROVALS:

Submitted for

Dec 7

, 189

Approved for

Rejection of renewal,

Approved for

rejection

, Examiner.

for no ratable disability under Act

June 27, 1890, from disease of

heart & kidneys, loss of toe

from bite, rheumatism, dropsy,

sores in left shoulder & lame

left ankle as per action of Med.

Dec 24, 1896, & as Med. Legal Reviewer.

No ratable disability shown

under Act of June 27th, 1890,

M.M.F.

H. H. Riple

Dec. 19th, 1896,

Medical Referee.

Enlisted

July 11, 186

Honorably discharged

Feb 28, 186

Last paid

to , at \$

6

for

Chronic Bronchitis

repeated April 17 1894

20

Pension under other laws at \$, for

ended

Original declaration, act June 27, 1890, filed

Oct 2

, 189

alleges

Cough, or

Cold, rheumatism, in shoulder -

affection of kidneys

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

Dec 21

, 189

alleges

Disease of heart,

in kidneys, loss of toe from frost bite

rheumatism, dropsy sores in left

shoulder lameness in left ankle

By me M.M.F.

Renewal & Increase **INVALID PENSION.**

let. 698132

Claimant, *Francis Izard.*P. O., *#304 W. Bay-st.,*Rank, *Priv.*County, *Jacksonville,*Company, *F.*State, *Fla.*Regiment, *34th U.S. Vol. Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY:

Name, *Douli & Co.,*Fee \$ *7* _____

Agent to pay.

P. O., *city.*

Articles filed _____

, 189 _____

APPROVALS:

Submitted for *Oct. 21* _____, 189 *5**E. H. Joyner*

, Examiner.

Approved for *Rejection for General*Approved for *rejection.**No ratable disability shown**No ratable disability shown**under act of June 27/90 from**under act of June 27th, 1890.**disease of heart & kidneys**loss of toe producing lameness**and rheumatism, as per**approval of Med. Referee.**H. J. Hunt, M.D.**99H.**Nov 7, 1895 Kellogg*

Legal Reviewer.

*Nov. 2nd, 1895**Thos. Featherstonhaugh*

Medical Referee.

Enlisted *Jan'y 11* _____, 186 *4*Honorably discharged *Feb'y 28* _____, 186 *6*

Last paid

to _____, at \$ *6* _____, for *chronic bronchitis**dropped from the rolls April 23, 1894.**No* Pension under other laws at \$ _____, for _____

ended _____

Original declaration, act June 27, 1890, filed *Oct. 2* _____, 189 *0*;*alleged cough or cold, rheumatism, affection of kidneys, &c.*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *July 25* _____, 189 *4*, alleges *disease of heart and kidneys,**loss of toe producing lameness, and rheumatism.**debit signs by mark.**No m. b.*

ACT OF JUNE 27, 1890.

INVALID PENSION.

698132 Knox
 Claimant, Francis Izard
304 W. Bay St. Jacksonville Rank, Private
 P. O., _____
 County, Duval Company, F
 State, Fla. Regiment, 34 U. S. C. Vol. Inf.
 Rate, \$ 6, per month, commencing Oct. 2, 1890.

Disabled by

Ch. bronchitis

RECOGNIZED ATTORNEY.

Name, Hobman & Mace Fee, \$ 1000 Agent to pay.
705 G St., N. W. City. Articles filed, _____, 189__
 P. O., _____

APPROVALS.

Submitted for Admission, Oct. 20, 1891, J. F. Schubert Examiner.Approved for Adm.

Approved for

Approved for chronic bronchitis
not ratably disabled by man
earning support by man
of June 27th 1890.
under Act of

Randall
 Legal Reviewer.

Nov. 25, 1891.

Not

now pensioned under other laws. Last paid to _____, 18__, at \$

Pensioned from _____, 18__, at \$ _____

SERVICE SHOWN BY RECORD.

Enlisted Jan. 11, 1864, honorably discharged Feb. 28, 1866

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

Declaration filed Oct. 2, 1890, alleges permanent disability, not due to vicious habits,

from cough or cold, rheumatic pains, especially in shoulders and
arms; affection of kidneys &c (?)

Clust. signs by x mark.No M.C.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE, 27, 1890.

To be executed before a Court of Record or some Officer thereof having custody of its Seal, or a Notary Public, or a Justice of the Peace, whose Official Signature shall be verified by his own Official Seal, if he has one, or by the proper Clerk, under Seal.

State of Florida, County of Duval, ss:

On this 27 day of September, A. D. one thousand eight hundred and ninety

personally appeared before me, a

within and for the county and State aforesaid

aged over 50 years, a resident of the city of Jacksonville, county of

Duval, State of Fla, who, being duly sworn according to law,

declares that he is the identical Francis Szard who was enrolled on the

day of

18 64 or 1866, in

The 34th Regt of users,
Here state rank, company, and regiment in military service, or

Infantry, in co "H" of said Regt. with
vessel, if in the Navy.

col maple in command and capt Adams in command
in the service of the United States in the War of the Rebellion, and served at least ninety days, and was

honorably discharged at Jacksonville Fla, on the 28

day of Feb, 18 66. That he is now partially unable to earn a support

by manual labor by reason of A cough or cold, also Rheumatism
Here name the diseases or injuries from which disabled.

Pains about the Body, more especially in
Right shoulder & Arms, also, affected in Kidney
&c. He is not able to do any hard work of any kind

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

manent; that he has not applied for pension under application No. —; that he is not 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 United States under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, HOLMAN & MACE,
of WASHINGTON, D. C., his true and lawful attorneys to prosecute his claim, and to receive

therefor a fee of ten dollars; that his post-office address is 304 N Bay st Jacksonville

county of Duval, State of Fla

Francis Szard
his
mark
Claimant's signature.

Attest: 1 Daniel Anderson

W E Taylor

2

Two witnesses who can write sign here.

Also personally appeared Samuel Anderson, residing at Jacksonville Fla
and Green Kitchen, residing at Jacksonville Fla, 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 Francis Izard, 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 for 26 years and 26 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.

Witness
Wash Rogers
Chas. J. Plunk

Samuel Anderson
Green Kitchen
Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 27th day of September, A. D.

18 90, 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 _____

[L. S.]

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

Joseph Harrison
Signature.
Notary Public
Official character.
State of Florida

NOTES.

The act of June 27, 1890, requires, in case of a soldier:

- (1) An honorable discharge (but the certificate need not be filed unless called for).
- (2) A minimum service of ninety days.
- (3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
- (4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
- (5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

468237
ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Francis Izard

Service Port Co "B" 94 Regt us Army

ADDRESS:

Jacksonville Fla
304 W Bay St.



FILED BY

HOLMAN & MACE,

No. 705 G Street, N. W.,

WASHINGTON, D. C.

Date of execution Sept 27 90

Printed and sold by W. H. Moore & Co., Box 605, Washington, D. C.

22 no div
12/1 90

Declaration for the Increase of Pension and for New Disability under Act of June 20, 1890.

State of Florida, County of Duval, SS:

On this 28th day of March, A. D. one thousand eight hundred and ninety two
personally appeared before me, a Notary Public
within and for the county and State aforesaid, Francis Izard, aged 50
years, a resident of the city of Jacksonville county of Duval
State of Florida, who, being duly sworn according to law, declares that he is a pensioner
of the United States, enrolled at the Knoxville Tenn Pension Agency, at the rate
of 6 dollars per month, Certificate No. 698,132, by reason of disability from
Here name the
Bronchitis
disability for which pension was granted.

That he was a Private in Co. F 34 Regt. U.S.C.V. Vols.
Here state rank, company, and regiment, if in army—vessel, if in Navy.

That he believes himself to be entitled to an increase of pension on account of
Here state the reason for applying for increase

If on account of increase in the disability for which already pensioned that should be described

And he also believes himself to be entitled to a further increase of pension on account of the following dis-
abilities for which he has not heretofore been pensioned.

If either of these new disabilities are result of an injury or ac-

Rheumatism, contracted whilst in the service through exposure in Florida & South Carolina
cident, state where, when, and how they were incurred.

Disease of Heart, arising from exposure during service in Florida & South Carolina,

Swelling of both legs, both feet, and both arms, caused by exposure from service

That said disabilities are not the results of his vicious habits and are to best of his knowledge permanent
in character; that he appoints Holman & Mace Washington D.C.
Florida and South Carolina

his true and lawful attorney to prosecute his claim. and to receive therefor a fee of Ten Dollars
That his POST-OFFICE ADDRESS is 301 West Bay St.

Jacksonville, County of Duval, State of Florida

Claimant's Signature: Francis X Izard
his
mark

Attest: Thomas Jackson

E. De Cotte

Also personally appeared Saml. W. Fox, residing at Jacksonville Florida, and E. De Cotte residing at Jacksonville, Florida, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Izard 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.

Saml. W. Fox
E. De Cotte
Signatures of Witnesses.

Sworn to and subscribed before me this 28th day of March, A. D. 1892 and I

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

[L. S.]

words.....erased,

and the words.....

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

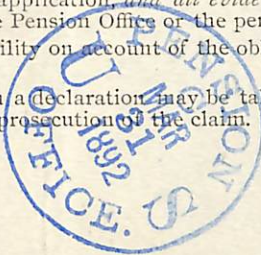
Official Signature: Thomas Jackson

Official Character: Notary Public for the State of Florida at Large.

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

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

Testimony in support of allegations made in a declaration may be taken before any officer having a seal, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.



DISABILITY.

Claim for Increase and New Disability under Act of June 27, 1890.

F. Izard, Applicant.
Co. F - 34 -
U.S. C. Tug Reg't.
U.S. C. Tug Vols.

Pension Certificate No. 898132

FILED BY

Hulman
Washington D.C.

Printed and Sold by W. H. Moore & Co., Box 606, Washington, D. C.

9-242 Small

Declaration for the Increase of Pension and for New Disability under Act of June 27, 1890.

State of Florida, County of Duval, SS:

On this 25 day of January, A. D. one thousand eight hundred and ninety 2 personally appeared before me, a Nathan Oublier within and for the county and State aforesaid, Francis Izard, aged 46 years, a resident of the City of Jacksonville county of Duval State of Florida, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoville Tenn. Pension Agency, at the rate of 6 dollars per month, Certificate No. 698132, by reason of disability from Bronchitis Here name the disability for which pension was granted.

That he was a Private in Co. H 34 Regt. U.S.C. Vols. Here state rank, company, and regiment, if in Army—vessel, if in Navy.

That he believes himself to be entitled to an increase of pension on account of Disease of heart & Resulting Rheumatism in Legs and Arms & Bronchitis Here state the reason for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.

And he also believes himself to be entitled to a further increase of pension on account of the following disabilities for which he has not heretofore been pensioned. Disease of Heart & Resulting Rheumatism in Legs & Arms If either of these new disabilities are result of an injury or accident, state where, when, and how they were incurred.

& General Debility & Splen

That said disabilities are not the results of his vicious habits and are to best of his knowledge permanent in character; that he appoints Samuel W. Fox of Jacksonville Duval County of Duval, State of Florida

his true and lawful attorney to prosecute his claim. That his POST-OFFICE ADDRESS is 302 West Bay St

Jacksonville, County of Duval, State of Florida

Claimant's Signature: Francis X Izard Mark

Attest: G. F. Center, M.D.
A. W. Price

Also personally appeared John W. Ellis —, residing at Jacksonville Fla —, and William Ambrose residing at Jacksonville Fla —, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Izard —, 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.

Impresario of
Geo. Price, G. W. Ellis
John V. Rosenstock
Wm. Ambrose
mark

Signatures of Witnesses.

SWORN to and subscribed before me this 20 day of January A. D. 18 92

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.

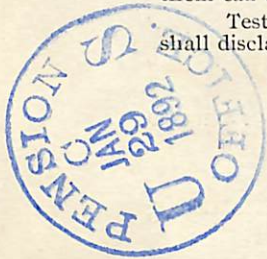
J. H. Summers
Official Signature.

Notary Public State of Florida
Official Character. at Large

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

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

Testimony in support of allegations made in a declaration may be taken before any officer having a seal, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.



DISABILITY.

Claim for Increase and New Disability under Act of June 27, 1890.

Applicant.

Mr. F. J. 34 W. S. C. S. S.
Reg't

Pension Certificate No. 698132

FILED BY

SAM'L. W. FOX.
Clerk of Court.
Jacksonville, Fla.

Printed and Sold by W. H. Moore & Co., Box 686, Washington, D. C.

L. L.

Declaration for Restoration to the Pension Roll.

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 Florida, County of Duval, ss:

ON THIS 20 day of July A. D. one thousand eight hundred and ninety four
personally appeared before me, a Notary Public
within and for the County and State aforesaid Francis I Hard
aged 49 years, a resident of the City of Jacksonville
County of Duval State of Florida, who, being
duly sworn according to law, declares that he is the identical Francis I Hard
who was ENROLLED on the _____ day of _____, 1863, in Co "F"
34" U. S. C. Inf. (Here state rank, company)
and regiment, if in Military service, or vessel, if in the Navy.)

_____ in the service of the United States in the war of the rebellion, and served at least ninety
days, and was HONORABLY DISCHARGED at Jacksonville Fla on the _____ day of
_____, 1866. That he is disabled for earning a support by manual labor in a pensionable
degree by reason of the following disabilities:

Disease of Heart and Kidneys
(Name here the diseases or injuries for which restoration is claimed.)

That he is also disabled for earning a support by ☒ Loss of toe producing
lameness, Rheumatism in right
[State here all disabilities incurred since filing your Original Declaration and any which you failed to allege in same.]
Shoulder

That said disabilities are not due to vicious habits and are to the best of his knowledge and belief of a permanent character, and
that he is now partially disabled for earning a support by manual labor in consequence of same.
(Partially or wholly.)

That he was a pensioner on the rolls of the agency at Knoxville Tenn under certificate
No. 698132, and that he was last paid at said agency to the 4th day of July 1894

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

That he makes this declaration for the purpose of reopening his claim and being restored to the pension-roll of the United
States under the provisions of the Act of June 27, 1890. He hereby appoints

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorneys.

That his Post Office address is 304 W Bay St Jacksonville

County of Duval State of Florida
W. J. Sylvester Francis I Hard
John W. Steece (Signature of Claimant.)
(Two witnesses who can write sign here.)

Also personally appeared James Leonard, residing at Jacksonville Fla
and Vinancio Hall residing at _____, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Francis Izard, 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 30 — years and 20 — 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.

In presence of
Joseph Morat
Sam A. Fox

James Leonard
Vinancio Hall
(Signatures of Witnesses.)

Sworn to and subscribed before me this 20 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.

Sam A. Fox
[Official Signature.]

Notary Public,
Duval County, Fla.

[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 _____ 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 _____, 1890.

[L. S.]

Application for Restoration
OF PENSION.

Act of June 27, 1890.

Francis Izard
Service Co. A. 34th U.S. Inf.

Certificate No. 698.132.



FILED BY

SOULÉ & CO.,
ATTORNEYS,
WASHINGTON, - - D. C.

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

Declaration for Restoration to the Pension Roll.

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 Florida, County of Duval, ss:

ON THIS 17th day of December A. D. one thousand eight hundred and ninety four

personally appeared before me, a Notary Public

within and for the County and State aforesaid Francis Izard

aged 55 years, a resident of the City of Jacksonville

County of Duval State of Fla, who, being

duly sworn according to law, declares that he is the identical Francis Izard

who was ENROLLED on the 1st day of 1863, in Co "F"

34th U. S. C. Inf
(Here state rank, company and regiment, if in Military service, or vessel, if in the Navy.)

in the service of the United States in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Jacksonville, Fla on the 1st day of

1866. That he is disabled for earning a support by manual labor in a pensionable degree by reason of the following disabilities:

chronic bronchitis
(Name here the diseases or injuries for which restoration is claimed.)

That he is also disabled for earning a support by x disease of heart & kidneys

loss of toe from frost-bite, rheumatism
[State here all disabilities incurred since filing your Original Declaration and any which you failed to allege in same.]

dropsy & scar of an extensive burn on left shoulder. lameness in left ankle which has kept me in bed for 3 months last past

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

that he is now partially disabled for earning a support by manual labor in consequence of same.
(Partially or wholly.)

That he was a pensioner on the rolls of the agency at Knoxville, Tenn under certificate

No 698-132, and that he was last paid at said agency to the 4th day of Feb 18 94

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

That he makes this declaration for the purpose of reopening his claim and being restored to the pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorneys.

That his Post Office address is #311 W. Bay St., Jacksonville

County of Duval State of Fla.

J. M. Mill
E. J. Murphy
Francis Izard
(Signature of Claimant)

(Two witnesses who can write sign here.)

Attorney Filed.
Law Division,

Also personally appeared Abraham Mills, residing at Jacksonville, Fla
and Wm H Jenkins residing at Jacksonville, Fla, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Francis Egard, 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 20 years and 25 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.

Witness
J. A. Lewis
Geo. W. Mays

Abraham Mills
Wm H. Jenkins
(Signatures of Witnesses.)

Sworn to and subscribed before me this 17 day of December, A. D., 1895

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.]

Thos. Jackson
[Official Signature.]

Notary Public
[Official Character.]

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

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

foregoing declaration and affidavit was at the time of so doing _____ in
and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and
that his signature thereunto is genuine.

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

[L. S.]

Application for Restoration
OF PENSION.

Act of June 27, 1890.

Name Francis Egard

Service Co "I" 34th W. S. C.

def
Certificate No. 698, 132.



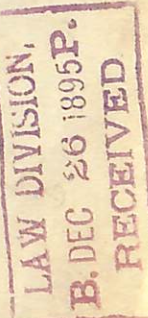
FILED BY

SOULE & CO.,

ATTORNEYS,

WASHINGTON, - - D. C.

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



Declaration for Restoration to the Pension Roll.

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 Florida, County of Duval, ss:

ON THIS 28th day of January A. D. one thousand eight hundred and ninety even

personally appeared before me, a Thomas Jackson, a Notary Public

of Duval and for the County and State aforesaid Francis Izard

aged 56 years, a resident of the City of Jacksonville

County of Duval State of Fla, who, being

duly sworn according to law, declares that he is the identical Francis Izard

who was ENROLLED on the 11th day of January, 1864, in Co "F"

34th U. S. b. Inf (Here state rank, company and regiment, if in Military service, or vessel, if in the Navy.)

in the service of the United States in the war of the rebellion, and served at least ninety

days, and was HONORABLY DISCHARGED at Jacksonville Fla on the 28th day of

Feb, 1865. That he is disabled for earning a support by manual labor in a pensionable

degree by reason of the following disabilities:

chronic bronchitis + disease of heart + kidneys
(Name here the diseases or injuries for which restoration is claimed.)

That he is also disabled for earning a support by x loss of toe from post-bite

shenmatism dropsy, scar on left-shoulder
(State here all disabilities incurred since filing your Original Declaration and any which you failed to allege in same.)

from burn + lameness of left ankle

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

that he is now partially disabled for earning a support by manual labor in consequence of same.
(Partially or wholly.)

That he was a pensioner on the rolls of the agency at Knoxville, Tenn, under certificate

No. 698132, and that he was last paid at said agency to the 4th day of Feb, 1894

That he is not a claimant for pension under other laws

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

That he makes this declaration for the purpose of reopening his claim and being restored to the pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorneys.

That his Post Office address is #311 Bay at Jacksonville

County of Duval State of Fla

Washington Simmons Francis Izard
R. S. Marvin (Signature of Claimant.)

(Two witnesses who can write sign here.)

ATTY FILED

Also personally appeared Anthony Braw, residing at Jacksonville, Fla.
and Henry Walker residing at Jacksonville, Fla., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Francis Izard, 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 30 years and 30 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.

Witnesses
Washington Simmons
A. S. Mairin

Anthony Braw
Henry Walker
(Signatures of Witnesses)

Sworn to and subscribed before me this 28th day of January, 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, including the words within
erased, and the words "in", "of Duval"
added; and that I have no interest, direct or indirect
in the prosecution of this claim.

Thomas Jackson
[Official Signature.]
Notary Public
[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 _____ 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.]

Imm. City 698,132

Application for Restoration
OF PENSION.

Act of June 27, 1890.

LAW DIV.
FEB 6 1897
RECEIVED

Name Francis Izard

Service as "S." 34th U. S. A.

and

Certificate No. 698,132.



FILED BY

SOULÉ & Co.,

ATTORNEYS,

WASHINGTON, D. C.

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

GENERAL AFFIDAVIT.

State of Florida, County of Duval, ss:

In the matter of Francis Gard. Claim for Pension.

Personally came before me, a Notary Public in and for aforesaid County
and State, Francis Izard, aged 40 years

and _____, aged _____ years
citizen of the Town of Jacksonville, County of Duval, State of Florida
Post-Office address. _____, well known to me to be reputable and entitled to credit, and who,

being duly sworn, declare in relation to aforesaid case, as follows:

I hereby certify that I contracted the disabilities for which I claim Pension
at the -- Time -- Place -- and under the circumstances as stated below.

I first took sick whilst stationed at Jacksonville Fla. Small co. and was ordered to the Regimental Hospital. Was then sent to the General Hospital where I was attended by Doctor Hanson and Hospital Stewart George Garvin. I remained in said Hospital for 3 or 4 months or more. I was suffering from cold on the Lungs, caused from General exposure whilst in my Regt and co. I had been suffering quite a long while with Rheumatic pains in my whole body and a wound I received in my left shoulder ^{all of} which affects ^{the} entire body up to this date. I am now ⁱⁿ unable to do hard ^{work} that I was not in the military service of the United States other than as a

That I was not in the military service of the United States other than as a

before discharge or since, —
My complaint of Lung trouble
and Rheumatic pains attended with
shortness of Breath, which may be an
indication of Heart trouble has followed
me continuall since my discharge.
all of which I am still suffering
from.

~~.....further declare that.....no interest in said case, and.....not con-
cerned in its prosecution.~~

1 Daniel M. Fox.

2. *Le. fr. Hall*

Francis ^{his} Izard
mark

Signature of Affiants.

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (†) two persons *who can write* must attest the signature by signing their names opposite.
The official before whom papers are executed is *not a competent witness to a mark.*

The official before whom papers are executed is *not* a competent witness to a mark.

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and acquainted 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; that he is a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 14th day of April 1891

Sign here

Notary Public,
Duval County, Fla.

ADD SEAL HERE

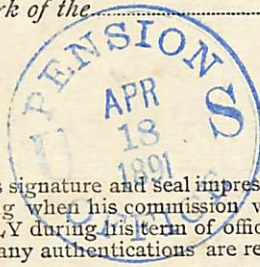
NOTE.—Should this be sworn to before any other officer than a CLERK OF COURT, then the proper CLERK OF COURT must add his certificate of character on the back hereof, and not on a separate slip of paper.

State of _____, County of _____, SS:

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who hath signed his name to the foregoing 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 _____ 1891

Clerk of the



If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. Such Certificate for each Department where many authentications are required will save much expense.

Several papers executed before one Notary Public or Justice of the Peace on the same date need County Clerk's Certificate on one only if all are to be used in one case.

Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

GENERAL AFFIDAVIT.

CASE OF

Francis Grand.
Co-Defendant.

FOR

Pension

AFFIDAVIT OF

Claimant.

FILED BY



Act June 27/90
Call 2/83

No. 929.665.

Claimant's
GENERAL AFFIDAVIT.

State of *Florida*, Count of *Duval*, ss:

IN THE MATTER OF

pension claim of Francis Izard

ON THIS *4th* day of *April* A. D. 189*9*, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Francis Izard aged *51* years, a resident of *Jacksonville*

in the County of *Duval* and State of *Florida*

whose Post-office address is *Jacksonville, Fla*

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:

I fell from the steps of my

Affiants should state how they gain a knowledge of the facts to which they testify

residence on W Bay st Jacksonville, Fla, about three years ago, and was confined to my bed 5 months on account of my left ankle bones being fractured and I am still crippled, and it is plain to be seen by anybody. It was not caused by vicious habits on my part as I have none. I fell 4 feet



H. Post-office address is

Jacksonville, Fla

He further declares that *he has* ^{*an*} ~~*no*~~ interest in said case and *he is* ^{*concerned*} ~~*not concerned*~~ in its prosecution.

A. H. T. Reese,

Notary

Francis Izard

Signature of affiant

If affiant sign by mark, two witnesses who can write sign here

State of Florida, County of Duval, 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 (no), not concerned erased, and the words (am) concerned 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.

[L. S.]

Thomas Jackson,
Official signature

Notary Public,
Official character

No Revenue Stamps Required.

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

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

[L. S.]

Clerk of the _____

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

Additional Evidence.

No. Cert. 698.132

J. J. Ward
Name of Claimant

" "

J. J. Ward
Name of Soldier
Co. 2d Regt. U.S. Inf.

Testimony
Nature of Claim

AFFIDAVIT OF

Claimant

FILED BY

SOULÉ & CO.,

Attorneys and Solicitors,

WASHINGTON, D. C.



For sale by SOULÉ, Washington, D. C.

SOUTHERN DIVISION.

3-493.



Inv. No. 698132
Francis I. Gard,

Co. F, 34 Reg't or S. C. Inf

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *July 27, 1899*

Sir:

In your above-entitled claim for pension you are required to answer the following questions in the blank spaces prepared for that purpose, and return the same to this Bureau at your earliest convenience.

Very respectfully,

Francis I. Gard,

311 Bay St.

Jacksonville, Fla.

A. C. Evans

Commissioner.

First. What is your actual residence at the present time, and what is the nearest post-office?

Answer. *311, W. Bay St., Jacksonville, Fla., nearest P.O. Jacksonville, Fla.*

Second. Where did you live from *July 28, 1866* until you moved to your present place of residence, and what were the dates of the various changes? If in a city, state name of street and number of house.

Answer. *When mustered out about December, 1865,*

I came to Jacksonville, Fla., and lived in the corner of Broom & Ocean streets & lived there until I moved to where I am now.

Third. What post-office was nearest to each of your several places of residence?

Answer. *Jacksonville, Fla., in the corner of Bay & Newman streets*

Fourth. What has been your occupation since *July 28, 1866,*

Answer. *Have hardly done anything - could not carry packages - tried to do carpenter work - felt hurt - one, sometimes a cook*

Fifth. Have you ever been known by any name other than that given in your application for pension? If so, state it in full.

Answer. *No*

Sixth. Were you in the military or naval service under a name different from that by which you are now known? If so, state what it was.

Answer. *No*

Date of reply, *February 28, 1899*

Witness
Thomas Jackson
E. J. Murphy

his
Francis I. Gard
Mark
(Claimant's signature.)



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E. F. J.

(3-464.-aa.)
Southern DIVISION.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Sept. 30, 1895.

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history

(Descriptive

of the soldier.

(list.)

Please examine all records likely to afford
any information as to diseases, wounds, or inju-
ries incurred by him while in the service.

Signature on file.
left.
Claim No. 698132

Name *Francis Izard*

Co. *F. 34* Regt. *U.S. Vol. Inf.*

Wm. L. Brown
Commissioner.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Francis Izard

Co. F, 2 Reg't S.C. Inf
was enrolled *Jan'y 11*, 1864
and *M.O. Feb'y 28*, 1866.
as of *Co. F, 34 Reg't U.S.C.*
Inf. to which designation
was changed *March or April*
1864.

From *Enr*, 186, to *M.O.*, 186,
he held the rank of *Pat*

and during that period the rolls show him present
except as follows *April 30-64. Ab.*
Sick in Hospl Jacksonville
Fla. Feb. 12, 1864. June
30-64. Same, Aug 31.
64. det. as nurse in
Hospl Jacksonville S.C.
No. 173. At. Dr. List
Fla. to Feb'y 28. 65.

Same, June 30. 65, det
as nurse in Hospl Jack-
sonville S.C. 173. Aug
31. 65, det at Post Com-
missary Jacksonville
S.C. 64 Aug. 9. 65, to
Dec 31. 65, same,
name Francis Izard
has not been found upon
rolls of above organization

The medical records show him treated as follows: *At*
Francis Izard, Co. F, 34 Reg't
Mar. 29 to Aug. 11. 64, (no diag-
nosis), rtd to duty.
Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

G. C. Ammons

Colonel, U. S. Army, Chief of Office.

Per *Am*

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

RECORD & PENSION OFFICE

1256924

WAR DEPARTMENT

OCT 1

1935

MAY 6

293103

1891

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Francis Izard

Div.

Ex'r.

Bureau of Pensions,

No.

929665

May 5, 1891

Invalid

SIR:

It is alleged that the above-named man enlisted

1864

and served as a

in Co.

H, 34

Reg't

U.S.C. Inf

also as a

in Co.

Reg't

and was discharged at

Jacksonville Fla

on

Feb 28, 1866

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

Gen B. R. Ramm

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

MAY 6 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

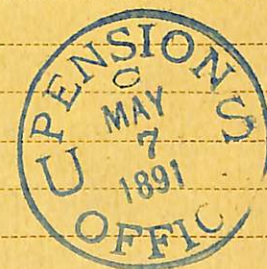
The rolls show that

Francis Issardo

mentioned in the preceding indorsement, was enrolled

Jan 11, 1864 and m.d.

July 28, 1866



BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Amisworth

Captain and Asst Surgeon, U. S. Army.

Per

May 7

8958 b-100 m

[3-405.]
(PENSIONER DROPPED.)

U. S. Pension Agency,



Hon. Wm. Locheu

Commissioner of Pensions.

Sir:

I hereby report that the name of Francis Izard
Invalid Act of June 27 1890., who was a pensioner on the rolls
of this Agency, under Certificate No. 698134, and who was last paid
at \$ 6, to Feb'y 14, 1894, has been dropped
because of your order of apl 19 1894.

Very respectfully,

W. Carpenter
Pension Agent.

Every name dropped to be thus reported at once.

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 Florida County of Duval, ss.

ON THIS 3^d day of NOVEMBER, A. D. 1897, personally appeared before me, a
Notary Public in and for the aforesaid County, duly authorized to administer
oaths, John M. Adams aged 53 years, a resident of Jacksonville
in the County of Duval and State of Fla
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 Francis Izzard
applicant for Invalid Pension; and know the said Francis Izzard
to be the identical person of that name who enlisted or volunteered as a private in Company P
34 Regiment of U.S. C N Vols., and who was discharged
at Jacksonville on or about the 28th day of Feb 1866
by reason Services no longer required
[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 while in the line of his duty, at or near
..... in the State of, did, on or about
the day of, 186, become disabled in the following manner, viz:

[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.]

That the facts stated are personally known to the affiant by reason of being with the
[Here state whether affiant was with the
command at time of muster out of service
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.]

And deponent further state that he iswell acquainted with the claimant having known him for at least twenty five years....., and further that his knowledge of the facts above stated are.....derived from said acquaintance, and from having served as Captain of Company A of the 34th Regiment of U.S.C.T. Volunteers, from the 1st day of May, 1863, to the 28th day of Feb, 1866

And deponent further state that the claimant was a sound and an able-bodied man at and prior to enlistment, so far as he.....knew, and that he is.....totally disinterested in this claim.

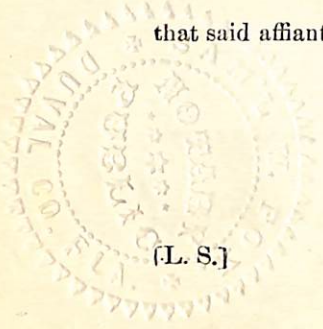
John M. Adams

If affiants make mark, two witnesses who write sign here.

[Signatures of Witnesses.]

State, of Florida County of Duval, ss.

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



Sam W. Foy

(Magistrate's Signature.)

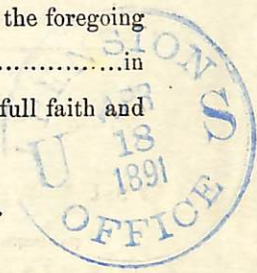
Notary Public,
Duval County, Fla.

(Official character.)

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 Official character hereon, and not on a separate slip of paper.

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

Witness my hand and seal of office, this day of 188 ..



[L. S.]

Clerk of the Court.

Act June 27/90

ADDITIONAL EVIDENCE.

CLAIM OF

Guard
Geo. H. St. U.S.C.T.

No. 929/665

PROOF OF DISABILITY.

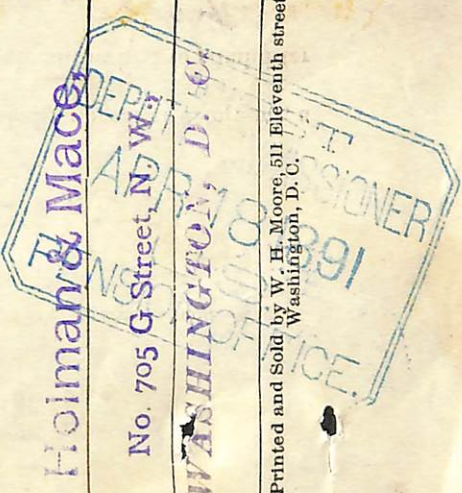
Filed by

Holman & Mace

No. 705 G Street, N.W.

WASHINGTON, D.C.

Printed and Sold by W. H. Moore, 511 Eleventh street, Washington, D.C.



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 Florida County of Duval, ss.

ON THIS 14th day of April, A. D. 1887, personally appeared before me, a
clerk of Circuit Court Notary Public in and for the aforesaid County, duly authorized to administer
oaths, James Leonard aged 48 years, a resident of Jacksonville
in the County of Duval and State of Florida
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 Francis Izzard
..... applicant for Invalid Pension; and know the said Francis Izzard
to be the identical person of that name who enlisted or volunteered as a private in Company B
34th Regiment of U.S.C.T. Vols., and who was discharged
at Jacksonville Fla on or about the 28th day of Feb 1866
by reason Services no longer required
[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 while in the line of his duty, at or near
..... in the State of, did, on or about
the day of, 186, become disabled in the following manner, viz:

[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.]

That the facts stated are personally known to the affiant by reason of being with the
command at the time of muster out of Regiment
[Here state whether affiant was with the
command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained.]

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.

And deponent further state that he is well acquainted with the claimant having known him for at least twenty five years, and further that this knowledge of the facts above stated are derived from said acquaintance, and from having served as Sergt of Company A of the 34th Regiment of US & D Volunteers, from the 1st day of April, 1863, to the 28th day of Feb, 1866. And deponent further states that the claimant was a sound and an able-bodied man at and prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

Sam W. Fox.

James X Leonard
mark

If affiants make mark, two witnesses who write sign here.

[Signatures of Witnesses.]

State of Florida County of Duval, ss.

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

Sam W. Fox.

(Magistrate's Signature.)

Notary Public,
Duval County, Fla.

(L. S.)

(Official character.)

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 Official character hereon, and not on a separate slip of paper.

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

Witness my hand and seal of office, this day of 188 ..



(L. S.)

Clerk of the Court.

ADDITIONAL EVIDENCE.

CLAIM OF

4 Grand.
Co-454 US & D.

No. 929665

PROOF OF DISABILITY.

Filed by

Holman & Mace,

No. 705 G Street, N. W.,

WASHINGTON, D. C.

Printed and Sold by W. H. Moore, 511 Eleventh street, Washington, D. C.

Act June 27/90

NEIGHBORS' AFFIDAVIT.

Act of June 27, 1890.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), showing his present physical disability, as required under the provisions of the Act of June 27, 1890.

State of Florida, County of Duval, SS:

In the matter of the application for pension of Francis Izard (Col)

On this 10 day of June, A. D. 1891, personally appeared before me,
a Notary Public in and for the aforesaid County, duly
authorized to administer oaths William Mitchell aged 50 years, a
resident of Jacksonville, in the County of Duval
and State of Florida, whose Post-Office address is Jacksonville
Fla, and Richard Masters
aged 50 years, a resident of Jacksonville, in the County of
Duval, and State of Florida
whose Post-Office address is Jacksonville Fla well known to me to
be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as

INSTRUCTIONS.—Read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and how long during that period they have employed, worked with, or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they have employed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live, how frequently they see him and converse with him, and how intimate they are with him, and from what disease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his alleged disabilities. In this connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what proportion of a sound, able-bodied man's work he is able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or as the case may be; what his actual earnings are, and whether or not the wages paid him are less in amount, and how much less on account of his inability to labor, than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully, and show whether or not he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, and the extent which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn a support since the filing of his claim.

follows: That they have been well and personally acquainted with Francis Izard for 25 years, and 26 years, respectively, and that the said Francis Izard has never been much accounted since the war. always been puny and unable to do much manual labor. that said disability is not due to vicious habits, and is permanent. Applicant has no income except from his daily labor.

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

Samuel W. Fox

John Mackenzie

If Affiants sign by mark, two witnesses who write sign here.

William H. Stittell

Richard H. Masters

Signatures of Affiants.

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person and have the blank filled out and properly executed.

STATE OF Florida, COUNTY OF Duval, 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 A, 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 affiants are personally known to me and that

are credible persons.

Samuel W. Fox

Official Signature.

Notary Public,
Duval County, Fla.

[L. S.]

Official Character.

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

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

[L. S.]

Clerk of the _____

NOTE.—This 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.

Act of June 27, 1890.

NEIGHBORS' AFFIDAVIT.

CLAIM OF

Nature of Claim

Soldier

Co.

Reg't.

Volunteers

No.

FILED BY
Holman & Mace,

No. 705 G Street, N. W.,

WASHINGTON, D. C.

Printed and Sold by W. H. Moore & Co., Box 696,
Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

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.

State of _____, County of _____, SS :

In the Pension Claim No. _____

of Francis Lyard late of _____
Co. "H" 34th Regt. U. S. C. Inf.
 [Company and regiment of service, if in the army; or vessel and rank, if in the navy.]

Personally came before me, Clerk of the Circuit Court, in and for the aforesaid
 County and State Fla. R. Atour a citizen of Jacksonville Florida

whose Post Office address is Jacksonville Florida
 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 Practicing Physician, and that he has been acquainted with said soldier for about 26 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 un-

less the magistrate certifies in his jurat that they were made before executing the paper.]

he has hypertrophy of the heart, with valvular insufficiency, causing difficulty of breathing, and sometimes dropsy. He has also the scar of an extensive burn on the left shoulder, which occurred in a fight on Morris Island, his clothing having been set on fire by an exploding shell. This burn has caused a disablement of the arm so that he has very little use of it, and he suffers much pain on account of it. He also had both feet frostbitten, and has lost a portion of the second toe of the left foot. Both feet show evidence of the injury.

I consider the case as one of total disability.

His injuries are not due to vicious habits.

NOTES.

The Physician's Affidavit must show the following facts:

1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether *total*, *partial*, or *total*, as the case may be, by reason of the disabilities alleged from

the date on which his claim was filed; or if incurred after that date, then from the time of in-

currence to

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.



He further declares that he has been a practitioner of medicine for 26 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

H. R. Stout
[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this - 26 - day of October, A. D., 1894

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words _____
_____ erased, and the words _____
_____ added; and that I have no interest, direct or indirect in the prosecution of this claim.

J. A. Huerfano Ct. Cl.
[Official Signature.]
By J. D. Canady
[Official Character.]
Deputy Clerk
_____, Clerk of the County Court in and for aforesaid County

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 1894.

[L. S.]

Clerk of the _____

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term.

PHYSICIAN'S EVIDENCE.	
Act of June 27, 1890.	
AFFIDAVIT OF	
<u>H. R. Stout M.D.</u>	
Nature of claim <u>Examination</u>	
Soldier <u>Francis Izard</u>	
<u>24</u>	Reg't.
<u>U.S. Inf.</u>	
Vols.	
<u>No. Cert. 698132</u>	
FILED BY	
SOULÉ & Co.,	
ATTORNEYS,	
WASHINGTON, - - D. C.	
Printed and for sale by J. H. SOULÉ, Washington, D. C.	
RENSION F NOV 17 1894 OFFICE	

GENERAL AFFIDAVIT.

State of Florida, Count of Duval, 55:

IN THE MATTER OF

pension claim of Francis Lyard

ON THIS 4 day of April A. D. 1899 personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Charley Johnson aged 36 years, a resident of Jacksonville

in the County of Duval and State of Florida

whose Post-office address is 1117 Julia St, Jacksonville, Fla

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:

I know he was crippled in his leg

Affiants should state how they gain a knowledge of the facts to which they testify

ankle about three years ago by
a fall from his door step. I have
known him 16 years, and that the
fall was not caused by vicious
habits. I know ^{F. Lyard} ~~Lyard~~ to be a good,
peaceful, sober man.

I know the place where he lives and
I visited him about two days after
the accident and gained from Lyard's
conversation the knowledge of his fall.
I have seen him many times since
then and have seen the ankle and
know it is still crippled. I am
looking at it now, at a clock in
the office of the gentleman who
is writing this affidavit. It is plain
enough for anybody to see it is crippled

H. Post-office address is 1117 Julia St, Jacksonville, Fla

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

Chas Johnson

Signature of affiant

State of Florida, County of Duval, 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 affiant erased, and the words

of Izard 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.]

Thomas Jackson
Official signature

Notary Public
Official character

No Revenue Stamps Required.

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

Witness my hand and seal of office, this _____ day of _____, 1890.

[L. S.]

Clerk of the _____

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

Additional Evidence.

No. Cert. 698.132
Name of Claimant Francis Izard
" "
Name of Soldier Co. F. 2d Regt. U.S. Inf.
Nature of Claim Testation
AFFIDAVIT OF Chas. Johnson.

FILED BY
SOULE & CO.
Attorneys and Solicitors
WASHINGTON, D. C.

For sale by J. H. SOULÉ, Washington, D. C.

GENERAL AFFIDAVIT.

State of Florida, County of Duval, ss:

IN THE MATTER OF

pension claim of Francis Gard

ON THIS 14 day of April, A. D. 1899, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

George Napoleon aged 59 years, a resident of Jacksonville

in the County of Duval and State of Fla

whose Post Office address is

1157 Florida Ave, Jacksonville,

Fla, and Frederick Hamilton aged 73 years, a resident of Jacksonville

in the County of

Duval

and State of

Florida

whose Post Office address is

717 E. Beaver St, Jacksonville, Fla

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows:

Generally know that about three

Affiants should state how they gain a knowledge of the facts to which they testify

years ago, knew and still know
that he fell down the steps of
his residence; they gained the knowledge
of this fact through having visited
him, and they know that the bones
of his left ankle are fractured
at the present time, and have
been since the time stated, and
that said disability was not caused
by vicious habits; they have known
him generally 25 & 30 years.
He has always been a peaceable, sober
man, of good habits, & one who
never did drink liquors or
beer

They further declare that they have no interest in said case and are
in its prosecution.

Chas Johnson

A. H. Reese

If affiants sign by mark, two witnesses who can write sign here

George Napoleon

Frederick Hamilton

Signatures of affiants



State of Florida, County of Duval, ss.:

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

[L. S.]

Thomas Jackson
Official signature

Notary Public
Official character

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

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

[L. S.]

Clerk of the

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

Additional Evidence.

No. Cent. 698132

Francis Igard
Name of claimant

U. S. Regt. 34th Regt. Inf.
Name of soldier

Rest national
Nature of Claim

FILED BY
SOUTH DIV
APR 14 1893
RECEIVED

For sale by J. H. SOULE, Washington, D. C.

PHYSICIAN'S AFFIDAVIT.
PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

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.

State of Florida, County of Duval, ss:

In the Pension Claim No. 698132

of Francis Izard late of

Company F Reg 34 U.S.C.S.
Company and regiment of service, if in the army; or vessel and rank if in the navy.

Personally came before me, a Notary Public, in and for the aforesaid County and

State St. R. Stout a citizen of Jacksonville, Fla

whose Post Office address is Jacksonville, Fla

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 a Practicing Physician, and that he has been acquainted with said soldier for about 2 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 un-

NOTES.

The Physician's Affidavit must show the following facts:

1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether t, i, f, or total, as the case may be, by reason of the disabilities alleged from

Feb 4/97
the date on which his claim was filed; or if incurred after that date, then from the time of incurrence to June 30/97

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.

less the magistrate certifies in his jurat that they were made before executing the paper.

he has irregular action of the heart with shortness of breath on exertion, and an excess of uric acid in the urine. From Feb. 4/97 to June 30/97 he was totally disabled from performing manual labor, and his disability is not the result of vicious habits.



He further declares that he has been a practitioner of medicine for ²⁹ years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Sworn to and subscribed before me this ^{11th} day of ^{March}, A. D. 1898,

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words

erased, and the words

added,

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

[L. S.]

Official Signature.

Official Character.

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

Witness my hand and seal of office, this _____ day of _____, 1898.

[L. S.]

Clerk of the _____

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer NOT REQUIRED BY LAW TO USE A SEAL, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

PHYSICIAN'S EVIDENCE.

Act of June 27, 1890.

AFFIDAVIT OF

Dr. H. R. Stout

Nature of Claim

Restoration

Soldier

Francis Izard

"21"

Co.

34th

Regt.

U. S. L. Inf.

Vols.

No.

698, 132

FILED BY

SOULÉ & CO.,

ATTORNEYS,

WASHINGTON, D. C.

For sale by J. H. SOULÉ, Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

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.

State of Florida, County of Duval, ss:

In the Pension Claim No. Cert 698132

of Francis Igar late of

Company F, 34 Reg U.S.C.
Company and regiment of service in the army; or vessel and rank if in the navy.

Personally came before me, a Notary Public, in and for the aforesaid County and

State of Florida, a citizen of Jacksonville, Fla.

whose Post Office address is Jacksonville, Fla.

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 a Practicing Physician, and that he has been acquainted with said soldier for about 1 1/2 years, and that

he finds that he has had bronchitis since

Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted un-

he was in the army: that he has rheumatism
less 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. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether t, t, t, or total, as the case may be, by reason of the disabilities alleged from

the date on which his claim was filed; or if incurred after that date, then from the time of incurrence to

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.

sometimes affecting both legs and both arms;
so that he is unable to do any labor, or even
to help himself much of the time: that he
lost part of the second toe on the left
foot from frost bite on duty on Morris
Island S.C.; that he has a large scar on
the back over and below the left shoulder
blade, caused by gunpowder during a
fight: that his left foot and ankle
are very much swollen on account
of rheumatism contracted in the army:
that he has dropsy. He was totally
disabled from the performance of manual
labor from Feb. 4/97 to June 30/97.
I do not consider that his
disabilities are the result of vicious
habits.



He further declares that he has been a practitioner of medicine for 29 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Sworn to and subscribed before me this 2nd day of March, A. D. 1898,
H. R. Stout M.D.
Affiant's signature—give rank and service if in the army.
Private Co. A. 134th Ill. Vol. Inf.

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words

erased, and the words

added,

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

[L. S.]

Thomas Jackson
Official Signature
Notary Public
Official Character.

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

Witness my hand and seal of office, this _____ day of _____, 1898.

[L. S.]

Clerk of the _____

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer NOT REQUIRED BY LAW TO USE A SEAL, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

PHYSICIAN'S EVIDENCE.

Act of June 27, 1890.

AFFIDAVIT OF

Dr. H. R. Stout

Nature of Claim

Restoration

Soldier James Egan

Dr.
Cot.

2d
Regt.

Regt.

Vols.

W. H. Stout
No. *Cot. 698 132.*

FILED BY

SOULÉ & CO.,

ATTORNEYS,

WASHINGTON, D. C.

For sale by J. H. SOULÉ, Washington, D. C.

GENERAL AFFIDAVIT.

State of Florida, County of Duval, ss:

IN THE MATTER OF Francis Izard pension claim

ON THIS 22nd day of February, A. D. 1898, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Henry Allen aged 66 years, a resident of Jacksonville, Fla
in the County of Duval and State of Florida

whose Post Office address is Jacksonville, Fla and

Horace Cummings aged 54 years, a resident of Jacksonville
in the County of Duval and State of Florida

whose Post Office address is Jacksonville, Fla

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows:

that Francis Izard is suffering from rheumatism in both legs and both arms; that he has lost part of the second toe on the left foot; that the left foot and ankle are swollen through rheumatism; that he is totally disabled from performing manual labor and that his disabilities are not due to vicious habits that said disabilities have been of duration for years last past up to the present day.

Affiants should state how they gain a knowledge of the facts to which they testify.

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

Wm. A. Achison

W. A. Therman

If Affiants sign by mark, two witnesses who can write sign here

Henry Allen

Horace Cummings

Signatures of Affiants



For sale by J. H. SOULÉ, Washington, D. C.

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

Pension Claim No. *929665*

Name and rank of claimant.

Francis Dand

, Rank,

Company *A*, 34 Reg't *U. S. C. Inf.*

Jacksonville Fla. State,

[Post-office address of the Board.]

Claimant's post-office address.

Jacksonville Fla.

June 3, 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: *Cough, rheumatism and disease of kidneys*

If 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 some trouble with his lungs when in the army and was in hospital for 3 mos. Never did any duty afterwards. Has also had the rheumatism ever since leaving the army - affects him in the right shoulder, arm & body. Can do no hard work.

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

Upon examination we find the following objective conditions: Pulse rate, *124*; respiration, *26*; temperature, *98.5*; height, *5* feet *8* inches; weight, *157* pounds; age, *46* years. *Chest measures 35 1/2 inches with 3/4 inch expansion, is resonant on percussion, respiratory murmur harsh in character with a few moist rales. There was no cough during this examination, no effusions or adhesions. Throat is congested - mucous membrane slightly turned red & covered with mucous discharge - the physical signs of slight chronic bronchitis are very well marked. Heart sounds are normal but its action is rapid and the impulses weak. We find no physical signs of rheumatism - all joints, muscles & tendons are normal at the present time - there are no signs of disease of kidneys - urine acid, sp. gr. 1.020, but albumen or sugar or other abnormal product - no local oedemas or dropsies - no uraemic symptoms. No other disability found.*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *6/8* rating for the disability caused by *chronic bronchitis* *Nil* for that caused by *disease of kidneys* and *Nil* for that caused by *rheumatism*

A. J. Warefield M.D., Pres. *Guy Hutchings* M.D., Sec'y.

, Treas

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

SURGEON'S CERTIFICATE

IN CASE OF

Francis Gard
Co. *F*, 24 Reg't *M. I. G. Inf.*

Applicant for *Original*

No. *929665* -

DATE OF EXAMINATION:

June 3, 189*1*.

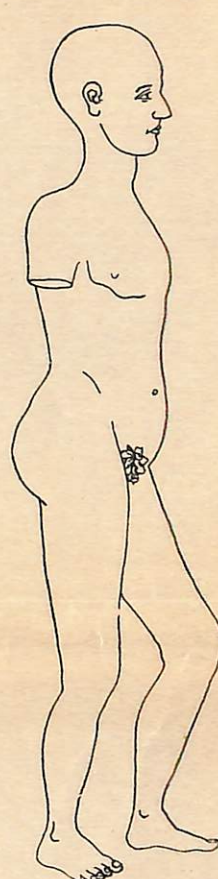
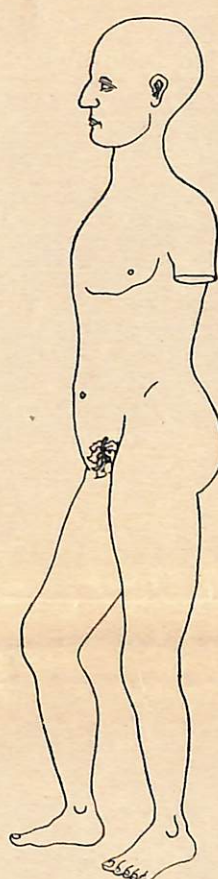
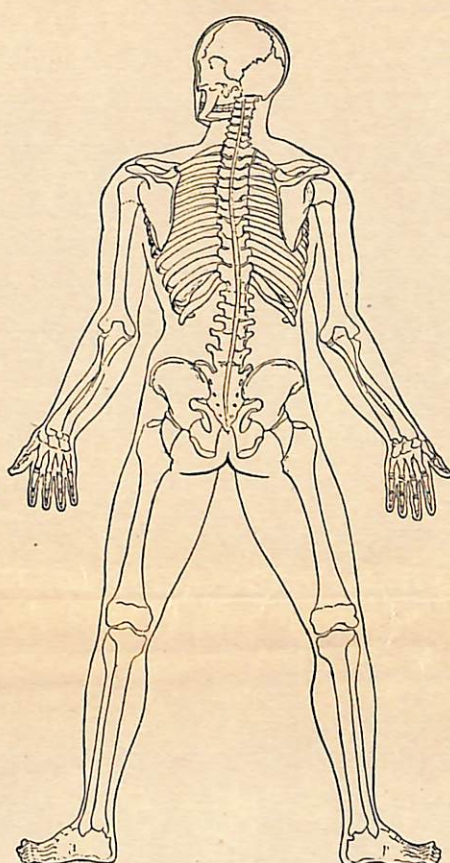
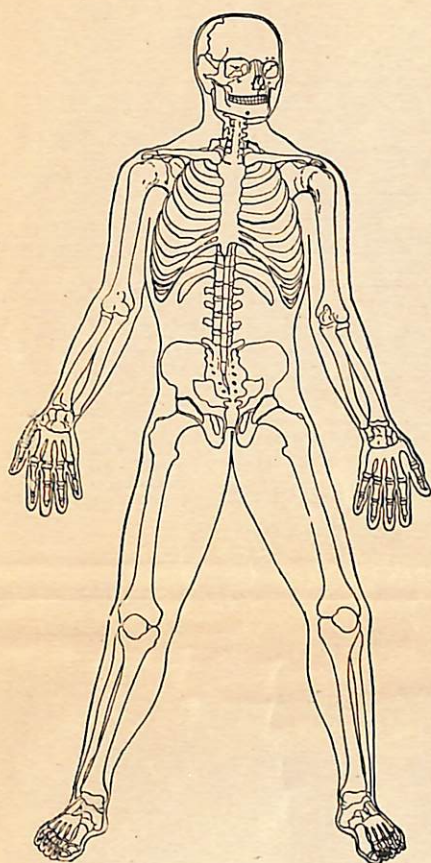
W. H. Ware, Jr., Pres.,
Geo. H. H. H. H., Sec'y,
J. H. H. H., Treas.,
BOARD.

Post office, *Jacksonville*

County, *Duval*

State, *Florida*

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.]

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.

Pension Claim No. 698132

[State above whether for original, increase, or restoration]

Name and rank of claimant.

James D. Gard, Rank, Private
Company 234 Reg't USC, Inf Jacksonville Fla State, Fla

Claimant's post-office address.

Jacksonville Fla [Post-office address of the Board.] Feb 15, 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: Chronic Bronchitis vis. of heart & Rheumatism
Swelling of both legs feet & arms

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

and that he receives a pension of 6 dollars per month.

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

[Original, increase, restoration, &c.]

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

As a result of examination

Upon examination we find the following objective conditions: Pulse rate, 100; respiration, 18; temperature, 99; height, 5 feet 7 inches; weight, 170 pounds; age, 56 years. Chronic Bronchitis. There

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

is Congestion of larynx & pharynx extending down bronchial tubes & a dry hacking cough lungs are normal. for which we rate
50c. righteighth

disease of heart Action a
little rapid but sounds are
normal. Aortic impulse normal
position & perceptible to palpation
& inspection Area of cardiac
dulness not increased no
murmers. for which we rate

Rheumatism heart sounds
normal all joints muscles
tendons normal except a swelling
of lower limbs from want of
exercise & there is a superabundance
of adipose tissue over abdomen
& a general plethoric condition
his chief trouble is Chronic
Alcoholism

He is, in our opinion, entitled to a 6/18

Rate for EACH cause of disability.

rating for the disability caused by C. Bronchitis, 50c for that caused by Dis Heart, and 50c for that caused by Rheumatism & 4/18 for Swelling of feet & legs

Wm. H. H. H. H., Pres. Chas. H. H. H., Sec'y. Geo. H. H. H., Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

James Gault
Co *2, 34* Reg't *Vol. Inf.*

Applicant for

No. *698132*

DATE OF EXAMINATION:

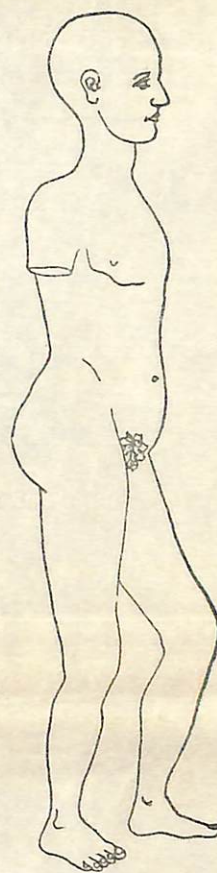
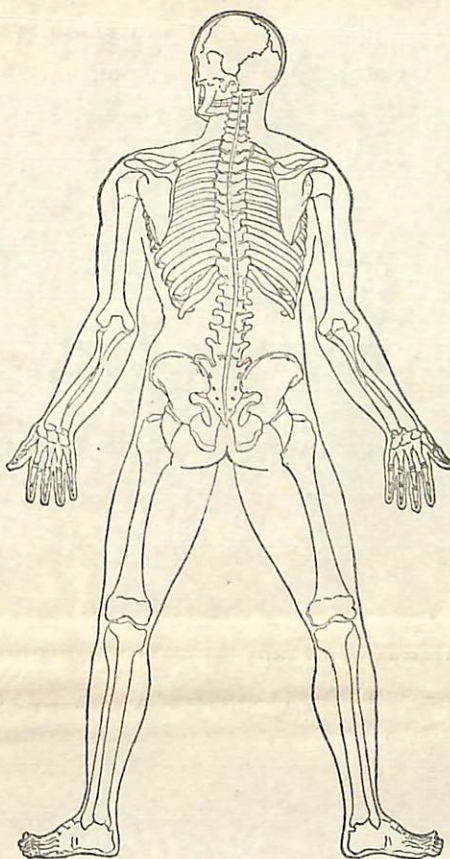
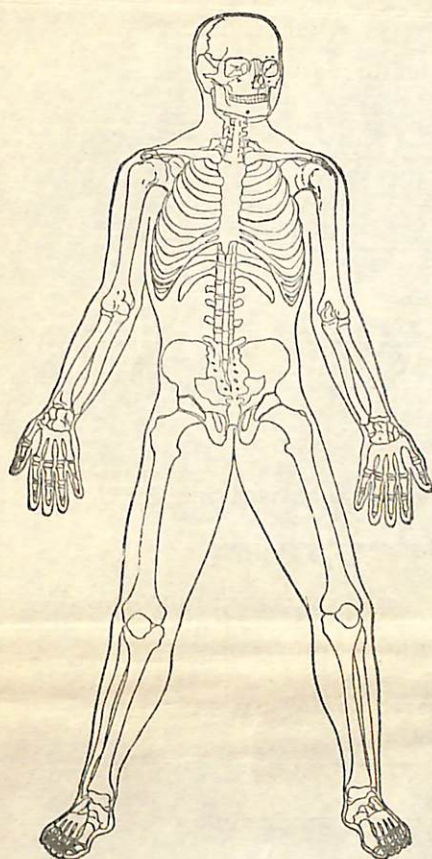
Feb 15, 189*3*.

Wm. H. Smith, Pres.,
Charles H. Smith, Sec'y,
Dr. J. H. Smith, Treas., } BOARD.

Post office, *Jacksonville*
County, *Duval*
State, *Fla*

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

Garling



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.]

*Rheumatism. all joints
muscles tendons normal
no swelling stiffness
or tenderness in any
part of body he has no
rheumatism
no other disability found
to exist no evidence
of syphilis or vicious
habits*



fayner

SURGEON'S CERTIFICATE

IN CASE OF

James Lloyd
F. 34 Reg't *U.S.C.R.*

Applicant for

No. 678732

DATE OF EXAMINATION:

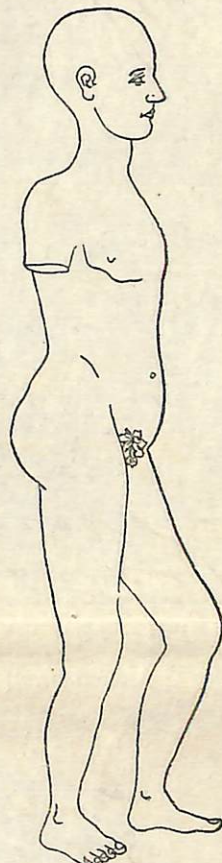
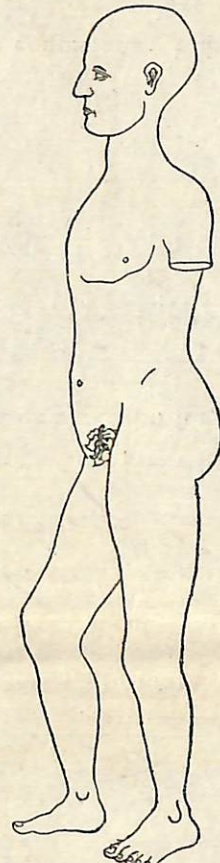
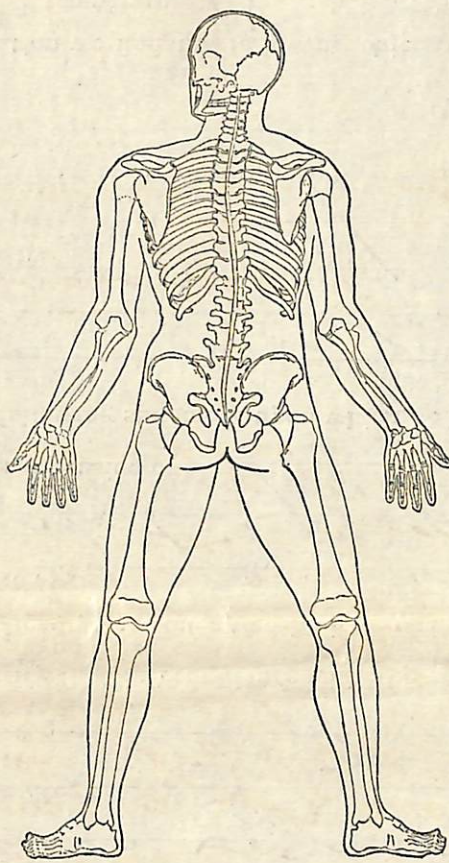
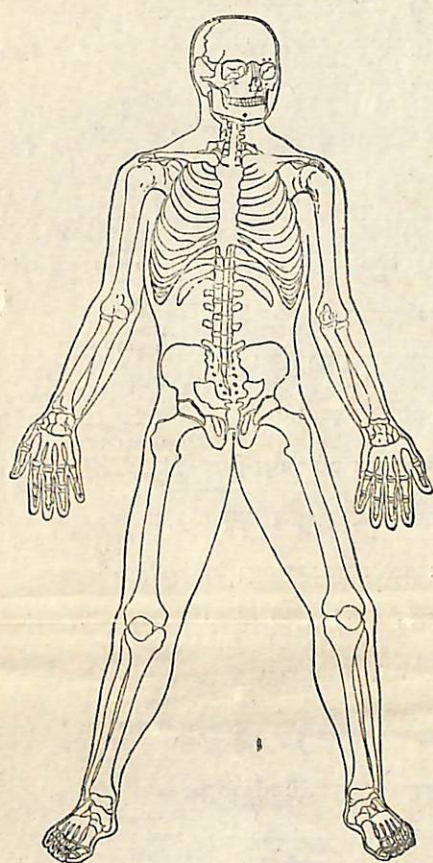
Feb 6, 189*5*

W. M. M. D., Pres.,
Charles Fayner, Sec'y, BOARD.
Geo. H. H. H. H., Treas.,

Post office, *Leedsboro*
County, *Brum*
State, *Fla*

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

James Lloyd



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.]



IN CASE OF

General and
Co., 34 Regt. V. C. Inf.

Applicant for free

No. 6987132

DATE OF EXAMINATION:

DATE OF EXAMINATION: March 11, 1896

A. W. Warrick *Pres.,*
Charles J. Jones
Geo. W. Warrick *Treas.,*

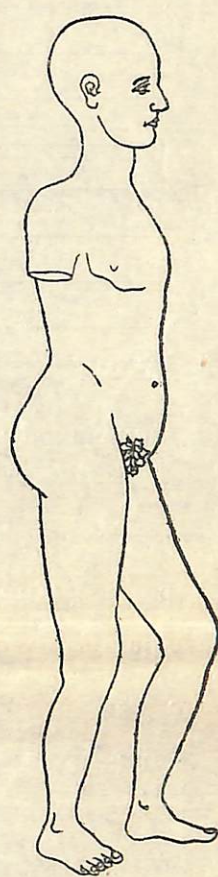
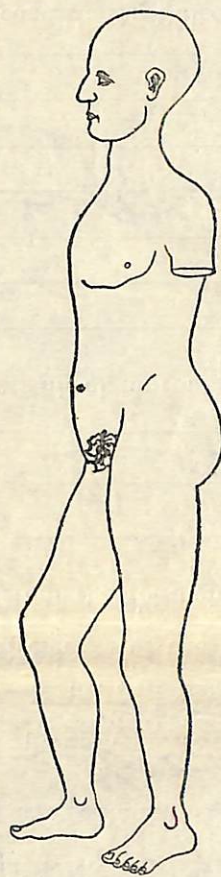
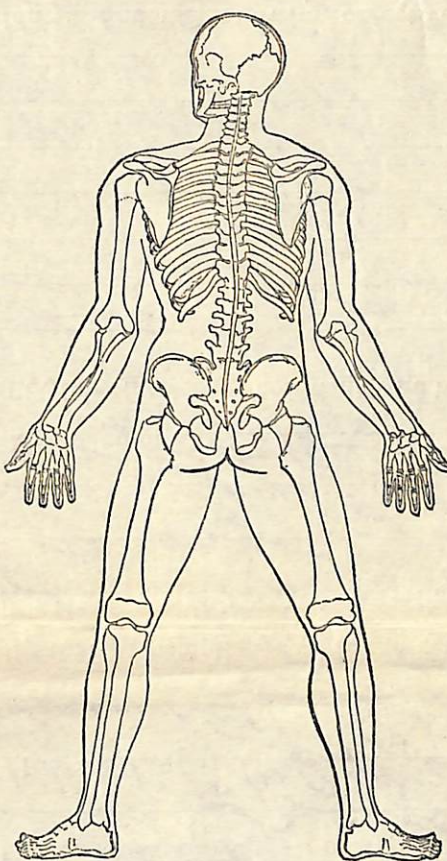
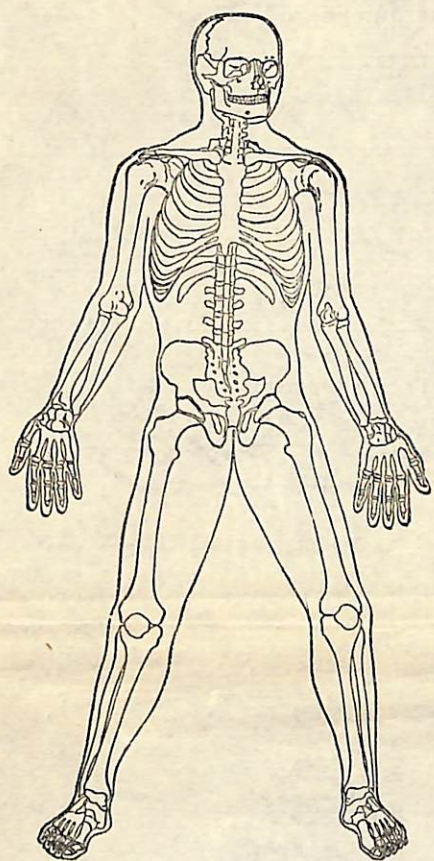
Post office *London*

County, Barrel

State, .

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

Joseph Pospisil



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. Renewal Pension Claim No. 698132
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Francis Beard, Rank, Private
 Company, _____ Reg't _____ Jacksonville Fla State,
 Claimant's post-office address, Jacksonville Fla 311 Bay St [Post-office address of the Board.]
June 30, 1897. [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: Chronic bronchitis disease of heart & kidneys
drop of leg from frost bite rheumatism dropy scar
on left shoulder & lameness of left ankle
 and that he receives a pension of _____ dollars per month.

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

He makes the following statement upon which he bases his claim for Renewal
 [Original, increase, restoration, &c.]

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

Says his disabilities are increasing

Upon examination we find the following objective conditions: Pulse rate, 120; respiration, 32; temperature, 99; height, 5 feet 7 inches; weight, 190 pounds; age, 51 years.

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

Chronic bronchitis. The pharynx is very much congested extending down to bronchial tubes occasionally a dry cough. Rate 4/18
Disease of heart apex impaled 4 inches below and to right of left nipple the heart is very much hypertrophied area of cardiac dullness increased 1/3 apex impaled perceptible to palpation not to inspection pulsations of heart are rapid feeble & indistinct and lacks rhythm. Rate 17/18

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.

Disordered kidneys urine light straw color acid on albumen or sugar sp gr 1022 Rate 1/18
Loss of the toe from frost bite the first joint of 2nd toe of left foot is gone from frost bite Rate 9/18
Rheumatism no physical signs of rheumatism at present. Rate 1/18
Dropy there is general anasarca of whole body limbs fit on pressure results of heart disease as described above. Rate 1/18
Scar on left shoulder cicatrix over lower angle of scapula measured by 6 inches superficial neither tender adherent or dragging Rate 1/18
Lameness of left ankle partial ankylosis of left ankle resulting from fracture of lower extremity of tibia & fibula Rate 9/18

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specify the rating which, in their judgment, the applicant is entitled to."

No other disability found to exist. No evidence of syphilis or other venereal habits.
H. Campbell, M.D., Pres. 2nd Regt. Maxwells, Sec'y Claude J. ... Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

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

"I hereby certify that Dr. Wakefield, Dr. Maxwell, and Dr. Joyner were personally present and actually participated in the examination of Francis Board, the claimant in this case, on 30 day of June, 1897."

(Signature.)

Geo. H. Maxwell M.D.

(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

Francis Board
Co. F, 34 Reg't U.S.C. Inf.

Applicant for Renewal

No. 698.132

DATE OF EXAMINATION:

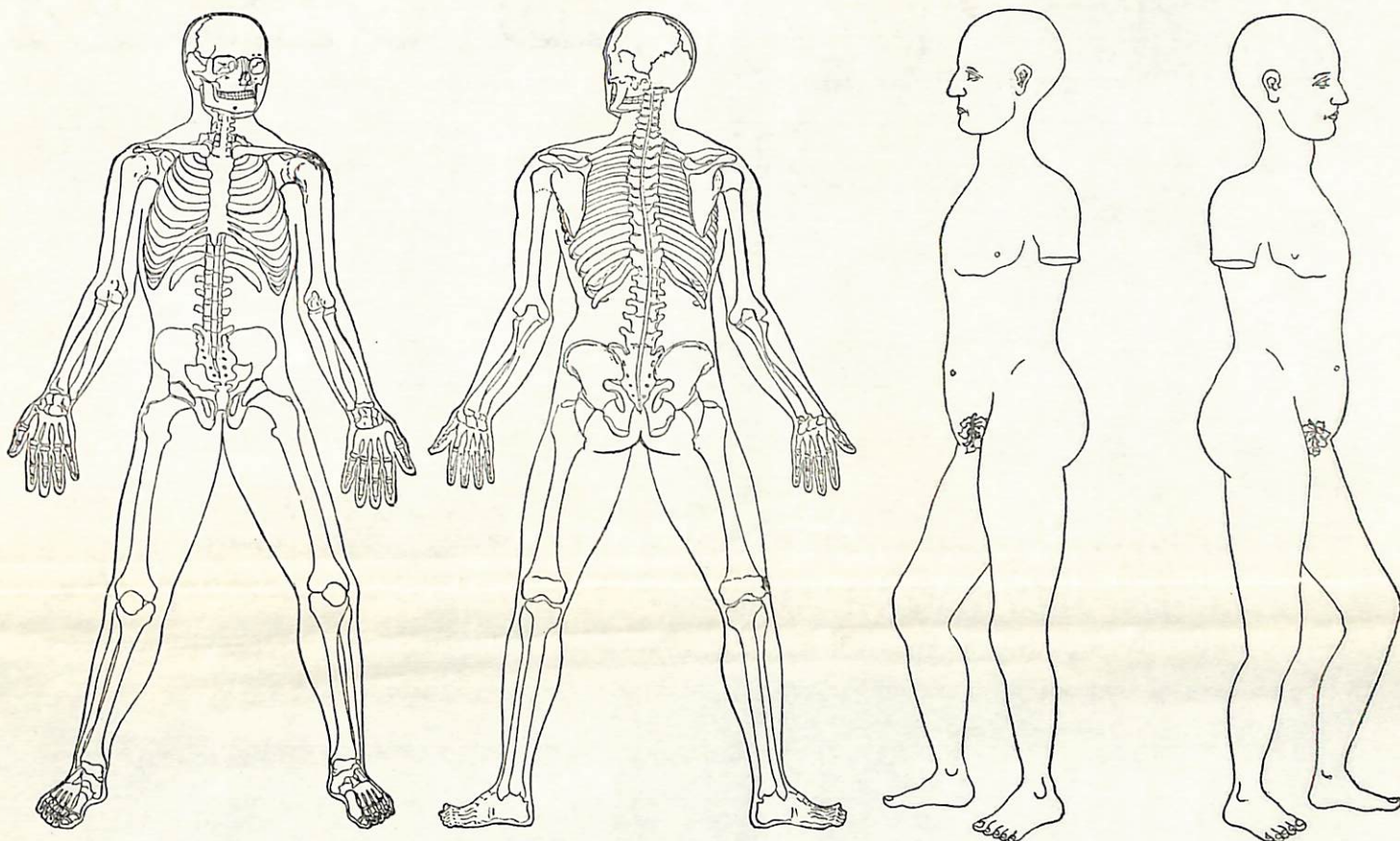
June 30, 1897.

A. Wakefield M.D., Pres.,
Geo. H. Maxwell, Sec'y,
Claydon Joyner, Treas.,
BOARD.

Post office, Jacksonville,
County, Alameda,
State, Fla.

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

Occomell



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.]