





Parish of East Baton Rouge,  
State of Louisiana,

Personally came and appeared before me the under-  
igned authority, Mary Allen, widow of William Allen, whom after being  
duly sworn deposeeth and saith that, she was married once before  
her marriage to William Allen, to Alex Kelly, who was drowned in  
Bayou Bedell situated in Madison Parish, La, in about the year of  
1876, and that she had never married again until she married  
Allen. The ~~Business~~ Marriage License, issued by the Clerk of Court  
is herein enclosed.

William Allen died on January, 19th, 1916, and was buried in  
the Public Grave Yard at Plains, La.

Witnesses.

R. E. London

M. Hanell

Mary Allen

Sworn to and subscribed before me this 5th day of April, 1916

Salomon Kieberg  
Notary Public.





Parish, of East Baton Rouge,  
State of Louisiana.

Personally came and appeared before me the undersigned authority, Charles Gayle and William Armwood, both competent witnesses, and residents of the aforesaid Parish and State, whom after being duly sworn depose and saith, that they was well known to both William Allen and his Wife Mary Allen, and that they they was lawfully married and lived to gether until the death of said William Allen, we both was in attendane to their wedding, which took place in Zachary, La, July , 1911.

We was both known to William Allen first wife, Martha , and also was in attendance at her burial at the Public Grave Yard at Plains, La.

We also know that the above was the only Wives that he had.

Charles Gayle

Wm Armwood

Thus done and signed before me this 5th day of April, 1916.

Solomon Reimers  
Notary Public.





L T

R.B.S.

Civil War Division,  
Wid. Orig. 1,059,877,  
Mary Allen,  
William Allen,  
Co. K, 84th U.S.C. Inf.  
(Inv. Ctf. 1,063,602)

March 29, 1916.

Mrs. Mary Allen,  
Zachary,  
Louisiana.

Madam:

In response to the communication of Solomon Reinberg, dated March 21st, relative to your claim for the accrued pension which was due the soldier, you are advised that there should be furnished certified copy of the public or church record showing the date of your marriage to him, or a certificate from the custodian of the records showing that said marriage is not of record. If record evidence is unobtainable, the date of marriage should be shown by testimony of the person who performed the ceremony or of witnesses thereto.

The date of the soldier's death should be shown by certified copy of the public record or by testimony of his attending physician; and it should be shown by testimony of persons who lived in the vicinity with you, whether you and the soldier were



W. O. 1,059,877 (I. C. 1,063,602)

ever divorced, and whether you lived together as husband and wife up to the date of his death.

You should state, under oath, whether you were married prior to your marriage to the soldier and the number of times he was previously married, the names of all former consorts, and how and when each former marriage terminated; and there should be furnished testimony of witnesses who knew you and the soldier from the time each became of marriageable age, showing whether you had been married prior to your marriage to the soldier and how many times he was previously married; and the date of death or divorce of each former consort should be proven.

Witnesses should state their ages, addresses, and means of knowledge of facts to which testifying, and all statements should be properly sworn to.

Very respectfully,

G. M. SALTZGABER,  
Commissioner.



R. M. BISSELL, PRESIDENT.  
WHITNEY PALACHE, VICE-PRESIDENT.  
S. E. LOCKE, SECRETARY.  
E. A. BOLMAR, ASST SECRETARY.



CHAS. E. CHASE, CHAIRMAN  
BOARD OF DIRECTORS.  
JAMES WYPER, VICE-PRESIDENT.  
FRED'K SAMSON, SECRETARY.  
D. J. GLAZIER, RECORDING SECRETARY  
AND TREASURER.

# HARTFORD FIRE INSURANCE COMPANY

HARTFORD, CONN.

SOUTHERN DEPARTMENT,  
EGLESTON & PRESCOTT, GENERAL AGENTS,  
ATLANTA, GA.

Zachary, La. March, 21st, 1916.

Department of the Interior,  
Bureau of Pensions,  
Washington, D.C.

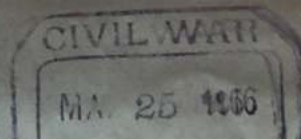
Gentleman:-

In reference to the enclosed letter, of the 11th inst, will say that the Claimant is only applying for the balance of the Pensions due on William Allen last quarter, when he died he left her in a destitute condition,

She nursed and cared for him in his last illness.

Very truly,

*La. Binkley*  
*Int. Joubert*





Civil War Division,  
Wid. Orig. 1,059,877.  
Mary Allen,  
William Allen,  
Co. K, 84th U.S.C. Inf.

March 11, 1916.

Mrs. Mary Allen,  
Zachary,  
Louisiana.

Madam:

Your claim for pension under the act of  
April 19, 1908, filed January 25, 1916, is re-  
jected on the ground that you did not marry the  
soldier prior to June 27, 1890.

Very respectfully,

G. M. SCHNEIDER.  
Commissioner.



3-1865

L T

*Handwritten:* R.B. 2

Civil War Division **DEPARTMENT OF THE INTERIOR**  
Wid. Orig. 1,059,877,  
Mary Allen, **BUREAU OF PENSIONS**  
William Allen,  
Co. K, 84th U.S.C. Inf. **WASHINGTON**

March 11, 1916.

Mrs. Mary Allen,  
Zachary,  
Louisiana.

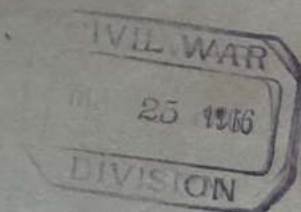
Madam:

Your claim for pension under the act of April 19, 1908, filed January 25, 1916, is rejected on the ground that you did not marry the soldier prior to June 27, 1890.

Very respectfully,

*Handwritten signature of Commissioner*

Commissioner.





3-1081

Knoxville

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

FEB - 2 1916, 191

Certificate No. 1063,602

Class ACT OF MAY 11, 1912

Pensioner

Soldier

Service

William Allen  
K 84 U.S.A.

The Commissioner of Pensions.

Sir: 200 1059877

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$ 30, to NOV 4 1915, 1

has this day been dropped from the roll be-  
cause of death Jan. 18/16

WILLIAM ALLEN,  
ZACHARY, LA.

1063602

Very respectfully,

W. H. [Signature]

Chief, Finance Division.

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

6-2249

PLATE DESTROYED

cw Feb 8-16

Recalled FEB 3 1916

FEB 4 - 1916 Canceled  
Check No. 9819678 Dated

Same  
Feb 2/16

Rec'd  
Feb 3/16

DIVISION  
FEB 17

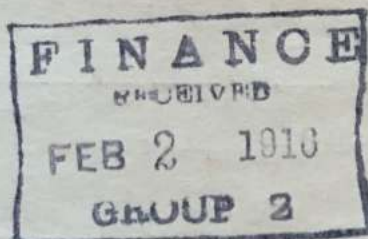
RECEIVED  
FEB 23 1916  
DIVISION





**TO THE POSTMASTER:**

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or, being a widow, is believed to have remarried; and requires its return forthwith, in any such case, with a statement of the reasons for so doing, and if on account of death or remarriage, the date thereof if known.





*Widow's claim*  
*859A*  
Inv. Cert. No. 1,063,602,  
William Allen, deceased,  
Co. K, 84th U.S.C. Inf.

*page*  
Law Division,  
February 24, 1916.

Respectfully referred to the Chief of the Record Division for the purpose of recording, jacketing and numbering the widow's declaration for pension filed January 25, 1916, which has been accepted as a claim for pension under the act of April 19, 1908. Attention is invited to the reference made in the declaration to the accrued pension of the soldier from the date of last payment to him to the date of his death.

After appropriate action the papers should be referred to the proper adjudicating division.

*Widow's claim*  
*Mo*  
JTH/mep  
Chief of Law Division.



In Ctf. No. 106 3602  
William Allen, dec'd.  
K 84 U.S. C. Inf  
Mary Allen, widow.



*J. H. H.*  
JAN 29 1916  
FINANCE  
FEB 1 1916  
DIVISION

Respectfully referred to the Chief of the Finance Division for  
the purpose of dropping pensioner's name from the roll on account of  
death, after which papers in case should be returned to Law Division  
for consideration of <sup>widow's</sup> declaration, filed January 25, 1916

*L. H. Cannon*  
Chief, Law Division.



Act of April 19, 1908.

## DECLARATION FOR WIDOW'S PENSION.

STATE OF Louisiana FOR THE LAST QUARTER.COUNTY OF East Baton Rouge

On this 22nd day of January, A. D. one thousand nine hundred and sixteen within  
 personally appeared before me, a notary public  
 and for the county and State aforesaid, Mary Allen, aged about 65  
 years, a resident of Zachary, county of E. Baton Rouge, State  
 of Louisiana, who, being duly sworn according to law, makes the following declaration in order to  
 obtain pension under the provisions of the ACT OF CONGRESS APPROVED APRIL 19, 1908.

That she is the widow of William Allen, who was  
enrolled under the name of William Allen, at  
(Enrolled or commissioned.) on the 25th day of September, 18 63,  
 as a private in Co. K. 84th Regiment U.S. Col Infantry, and  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)  
 honorably discharged 14th day March, 18 66, having served ninety days or more during the late civil war.  
 That he also served  
(Here give a complete statement of all other services, if any.)

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

That she was married under the name of Mary Green  
 to said soldier at Zachary, La, on the \_\_\_\_\_ day  
 of July, 1911, by Rev. H. Batton;  
 that there was no legal barrier to the marriage; that she had 2 been previously married; that the soldier had  
 been previously married, his wife died on October, 19th, 1909, at Springfield, La.  
(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)  
and was buried at Public Grave Yard, Zachary, La.

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

That the said soldier died January, 18th, 1916, at Zachary, La.  
 that she was not divorced from him, and that she has not remarried since his death.

That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:  
(If the soldier left no children, the claimant should so state.)

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

Declaration accepted as  
 a claim under Act of  
April 19, 1908

Chief, Law Division

Per W. H. E. 2  
(If prior application has been made, the number thereof, the date and the name of the official to whom made.)

That she has not heretofore applied for pension

it was based, and the name of the soldier should be stated.)

That her post-office address is Zachary, county of East Baton Rouge, State of Louisiana

Attest: (1) M. Reinberg  
 (2) M. Harrell

Mary Allen  
(Claimant's signature in full.)

Also personally appeared M. Reinberg, residing in  
Zachary, La., and M. Harrell, residing in  
Zachary, La., persons whom I certify to be respectable and entitled to credit, and who, being  
 by me duly sworn, say they were present and saw Mary Allen, the  
 claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the  
 appearance of said claimant and their acquaintance with her, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

M. Reinberg  
M. Harrell  
(Signatures of witnesses.)

Subscribed and sworn to before me this 22nd day of January, A. D. 1916:

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

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



M. Reinberg  
Notary Public  
(Official character.)



26 1063,602  
3-007.

ACT OF APRIL 19, 1908.

## Claim for Pension.

WIDOW

Number

Name

Soldier

Service

Mr Allen  
K 84 286. 29.

### INSTRUCTIONS.

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

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



## AN ACT

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

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

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

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

Approved April 19, 1908.

6--1182





DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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

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

Very respectfully,

WILLIAM ALLEN,

ZACHARY, LA.

1063602



Commissioner.

No. 1. Date and place of birth? Answer.

July 15<sup>th</sup> 1836, S. Carolina

The name of organizations in which you served? Answer.

Conf. 84 U.S. C. Inf.

No. 2. What was your post office at enlistment? Answer.

Post Hudson La.

No. 3. State your wife's full name and her maiden name. Answer.

Mary Green

No. 4. When, where, and by whom were you married? Answer.

Ref. to Batten Zachary

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

Yes

If so, where? Answer.

Batten Bunge La.

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

yes  
Martha Jane Meyer, married 1869, Zachary La 1908

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.

no

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

yes. am living with her

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

Name	Sex	Date of Birth	Status
Mollie Allen	female	23 - 1869	living
Olivia "	female	7 - 1871	"
Pauline "	female	6 - 1874	"
Isaac "	male	11 - 1877	dead
Daisy "	female	14 - 1878	living
Howard "	male	3 - 1880	"
Henry & Joet "	male	15 - 1882	deceased
Manford "	male	15 - 1884	"
Regina "	female	11 - 1892	"

Date

April 13<sup>th</sup> 1915

(Signature)

William Allen



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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

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

Very respectfully,

WILLIAM ALLEN,

ZACHARY, LA.

1063602



Commissioner.

No. 1. Date and place of birth? Answer.

July 15<sup>th</sup> 1836, S. Carolina

The name of organizations in which you served? Answer.

Co. 84 U.S.C. Inf.

No. 2. What was your post office at enlistment? Answer.

Post Hudson La.

No. 3. State your wife's full name and her maiden name. Answer.

Mary Green

No. 4. When, where, and by whom were you married? Answer.

Ref. W. Batten Zachary

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

Yes

If so, where? Answer.

Batten Runge La.

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

yes  
Martha Jane Meyer, married 1869, Zachary La 1908

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.

no

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

yes am living with her

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

William Allen	Dec 23 - 1869	living
Olivia "	Dec 7 - 1871	"
Pauline "	May 6 - 1874	"
Isaac "	July 11 - 1877	dead
Daisy "	Sept 14 - 1878	living
Howard "	Oct 3 - 1880	"
Henry & Joet "	Oct 15 - 1882	twins - "
Margaret "	Oct 15 - 1884	"
Reynolds "	Aug 11 - 1892	"

Date

April 13<sup>th</sup> 1915

(Signature)

William Allen



ACT OF MAY 11, 1912.

13-005

No. 1063,60

Reissue

# UNITED STATES OF AMERICA

DEPARTMENT

of the INTERIOR



## BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the  
United States William Allen  
who was a Sergeant, Co.K, 84th Regiment United States Colored  
Infantry

is entitled to  
a pension at the rate of Thirty dollars per month, to  
commence May 27, 1912

Given at the Department of the Interior this

Tenth day of January

one thousand nine hundred and thirteen

and of the Independence of the United States

of America the one hundred and thirty-seventh

*HARRY FISHER*  
Secretary of the Interior

Countersigned by

*J. L. Davenport*

Commissioner of Pensions



Former fragments covering any portion of the same time to be deducted.



That section forty-seven, hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be, granted or issued or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 1063,602  
**PENSION CERTIFICATE OF**

William Allen

*Payable Quarterly*

*by the*

*U. S. Pension Agent*

at Knoxville,

Tenn.

Lewis

Clerk.



ACT OF FEBRUARY 6, 1907.  
**DECLARATION FOR PENSION.**

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Louisiana ..... } ss.  
County of East Baton Rouge .....

On this 25th day of May ....., A. D. one thousand nine hundred and twelve ....., personally appeared before me, a Notary Public ..... within and for the county and State aforesaid, William Allen ....., who, being duly sworn according to law, declares that he 75 ..... years of age, and a resident of Zachary ..... county of East Baton Rouge ....., State of Louisiana .....; and that he is the identical person who was ENROLLED at Port Hudson ..... under the name of William Allen ..... on the 25th day of September ....., 1863 as a Sergeant ....., in Co. K, 84th Regiment, U. S. Col. Infantry .....  
(Here state rank, and company and regiment in the Army; or vessels if in the Navy.)

..... in the service of the United States, in the Civil ..... war, and was HONORABLY DISCHARGED  
(State name of war, Civil or Mexican.)  
at New Orleans, La ....., on the 14th day of March ....., 1866.  
That he also served .....  
(Here give a complete statement of all other services, if any.)

..... That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 ..... feet 8 ..... 1/2 inches; complexion, dark .....; color of eyes, brown .....; color of hair, black .....; that his occupation was Field hand .....; that he was born July 15th ....., 1826 at South Carlisle .....

..... That his several places of residence since leaving the service have been as follows: .....  
East Baton Rouge Parish .....  
(State date of each change as nearly as possible.)

..... That he is ..... a pensioner. That he has ..... heretofore applied for pension .....  
#1,063,602 .....  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

..... That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907. May 11th, 1912.

..... That his post-office address is Zachary ....., county of East Baton Rouge State of Louisiana .....

Attest: (1) M. Reinberg .....  
(2) W. Williams .....

William Allen .....  
(Claimant's signature in full.)

Also personally appeared M. Reinberg ....., residing in W. Williams Zachary and I. A. Williams ....., residing in Zachary ....., 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 William Allen ....., the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 25 ..... 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.



SUBSCRIBED and sworn to before me this 25th day of May ....., A. D. 1912 ....., and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant 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.

Solomon Reinberg .....  
Notary Public .....  
(Official character.)





ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No. *1063,608*

Name, *Wm Allen*

Service, .....

### INSTRUCTIONS.

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

## AN ACT

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

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

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

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

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

APPROVED: *February 6, 1907.*

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





ACT OF FEBRUARY 8, 1907.  
**DECLARATION FOR PENSION.**

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of... Louisiana ..... } ss.  
County of... East Baton Rouge .....

On this... 24th day of... July ....., A. D. one thousand nine hundred and... eleven ....., personally appeared before me, a... Notary Public ..... within and for the county and State aforesaid, William Allen ....., who, being duly sworn according to law, declares that he is... 75 years of age, and a resident of... Zachary ..... county of... East Baton Rouge ....., State of... Louisiana .....; and that he is the identical person who was ENROLLED at... Port Hudson ..... under the name of... William Allen ....., on the... 25th day of... September ....., 1863 as a... Coporal ....., in... Co. 84th U.S. Colored Infantry .....  
(Here state rank, and company and regiment in the Army; or vessels if in the Navy.)

.....  
in the service of the United States, in the... Civil ..... war, and was HONORABLY DISCHARGED  
(State name of war, Civil or Mexican.)  
at... New Orleans ....., on the... 14th day of... March ....., 1866  
That he also served.....  
(Here give a complete statement of all other services, if any.)

.....  
That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height... 5 feet... 8 1/2 inches; complexion... Dark .....; color of eyes... Brown .....; color of hair... Black .....; that his occupation was... Field Hand .....; that he was born... July 15th ....., 1836 at... Barnwell Co., State of South Carolina .....

That his several places of residence since leaving the service have been as follows:.....  
East Baton Rouge Parish .....  
(State date of each change as nearly as possible.)

.....  
That he is..... a pensioner. That he has..... heretofore applied for pension.....  
#1063602 .....  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 8, 1907.

That his post-office address is... Zachary ....., county of... East Baton Rouge ..,  
State of... Louisiana .....  
*William Allen*  
(Claimant's signature in full.)

Attest: (1) .....  
(2) .....

Also personally appeared... M. Reinberg ....., residing in... Zachary .....  
and... J. S. Wiggins ....., residing in... Zachary ....., 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... William Allen ....., the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of... 20 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.

Validity - accepted  
as to execution

SUBSCRIBED and sworn to before me this... 24 day of... July ....., A. D. 19...  
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words....., erased and the words....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.



*Solomon Reinberg*  
(Signature)  
*Notary Public*  
(Official Character.)



ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No. *1063, 602*

Name *William Allen*

Service *K. 8. 4. U. S. A. Inf.*

INSTRUCTIONS.

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

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

### AN ACT

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

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

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

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

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

Approved: February 6, 1907.



# MARRIAGE LICENSE

State of Louisiana—Parish of East Baton Rouge  
Twenty-second Judicial District Court. Clerk's Office

To Anyone Authorized to Celebrate Marriage in Said Parish—Greeting:

*You are hereby authorized to join in Marriage according  
to law* WILLIAM ALLEN- *and* MARY KELLY,-----  
*there appearing no lawful cause of impediment to the same.*

*Given under my hand and Seal of said Court, at Baton Rouge*

*this* Tenth *day of* July A. D., 1911-

*Mr. M. Ligon*

CLERK

STATE OF LOUISIANA,  
PARISH OF EAST BATON ROUGE.

BE IT KNOWN, That by virtue of the above License from the Clerk of the District Court in and for said Parish, I have celebrated the Rites of Matrimony between Mr. William Allen and M. Mary Allen the parties named in said License, on this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_, in said Parish, in presence of three lawful witnesses.

In testimony whereof, witness the signatures of the said parties, the three witnesses and my official signature, made on the date named herein.

WITNESSES:

*Charles Gayles*  
*Charles*  
*S. J. Higgins*

PARTIES AND OFFICERS:

*Ram Baton*  
*William Allen*  
*Mary Kelly*



Where born Barnwell Co., S.C.  
Age at enlistment 27 yrs old.  
Name under which served William Allen.  
Date of enlistment Sept. 25, 1863  
Date of discharge Mar. 14, 1866.  
Any prior or sub. service None.  
Any Confederate service None.  
Battles. Pleasant Hill, La. Bayou Sara, La. sick-pneumonia  
Coxe Hospital  
Wilson  
a. of (captain, Licut and Sgt Richard Hill  
Name of wife. Martha J. Undivided & widower. wife died Oct 19, 1910.  
Any prior marriage one. Former wife died in 1862.  
Name comrades Dallas Shore; John Jackson & Neury Smith.  
Personal description 5' 8 1/2" tall; complex. dark; eyes brown; hair black  
Signature W. Allen

OK  
Jm

I CERTIFY THAT I HAVE THIS DAY  
PERSONALLY INTERVIEWED THE ABOVE NAMED  
PENSIONER, AND I AM A FIELD THAT HE  
IS THE SOLDIER AND PENSIONER THAT HE  
REPRESENTS HIMSELF TO BE.

Sp. C. J. A. Examiner.  
W. E. Brown,  
Secretary, June 8, 1911.



ct of February 6, 1907.

4 m from Z 3-1089.

Roll No.

Name: on Wm Barnetts place,  
on Zachary road 4 m this side  
Allen William ✓

Certificate No.

106360 ✓

Disability:

Old age.

Rank, Co., and Regiment:

Sergt. Co. K, 84 U.S.C. Vol. Inf.

Rate and commencement of Pension:

\$15 from Apr. 16, 1907.

Class of Certificate:

Reissue - Act Feb. 6, 1907.

Date of Certificate:

1 Feby. 1908 ✓

Remarks:

P. O. Address:

Zachary, La. ✓

E. Baton Rouge Co.

Last paid to—



Act of February 6, 1907.

3-1089.

Roll No.

Name:

4 m from Z  
on to the Barnetts place,  
on Zachary road 4 m this side

Allen William ✓

Certificate No.

106360 ✓

Disability:

Old age.

Rank, Co., and Regiment:

Sergt. Co. K, 84 U.S.C. Vol. Inf.

Rate and commencement of Pension:

\$15 from Apr. 16, 1907.

Class of Certificate:

Reissue - Act Feb. 6, 1907.

Date of Certificate:

1 Feby. 1908 ✓

Remarks:

P. O. Address:

Zachary, La. ✓

E. Baton Rouge Co.

Last paid to—



Civil War  
Inv Cert 1063602  
William Allen  
Co K. 84. U.S.C. Vol Inf

Aug 31/10

W.A.M.

M.G.

Gachary  
East Baton Rouge  
Louisiana

*Typewritten*

Sir: your above entitled claim for increase  
of pension under the act of Feb 6-1907,  
filed July 25, 1910, is rejected on the  
ground that, according to your own statement,  
you had not attained the age of seventy five  
years at date of execution of ~~the~~ declaration,  
and therefore you are not entitled to a rate  
in excess of the \$15 per month <sup>which</sup> you are now  
receiving under said act.

Very Truly

Corn



ACT OF FEBRUARY 6, 1907.  
**DECLARATION FOR PENSION.**

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of STATE OF LOUISIANA } ss.  
County of EAST BATON ROUGE }

On this 21 day of July, A. D. one thousand nine hundred and ten, personally appeared before me, a Notary Public within and for the county and State aforesaid, William Allen, who, being duly sworn according to law, declares that he 75 years of age, and a resident of Zachary county of East Baton Rouge, State of Louisiana; and that he is the identical person who was ENROLLED at Port Hudson under the name of William Allen, on the 25 day of September, 1863 as a Sergeant, in 84th Regiment U.S. Col. Infantry.  
(Here state rank, and company and regiment in the Army; or vessels if in the Navy.)  
in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at New Orleans, on the 14th day of March, 1866. That he also served.  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 1/2 inches; complexion, Dark; color of eyes, Brown; color of hair, Black; that his occupation was Farmer; that he was born July 15th, 1836 at Barnwell Co., State of South Carolina.

That his several places of residence since leaving the service have been as follows:  
East Baton Rouge, State of Louisiana  
(State date of each change as nearly as possible.)

That he is IQ63602 a pensioner. That he has heretofore applied for pension.  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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

That his post-office address is Zachary, county of East Baton Rouge, State of Louisiana.

Attest: (1) J. Williams  
(2) M. Reinberg

William Allen  
(Claimant's signature and full name)

Also personally appeared J. A. Williams, residing in Zachary, La. and M. Reinberg, residing in Zachary, 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 William Allen, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 25 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.

J. Williams  
M. Reinberg  
(Signatures of witnesses)

SUBSCRIBED and sworn to before me this 21 day of July, A. D. 1910, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

William Allen  
(Signature)  
Notary Public  
(Official character.)





ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

*T-age*  
Certificate No. *1063602*

Name, *William Allen*

Service, *84 U. S. C. Inf.*

### INSTRUCTIONS.

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

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

## AN ACT

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

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

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

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

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

APPROVED: February 6, 1907.

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



ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No. 1063602

Name, William Allen

Service, S. H. U. S. C. S.

### INSTRUCTIONS.

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

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

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APPROVED: February 6, 1907.

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



ACT OF FEBRUARY 6, 1907.  
**DECLARATION FOR PENSION.**

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Louisiana }  
County of East Baton Rouge }  
SS.

On this 3 day of April, A. D. one thousand nine hundred and Seven,  
personally appeared before me, a Notary Public within and for the county  
and State aforesaid, William Allen, who, being duly sworn according to law,  
declares that he is 71 years of age, and a resident of Irene  
county of East Baton Rouge State of Louisiana; and that he is the  
identical person who was ENROLLED at Post Hudson La under the name of  
William Allen, on the 25<sup>th</sup> day of September 1863  
as a Sergeant, in 84 Regt Co. H. U.S. Col. Infy  
(Here state rank and company and regiment in the Army; or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED  
(State date of war, Civil or Mexican.)  
at New Orleans La, on the 14 day of March, 1866  
That he also served  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated  
above. That his personal description at enlistment was as follows: Height, 5, 9 in feet 9 inches;  
complexion, Black; color of eyes, Black; color of hair, Black; that his occu-  
pation was farmer; that he was born on July 15, 1836  
at Barnwell Dist. South Carolina

That his several places of residence since leaving the service have been as follows:  
East Baton Rouge Parish State of Louisiana  
(State date of each change as nearly as possible.)  
on Dr. J. A. Williamses Plantation

That he is now a pensioner. That he has heretofore applied for pension Certificate  
No. 1063602  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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

That his post-office address is Irene, county of E. B. Rouge  
State of Louisiana

Attest: (1) C. F. Ratchiff William Allen  
(2) P. P. Kennedy Mark  
(Claimant's signature to full.)

Also personally appeared C. F. Ratchiff residing in Zachary La  
and P. P. Kennedy residing in Zachary La, 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 William Allen the claimant sign his name (or make his mark)  
to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant  
and their acquaintance with him of 10 years and 7 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.

C. F. Ratchiff  
P. P. Kennedy  
(Signatures of witnesses)

SUBSCRIBED and sworn to before me this 3 day of April, A. D. 1907,  
and I hereby certify that the contents of the above declaration, etc., were fully  
made known and explained to the applicant and witnesses before swearing,  
including the words erased,  
and the words added;  
and that I have no interest, direct or indirect, in the prosecution of this claim.

Valid.

E. C. P., Law.



J. M. Spoudon  
(Signature)  
Notary Public  
(Official character.)



SPECIAL NOTICE.—The officer before whom this affidavit is taken should be careful to fill in all spaces, both in the caption and Jurat.

# GENERAL AFFIDAVIT.

State of Louisiana, County of East Baton Rouge, ss:

In the matter of William Allen, late of Co. K 84 U.S. Regt.

ON THIS 1st day of December, A. D. 1906, personally appeared before me  
a Notary Public in and for the aforesaid County, duly authorized to administer  
oaths William Allen aged 71 years, a resident of Greene  
in the County of E B Rouge, and State of Louisiana  
whose Post-office address is Greene La

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

Law declares he is a pensioner of the United  
(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)  
States enrolled at the Knoxville Tennessee Pension  
Agency at the rate of ten dollars per month  
Certificate No 815. 824. by reason of General  
debility, old age, Indigestion Rheumatism all  
over his body and general weakness. That he  
was Sergeant in Co K, 84 R, U.S. & I. Vol.  
That he believes to be entitled to an increase  
of Pension on the ground that the rate  
allowed him is too low and not commensurate  
with the extent of his present disability. He  
therefore requests that he be favored with  
another medical examination with the view  
of determining his right to \$12.00 per month  
the full rate allowed under the Act June 27th 1890  
as amended by Act. of May 9th 1900 and under the age  
ruling of the Hon Commissioners of Pensions if entitled thereto

Further declares that no interest in said case and not concerned in its prosecution.

J. V. Loudon.  
L. L. Johnson.  
(If Affiant signs by mark, two witnesses who can write sign here.)

William Allen  
(Signature of Affiant)  
mark



STATE OF Louisiana, COUNTY OF East Baton Rouge, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted \_\_\_\_\_

with its contents before 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.]

J M Landon  
(Official Signature.)

Notary Public  
(Official Character.)

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

Validity accepted

S. A. Cuddy,

Chief, Law Division.

per G R M 12 1 6

Smith Jr

Division

Pension

Ag No. 1063602

ADDITIONAL EVIDENCE.

CLAIM OF

William Allen

Co. H 84 Vol. 16 Inf.

AFFIDAVIT OF

Affiant

FILED BY



PENSION ATT

Printed and for sale by John F. Shelby, Claim Blank Printer  
415-416 Ninth Street, N. W., Washington, D. C.



# Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

State of Louisiana, County of East Baton Rouge, ss:

ON THIS 10 day of February, A. D., one thousand nine hundred and five  
personally appeared before me, a Notary Public within and for the County and State  
aforesaid William Allen, a resident of Zachary  
County of East Baton Rouge State of Louisiana

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the  
Hanville Pension Agency at the rate of ten dollars per month,

Certificate No. 7063602; by reason of disability from Rheumatism in  
(Here name the disability for which pension was granted.)

all of Limbs & Back. Severe pain in head, & eyes  
very bad and failing, very fast indigestion and  
general disability

That he was a sgt in Co. K 84 Reg't U.S.C., Vols.  
(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he is 69 years of age, having been born on the fifteenth day of  
February, July, 1836, and believes himself to be entitled to an increase of pension on  
the ground that the rate allowed him is too low and not commensurate with the extent of his present disability.  
He therefore requests that he be favored with another medical examination with the view of determining his  
right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9,  
1900.



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

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

J. S. Kury of Washington, D.C.  
his true and lawful attorney to prosecute his claim.

His Post-office address is Zachary La.

R. E. London  
Jordan Butler  
(Two witnesses who write sign here.)

William Allen  
(Signature of claimant.)

ATTN FILE



Also personally appeared R. E. London, residing at Zachary La, and P. P. Kennedy Jordan Butte, residing at Zachary La, 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 William Allen (Name of Claimant.) 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 of 18 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.

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

R. E. London  
Jordan Butte  
(Signatures of Affiants.)

Sworn to and subscribed before me this 10<sup>th</sup> day of February, A. D. 1905, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words Zachary (Irene) February Zachary & July erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

J. M. London  
(Official Signature.)  
Notary Public  
(Official Character.)  
Zachary La

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

**Soldier's Application**

**FOR INCREASE**

Under the Acts of June 27, 1890, and May 9, 1890.

Wm Allen, Applicant.

Co. K, 84 Reg't

U.S. Art. Vols.

Pension Certificate No. 1063602

FILED BY

J. S. Kerty  
Washington, D.C.

Printed and for sale by John F. Sherry, Claim Blank Printer, Washington, D. C.



# Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

State of Louisiana, County of East Baton Rouge ss:

ON THIS 12 day of October, A. D., one thousand nine hundred and four, personally appeared before me, a Notary Public within and for the County and State aforesaid William Allen, a resident of Irene County of East Baton Rouge State of Louisiana

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the Knoxville Pension Agency at the rate of Eight dollars per month,

Certificate No. 1,063,602; by reason of disability from Rheumatism in  
(Here name the disability for which pension was granted.)

hands, legs, shoulders and head, eyes and hear-  
ing very poor, General disability from age

That he was a Sgt in Co. K 84 Reg't U.S. Inf. Vols.  
(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he is 68 years of age, having been born on the fifteenth day of July, 1836, and believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with the extent of his present disability.

He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.

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

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

I. S. Kurtz of Washington, D. C. his true and lawful attorney to prosecute his claim.

His Post-office address is Irene, La.

For dan Butler  
J. V. London.  
(Two witnesses who write sign here.)

William Allen  
(Signature of Claimant.)



ATTY FILED



Also personally appeared Jordan Butler, residing at  
Irene Lea, and J. V. London  
residing at Zachary Lea, 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 William Allen  
(Name of Claimant.)  
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 of 40 years and  
5 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.

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

Jordan Butler  
J. V. London  
(Signatures of Affiants.)

Sworn to and subscribed before me this 12<sup>th</sup> day of October, A. D. 1904, and  
I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to  
the applicant and witnesses before swearing, including the words \_\_\_\_\_  
\_\_\_\_\_ erased, and the words \_\_\_\_\_  
\_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

J. M. London  
(Official Signature.)  
Notary Public  
(Official Character.)

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

# Soldier's Application FOR INCREASE

Under the Acts of June 27, 1890, and May 9, 1900.

William Allen, Applicant.

Co. K, 84 Reg't

Vol 12 Vols.

Pension Certificate No. 106,3602

FILED BY  
OCT 18 1904

I. S. Kurtz, Pension Attorney,

Washington, D. C.

Printed and for sale by John F. Shedd, Station Blank Printer,  
Washington, D. C.

18 1904

Edm



# Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

State of Louisiana, County of East Baton Rouge, ss:

ON THIS 30<sup>th</sup> day of June, A. D., one thousand nine hundred and four,  
personally appeared before me, a Notary Public within and for the County and State  
aforesaid Wm Allen, a resident of Irene  
County of East Baton Rouge State of Louisiana

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the  
Knoxville Pension Agency at the rate of Eight dollars per month,

Certificate No. 1063602; by reason of disability from Rheumatism in  
(Here name the disability for which pension was granted.)

arms, shoulders and chest and especially in  
his legs, defective hearing and sight, weakness and  
general debility, give out directly when at work.

That he was a Sgt. in Co. K 84 Reg't USCT. Vols.  
(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he is 68 years of age, having been born on the 15<sup>th</sup> day of  
July, 1836, and believes himself to be entitled to an increase of pension on  
the ground that the rate allowed him is too low and not commensurate with the extent of his present disability.

He therefore requests that he be favored with another medical examination with the view of determining his  
right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9,  
1900.



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

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

J. S. Kurty of Washington, D.C.  
his true and lawful attorney to prosecute his claim.

His Post-office address is Irene, East Baton Rouge  
Louisiana

Jordan Butler

J. C. London  
(Two witnesses who write sign here.)



Wm Allen  
(Signature of Claimant.)  
mark

ATTY FILED



Also personally appeared Irene La. Jordan Butler, residing at \_\_\_\_\_, and \_\_\_\_\_, 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 William Allen (Name of Claimant.) 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 of 41 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.

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

Sworn to and subscribed before me this 30 day of June, A. D. 1904, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_

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

[L. S.]

*Witness signed his name in wrong place*  
*J. M. London*  
*N.P.*

*J. M. London*  
(Official Signature)  
*Notary Public*  
*Jordan Butler*  
(Official Character.)  
*Zachary La*

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

# **Soldier's Application FOR INCREASE**

Under the Acts of June 27, 1890, and May 9, 1900.

*Wm Allen*, Applicant.  
Co. *A*, *84* Reg't  
*J. W. S. G. T.* Vols.

Pension Certificate No. 1063602



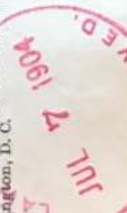
FILED BY

I. S. Kurtz,

Pension Attorney,

Washington, D. C.

Printed and for sale by John F. Sherry, Claim Blank Printer, Washington, D. C.





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

## GENERAL AFFIDAVIT.

State of Louisiana, County of E. B. Rouge, ss:

In the matter of Wm Allen late Sgt. Co. K

874 168 67. Increase of Pension

ON THIS 4<sup>th</sup> day of May, A. D. 1904, personally appeared before me

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

oaths. Wm Allen aged 68 years, a resident of Irene

in the County of East Baton Rouge, and State of Louisiana

whose Post-office address is Irene, La.

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

That his eyesight is failing very fast, that he has Rheumatism in his legs & feet, Palpitation of heart, losing his hearing and general disability caused by Old Age. He is not able to write his name from nervousness

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)



further declares that

no interest in said case and

not concerned in its prosecution.

Jordan Butler

L. L. Oyer,

(If Affiant signs by mark, two witnesses who can write sign here.)

William X Allen

(Signature of Affiant.)

Mark



STATE OF Louisiana, COUNTY OF East Baton Rouge

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

erased, and the words

added, and acquainted

with its contents before 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.

J M Soudon  
(Official Signature.)

Notary Public  
(Official Character)  
Zachary Lea

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

Swathorn Division

Pension

cert No. 1063602

ADDITIONAL EVIDENCE.

CLAIM OF

Wm DeLeon

Co. K 84 Walcott.

AFFIDAVIT OF

Claimant

FILED  
I. S. JAMES  
MAY 10 1894  
RECEIVED  
Pension Attorney,

Washington, D. C.

Printed and for sale by John F. Shedy, Claim Blank Printer,  
412-115 Ninth Street, N. W., Washington, D. C.



# Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

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 Louisiana, County of East Baton Rouge, ss:  
 ON THIS 10<sup>th</sup> day of August, A. D., one thousand nine hundred and three  
 personally appeared before me, a Notary Public within and for the County and State  
 aforesaid William Allen aged 67 years, a resident of  
Irene County of E. B. Rouge State of  
Louisiana, who, being duly sworn according to law, declares he is a pensioner of the  
 United States, enrolled at the Kataville Pension Agency at the rate of Six  
 dollars per month, Certificate No. 1063602, reason of disability from Partial inability  
 (Here name the disability for which pension was granted.)  
to earn a support by manual labor

That he was a Sgt in Co. K 84 Reg't US & Inf Vols.  
 (Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with the extent of his present disability. He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.

Rheumatism in back and legs, the right one especially, also eyes very bad and weakness and general debility caused by age. heart trouble  
etc.



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

He hereby appoints, with full power of substitution and revocation L. S. Kirby  
 of Washington D. C., his true and lawful attorney, to prosecute his claim.  
 His Post-office address is Irene, La.

ATTY FILED

J. L. Montague  
J. L. Ayer  
 (Two witnesses who write sign here.)

William Allen  
 (Signature of claimant)



Also personally appeared James A. Montegudo, residing at  
Zachary Lea, and J. L. Ayer, residing at  
Zachary Lea, 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 William Allen

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

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

J. A. Montegudo  
J. L. Ayer  
(Signatures of Affiants.)

Sworn to and subscribed before me this 10<sup>th</sup> day of August, A. D. 1903

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 \_\_\_\_\_

\_\_\_\_\_ and the words \_\_\_\_\_

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



[L. S.]

J. M. Spauldon  
(Official Signature.)  
Notary Public  
(Official Character.)  
Zachary Lea

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, I \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

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

Soldier's Application

FOR INCREASE

Under the Acts of June 27, 1890, and May 9, 1900.

Wm Allen, Applicant.

Co. K, 84 Reg't

Vol 40 Vols.

Pension Certificate No. 1063602

FILED BY

I S KURTZ.

PENSION ATTORNEY

Washington D. C. RECORDED  
AUG 13 1903  
Printed and for sale by John F. Sherry, Claim Filing Office,  
415-416 Ninth Street, N. W., Washington, D. C.



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

# GENERAL AFFIDAVIT.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

In the matter of Wm Allen, late of Co. K  
84 U.S. Col Inf.

ON THIS 17 day of June, A. D. 1903, personally appeared before me  
Wm R. R. R. in and for the aforesaid County, duly authorized to administer  
oaths Wm Allen aged 46 years, a resident of Irene,  
in the County of East-Bottom Range, and State of Louisiana  
whose Post-office address is Irene, La.

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

He enlisted in Co K. 84 Reg. Col  
Inftry. 25 day of Sept 1863 and discharged  
at New Orleans La. on March 14<sup>th</sup> 1866  
He is unable to earn a support by reason  
of Age, disease, and eye sight. He  
can see but indistinctly and suffers all the time  
with pains in right leg from disease of  
veins, which came on before left the army  
and his eyesight was impaired before May  
the 23<sup>d</sup> 1902. He is unable to earn a  
support by manual labor. His ailments  
were not caused by bad or improper  
habits

further declares that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned in its prosecution.

Wm R. R. R.  
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write sign here.)



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

# GENERAL AFFIDAVIT.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

In the matter of Wm Allen, late of Co. K  
84 U.S. Col Inf.

ON THIS 17 day of June, A. D. 1903, personally appeared before me  
Notary Public in and for the aforesaid County, duly authorized to administer  
oaths Wm Allen aged 66 years, a resident of Irene,  
in the County of East-Born Shreve, and State of Louisiana  
whose Post-office address is Irene, La.

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

He enlisted in Co K. 84 Reg. Col  
Inftry. 25 day of Sept 1863 and discharged  
at New Orleans La. on March 14<sup>th</sup> 1866  
He is unable to earn a support by reason  
of Age, Viricose veins and eye sight. He  
can see but indistinctly and suffers all the time  
with pains in right leg from Viricose of  
veins, which came on before left the army  
and his eyesight was impaired before May  
the 23<sup>d</sup> 1902. He is unable to earn a  
support by manual labor. His ailments  
were not caused by bad or improper  
habits

Further declares that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned in its prosecution.

(If Affiant signs by mark, two witnesses who can write sign here.)

Wm Allen  
(Signature of Affiant.)





STATE OF Louisiana, COUNTY OF East Baton Rouge, La.

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_

erased, and the words \_\_\_\_\_

added, and acquainted with 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.

J. M. London  
(Official Signature.)

Notary Public  
(Official Character.)

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



BWA

Sutherland Division

Pension

Shir. Vigno. 815824

ADDITIONAL EVIDENCE.

CLAIM OF

J. M. Allen  
Co. K 84 U.S. Inf.

AFFIDAVIT OF

Claimant



FILED BY

J. S. Kurby  
Pension Atty.  
Washington, D.C.

Printed and for sale by John F. Sherry, Claim Blank Printer  
415-416 Ninth Street, N. W., Washington, D. C.



# MEDICAL AFFIDAVIT.

This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible, be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of La., County of East Baton Rouge, ss:

In the Pension Claim, No. 815828

of John Allen

Late a.....in Co.....84.....Reg't. of 168th Inf. Vols.  
(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 W. Y. William a citizen of Zachary  
whose Post-office address is Zachary County East Baton Rouge State La.  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in  
relation to aforesaid case as follows;

That he is a practicing physician; and that he has been acquainted with said soldier for about  
10 years, and that

(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or inter-

## NOTES.

The physician, in order to cover the required points should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether, as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough; that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. Affiant should take especial care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor whether  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

lineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.

*I did not know the soldier prior to enlistment  
I have known W. Y. Allen 10 years  
I have been his family physician*

*I do not know whether soldier was sound at enlistment or not  
I did not treat W. Y. Allen while in service*

*I treated the soldier for ten years. The first time I was called to see him was Oct-1892. I treated him for malarial fever. The prescriptions were given in Oct. 1892.*

*The claimant is disabled by age, malarial fever, and eye sight -  $\frac{3}{4}$  hand at the present time*

*W. Y. William & Bro.*





He further declares that he has practiced medicine.....10..... years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

(Affiant's signature. Give rank and service, if in the Army.)

Sworn to and subscribed before me this...A7...day of...June...A. D., 1903, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words...Ratan Range...erased, and the words...W. G. Milligan...added, and that I have no interest, either direct or indirect, in the prosecution of this claim.



[L. S.]

(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.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

**MEDICAL EVIDENCE.**

CLAIM OF

*Jim Allen*

Late in Co. K 84 Regt

*U.S. Co. Inf*

Vol.

FOR

*Aug 815, 824.*

AFFIDAVIT OF

*Dr. W. G. Milligan.*

*Chas. H. Hark*  
*Perkins*  
*Washington D.C.*



He further declares that he has practiced medicine ..... 10 ..... years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

..... *W. G. Williams M.D.* .....  
(Affiant's signature. Give rank and service, if in the Army.)

Sworn to and subscribed before me this ..... 17 ..... day of ..... *June* ..... A. D., 1893, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words ..... *Ratus Rouge* ..... erased, and the words ..... *W. G. Williams* ..... added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

..... *A. M. Sanderson* .....  
(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.]

Clerk of the .....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

**MEDICAL EVIDENCE.**

CLAIM OF

*Jim Allen*

Date *in Co. K 84 Regt*

*U.S. & Inf*

Vote

FOR

*815-824*

AFFIDAVIT OF

*Dr. W. G. Williams.*

*L. S. & Inf*  
*Washington D.C.*



THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,  
BUREAU OF PENSIONS,Washington, D. C., March 25, 1902.

## DOCTORS:

Please amend or complete the attached certificate, complying fully with the requests made below, and return without unnecessary delay.

SAM HOUSTON,

Medical Referee.

Please state the hearing power of each ear separately. — Instructions 1902, paragraphs 107 to 113.

Is there any affection of left knee, and pain in left knee?

Please report on alleged lame back, and roaring in head.

JRM.

find no further evidence of disease  
+ no evidence of vicious habits



# SURGEON'S CERTIFICATE.

Insert character and number of claim.

*Original*

Pension Claim No. *510,824*

Name of claimant.

*William Allen*

Address of Board. *Centerville*

P. O.

Company *K, 84* Reg't *10th Col. Inf*

State.

Claimant's post-office address.

*New, East Patton, Range, Va*

*March 11<sup>th</sup>*

1903

Cause of disability.

*Pleurisy, pneumonia, rheumatism, dis. of heart & lungs, lacer. back, possibly in head, dyspnea, aff. of knees, pain in left leg, impaired eyesight & old age.*

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

He receives a pension of \_\_\_\_\_ dollars per month.  
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *not able to work*

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

Birthplace, *South Carolina*; age, *66* years; height, *5' 10"*; weight, *150* pounds; complexion, *Dark Olive*; color of eyes, *Dark*; color of hair, *Dark*; occupation, *Farming*; permanent marks and scars other than those described below, \_\_\_\_\_

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

Pulse rate, *78 84 90*; respiration, *20 22 24*; temperature, *98 2/10*;

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

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

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

*We find no evidence of either a recent or old attack of pleurisy or pneumonia. Respiratory clear & normal throughout both lungs. We find no evidence whatever of rheumatism. But do find an enlarged condition of right leg from middle thigh down as shown by measurement. Thighs 1" difference, lower at middle & lower thigh 1 1/2" at knee 1" at upper 3/4" leg 1/2" at lower thigh, due in opinion to a varicose condition of long superficial vein of thigh enlarged to twice its normal size. Down to right knee & vein tender.*

*Heart: Apex impulse 1/2" to left + 1" below left nipple, no adventitious sounds, normal rhythm, no cyanosis or dyspnea. Slight hypertrophy. Trachea: Applicant hears ordinary conversation at 16 ft. No abnormality.*

*Eyes: No abnormality of lids or appendages, superficial structures proper structures normal except slight opacity crystalline lens. Reads test type No P. 2 XXX at 20 ft. Vagachute 20/30. "Sexile Fidelity" Applicant is not debilitated any more than one should be of his age, yet he claims he is unable to work more than half of his time.*

*all other organs carefully examined & we find no further evidence of disease & no evidence of vicious habits.*

*We find that the aggregate permanent disabilities for laming a hand by manual labor to be value affliction of right leg & eye sight & work to vicious habits & warrants a rating of 10% per month.*

*announced April 20<sup>th</sup> 1903. Could hear ordinary conversation at six ft. both ears same. Eustachian tubes patent. No obstruction of left nostril or freedom of passage in same. Nothing to indicate lacer. back, no tenderness or swelling, no complaint of same & no complaint or evidence of roaring in head. R. L. Hazaman Secy.*

*R. M. Shurt*, Pres. *R. L. Hazaman*, Secy. *W. D. Marston*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



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

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

"I hereby certify that Dr. W. H. West, Dr. W. H. Marshall, and Dr. R. L. Haganman, were personally present and actually participated in the examination of William Allen, the claimant in this case, on 4 day of March, 1903."

(Signature.)

R. L. Haganman

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

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 190  ."

Witnesses to mark.

(Signature of Applicant.)

# SURGEON'S CERTIFICATE

IN CASE OF

William Allen

Co. L, 84 Reg't Ill Inf.

APPLICANT FOR Original

No. 15-124

DATE OF EXAMINATION:

Mar 4

1903

Pres.,

Sec'y,

BOARD.

W. H. West

R. L. Haganman

W. H. Marshall

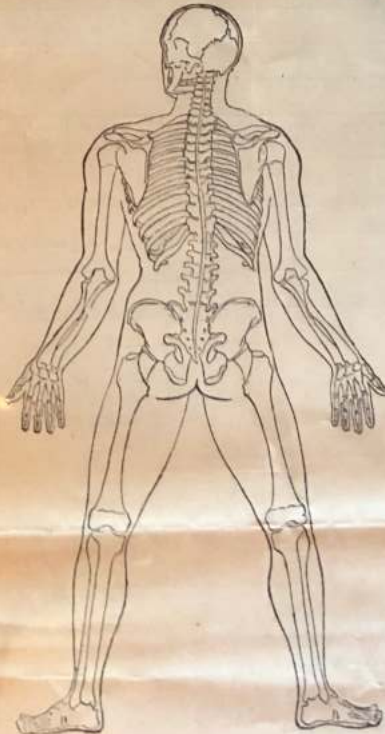
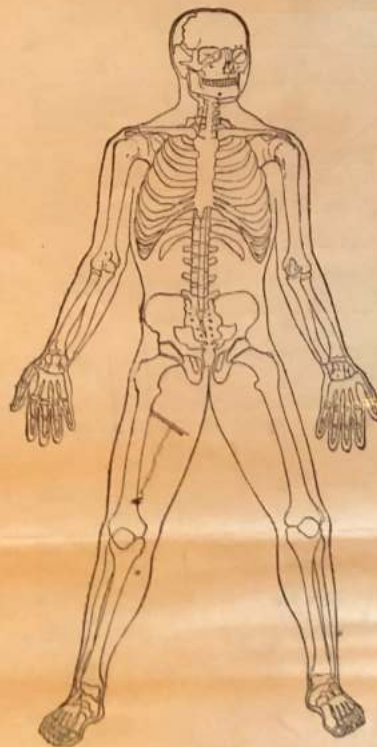
Post office, Centerville

County, William

State, Mississippi

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

APR 25 1903  
SOUTH MAY 2 1903  
RECEIVED



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

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



State of Louisiana County of East  
Baton Rouge, on this 19<sup>th</sup> of May, A.D.  
1902 personally appeared before me  
James M. London, a Notary Public, within  
and for the Parish and State aforesaid  
Wilburne G. Millican M.D. of Zachary,  
E.B. Rouge Louisiana who being duly  
sworn according to law. deposeth and saith  
I have been practicing medicine  
7 years and have known William  
Allen since I began practicing. His  
age disables him onch off and his  
eyes at least one quarter blind  
making him disabled  $\frac{3}{4}$ . This  
renders him unable to make  
a support



W.G. Millican M.D.

Sworn to and Subscribed Subscribed  
before me day said Notary day and  
date above written

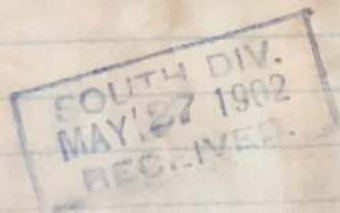
J. M. London  
Notary Public



Inv. Orig 815824

John Allen  
Co. H 84 USCT.

Affidavit of  
Dr. W. G. Milligan



I S KURTZ,  
PENSION ATTORNEY  
Washington D C





Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Louisiana, County of East Baton Rouge, ss:

On this 19<sup>th</sup> day of May, A. D. one thousand nine hundred and

two, personally appeared before me James M. London

a Notary Public within and for the County and State aforesaid,

William Allen, aged 65 years, a resident of the

of Irene County of East Baton Rouge

State of Louisiana who, being duly sworn according to law, declares that he is

the identical William Allen who was ENROLLED on the 25<sup>th</sup>

day of September, 1863, in Co. A 84 U.S.C. Inf.

(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

Sargent in the service of the

United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

New Orleans La., on the 14<sup>th</sup> day of March, 1866

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

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

That he is is unable to earn a support by manual labor by reason of old age

(Here name the disease or

and failing eyesight, severe pains in  
injuries from which disabled.  
hip, back, knees, ankles, and feet also palpitation  
of the heart

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

applied for pension under application No. 815824 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, as amended by act of May 9, 1900.

He hereby appoints with full power of substitution and revocation,

J. S. Kurty of Washington, D.C.

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is Irene, County of

East Baton Rouge, State of Louisiana

William Allen  
(Claimant's Signature.)

1 J. S. Kurty  
2 J. A. Montenegro  
(Two witnesses who write sign here.)

ATTY FILED



Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

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(Here name the disease or

and failing eyesight, severe pains in  
injuries from which disabled.  
hip, back, knees, ankles, and feet also palpitation  
of the heart

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

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(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)

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his POST-OFFICE ADDRESS is Irene, County of

East Baton Rouge, State of Louisiana

William Allen  
(Claimant's Signature.)

1 J. S. Kurty  
2 J. A. Montenegro  
(Two witnesses who write sign here.)

ATTY FILED





Also personally appeared J. L. Ayer, residing at  
Zachary Lea, and J. A. Montegudo,  
residing at Zachary Lea, 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  
William Allen, 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 ac-  
quaintance with him of 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.

J. L. Ayer  
J. A. Montegudo  
(Signatures of witnesses.)

Sworn to and subscribed before me this 19<sup>th</sup> day of May, A. D. 1902  
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
to the applicant and witnesses before swearing, including the words

erased, and the words  
added; and that

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

[L. S.]

J. M. London  
(Signature.)  
Notary Public  
(Official Character.)

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.

SOUTH DIV  
MAY 28 1902  
RECEIVED

Acts of June 27, 1890, May 9, 1900.

SOLDIER'S APPLICATION.

Name:

William Allen

Service:

Co. A 84 Vol Inf.

Address:

Shreve, La.

FILED BY

Wm. Kurtz, Jr. 1902

IS KURTZ,

PENSION ATTORNEY

Washington D C

Date of Exam. May 19, 1902

Printed and Examined by Wm. Kurtz, Jr., Claim Black Printer,  
222 D Street, N. W., Washington, D. C.

RECORDED  
MAY 24 1902

Edm



Also personally appeared J. L. Ayer, residing at  
Zachary Lea, and J. A. Montegudo,  
residing at Zachary Lea, 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  
William Allen, 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 ac-  
quaintance with him of 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.

J. L. Ayer  
J. A. Montegudo  
(Signatures of witnesses.)

Sworn to and subscribed before me this 19<sup>th</sup> day of May, A. D. 1902  
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
to the applicant and witnesses before swearing, including the words

erased, and the words  
added; and that

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

[L. S.]

J. M. London  
(Signature.)  
Notary Public  
(Official Character.)

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SOUTH DIV  
MAY 28 1902  
RECEIVED

Acts of June 27, 1890, May 9, 1900.

SOLDIER'S APPLICATION.

Name:

William Allen

Service:

Co. A 84 Vol Inf.

Address:

Arene, La.

FILED BY

Wm. May 24, 1902

IS KURTZ,

PENSION ATTORNEY

Washington D C

Date of Exam. May 19, 1902

Printed and Examined by John P. Curry, Claim Black Printer,  
222 D Street, N. W., Washington, D. C.

RECORDED  
MAY 24 1902

Edm



## SURGEON'S CERTIFICATE.

Insert character  
and number of  
claim.Name of claim-  
ant.Claimant's post-  
office address.Cause of disa-  
bility.Here give the  
claimant's  
statement (as  
briefly and as  
compactly as  
possible) in re-  
gard to the date  
of origin and  
cause of his dis-  
abilities and  
the manner in  
which they  
affect him.

Pension Claim No. 815824

Address of  
Board, Baton Rouge P. O.  
Louisiana State.

[Date of examination.] July 14, 1902

Company 1st Reg't 84

Irene La

Rheumatism lame back pain in left leg  
disease of heart weak eyes deafness ringing in  
head pleurisy etc. He receives a pension of \$0 - dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first  
discovered by him: Rheumatism lame back pain in  
left leg disease of heart weak eyes deafness  
ringing in head pleurisy and pneumonia

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

Birthplace, Bunnsville S.C.; age, 65 years; height, 5-9;  
weight, 147 pounds; complexion, Dark; color of eyes, Dark;  
color of hair, Grey; occupation, Laborer; permanent marks and  
scars other than those described below, None

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

Pulse rate, 72, 74, 76; respiration, 18, 18, 19; temperature, 96.4

Here give a full  
description of  
the disabilities,  
in accordance  
with Book of  
Instructions.Facts within the  
knowledge of  
the Board, or  
any member  
thereof, rela-  
tive to the  
cause of any  
disability  
found should  
be stated.Whenever a disa-  
bility 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.

No rheumatism joints muscles tendons normal No raking  
No evidence whatever of any lame back Kidneys normal  
Urine 1000 acid amber No albumen (Heub + HNO<sub>3</sub>) No  
sugar (Bartlett's test) No raking  
No evidence of any pain in left leg although he claims  
this as the seat of his rheumatism No raking  
Heart normal apex 1 1/2 inches below & a little to right of  
left nipple No dilatation hypertrophy dyspnoea odema  
of extremities Squads normal No raking  
Eyes normal Can see fingers & pencils at 20 feet with either  
eye No trachoma blepharitis pharyngitis exotropia  
extrusion of acris or puerum Pupils of average normal  
size respond to light & shade No raking  
No deafness Can hear ordinary conversation at 6  
feet with either ear No raking  
No cause discernible for any ringing in head No raking  
No evidence of any pleurisy or pneumonia Lungs  
normal Chest symmetrical Expansion 2 1/2  
inches Sounds normal No raking  
Spleen 3 1/2. Aggregate of disabilities None  
No evidence of any vicious habits  
No other disability exists

When rates are  
recommended  
solely on sub-  
jective evi-  
dence the  
strongest rea-  
sons must be  
given therefor.

L. M. Dupont, Pres. J. M. V. Sec'y. J. D. Dingleberry, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon.  
When additional space is needed to complete report of examination use blank certificate (on 3-156, 3-157, 3-158) properly  
numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



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

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

"I hereby certify that Dr. Dupre, Dr. M. Vea, and Dr. Inglaterra, were personally present and actually participated in the examination of William Allen, the claimant in this case, on February day of 1902"  
(Signature.) [Signature]

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

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_."

Witnesses  
to mark.

(Signature of  
Applicant.)

# SURGEON'S CERTIFICATE

IN CASE OF

William Allen  
Co. H., 8th Reg't U. S. C. V. B.

APPLICANT FOR Original

No. 815-824

DATE OF EXAMINATION:

February 19, 190 2

BOARD.

Pres.,

Sec'y,

Treas.,

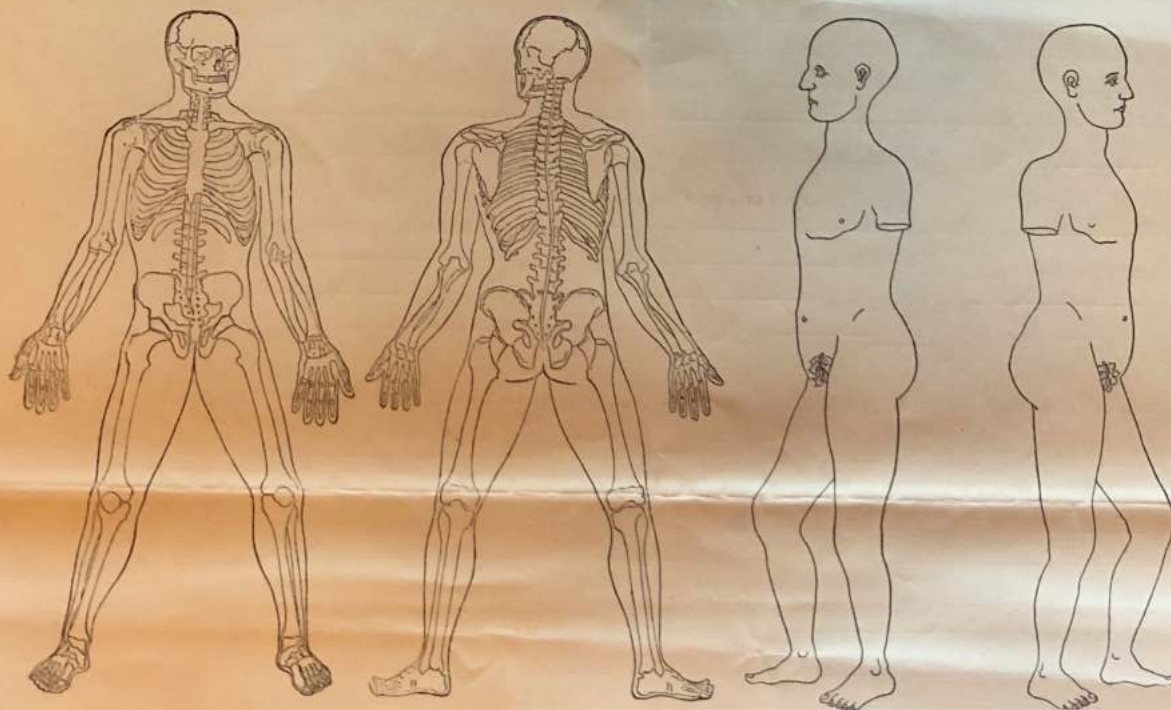
[Signature]  
[Signature]  
[Signature]

Post office, Caton Pong

County, Cad Caton Pong

State, Louisiana

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



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

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



## SURGEON'S CERTIFICATE.

Insert character  
and number of  
claim.Pension Claim No. 85824Name of claim-  
ant.William AllenAddress  
of  
Board.Patm Rouge P. O.  
Louisiana State.Company St Reg't 84Claimant's post-  
office address.June La

[Date of examination.]

July 5, 1907Cause of dis-  
ability.Chronic Pneumonia rheumatism severe pain in  
left leg disease of heart weak eyes lame back roaring  
in head deafness He receives a pension of 72 dollars per month.Here give the  
claimant's  
statement (as  
briefly and as  
compactly as  
possible) in re-  
gard to the date  
of origin and  
cause of his dis-  
abilities and  
the manner in  
which they  
affect him.He makes the following statement in regard to the origin of his disabilities and date when first  
discovered by him: Chronic Pneumonia, rheumatism  
severe pain in left leg disease of heart weak eyes  
lame back roaring in head and deafness  
weak knees.The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location  
of a disease or injury, the entrance and exit of a missile, an amputation, etc.Birthplace, Danvers, W. Va.; age, 60 years; height, 5-9 ;  
weight, 147 pounds; complexion, Dark ; color of eyes, Dark ;  
color of hair, Grey ; occupation, Laborer ; permanent marks and  
scars other than those described below, None

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

Pulse rate, 72, 74, 76 ; respiration, 18, 18, 19 ; temperature, Normal ;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]Here give a full  
description of  
the disabilities,  
in accordance  
with Book of  
Instructions.No evidence of any pneumonia. Lungs are  
absolutely normal. Chest expansion  
2 1/2 inches. Lungs normal. No rales.  
No rheumatism joints muscles tendons normal. No rales.  
No evidence of any pain in either leg. No rales.  
Heart normal after 10 minutes. Slight edema of right  
of left upper. No dilatation. Hypertrophy. Dyspnea  
normal on exertion. Lungs normal. No rales.  
Eyes normal. Cornea. Iris. Pupil. at 20 feet with  
either eye. No trachoma. Blepharitis. Phlegmon.  
ectropion entropion opacities or pannus. Pupils of average  
normal size. Respond to light & shade. No rales.  
No evidence of any lame back. No rales.  
No cause discernible for any roaring in head. No rales.  
No evidence of deafness. Can hear ordinary conversation  
at 6 feet with either ear. No rales.  
No evidence of any weak knees. No cause  
discernible for any. No rales.  
But June 30, 1907 aggregate of disabilities. None  
No evidence of vicious habits.  
No other disabilities exist.When rates are  
recommended  
solely on sub-  
jective evi-  
dence, the  
strongest rea-  
sons must be  
given therefor.L. A. Dupont, Pres. C. M. West, Sec'y. P. D. Hightower, Treas.N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon.  
When additional space is needed to complete report of examination use blank certificate (3-156,  
numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.  
6-562



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

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

"I hereby certify that Dr. Supan, Dr. Dr. A. Vea, and Dr. Angell, were personally present and actually participated in the examination of William Allen, the claimant in this case, on February day of 1902." (Signature.)

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

"I, \_\_\_\_\_, 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 \_\_\_\_\_, 1902."

Witnesses to mark.

(Signature of Applicant.)

SOUTH DIV.  
FEB 28 1902  
RECEIVED



# SURGEON'S CERTIFICATE

IN CASE OF

William Allen  
Co. D, 84 Reg't 4th S.C. V. Inf.

APPLICANT FOR Original  
No. 810-824

DATE OF EXAMINATION:

February 5, 1902

BOARD.

Dr. A. Vea, Pres.,  
Dr. Angell, Sec'y,  
Dr. Supan, Treas.,

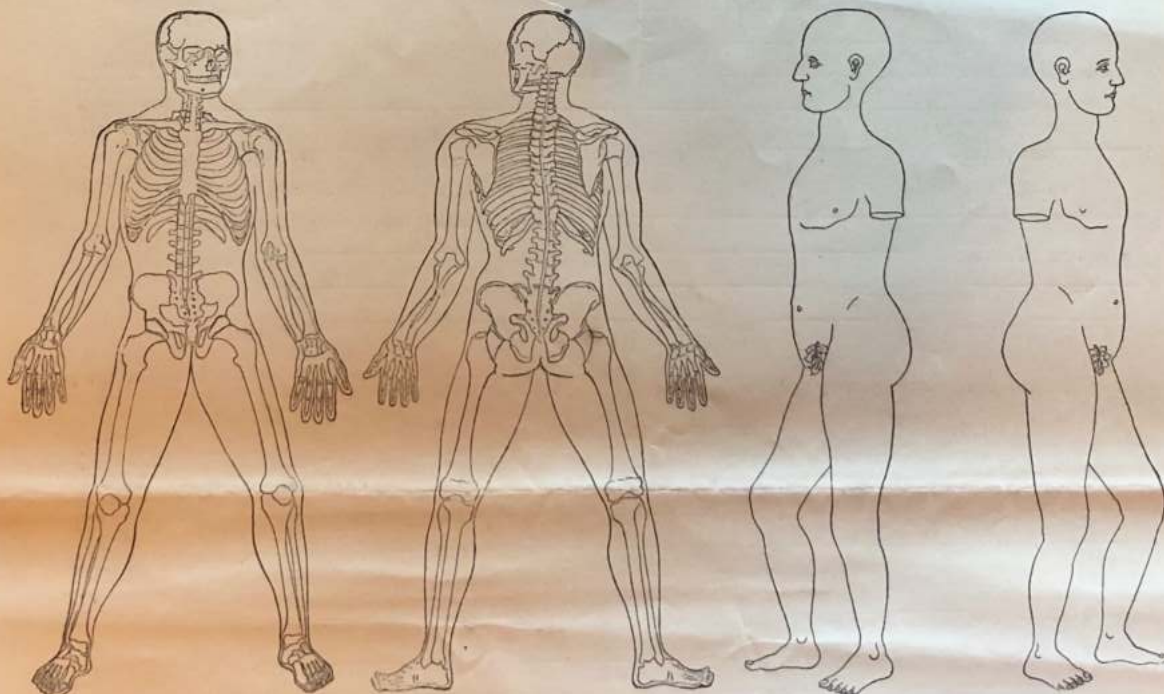
Post office, Canton, Oregon

County, Cantón, Oregon

State, Louisiana

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

Allen



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

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



SOUTHERN DIVISION.

Int. Div. No. 815,824 Department of the Interior,

William Allen

BUREAU OF PENSIONS,

Co. K, 84 Reg't 2507022

Washington, D. C., Dec 4, 1901

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope, which requires no postage.

Very respectfully,

William Allen  
Zachary  
East Baton Rouge La

H. C. Evans  
Commissioner

1. Where were you born? Answer. Barnwell County South Car.
2. Where did you enlist? Answer. Port Hudson Louisiana
3. Where had you lived before you enlisted? Answer. West Feliciana La
4. What was your occupation? Answer. Farmer
5. Were you a slave? If so, state the names of all former owners, and particularly the name of your owner at the date of your enlistment: Yes Mrs. Polly Harrell then John G. Sap of S. C. and then to Isiah Norwood and enlisted
6. Where were you discharged? Answer. Yes in New Orleans La.
7. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence. I am East Baton Rouge Parish State of La. First at Port Hudson 8 months 4 years at Gordon Pl. 22 years
8. What is your present occupation? Answer. Farming
9. What is your height? 5 feet 9 1/8 inches. The color of your skin? Black  
Are there any permanent marks or scars on your person? If so, describe them. one on my knee cut while in army making tounge to wagon
10. 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. Never used or had any other name
11. Have you ever been known by any names other than that given in your application for pension? If so, state them in full. No other name but William Allen
12. By what name are you now known? State it in full. William Allen
13. What is your actual residence at the present time, and what is the nearest post-office? Answer. Chas. Mc. B. Barnett's place joining Gordon Place, Irene La.

WITNESSES:

1. W. J. Wise
2. Jordan Butler

Date: Dec 12, 1901

[Witnesses who can write sign here.]

17992b5m4-01



Div.

No. 815,824

William Allen

Co. K, 84 Reg't 250th Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.

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,

William Allen

Zachary

East Baton Rouge Co La

M. Chas. Evans

Commissioner.

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

Answer: I am Martha Jane Allen, Martha Jane McRae

No. 2. When, where, and by whom were you married? Answer: 1869, at Mr. Hartney's

B Rouge, Maryland Goff

No. 3. What record of marriage exists? Answer: Recorded in the

City of Baton Rouge La.

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: in 1859, Jennie Ramsey

3-Mich, 1861, in West Feliciana Pa. La.

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

birth. Answer: Willie Allen Dec 23<sup>d</sup> 1869, Olivia Allen

Born Sept 14<sup>th</sup> 1871, Ambrose Allen May 6<sup>th</sup> 1874

Isaac Allen Feb 11<sup>th</sup> 1877, Daisy Allen Sept.

7<sup>th</sup> 1878 Howard Allen Oct. 3<sup>d</sup> 1880, Remington and

Henry twins Oct. 15<sup>th</sup> 1882, Manford Allen Oct 15<sup>th</sup> 1884

Seymour Allen Aug 12<sup>th</sup> 1892

Date of reply, Dec 12<sup>th</sup> 1901

W. J. Wise

Lord and B. Allen

M. A. Allen

(Signature.)



*South* Div.  
 No. 815,824

*William Allen*

Co. K, 84 Reg't U.S.C.V. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.

*Dec 4, 1901*

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,

*William Allen*

*Zachary*

*East Baton Rouge Co La*

*M. Chas. Evans*

Commissioner.

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

Answer: *I am. Martha Jane Allen, Martha Jane McGee*

No. 2. When, where, and by whom were you married? Answer: *1869, at Mr. Cartney's*

*B. Rouge, Maryland Goff*

No. 3. What record of marriage exists? Answer: *Recorded in the*

*City of Baton Rouge La.*

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: *in 1859, Jennie Ramsey*

*3-Mich, 1861, in West Feliciana Pa. La.*

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

birth. Answer: *Willis Allen Dec. 23<sup>rd</sup> 1869, Olivia Allen*

*Born Sept 14<sup>th</sup> 1871, Ambrose Allen May 6<sup>th</sup> 1874*

*Isaac Allen Feb 11<sup>th</sup> 1877, Daisy Allen Sept.*

*7<sup>th</sup> 1878 Howard Allen Oct. 3<sup>rd</sup> 1880, Remington and*

*Henry twins Oct. 15<sup>th</sup> 1882, Stanford Allen Oct. 15<sup>th</sup> 1884*

*Seymour Allen Aug 12<sup>th</sup> 1892*

Date of reply, *Dec 12<sup>th</sup> 1901*

*W. J. Wise*

0-2

(Signature.)

*Lord and B. Allen*



J.P.Z.  
SOUTHERN  
3-340.  
(Old No. 3-100.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C. Dec 4, 1901

Dr. J. E. Shute Secretary,  
Opelousas  
Co. St. Landry La  
(State.)

Sir:  
Mr. William Allen  
P. O. Zachary  
Co. East Baton Rouge La  
(State.)  
late a priv

Cof. 84 Regiment 25070 of Reg  
an applicant for Invalid Pension  
du 816,824

has been directed to report himself to you for  
examination on account of disability from  
rheumatism, lame  
back pains in left leg  
disease of heart, weak  
eyes, deafness, ringing  
in head, pleurisy and  
pneumonia

Are there any other disabilities?  
Are there evidences of vicious habits?

Very respectfully,

H. CLAY EVANS,  
Commissioner.

SEE INSTRUCTIONS OF JUNE 20, 1900

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





# GENERAL AFFIDAVIT.

State of Louisiana, County of East Baton Rouge, ss

In the matter of William Allen, late of Co. K.  
84 U.S.C.T.

ON THIS 15 day of April, A. D. 1901, personally appeared before me  
A Notary Public in and for the aforesaid County duly authorized to administer  
oaths W. G. Millican aged 30 years, a resident of East Baton Rouge  
in the County of East Baton Rouge and State of Louisiana  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

William Allen has been a patient  
of mine for sometime. My knowledge  
of his disabilities was obtained by  
examination. His eyes and age  
renders him unable to make a  
deposition by actual manual labor.

H Post-office address is St. Louis, Mo.

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

W. G. Millican M.D.  
(Signature of Affiant.)

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



STATE OF Louisiana, COUNTY OF East Baton Rouge, La.

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 East Baton Rouge  
Living erased, and the words  
Zachary and support 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.]

J. M. Soudon  
(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 \_\_\_\_\_ 1 \_\_\_\_\_.

[L. S.]

Clerk of the \_\_\_\_\_

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Inv. Orig 815824

ADDITIONAL EVIDENCE.

CLAIM OF

Wm Allen

Co. K 34 Vol 127

AFFIDAVIT OF

W. W. G. Williams

FILED BY

IS KURTZ,

PENSION ATTORNEY

Washington D C

Printed and for sale by John F. Sherry, Claim Blank Printer  
623 D Street, N. W., Washington, D. C.



Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Louisiana, County of East Baton Rouge ss:

On this 14 day of February, A. D. one thousand nine hundred and

1901, personally appeared before me J. M. London  
a Notary Public within and for the County and State aforesaid,

William Allen, aged 64 years, a resident of the

of Zachary County of East Baton Rouge

State of Louisiana who, being duly sworn according to law, declares that he is

the identical Wm Allen who was ENROLLED on the 25

day of September, 1863, in Co. A 84 Vol Inf.  
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

2 Sargent in the service of the

United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

New Orleans, on the 14 day of March, 1866

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

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

That he is he unable to earn a support by manual labor by reason of Rheumatism  
(Here name the disease or

in arms and shoulders, neck, back, & hips.  
Injuries from which disabled.  
severe pain in left leg, & heart trouble.

That said disabilities are not due to his  
vicious habits, and are to the best of his knowledge and belief permanent. That he has heretofore  
applied for pension under application No. 815824 That he is a pensioner under Certificate No.

(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under  
the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints with full power of substitution and revocation,

J. S. Kurtz of Washington D.C.

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is Zachary, County of

East Baton Rouge, State of Louisiana

1 Richard Green (Claimant's Signature)

2 James M. Allen  
(Two witnesses who write sign here.)

ATTY FILED





Also personally appeared Richard Green, residing at  
Zachary La, and Jordan Butler,  
residing at Isene La, 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  
William Allen, 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 ac-  
quaintance with him of 20 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.

Richard Green  
Jordan Butler  
(Signatures of witnesses.)

Sworn to and subscribed before me this 14<sup>th</sup> day of Feb., A. D. 1901,  
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
to the applicant and witnesses before swearing, including the words

erased, and the words  
added; and that

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

[L. S.]

J. M. London  
(Signature.)  
Notary Public  
(Official Character.)

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.



D.O. 815824  
Acts of June 27, 1890, May 9, 1900.

SOLDIER'S APPLICATION.

Name:

Wm Allen

Service:

Co. K 84 West

Address:

Zachary La.

Feb 23-1901

FILED BY

KURTZ,

PENSION ATTORNEY

Washington D C

Date of Execution Feb 14 1901

Printed and for sale by John F. Sherry, Claim Blank Printer,  
623 14 Street, N. W., Washington, D. C.





## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Pension Claim No. 815 84

Address of Board.

P. O.

State.

Claimant's post-office address.

[Date of examination] Sept 5<sup>th</sup>, 189

Cause of disability.

Orig  
William Allen  
Sgt Company H Reg't 84  
Rank La  
Guibay, La  
Rheumatism, Pain in left leg disease of heart back head eyes & knees, deafness, pleurisy, pneumonia  
 He receives a pension of \_\_\_\_\_ dollars per month.

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

He makes the following statement upon which he bases his claim for Orig  
 [Original, increase, restoration, etc.]  
Rheumatism pain in left leg, dis of heart back head eyes, knees, deafness, pleurisy, pneumonia

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

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

Pulse rate, 72, 76, 74, respiration, 18, 19, 19, temperature, 96,  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 9 inches; actual weight, 140 pounds; age, 64 years. ✓

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

The actual or probable origin of every existing disability must be fully set forth.

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

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

No rheumatism joints muscles tendons normal. Not rating  
No evidence of any pain in left leg. Not rating  
Heart normal. Apex beat 1 1/2 inches below & a little to right of left nipple. No dilatation hypertrophy dyspnea, edema or cyanosis. Sounds normal. Not rating  
No evidence of any disease of heart. Kidneys normal  
Urine 1020. Acid, amber. No albumen (Schat H N 13)  
No sugar (Bartles test) Not rating  
No evidence nor history of any disease of head. Not rating.  
Eyes normal. No lachryma, blepharitis, ptosis, squint, strabismus, entropion, opacities or pain. Pupils of average normal size respond to light shade. R.V. 20/40 L.V. 20/40 Not rating  
No evidence of any disease of, or injury to, knees. Not rating  
No deafness. Heards ordinary conversation at distance of 6 feet with either ear. Not rating  
No evidence of either pleurisy or pneumonia. Lungs normal. Chest symmetrical. Expansion 8 1/2 inches. Sounds normal. Not rating  
No evidence of vicious habits  
No other disability exists.

Langdon, Pres. McGee, Sec'y. W. D. Singletary, Treas.



## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Pension Claim No.

Claimant's post-office address.

Cause of disability.

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

*Orig* Pension Claim No. *81584*  
*William Allen*  
 Address of Board. { *Baton Rouge* P. O.  
*La* State.  
 [Rank.] *Sgt* Company *No* Reg't *84*  
*Garhays La* [Date of examination] *Sept 5/00*, 189  
*Rheumatism, Pain in left leg disease of heart back head, eyes & lungs, deafness, pleurisy pneumonia*  
 He receives a pension of \_\_\_\_\_ dollars per month.

He makes the following statement upon which he bases his claim for *Orig*  
 [Original, Increase, Restoration, etc.]

*Rheumatism pain in left leg, dis of heart back head eyes, lungs deafness pleurisy pneumonia*

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

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

Pulse rate, *72, 76, 74*, respiration, *18, 19, 19*, temperature, *96*,  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *9* inches; actual weight, *140* pounds; age, *64* years. ✓

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

*No rheumatism joints muscles tendons normal. No atrophy*  
*No evidence of any pain in left leg. No atrophy*  
*Heart normal. Apex beat 1 1/2 inches below & to right*  
*of left nipple. No dilatation hypertrophy dyspnea*  
*edema or cyanosis. Sounds normal. No atrophy*  
*No evidence of any disease of back. Kidneys normal*  
*Urine 1020. Hard amber. No albumen (Schat + H N 113)*  
*No sugar (Bartles test) No atrophy*  
*No evidence nor history of any disease of head. No atrophy.*  
*Eyes normal. No lachryma blepharitis pterygium ectropion*  
*entropion opacities or pannus. Pupils of average normal*  
*size correspond to right shade. R.V. 20/40 L.V. 20/40 No atrophy*  
*No evidence of any disease of, or injury to knees. No atrophy*  
*No deafness. Heeds ordinary conversation at distance of*  
*6 feet with either ear. No atrophy*  
*No evidence of either pleurisy or pneumonia. Lungs normal.*  
*Heart symmetrical. Expansion 1 1/2 inches. Sounds*  
*normal. No atrophy*  
*No evidence of vicious habits*  
*No other disability exists.*

The actual or probable origin of every existing disability must be fully set forth.

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

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."



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

"I hereby certify that Dr. Dupree, Dr. Medea, and Dr. Duglebury, were personally present and actually participated in the examination of Am. Allen, the claimant in this case, on Sept 19 1900, 18 1900 day of Sept 19 1900, 18 1900." (Signature.) D. Medea

(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 1900." (Signature.)



# SURGEON'S CERTIFICATE

IN CASE OF

William Allen  
Co. A Reg't 1st Co. Inf

APPLICANT FOR Orig

No. 1584

DATE OF EXAMINATION:

Sept 19 1900, 189

BOARD.

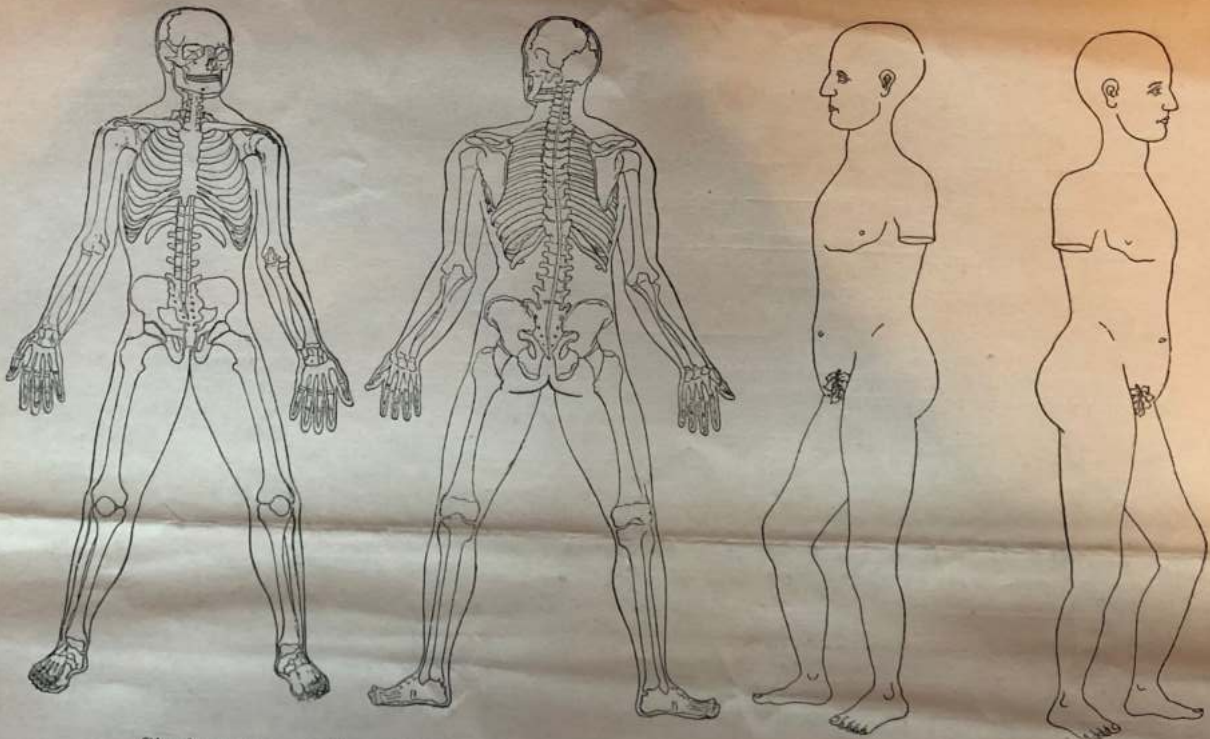
D. Medea Pres.,  
D. Duglebury Sec'y,  
D. Dupree Treas.,

Post office, Indian River

County, Osceola

State, Florida

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



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

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



# MEDICAL AFFIDAVIT.

\*This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible, be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of Louisiana, County of Calcasieu Parish SSR.

In the Pension Claim, No. 815824

of Wm Allen

Late a Sgt in Co. H of the 84 Reg't. of 26869 Vols.  
(Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.)

Personally me before me, a Justice of the Peace in and for the aforesaid County and State of Louisiana, a citizen of Louisiana

whose Post-office address is Lachary County of Calcasieu State of La

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

That he is a practicing physician; and that he has been acquainted with said soldier for about Six years, and that

(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or inter-

## NOTES.

lineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.

The physician, in order to cover the required points should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective:

1st. Whether or not he knew the soldier prior to enlistment, the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough; that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. Affiant should take especial care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

I did not know Wm Allen before enlistment. I have known applicant 6 years, become acquainted with him through practice have been his physician. He lives about 5 miles from my office. I do not know as to his physical condition before enlistment. I began treating Wm Allen 6 years ago for heart trouble. He has regtification of Semtinae Valves. It has been improving worse since under my treatment. The rough result of a damming back of blood has gotten to be somewhat alarming. He has Rheumatism etc but only coming on at periods. I find that his case is the most potent factor in rendering applicant unable to make support. I consider him disabled 1/2.





# MEDICAL AFFIDAVIT.

\*This Affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible, be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of Louisiana, County of Calcasieu Parish ss

In the Pension Claim, No. 815824

of Wm Allen

Late a Sgt in Co. H of the 84 Reg't. of 26869 Vols.

Personally came before me, a Justice of the Peace in and for the aforesaid County and State La a citizen of La

whose Post-office address is La County Calcasieu State La

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

That he is a practicing physician; and that he has been acquainted with said soldier for about Six years, and that

(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or inter

## NOTES.

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1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

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3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. Affiant should take especial care to state, to the best of his recollection and ability to what fractional extent claimant has been disabled for performance of manual labor whether  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

I did not know Wm Allen before enlistment. I have known applicant 6 years, become acquainted with him through practice, have been his physician. He lives about 5 miles from my office. I do not know as to his physical condition before enlistment. I began treating Wm Allen 6 years ago for heart trouble. He has reoperation of Lumbago Valves. It has been progressing worse since under my treatment. The result of course of a Lumbago of blood has grown to be somewhat alarming. He has Rheumatism also, but only coming on at periods. I find that his age is the most potent factor in rendering applicant unable to make support. I consider him disabled  $\frac{1}{2}$ .





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

Sworn to and subscribed before me this 3rd day of May, A. D., 1900, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words..... erased, and the words..... added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

[L. S.]

I, J. A. Hylton 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.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

**MEDICAL EVIDENCE.**

CLAIM OF

Dr. Allen

Late Dr. Allen in Co. H 8 Regt

For

FOR

AFFIDAVIT OF

Dr. W. H. Williams



FILED BY

I. S. KURTZ,

PENSION ATTORNEY

Washington D C

Printed and for sale by W. F. Canaday & Co., 712 10th St., N. W., Washington, D. C.



Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Louisiana, County of East Baton Rouge, ss:

On this 5<sup>th</sup> day of March, A. D. one thousand nine hundred and ninety-

personally appeared before me J. M. London

a Notary Public within and for the County and State aforesaid

William Allen, aged 64 years, a resident of the

of Irene County of E. Baton Rouge

State of Louisiana who, being duly sworn according to law, declares that he is

the identical William Allen who was ENROLLED on the 25<sup>th</sup>

day of Sept, 1863, in Co. H 84 Regt. Sargent  
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

in the service of the

United States in the war of rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

New Orleans La, on the 14 day of March, 1866.

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

above.

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

That he is unable to earn a support by manual labor by reason of Rheumatism in  
(Here name the disease or

arms, shoulders, neck, back and hips so, as, to at times  
injuries from which disabled.)

disable him from doing any work, also a severe pain in my left  
leg his heart troubles him all the time I am always in pain when at work  
That said disabilities are not due to his

violent habits, and are to the best of his knowledge and belief permanent. That he has heretofore

applied for pension under application No. 815824 That he is a pensioner under Certificate No.

(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provisions of the act of June 27, 1890.

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

Ed. Hurty, of Washington, D.C.,

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST-OFFICE ADDRESS is Zachary, County of

East Baton Rouge, State of Louisiana

1. Londan Baitley William Allen  
(Attorney's Signature.)

2. W. H. Butler  
(Two witnesses who can write sign here.)



ATTY FILED.



Act of June 27, 1890.

SOLDIER'S APPLICATION.

Name:

John Allen

Service:

Co. H 84 Vol Infantry

Address:

Zachary, Va.

FILED BY

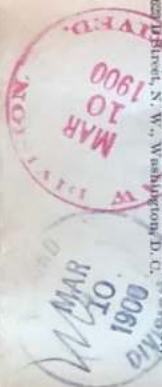
KURTZ,

PENSION ATTORNEY

Washington D C

Date of Decision March 5 1900.

Printed and for sale by JOHN F. SMITH, Chief Clerk, Department of War, 625 Broadway, N. Y., Washington, D. C.



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.

[L.S.]

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

William Henry  
erased, and the words  
to the applicant and witnesses before swearing, including the words

and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
Sworn to and subscribed before me this 5th day of March, A. D. 1900.

(Signatures of witnesses.)

William Henry  
William Henry

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

acquaintance with him of 35 years and 31 years respectively; that he is the

foregoing declaration; that they have every reason to believe from the appearance of said claimant and their ac-

claimant, sign his name (or make his mark) to the

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

residing at Zachary, Va. and persons whom I certify to be respectable and

East Potomac Range, Va., and William Henry Butler

Also personally appeared Jordan Butler, residing at



## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Pension Claim No. 815824

Name of claimant.

William Allen

Address of Board.

Baton Rouge  
Louisiana

P. O.

State.

Claimant's post-office address.

Drum, La

[Date of examination.]

Dec 6, 1897

Cause of disability.

Dis of back, dis of heart, dis of eyes, pleurisy  
pneumonia, rheumatism, deafness & thrombosis

He receives a pension of \_\_\_\_\_ dollars per month.

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

[Original, increase, restoration, etc.]

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

Dis of back, dis of heart, dis of eyes, pleurisy  
pneumonia, rheumatism, deafness & thrombosis

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

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

Pulse rate, 70, 73, 75, respiration, 18, 19, 19, temperature, 99,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]height, 5 feet 9 inches; actual weight, 145 pounds; age, 63 years.

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

No evidence whatever of disease of heart nor of  
No disease of heart. Apex beat 1 1/2 inches below ca-  
ticle to right of left nipple. No dilatation, hypertrophy,  
dyspnoea, edema or cyanosis. Sounds normal. No rales.  
Eyes normal. No trachoma, blepharitis, ptosis, strabismus,  
cataract, opacities or pain. Pupils of average normal  
size, respond to light & shade. R. E. V. 20/40 L. V. 20/40. No rales.  
No evidence of any disease of chest or lungs. Expansion  
2 inches. No rales. No pneumonia or pleurisy. No rales.  
No evidence of deafness. Can hear ordinary conversation  
at distance of 6 feet with either ear. No rales.  
Applicant is debilitated from age & deserves a rating  
Rating 7/8  
No evidence of vicious habits  
No other disability exists.

The actual or probable origin of every existing disability must be fully set forth.

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

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

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

Pres.

W. H. Allen

Sec'y.

J. P. Singletary

Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



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

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

"I hereby certify that Dr. Dunbar, Dr. McNeal, and Dr. Langbehn, were personally present and actually participated in the examination of Wm Allen, the claimant in this case, on 6 day of Dec, 1899."

(Signature.)

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

"I, William Allen, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Langbehn and Dr. McNeal, the examining surgeons here present (waiving examination by full board), on this 6 day of Dec, 1899."

(Signature.)



# SURGEON'S CERTIFICATE

IN CASE OF

William Allen  
Co. H, 84 Reg't U. S. C. S. Cole

APPLICANT FOR Orig

No. 81884

DATE OF EXAMINATION:

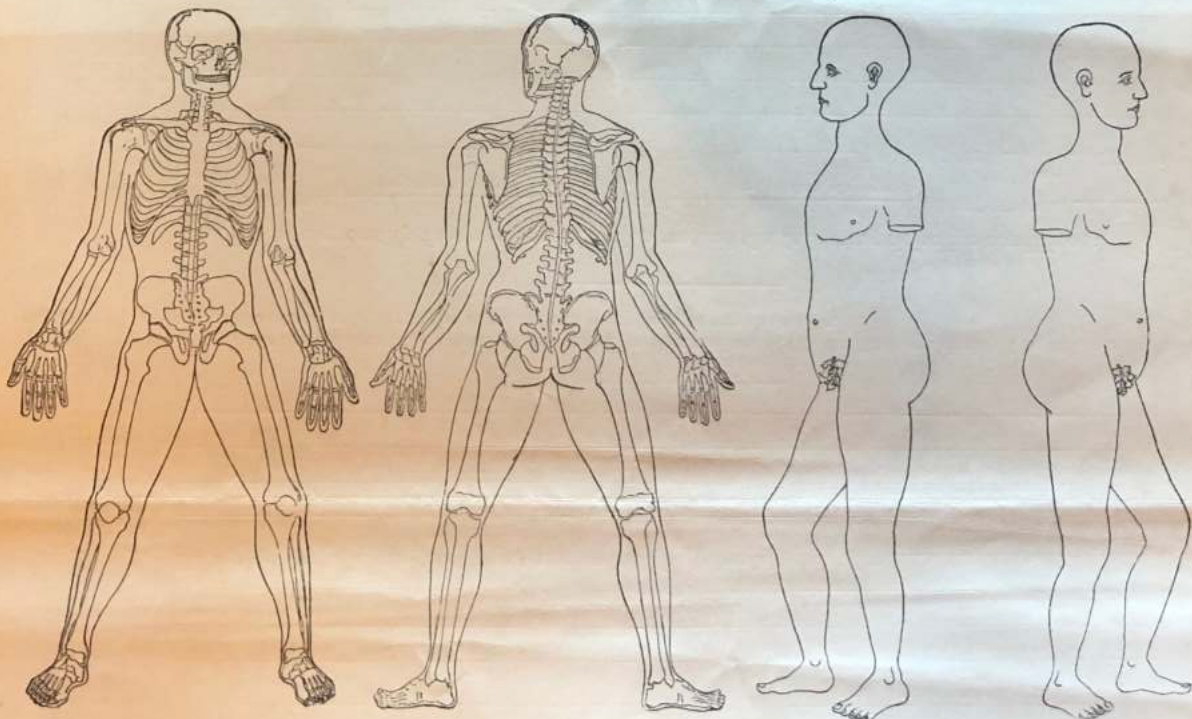
Dec 6, 1899

BOARD.

Langbehn, Pres.,  
McNeal, Sec'y,  
Langbehn, Treas.,

Post office, Langbehn  
County, Langbehn  
State, Langbehn

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



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

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



Test

## Department of the Interior,

## BUREAU OF PENSIONS,

Oct 23, 1897

Nature of Claim *orig*No. *815-824*Soldier: *William Allen*Service: *K 84 USCV I*

It is desired in this case that the examination be made with special reference to—

*Disease of back*  
*Disease of heart*  
*Disease of Eyes*  
*Pleurisy*  
*Pneumonia & results,*  
*Deafness*  
*Rheumatism*

*Describe and rate*  
*each disability sep-*  
*arately. Describe*  
*fully the condition of*  
*of eyes and test*  
*vision of each eye*  
*separately. Comply*  
*with instructions for*  
*1897.*

J. F. RAUB,  
 Medical



*No Revenue stamps required.*  
**GENERAL AFFIDAVIT.**

State of Louisiana, County of East Baton Rouge, ss  
In the matter of Wm Allen late of Co. K  
84 Vol. B. Inf.

ON THIS 26 day of June, A. D. 1899, personally appeared before me  
a Notary Public in and for the aforesaid County duly authorized to administer  
oaths Wm Allen aged 62 years, a resident of Irene  
in the County of East Baton Rouge and State of Louisiana  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

He has not applied for Pension prior  
NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.  
to Sept 8<sup>th</sup> 1890. He has only applied once  
the number of his application being No. 815.824  
as per receipts from the Commissioners Green B  
Ramm dated May 31<sup>st</sup> 1892. Wm Lockren June 4<sup>th</sup>  
1894 and D. J. Murphy Comm. June 7<sup>th</sup> 1897 all  
the receipts are numbered the same viz. No. 815.824  
He filed the above numbered claim through W. P.  
Kenady first it then turned over to M. Busher and  
then to J. S. Kurts my present attorney.  
He further says that the reason that he made his  
mark to his first was that he had the Rheumatism  
in his right arm so bad that he could not use it  
at the time.

His Post-office address is Irene, E. B. Rouge La.  
further declare that no interest in said case and not concerned  
in its prosecution.

William Allen  
(Signature of Affiant.)



STATE OF Louisiana, COUNTY OF East Baton Rouge, ss:

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

erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is credible person.

J. M. Spoudon  
(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 \_\_\_\_\_ 1899 .

[L. S.]

Clerk of the \_\_\_\_\_

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

815 824  
ADDITIONAL EVIDENCE.

CLAIM OF

John Allen

Chas. H. 34 Woodbury

AFFIDAVIT OF

Claimant

CITY DIV.  
AUG 31 1899  
RECEIVED

FILED BY

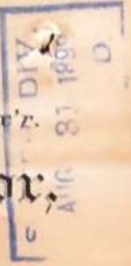
KURTZ,

PENSION ATTORNEY

Washington D C

Printed and for sale by John F. Sherry, Claim Blank Printer,  
623 D Street, N. W., Washington, D. C.





So. Div.  
 Ins. No. 815, 824  
 Wm Allen,  
 Co. K, 24 Reg't N.C. Inf.

# Department of the Interior,

## BUREAU OF PENSIONS,

Sir:

Washington, D. C., June 20, 1899

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,

Wm Allen.

Jane.

La.

Commissioner.

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

Answer: Yes. Martha Jane McGehee

No. 2. When, where, and by whom were you married? Answer: In the year 1869 in East Baton Rouge Pa. La. by Elder Gauff

No. 3. What record of marriage exists? Answer:

In Baton Rouge La.

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: Yes before the war, Jenny Ramsdell Died at Norwoods Plant. in La. 1861

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Yes. Wm Allen 29<sup>th</sup> Dec. 1869 - Olivia, Sept. 14<sup>th</sup> 1871. Ambrose May 6<sup>th</sup> 1874. Isaac Feb 11<sup>th</sup> 1877. David Sept. 7<sup>th</sup> 1878. Howard Oct. 3<sup>d</sup> 1880. Henry and Wilmington, twins, Oct. 15<sup>th</sup> 1882. Nanford Oct 15<sup>th</sup> 1884. Seymore Aug 12<sup>th</sup> 1892.

Date of reply, June 26<sup>th</sup>, 1899



PENSION ATTORNEY  
S. S. KURTZ,  
Washington D. C.

See. Aug 315824  
Jm Allen  
Co. H. 84 2686 reg.





PENSION ATTORNEY  
S. S. KURTZ,  
Washington D. C.

See. Aug 315824  
Jm Allen  
Co. H. 84 2686 reg.





Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C.,

June 20, 1899

Law. No. 815,824  
Wm Allen  
Co K, 84 Reg't U.S.C. Inf

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,

Wm Allen,

Irene,

La.

A. Chief Clerk  
Commissioner.

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

Answer. East Baton Rouge Parish La - Irene

Second. Where did you live from 1892 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. I am at the same place that I was then  
I only moved about 3 or 4 hundred yards from  
Gordans place to Mrs. Barnetts Place all formerly William

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

Answer. Irene

Fourth. What has been your occupation since discharge.

Answer. Farming

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 other

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 other name

Date of reply, June 26<sup>th</sup>, 1899W. Allen  
(Signature of claimant)



SOUTHERN DIVISION.

3-493.



Rec. Ex'r.

Inw. No. 815,824  
Wm Allen

# Department of the Interior,

Co K, 84 Reg't U.S.C. Inf

BUREAU OF PENSIONS,

Sir:

Washington, D. C., June 20, 1899.

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,

Wm Allen,

Irene,

La.

*A. C. Evans*  
Commissioner.

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

Answer. East Baton Rouge Parish La. - Irene

Second. Where did you live from 1892 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. I am at the same place that I was then. I only moved about 3 or 4 hundred yards from Gordans place to Mrs. Barnetts Place all formerly William

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

Answer. Irene

Fourth. What has been your occupation since discharge.

Answer. Farming

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 other

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 other name

Date of reply, June 26<sup>th</sup>, 1899.

*W. Allen*  
(Claimant's signature.)



# GENERAL AFFIDAVIT

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

In the matter of Wm Allen, late of Co. K 84 U.S. Inf.

ON THIS 4<sup>th</sup> day of March, A. D. 1898, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Jordan Butler

aged 55 years, a resident of Irene, in the County

of East Baton Rouge, and State of Louisiana

whose Post-office address is Irene La

Spencer Griffith, aged 45 years, a resident of Port Hudson

George James, in the County of East Baton Rouge,

and State of Louisiana, whose Post-office address is

Port Hudson, La.

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

That they are near neighbours to the above named William Allen and are well acquainted

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

with him and often see him and know that he is never entirely well and that he is very often unable to do any manual labor. he complains of lameness of Back, rheumatism, and of his heart. We know that he is so afflicted that he cannot do near a full daywork at any time and that very often he is unable to do any work. He has been afflicted since 1890 to our knowledge and he is continually getting more helpless

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

George James

J. L. Ryan

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

Jordan Butler

Spencer Griffith

(Signatures of Affiants)





STATE OF Connecticut, COUNTY OF East Haven, ss:  
 I, George Davis, do hereby certify that I read said  
 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 George Davis  
 erased, and the words James Griffith  
 added, and acquainted them  
 with its contents before they executed the same. I further certify that I am in no wise inter-  
 ested 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.

J. M. Jordan  
 (Official Signature)



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 815 824  
 [State above whether for original, increase, or restoration.]  
 Name and rank of claimant. William Allen, Rank, Sergeant  
 Company K, 8th Reg't U.S.C. Poland, La. State, March 2, 1898  
 [Post-office address of the Board.]  
 Claimant's post-office address. Orleans, La. [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Lameness of back, heart disease, deafness and rheumatism.

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.]  
Lameness of back, heart disease and deafness and rheumatism

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

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

The actual or probable origin of every existing disability must be fully set forth.

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

Each disability must be rated separately, the act of Congress of March 2, 1890, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Upon examination we find the following objective conditions: Pulse rate, 75; respiration, 18; temperature, 98; height, 5 feet 9 1/2 inches; weight, 148 pounds; age, 62 years. There is no cause for lameness of back, no tenderness whatever. No rating.  
His ears are absolutely normal in every respect. He can hear ordinary conversation at 6 ft. with either ear with greatest ease. No rating.  
No evidence of rheumatism, joints, muscles and tendons are normal. No rating.  
No evidence of heart disease. Heart normal in every respect. Apephic at 1 1/2 in. below and a little to right of left nipple. No dilatation, hypertrophy, edema, cyanosis or dyspnoea. Sounds normal. Pulse 75, 78, 81. No rating.  
No evidence of vicious habits.  
No other disability exists.

J. M. Dupont, Pres. Chas. D. Kea, Sec'y. G. P. Hingstary, 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. Alfred Dupree, Dr. Charles McVea, and Dr. D.P. Singletary, were personally present and actually participated in the examination of William Albert, the claimant in this case, on 2 day of March, 1898  
(Signature.) Chas McVea

(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 \_\_\_\_."



### SURGEON'S CERTIFICATE

IN CASE OF

William Albert

Co. H, 84 Reg't U.S.C.V.

Applicant for Original

No. 815-824

DATE OF EXAMINATION:

March 2, 1898

BOARD.  
Alfred Dupree, Pres.,  
Charles McVea, Sec'y,  
D.P. Singletary, Treas.,

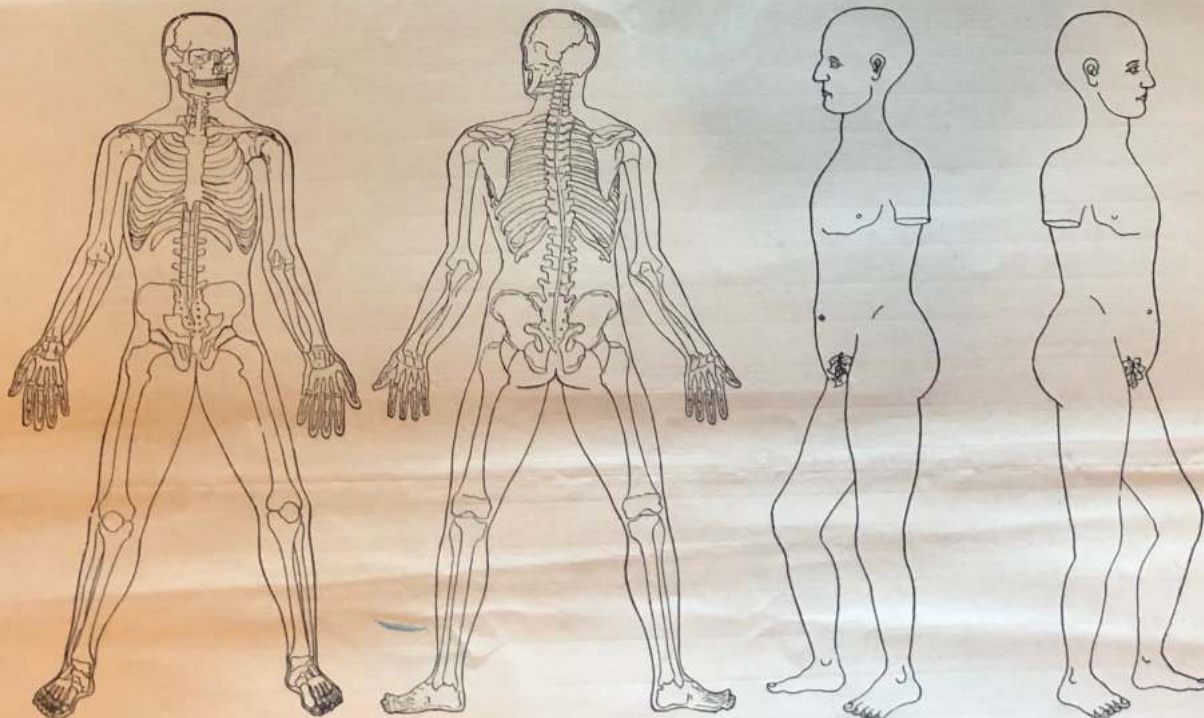
Post office, Baton Rouge

County, East

State, Louisiana

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

Bryan



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.]



20. 1897  
Circular Call No. 7.

(3-100.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Jan'y 27, 1897

Mr. William Allen

late a Lieut.

Co. H, 8th Regiment

an applicant for Pension

Invalid Pension, No. 815,824

on account of disability from

of a heart disease

he has been

has been directed to report himself to you.

Very respectfully,

D. I. MURPHY,

Commissioner.

Dr. D. D. Mathews

Notcher

Co. Adams

CLAIMANT'S POST-OFFICE ADDRESS:

Green

East 3rd Avenue

of

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

CLAIMANT FAILED TO APPEAR WITHIN SPECIFIED TIME.



# GENERAL AFFIDAVIT.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

In the matter of Wm Allen, late of Co. K 34 US 89.

ON THIS 10<sup>th</sup> day of March, A. D. 1897, personally appeared before me  
Wm London a Notary Public in and for the aforesaid County duly authorized to administer  
oaths Wm Allen aged 60 years, a resident of Irene  
in the County of E. Baton Rouge and State of Louisiana  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

I am not able to get the money to pay my  
NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.  
way on the cars to stretch. I am in debt now  
and cannot raise the money to take the trip

H ☒ Post-office address is \_\_\_\_\_

\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned  
in its prosecution.

Jordan Butler  
Landon Black  
(If affiant signs by mark two persons who write sign here.)

William A. Cow  
(Signature of Affiant.)



STATE OF

Louisiana

COUNTY OF

E B Rouge

NR:

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

erased, and the words

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.



J M Soudon  
(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 \_\_\_\_\_

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Inv. Orig 815824

ADDITIONAL EVIDENCE.

CLAIM OF

Wm Allen

Ev. R 84 Ver 899.

AFFIDAVIT OF

Claimant

requests change  
of examination  
order.



PENSION ATTORNEY

Washington D. C.

Printed and for sale by John F. Sherry, Claim Blank Printer, 628 D Street, N. W., Washington, D. C.



Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Louisiana, County of East Baton Rouge, ss:

On this 14<sup>th</sup> day of Dec, A. D. one thousand eight hundred and ninety-

six, personally appeared before me, J. M. London

a Notary Public commissioned and qualified within and for the County and State aforesaid

William Allen, aged 60 years, a resident of the

of East Baton Rouge County of East Baton Rouge

State of Louisiana who, being duly sworn according to law, declares that he is

the identical William Allen, who was ENROLLED on the 25

day of Sept, 1863, in Co. K 84 Reg. of U.S. Col. Inf.  
(Here state rank, company, and regiment in Military service, or vessel, if in the Navy.)

Sergeant of said Co. in the service of the

United States in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

New Orleans, on the 14<sup>th</sup> day of March, 1866.

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

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

That he is unable to earn a support by manual labor by reason of lameness of  
(Here name the disease or

the back and heart disease of the heart and deafness  
injuries from which disabled).

rheumatism in shoulders and arms

That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. 815824. That he is a pensioner under Certificate No. 1

(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,

J. S. Kurtz of Washington D.C.

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST-OFFICE ADDRESS is Greene E. B. Rouge Pa. La., County of

East Baton Rouge, State of Louisiana

1 Jordan B. Butler William Allen  
(Claimant's Signature.)

2 Max Withers  
(Two witnesses who can write sign here.)

Dec 19/96



Orig No. 8155824 J.

LAW DIVISION  
DEC 27 1896  
Act of June 27, 1890.

SOLDIER'S APPLICATION.

Name:

Wm Allen

Service:

Co. K 84 Massachusetts

Address:

Home City

FILED BY  
IS KURTZ.

PENSION ATTORNEY

Date of Execution

Printed and for sale by John F. Smith, Clerk of Court, 625 D Street, N. W., Washington, D. C.

RECEIVED  
DEC 28 1896  
LAW DIV.

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.

(Signature.)  
J. M. Jordan  
(Official Character.)  
Notary Public

I have no interest, direct or indirect, in the prosecution of this claim.  
and explained to the applicant and witness before swearing, including the words  
of the heart  
erased, and the words  
added; and that  
Sworn to and subscribed before me this 14 day of Dec, A. D., 1896,  
and I do hereby certify that the contents of the above declaration, etc., were fully made known  
to the applicant and witness before swearing, including the words  
of the heart  
erased, and the words  
added; and that  
I have no interest, direct or indirect, in the prosecution of this claim.

(Signatures of Witnesses.)  
J. M. Jordan  
J. M. Jordan

Also personally appeared  
East State Range Co. and Blacksmiths, residing at  
residing at  
entitled to credit, and who, being by me duly sworn, say that they were present and saw  
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 33 years and 18 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.



# GENERAL AFFIDAVIT

State of Louisiana, County of East Baton Rouge, ss:

In the matter of Wm Allen late of U.S. K 84 2058 Luf.

ON THIS 12 day of Nov, A. D. 1896, personally appeared before me James M. London a Notary Public in and for the aforesaid County, duly authorized to administer oaths Thomas L. Barnett aged \_\_\_\_\_ years, a resident of East Baton Rouge, in the County of E. B. Range, and State of Louisiana whose Post-office address is Zachary La. Alex. Offlee, aged 51 years, a resident of E. B. Range, in the County of East Baton Rouge, and State of Louisiana, whose Post-office address is Irene La

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: Thomas L. Barnett has known William

## Instructions— Read Carefully.

Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written. In the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE—The above instructions do not apply to cases in which the affidavit is in the handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

Allen 16 years he having lived on the place adjoining his mother's and that he has seen him often walking with a crutch and that he believes from what he has seen of said Allen, that he is disabled by his from manual labor one half—

Alex Offlee has known William Allen about 28 years, has been living about a mile from him for the past 5 years. he has often seen him using a crutch and has known him to be confined to his house three, or four days at a time. He gets in that fix every two or three weeks and he believes that he is disabled at least one half for making his living by manual labor

The above evidence was taken in our presence from oral statements made by us in presence of the above named Notary date above written

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

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

T. L. Barnett.  
Alex Offlee  
(Signatures of Affiants.)



Woodward 879  
117-201919  
Living 815827

ADDITIONAL EVIDENCE.

CLAIM OF

Wm Allen

40 K 84 40827.

AFFIDAVIT OF

J. L. Bennett

Car Officer



J S KURTZ

PENSION ATTORNEY

Washington D. C

Printed and for sale by J. F. SURRY, Clalm Blank Printer,  
623 D Street, Washington, D. C.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

[T. S.]

Clerk of the

I, \_\_\_\_\_, Clerk of the County Court in and for afore-  
said 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\_\_\_\_.

[T. S.]

*for and for the Spanish American daily commission & qualified*  
*Notary Public*  
(Official Character)  
*Wm. Allen*  
(Official Signature)

Sworn to and subscribed before me this day by the above named affiant, \_\_\_\_\_, and I certify that I read said  
affidavit to said affiant, \_\_\_\_\_, including the words \_\_\_\_\_  
erased, and the words \_\_\_\_\_  
added, and acquainted \_\_\_\_\_  
with its contents before \_\_\_\_\_  
executed the same. I further certify that I am in no wise inter-  
ested in said case, nor am I concerned in its prosecution; and that said affiant \_\_\_\_\_  
known to me and that \_\_\_\_\_  
credible person \_\_\_\_\_



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.

(State also whether for original, increase, or restoration.)

Pension Claim No.

Name and rank of claimant.

Rank,

Company

Reg't

(Post office address of the Board.)

Claimant's post-office address.

(Date of examination.)

1896

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:

Heart Disease, Pain in back, Deafness

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

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

I have had heart disease about twenty years my back pains me in every day life at times I am in both ears at times but not all the time.

Upon examination we find the following objective conditions: Pulse rate, 58; respiration, 16; temperature, 98.5; height, 5 feet 10 inches; weight, 140 pounds; age, 60 years.

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

Heart normal in every particular. No evidence of Rheumatism in joints. Muscles and tendons are normal. No Raising. His ears are normal. He can hear with either ear ordinary conversation at usual distance. No evidence of vicious habits. No other disability exists.

The actual or probable origin of every existing disability must be fully set forth.

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

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

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







# GENERAL AFFIDAVIT.

State of Louisiana County of East Baton Rouge ss:

In the matter of the pension claim of William S. Allen  
late of Co. K, 8th Reg't U.S. Col'd Inf't Vols.

Personally Appeared on this 25 day of August A. D., 1896, before me,  
a Notary in and for the aforesaid County, duly authorized to administer  
oaths, Jordan Butler aged 52 years, whose Post Office address is  
Greene, County of East Baton Rouge and State of

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

also A. Marshall of the aforesaid Parish  
& State whose P.O. is Bayou du Large La age 76 85  
that they have been acquainted with William  
Allen of the above Co & Reg't for 34 years  
and Jordan Butler served in the same Regiment  
with Wm Allen and Ed Kenn that he has been com-  
plaining of heart troubles and weak eyes & very  
suffered from him and Kenn that as he  
grows older he gets worse he knows that Dr. J. A.  
Williams has been treating said Wm Allen for  
at least 24 years for said ailments. Now  
we have every reason to believe said ailments  
were caused from exposure while in the United  
States Service we have lived continually in the same  
neighborhood with Wm Allen ever since the war  
we know that Wm Allen is at times wholly  
incapacitated to do manual labor and has no  
means of support but only his daily labor.

This affidavit was written by Mr. J. A. Ryce  
at his Office near Port Hudson La and was dictated  
by Mr. Jordan Butler aided or assisted by any oral or  
written statements prepared or dictated by any  
other person and not attached to this testimony  
as an exhibit.

I am not interested in said claim nor concerned in its prosecution.

If the affiant makes his mark, two persons must attest by writing  
their names on the lines below.

1. \_\_\_\_\_
2. \_\_\_\_\_

Jordan Butler  
A. Marshall  
(Affiant's Signature.)  
mark

Affiants must not fail to state how they know or knew of the facts and circumstances to which they testify.



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 Not a Soldier Acme erased, and the words Not a Soldier added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that they are a credible person

[L. S.]

Official Signature.

Official Title

**ORDER 229** of the Commissioner of Pensions, dated June 19, 1893, requires: "And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony." All evidence for use in pension claims must be prepared in accordance with the terms of this order.

Under provisions of acts of Congress, approved July 1, and September 1, 1890, affidavits to be used in pension and bounty claims may be executed within the limits of his jurisdiction, before any officer who is authorized to administer oaths for general purposes.



AL AFFIDAVIT.

Reg't

FILED BY

BLACKFORD,

U. S. SOLICITOR,

NGTON, D. C.



W. M. W.  
Circular Call No. 7.  
(2-100.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Aug. 20, 1896.

Mr. William Allen  
late a Private  
Co. K, 84<sup>th</sup> Regiment U. S. Col. Inf.  
an applicant for Original  
Invalid Pension, No. 815-824  
on account of disability from  
heart disease and  
lameness in back.

has been directed to report himself to you.  
Very respectfully,

W. L. SCHUBERT,  
Commissioner.

Dr. A. T. Ballard,  
Baton Rouge  
Co. East Baton Rouge Co., La.  
N. B.—Read the inside of this circular before exam-  
ining a claimant.

P. V. Shene,  
East Baton Rouge Co., La.

Rec'd Aug. 25<sup>th</sup> 96  
Claimant listed  
to appear within  
specified period



General Law

## Department of the Interior,

## BUREAU OF PENSIONS,

Orig Washington, D. C. August 12, 1896.

No. 815824..

Name, William Allen.

Co. K, 84 Reg't U. S. C. H. Inf.

Date of filing, September 8, 1890.

Date of rejection, April 2, 1892.

## CAUSE OF REJECTION.

No ratable disability shown from alleged causes since date of filing claim.

## ABSTRACT OF TESTIMONY TO REOPEN.

In affidavit filed March 6, 1911, claimant alleged heart disease and weak eyes as of service origin. Claim is reopened for consideration of said disabilities which have not been disposed of.

REOPENED.

Rejection of April 2, 1892, adhered to so far as relates to pleurisy, pneumonia and rheumatism.

W. C. Pope, Examiner.

E. G. Crabbe

Chief of Div.

Attention is invited to affidavit filed September 7, 1892, in which deafness is alleged as of service origin.



JUN 10 1896

## Department of the Interior

## BUREAU OF PENSIONS

Orig. Washington, D. C., August 12, 1896

No. 815824

Name, William Allen.

Co. K, 84 Reg't U. S. C. M. Inf.

Date of filing, May 18, 1892.

Date of rejection, January 11, 1893.

## CAUSE OF REJECTION.

No ratable disability shown under said Act.

Declaration filed May 18, 1892, is invalid, see S. E. report.

## ABSTRACT OF TESTIMONY TO REOPEN.

New declaration filed July 14, 1894, for consideration of which case is made

PENDING.

A. E. Pope, Examiner.

E. G. Crabbe, Chief of Div.



## DEPOSITION

Case of William Allen, No. 815824

On this 2 day of March, 1896, at  
New Meadows, County of Means  
 State of Pa., before me, H. Whitehead, a  
 Special Examiner of the Pension Office, personally appeared  
Amos L. Wheeler, who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: I know the claimant  
William Allen. I have examined

the application filed in this case  
May 18, 1892 same is filled in  
 in my handwriting not including  
 the names of Jordan Butler as an  
 identifying witness and Willie  
Allen as an attesting witness.  
 I wrote the name of Notary T. A.

Moore on that application <sup>to H. P. Canada</sup>  
 forwarded the paper to ~~the~~ <sup>the</sup> ~~the~~  
 at Washington for filing in the  
 Pension Bureau after I had  
 affixed the seal of Mr. Moore on  
 the paper during his absence  
 from his office. None of the parties  
 went before Mr. Moore to swear  
 to that application. I collected  
 a notary fee from claimant in  
 this case. I make this statement  
 voluntarily to aid the Government  
 in straightening out this case  
 case without hope of any reward  
 or fear of any punishment. I am  
 correctly recorded in this deposition  
 which I have heard read over.

A. L. Wheeler



Deponent.

Sworn to and subscribed before me this 2 day of Mar.,  
1896, and I certify that the contents were fully made known to deponent before signing.

M. Whitehead

Special Examiner.



10-78  
W H G  
F. 2785--1894.

In correspondence on this subject quote  
the above initials and file number.

DEPARTMENT OF JUSTICE, E. W.

WASHINGTON, D. C.

June 5, 1895.

The Secretary of the Interior.

Sir:

I have the honor to acknowledge the receipt of the papers in the pension claim No. 815,824 of William Allen, with recommendation for the prosecution of Amos L. Wheeler of Baton Rouge, La., for violation of law in connection with said claim. The said papers have been forwarded to the U. S. Attorney for the Eastern District of Louisiana.

Respectfully,

*Richard Olney*  
Attorney General.



10-78

W H G

F. 2785--1894.

In correspondence on this subject quote  
the above initials and file number.

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Respectfully,

*Richard Olney*  
Attorney General.



DEPARTMENT OF THE INTERIOR  
RECEIVED  
JUN 7 1895  
AND M. DIVISION.

2762

June 5, 1895.  
Honorable General.

Has directed James  
McClain for viola-  
tion of law in con-  
nection pension  
claim No 815, 844,  
of Mrs. Allen.

J.D. McE. 10-78

DEPARTMENT OF THE INTERIOR

June 7, 1895

Respectfully referred to the  
Com. of Pensions.

E. M. Mack

Chief Clerk

D. L. WY  
JUN 10 1895  
RECEIVED P.



U.S. 3  
LAW DIVISION

S

Department of the Interior,  
Bureau of Pensions,

Washington, D. C. February 27, 1895.

The Secretary

of the Interior:

Sir:

I have the honor to transmit, herewith, the papers in the pension claim of William Allen, late Sergt. Co. K, 84<sup>th</sup> U.S.C. Vol. Inf., No. 824, together with a report of Special Examiner M. Whitehead, for reference to the Department of Justice, to be considered with a view to the institution of criminal proceedings against Amos L. Wheeler, of Baton Rouge, La., for violation of Secs. 5418 and 5421 Revised Statutes of the United States, in that he presented to this Bureau a paper purporting to have been executed before T.A. Moore, Notary Public, April 20, 1892, and filed in this Bureau May 18, 1892, when in fact it was not so executed, but the name of said T.A. Moore, Notary Public, affixed thereto, and the names of the identifying witnesses--Jordan Butler and Wesley Bradford--, were forged, presumably by the said Amos L. Wheeler, and the same uttered or published by him as true.



It appears from the evidence in this and other cases, that the said Amos L. Wheeler acts as a sub-agent; prepares the papers in pension claims and forwards the same to some attorney--usually M. V. Tierney, of this City--, for filing in the Pension Bureau; that he has been in the habit of making out the papers, charging a fee, ostensibly for the purpose of paying for notarial charges, but does not have the applicant or witnesses sworn. It also appears that he has been in the habit of taking blanks to the office of T.A. Moore, a Notary Public of Baton Rouge, La., taking advantage of that official's temporary absence, affixing his seal to same, and then forging his signature as occasion demanded.

In this case, this applicant's declaration for pension purports execution before T.A. Moore, Notary Public, April 20, 1892. It was filed in this Bureau May 18, 1892. Jordan Butler and Wesley Bradford appear as claimant's identifying witnesses.

William Allen--this claimant-- deposes that he put in a second application for pension; that it was prepared in Wheeler's office and signed there, but that he did not go anywhere to swear to it. Did not swear to it before Mr. Moore.

Wesley Bradford deposes that he knows T.A. Moore, Notary Public, but was never sworn before him in any pension business "except my own."



Jordan Butler testifies that he knows T:A. Moore, Notary Public, but was never sworn before him in the pension claim of William Allen. "I can write my name and usually sign papers in that way. I have seen my name written as an identifying witness on the application in this case, filed May 18, 1892, but it is not my signature."

T.A. Moore deposes that he has examined the application filed in this case May 18, 1892, and that what purports to be his signature to the jurat thereon, is not genuine and is a forgery.

The witnesses for the United States are:

William Allen, Irene, East Baton Rouge Parish, La.,


Wesley Bradford, " " " " " "

Jordan Butler, " " " " " "

T. A. Moore, #318 St. Louis Street, Baton Rouge, La.,

M. Whitehead, Special Examiner, care of Commissioner of Pensions.

Very respectfully,

  
Commissioner.



# INDEX

No. 8 V-824

2



Orig. Inv. 815824.

William Allen.

Co. K. 84 Ills. Col. Inf.

P.O. Irene, E. Baton Rouge Co., La.

New Orleans, La.

Nov. 5, 1894.

Hon. Commissioner of Pensions.

Washington, D.C.

Sir,

I have the honour to return with my report the papers in the above-cited case which was referred for special examination in accordance with the general letter of instruction of the Law Division dated Feb. 22, 1894 to determine the validity of papers filed which bear the jurat of T. C. Moore, Notary Public.

The testimony obtained shows that what purports to be Mr. Moore's signature to the jurat on the application filed May 18, 1892 is not genuine but is a forgery and that this paper was not sworn to before Mr. Moore. Mr. Moore's jurat



3

in claimant's affidavit  
filed Sept. 7, 1892 is shown  
to be genuine.

I recommend that the  
case be referred to the Law  
Division for consideration.

Very respectfully,

M. Whitehead,

Special Examiner.



DEPOSITION *a*

Case of William Allen, No. 815824

On this 8 day of Oct., 1894, at  
Baton Rouge, County of E. Baton Rouge  
 State of La., before me, Mr. Whitehead, a  
 Special Examiner of the Pension Office, personally appeared William  
Allen, who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: My age is 59 years. former  
 res. of Irene. E. Baton Rouge Co. La.

I was sergeant in C. K. 84 U.S. Col. Inf.  
 enlisted Sept. 25, 1863 and was  
 mustered out at New Orleans March  
14, 1866. I was born in Bowville Dist. S.C.  
 was a farmer at enlistment and 27  
 years old and 5 ft. 9 in. tall. I put in  
 my first claim for pension in 1890.  
 The application was prepared by A. L. Wheeler  
 at his office. That day I had Wesley Bradford  
 and Jordan Butler for my witnesses.  
 After the application was made out  
 Wheeler took me with my two witnesses  
 before Mr. Woodside the Clerk of Court  
 here in Baton Rouge. I was so nervous that  
 day from ~~was~~ riding that I could not write  
 my name so I told Mr. Woodside to  
 write my name and I made my mark  
 to it. My witnesses signed the application  
 and we were all sworn by Mr. Woodside  
 I had to a second paper to swear to in my  
 case before Mr. Woodside Clerk of Court  
 The paper was written out by Wheeler and I  
 went before Mr. Woodside and swore  
 to it but I can't say exactly when that  
 was. I made an affidavit in  
 my case before Mr. J. A. Moore Notary



Public. The affidavit was sent me from Washington all written out and I went before Mr. Moore and swore to it. I was never sworn before Mr. Moore but that one time in my case. I never had Jordan and Bradford to witness for me before Mr. Moore. I put in a second application before A. L. Wheeler for pension and had Jordan Butler and Wesley Bradford for my witnesses there in Wheeler's office. The application was prepared there in Wheeler's office and we all signed it there. No. we did not go anywhere to swear to that application. No. we did not swear to it before Mr. Moore. I never had Butler and Bradford to witness for me before Mr. Moore and I never signed but one paper in my own case before Mr. Moore and that was the affidavit which as I told you was sent me from Washington filled out. Dr. Williams made an affidavit for me in my case before Mr. London at Zachary. I identify my signature on the application filed May 18, 1892 and on the affidavit filed June 6, 1892. I am correctly recorded in this deposition which I have heard read.

W. C. A. Allen

Deponent.

Sworn to and subscribed before me this 8 day of Oct. 1892, and I certify that the contents were fully made known to deponent before signing.

M. Whitehead

Special Examiner.



DEPOSITION B

Case of William Allen, No. 815824

On this 6 day of Oct., 1894, at  
 Baton Rouge, County of E. Baton Rouge  
 State of La., before me, M. Whitehead, a  
 Special Examiner of the Pension Office, personally appeared Wesley  
 Bradford, who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: My age is 55 years, farmer,  
 res. P.O. Irene, E. Baton Rouge Co. La. I was  
 in Co. D 84 U.S. Col. Inf. I have known  
 William Allen, when I enlisted in the  
 Army - he and I were both in the same  
 regiment in the Army and he and  
 I have lived near together ever since  
 the war. I was once a witness for  
 him in his pension case at Wheeler's  
 office and we were sworn that  
 day at the Court house here in  
 Baton Rouge. He had another witness  
 that day but I can't tell who it was.  
 I know Jordan Butler but I can't  
 tell whether he was the other  
 witness that day. I know J. A.  
 Moon the Notary Public but was  
 never sworn before him in any  
 pension business except my own.  
 I am correctly recorded. Not related  
 or interested in this case.

Attest \_\_\_\_\_ Wesley Bradford  
 mark

W. M. Hamilton.

J. W. Montgomery

(pursuit over)



Special Examiner.

*Mr. L. L. L.*

1894, and I certify that the contents were fully made known to deponent before signing.

Given to and subscribed before me this 6 day of Oct.

Deponent.



(5-110.)  
DEPOSITION

Case of William Allen, No. 815824

On this 8 day of Oct, 1894, at  
Baton Rouge, County of E. Baton Rouge  
State of La., before me, M. Whithead, a  
Special Examiner of the Pension Office, personally appeared Jordan  
Buller, who, being by me first duly sworn to answer  
truly all interrogatories propounded to him during this Special Examination of aforesaid  
pension claim, deposes and says: My age is 49 years - former  
res - p - o - Irene. E. Baton Rouge Co. La.  
I was a private in Co. I 84 U.S. Col. Inf.  
I have known William Allen ever since  
we served together in the same  
regiment in the army. I was a  
witness for him once in his  
pension claim at the Court House  
here in Baton Rouge along with  
Wesley Bradford. We were at  
Wheeler's office first that day  
and were sent from there to the  
Court House to swear to the paper.  
I don't remember ever having been  
a witness for Allen a second time  
at Wheeler's office or elsewhere.  
I know T. A. Moore the Notary Public  
but I was never sworn before him  
in the pension claim of William  
Allen. I can write my name and  
usually sign papers in that  
way but the day I witnessed for  
Allen at the Court House the  
clerk wrote out my name and  
had me touch the pen without  
asking me whether I could  
write. I have seen my name



9  
written as an identifying witness  
on the application in this case  
filed May 18, 1892 but it is  
not my signature.

I am correctly recorded, not related  
or interested in this case.

Jordan Butler

Deponent.

Given to and subscribed before me this 8 day of Oct.,  
1892, and I certify that the contents were fully made known to deponent before signing.

W. Whitehead

Special Examiner.



DEPOSITION DCase of William Allen, No. 815824

On this 2 day of Nov., 1894, at  
Baton Rouge, County of E. Baton Rouge  
 State of La, before me, M. Whitehead, a  
 Special Examiner of the Pension Office, personally appeared Thomas  
A. Moore, who, being by me first duly sworn to answer  
 truly all interrogatories propounded to him during this Special Examination of aforesaid  
 pension claim, deposes and says: My age is 48 years. Notary  
 public and attorney at law, res. r.p.o. 318  
St Louis St. Baton Rouge La. I have  
 examined the application filed in  
 this case May 18, 1892 and what  
 purports to be my signature to the  
 jurat thereon is not genuine and  
 is a forgery. My signature to  
 the jurat on claimant's affidavit  
 filed Sept. 7, 1892 is genuine. I am  
 correctly recorded, not related or  
 interested in this case.

T. A. Moore.

Sworn to and subscribed before me this  
2 day of Nov., 1894 and I certify  
 that the contents were fully made  
 known to deponent before signing.  
M. Whitehead  
 Special Examiner.



*Criminal  
No. Dist.*

(3-450.)

S. E. D.

No. 815824

Claimant:

*William Allen.*

Soldier:

*Same*

P. O. address:

*Gene L.*

County:

*Baton Rouge, State: La.*

Recommendation:

*Refer to Law Div.*

*M. Whithead*

Special Examiner.

REFERENCE.

*For 13, 1894  
Respectfully refused  
to chief Law div for  
consideration*

*Sam R. Fritto*

Chief S. E. Division.

RECOMMENDATION.

, 189 .

*19. 1895*

Reviewer.

ACTION.

, 189 .

S. E. DIVISION,  
RECEIVED  
NOV 9 1894  
BUREAU OF PENSIONS.

U. LAW S.  
NOV 15 1894  
B. DIVISION P.



# DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Louisiana, County of East Baton Rouge, ss:

On this 7<sup>th</sup> day of July, A. D. one thousand eight hundred and ninety-

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

Wm Allen, aged 58 years, a resident of the New of Greene P.O. Parish East Baton Rouge County of

State of Louisiana, who, being duly sworn according to law, declares that he is the identical William Allen, who was ENROLLED on the 25<sup>th</sup>

day of September, 1863, in Co. K 84 U.S.C.T. Inf.  
(Here state rank, company, and regiment 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 New Orleans, on the 14 day of March, 1866

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

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

That he is now unable to earn a support by manual labor by reason of

(Here name the disease or

injuries from which disabled.)

Heart Disease and  
Lameness in Back

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has heretofore applied for pension under application No. 815824. That he is not a pensioner under Certificate No. That his claim has been rejected and he prays to have his claim reopened  
(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,

J. S. Kurtz of Washington, D.C. his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That his POST-OFFICE ADDRESS is Greene East Baton Rouge Parish, County of

1. J. W. Roman  
2. Henry Rivers  
(Two witnesses who write sign here.)

William Allen  
(Claimant's Signature.)

July 14/74



10,815,8248

Act of June 27, 1890.

**SOLDIER'S APPLICATION.**

Name

Service

Address

*Sept. 26. 84 2688th*  
*James P. O. Rank of*  
*Coast Battery, Raleigh, N.C.*  
*Request to reopen*

FILED BY

I. S. Kurtz.

Attorney for Claimant's,  
Washington, D. C.

Not for execution

Printed and for sale by JOHN P. SHERRY, Claim Blank Printer,  
623 D Street N. W., Washington, D. C.

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.

[L. S.]

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

and explained to the applicant and witnesses before swearing, including the words  
erased, and the words  
added; and that

Sworn to and subscribed before me this 7<sup>th</sup> day of July, A. D. 1894

*Henry R. Rives*  
*Charles S. Rives*

identical person he represents himself to be; and they have no interest in the prosecution of this claim.  
years respectively, that he is the  
years and 15-  
foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 20  
the claimant, sign his name (or make his mark) to the  
entitled to credit, and who, being by me duly sworn, say that they were present and saw  
residing at *Gen Post-Anderson*, persons whom I certify to be respectable and

*Henry Rives*, and *Charles S. Rives*, residing at  
Also personally appeared *Gen Post-Anderson*



2 Briefs

Southern Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

Nov. 28, 1894

No Claim,

813824

Cert. No.

Claimant,

William Allen

Soldier,

Co.

K, 84 Reg't (U.S.C. Inf.)

Respectfully

returned to the  
 Chief of the Law Division  
 for reference to the  
 J.E.D. in accordance  
 with attached slip.  
 Order 76 complied with.

E. G. L. L. L.

Chief of

So.

Division.

Douglas





PHYSICIAN'S AFFIDAVIT.  
PROOF OF DISABILITY.

ACT OF JUNE 27, 1890.

TAKE NOTICE.—The affidavit should, if possible, be in the hand writing 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 set forth, and the dates of treatment should be specifically given.

State of Louisiana County of East Baton Rouge SS:

In the Pension Claim No. 815824 of William Allen  
late of Co. K 8th Regt. U.S. Inf.  
[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, Thaddeus R. Waller a citizen of said Parish and State whose post-office address is Baton Rouge La. 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                      years, and that                       
[Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be

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

NOTES.

The physician's Affidavit must show the following facts:—  
1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.  
2d. That the soldier is suffering at present from a mental or physical disability of a permanent character, not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

Name: William Allen Aged 54 yrs; height 5 ft. 9 in. weight 154 lbs. forced expiration 35 in. forced expiration 34 in. Circulation 90; Respiration 24 per m. Temperature 99 I discover that the above named claimant had a typical case of Hypertrophy of the Heart, with the following symptoms: Dyspnoea, so severe that claimant cannot walk any distance with satisfaction, pain about the heart and palpitation, all of which symptoms are so aggravated that the claimant cannot actively exert himself. I also find that the claimant suffers with Lumbago.  
Extent of Disability 2/3



*William*

Act of June 27, 1890.

PHYSICIAN'S EVIDENCE.

CLAIM OF  
*William Allen*

Nature of Claim *Drig Drus*

Soldier *William Allen*

Co. *Co. 8th* Reg't.

*W. S. C. 5* Vols.

No. *2758224*

*Sp. 3 Box 520*  
*Raton Range Co*

FILED BY

A. M. BUSHALL,

WASHINGTON, D. C.

Printed and for sale by W. P. Canaday & Co., 712 10th Street, N. W., Washington, D. C.



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.

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

Clerk of the.....



and that his signature thereto is genuine.

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

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

Clerk of the County Court in and for the aforesaid County

(Official Character) *Not Pub.*

(Official Signature) *W. S. C. 5*

Sworn to and subscribed before me this *13th* day of *March* A. D. 189*3*.

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.

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

(Affiant's Signature, Give rank and service if in the army.) *W. S. C. 5*



Index Orig. Inv., Claim No. 815874  
 William Allen Co 15 84 Reg't U.S.C. Inf.

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.;  
 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.  
 IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence,  
 &c., follow evidence of origin and continuance of fatal disease.

6-113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1	Clarissant P.O. Box 570 Baton Rouge La	May 18/92	Declaration (New)
2	" "	Sept. 8/90	Declaration (Old)
3	" "	Sept. 7/92	Cir. of origin
4	" "	Mar. 6/91	General statement
5	Adm. Genl's report		
6	Dr. A. Williams Zachary, La	Jan. 11/93	Treatment
7	Off. Board Ex. Surgeons		
8	" "	" "	" "





# PHYSICIAN'S AFFIDAVIT. PROOF OF DISABILITY.

ACT OF JUNE 27, 1890.

TAKE NOTICE.—The affidavit should, if possible, be in the hand writing 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 set forth, and the dates of treatment should be specifically given.

State of Louisiana County of E. Baton Rouge ss:

In the Pension Claim No. 815824 of William Allen  
late of Co. K. 8th Regt. M. S. Cal. Inf. Vol.  
[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, Dr. J. A. Williams a citizen of the State and Parish

whose post-office address is Gachary, E. B. Rouge, La.

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 24 years, and that he has practised on him and his family more

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

on him during that time, that he has treated  
the applicant occasionally for the last four  
years for chronic valvular disease of the heart,  
of rheumatic origin, with possibly some disease  
of the kidneys. That he is suffering at present  
from physical disability of a permanent chara-  
cter, which incapacitates him from performance  
of manual labor in such a degree as to render  
him unable to earn a support  $\frac{2}{3}$  of his  
time.

## 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. That the soldier is suffering at present from a mental or physical disability of a permanent character, not the result of his own vicious habits which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.



Act of June 27, 1890.

PHYSICIAN'S EVIDENCE.

CLAIM OF

William Allen

Nature of Claim

Soldier William Allen

Co. K. 8th

Vol.

No. 815-824

FILED BY

A. M. BUSHALL,

WASHINGTON, D. C.

Printed and for sale by W. P. Canaday & Co., 712 10th Street, N. W., Washington, D. C.



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.

Clerk of the

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

and that his signature thereunto is genuine.

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

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

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

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

(Official Character.)

(Official Signature.)

of this claim.

Sworn to and subscribed before me this day of 1890.

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

(Affiant's Signature, Give rank and service if in the army.)

He further declares that he has been a petitioner of medicine for years, and that he has no

interest, either direct or indirect, in the prosecution of this claim.





# GENERAL AFFIDAVIT.

State of Louisiana County of East Baton Rouge

In the matter of Pension claim of William Allen

Allen Late of U. S. A. 54 N. S. C. S.

ON THIS 27 day of Aug A. D., 1892 personally appeared before me, a Notary Public in and for the aforesaid County duly authorized to administer oaths, William Allen aged 54 years, a resident of

LA in the County of East Baton Rouge and State of LA whose Post Office address is Bex 520

aged 54 years, a resident of LA in the County of East Baton Rouge and State of LA whose Post Office address is Bex 520

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

*That he is the claimant in the above cited claim. And that he incurred lame back during his army service and that he incurred deafness during his army service but it never taken great affect until about the time he was mustered out.*

*And the way he gained a knowledge of the aforesaid facts to which he testify derived from him being the Soldier.*



He further declare that he has no interest in said case and are not concerned

in its prosecution  
J. A. Addison  
Notary Public  
(If Affiants sign by mark, two witnesses who can write sign here.)

William X Allen  
(Signature of Affiant)  
mark

3



# 470-824

ADDITIONAL EVIDENCE.

CLAIM OF  
Off William J. Miller  
State of Co. H. 84 M. S. C. S.

AFFIDAVIT OF  
Claimant

P.O. Box 520  
Baton Rouge La.

FILED BY

M. J. Sam add  
Haskins



Printed and for sale by W. F. G. & Co., 712 10th Street, N. W., Washington, D. C.

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

Witness my hand and seal of office, this.....day of.....18.....  
and that his signature thereunto is genuine.  
for said County and State, duly commissioned and sworn : that all his official acts are entitled to full faith and credit  
the foregoing declaration and affidavit, was, at the time of so doing.....in and  
and State, do hereby that.....Esq., who has signed his name to  
I.....Clerk of the County Court in and for the aforesaid County



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....., added, and  
the words....., with its contents before....., added  
and acquainted....., 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.....  
personally known to me and that.....is a creditable person  
J. A. M. (Official Signature)  
Notary Public (Official Character)

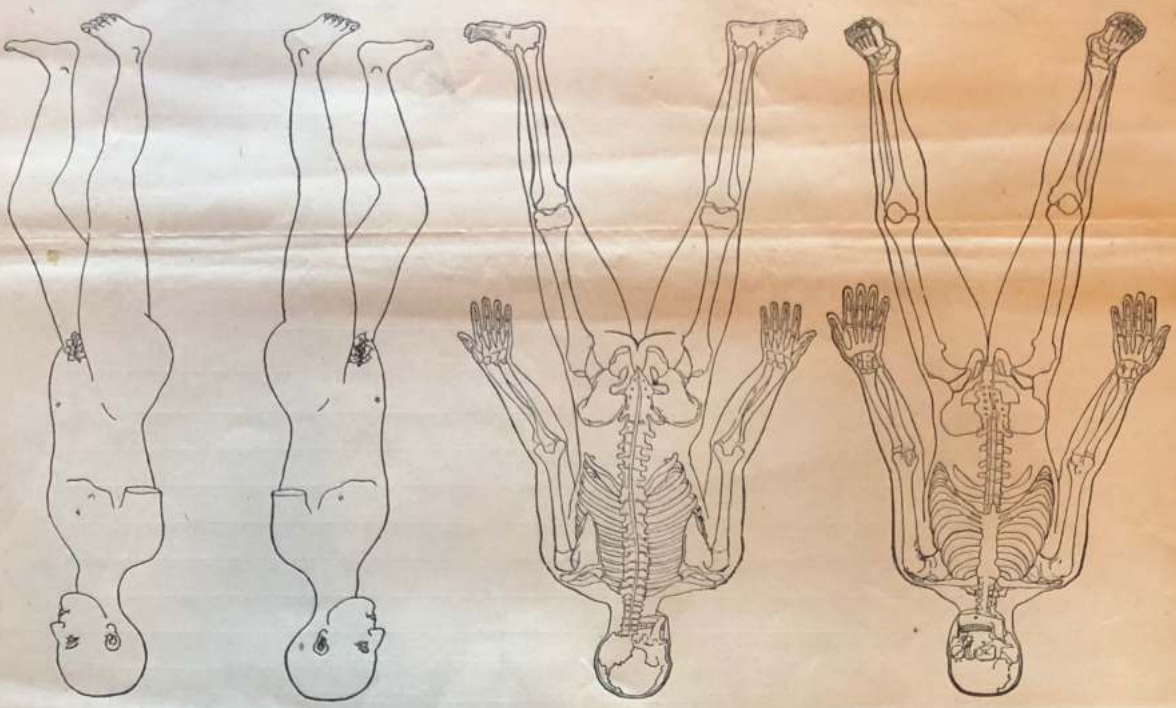






Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Secy.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

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. [Ex- tract from Section 4, Act of Congress approved July 25, 1882.]



**SURGEON'S CERTIFICATE**

IN CASE OF

*Wm. Allen*

Co. 1st Regt. 110th

Applicant for *Dis*

No. *1137*

DATE OF EXAMINATION:

*Aug 3*, 189 *2*

*Dr. J. H. Williams* (Signature)  
*James Williams* (Signature)  
 Board

Post office, *Chen Chen*

County, *Chen*

State, *Ta.*

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

*giveness*

*Dear Sir, I have the honor to acknowledge the receipt of your letter of the 1st inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,  
 Yours very truly,  
 J. H. Williams*

Continued on next page of examination.



ACT OF JUNE 27, 1890.

# Declaration for Invalid Pension.

This can be executed before a Notary Public, a Justice of the Peace, or Court of Record.

STATE OF Louisiana COUNTY OF East Baton Rouge SS.

On this 20 day of April, A. D. one thousand eight hundred and ninety five, personally appeared before me, a Notary Public

66 within and for the county and state aforesaid, William Allen aged 54 years, a resident of Baton Rouge County of East Baton Rouge State of La, who, being duly sworn according to

law, declares that he is the identical William Allen who was ENROLLED ON the 25 day of Sept 1863, in Co. H. 8<sup>th</sup> Regt. United States col. inf. Vol. (Here state rank, company, and regiment in the Military service, or vessel, if in the Navy.

in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at New Orleans La. on the 14 day of March 1866.

That he is entirely unable to earn a support by reason of Weak Eyes Lameness Back (Here name ALL diseases or injuries from which disabled.)  
Palsation at the heart. Ringing in the head  
Deafness and weakness in the nose

HE FURTHER DECLARES THAT HE HAS NOT BEEN IN EITHER THE MILITARY OR NAVAL SERVICE SINCE

March 14<sup>th</sup> 1866

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has heretofore applied for pension under application

No. 816824 That he is a pensioner under Certificate No. \_\_\_\_\_ (If a pensioner, the Certificate

number only need be given. If not, give the number of the former application if one was made. If you have never applied for a pension leave

spaces blank.) 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 W. P. Phares of Washington, D. C.,

his true and lawful attorney to prosecute his claim, and he hereby agrees to allow his said attorney the legal fee of \$10 when the claim is allowed. That his Post-office address is Baton Rouge County of East Baton Rouge State of Louisiana

ATTEST:

William Allen  
(Claimant's Signature.)

If claimant signs by mark two witnesses who can write their names must sign on these lines.

May 18/92  
By



Also personally appeared Jordan Butler residing at Gashaway  
and Wesley Bradford

residing at Greene La., 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 William Allen, 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 29 years  
and 29 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.

William Allen

W. H. Frazer Jr.

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

Jordan Butler

Wesley Bradford  
(Signatures of witnesses.)

Sworn to and subscribed before me this 20<sup>th</sup> day of April

A. D. 1892, and I hereby certify that the contents of the above declaration, &c., were  
fully made known and explained to the applicant and witnesses before swearing including  
the words \_\_\_\_\_, erased,  
and the words \_\_\_\_\_, added;  
and that I have no interest, direct or indirect, in the prosecution of this claim.

SEAL

J. C. Moore  
(Signature.)

Notary Public  
(Official character.)

### THE ACT OF JUNE 27, 1890, REQUIRES:

- An honorable discharge (but the certificate need not be filed unless called for).
  - A minimum service of ninety days.
  - A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
- 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.
- A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws.

100-810024  
810824  
OF 1892  
FOR  
SOLDIER'S APPLICATION  
**PENSION**

Under Act June 27, 1890.

Name William Allen

Service Sgt Co. H. 8th Reg't

U. S. C. inf Vols.

Address:

Box 520 Baton Rouge

La.

FILED BY  
W. D. Hammond  
ATTORNEY-AT-LAW

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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

Rank,

Company

Reg't

U.S.C. I.

State,

Box 520, Baton Rouge, La.

La.

March 4

1891

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: *Plurisy, Pneumonia and Phthisis*

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

and that he receives a pension of

dollars per month.

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

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

*Original, increase, restoration, &c.]*  
*Original*  
*About eight years ago, was struck in R. groin with a small shot, while at work, of tilling rails*

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, *84*; respiration, *19*; temperature, *98*; height, *5* feet *9* inches; weight, *157* pounds; age, *33* years. *Chest & neck 95. Full Insp. 36 - Full Exp. 24. No evidence of chronic pleuritic adhesions. Respiratory murmur normal. No evidence of Phthisis - All joints normal. Heart normal on percussion and auscultation. No hemorrhoids. No hematuria. No albuminuria. No gravel. General appearance healthy. No evidence of any disability whatever.*

Rate for EACH cause of disability.

rating for the disability caused by

by

, and

He is, in our opinion, entitled to a *no rating* for that caused

for that caused by

*Absent*, Pres.

Pres.

*E. L. Pines*

Sec.

*J. B. Vandugriff*

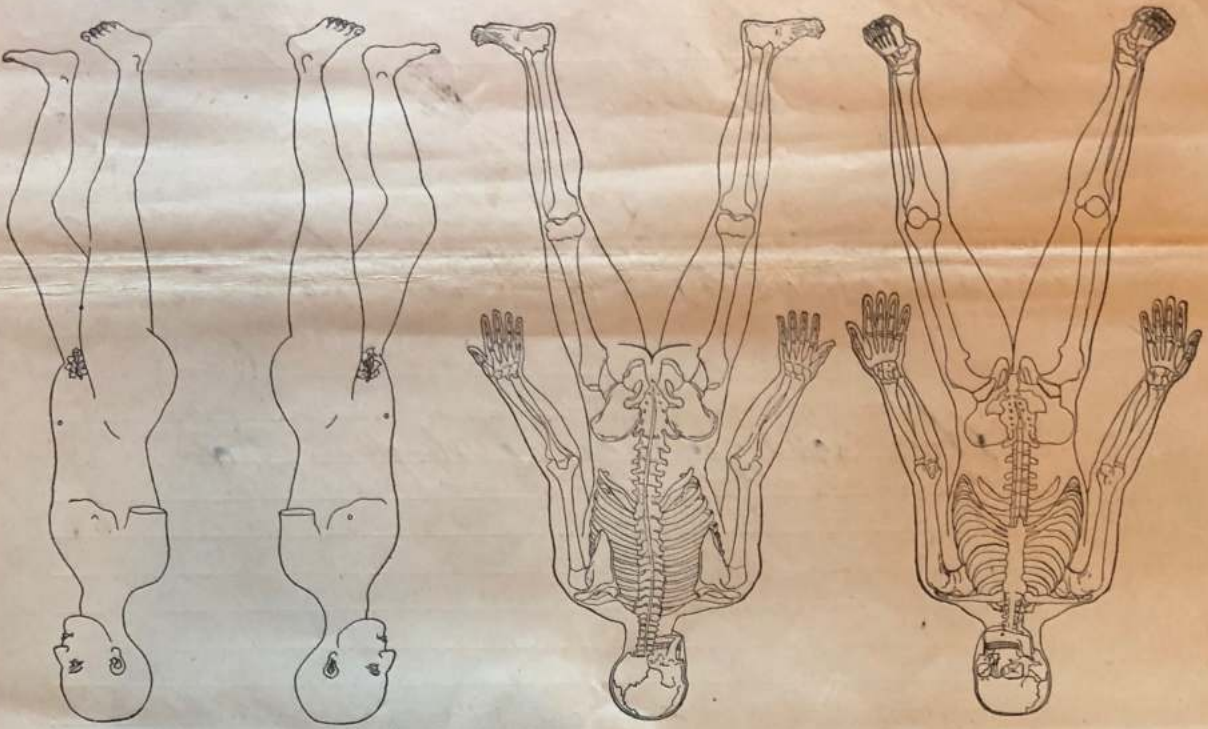
Trans.

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



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

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. [Ex- tract from Section 4, Act of Congress approved July 25, 1882.]



SURGEON'S CERTIFICATE

IN CASE OF



*William Allen*

*Co. 1, 84 Regt. U.S.C.P.*

Applicant for *Disch*

No. *815824*

DATE OF EXAMINATION:

*March 4*, 1891.

*Abner*, Pres.,

*John Henry*, Sec'y,

*Quadrangul*, Sec'y,

BOARD.

Post office, *New Orleans*

County, *Orleans*

State, *La*

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

*20*

*river*



66  
State Of Louisiana  
Parish of East-Baton Rouge  
Personally appeared before  
me my ally, J. M. Cook  
in and the Parish and State  
aforesaid William Allen  
aged 53 years a resident  
of the Parish of East Baton Rouge  
and State of Louisiana whose  
Post office address is Baton  
Rouge Box 520 Well known to  
me to be reputable and  
entitled to credit and who  
being duly sworn, declares  
as follows: That the first  
place of residence after he  
was discharged from the U. S.  
Service of Co. K. 84. Regt was at  
Port Hudson La on Capt Griffin  
Plantation and the 2nd place  
was James A. M. Hartney in  
East Baton Rouge Parish La  
and the Plantation of D. J. A.  
Williams in East Baton Rouge  
Parish State of Louisiana that  
his occupation since his  
discharge that of a Farmer and  
that he moved to Capt Griffin's  
Plantation on the 20th of March

J.  
Mar 6/91  
When  
Signed  
heart

4



1866 and changed to James, A. McLeary  
Plantation October 1866 and then moved  
to Dr J. A. Williams Plantation December  
1875 and he still remains on Dr  
J. A. Williams Plantation and that he  
is much affected with Rheumatism  
and Palpitation of the heart and  
Weak Eyes and he states that he first  
suffered an attack of Rheumatism and  
heart Disease and Weak Eyes during  
his Army Service that he was first  
treated in the U. S. Service by Surgeon  
David Hershey at Bayou Larica La  
and Dr Taylor treated him after he  
was discharged the same year and Dr  
Taylor is dead and the next  
Dr J. A. Williams and he states  
that he has been treated by Dr  
J. A. Williams often on Ever since  
1867 and he states that two  
thirds of his time he unable to  
perform manual labor

attest (1)  
(2)

J. A. Williams

(Claimant's Signature)



No. 11

For

Call No. 13

Claim of

William Allen

State of Co. K, 84<sup>th</sup>

Regt. M. D. C. T.

Charles Box 520

Baton Rouge

La





Ser No. 815, 891

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.Respectfully returned to the Commissioner  
of Pensions.

William Allen

Co. H, Regt. 84. U.S.C. Inf.

was enrolled Sept 25, 1863

and M.O. with Co. H, 114, 1866

Born Smith's Hill, D.C.

Age 27 years; single; child-head;

hair black; eyes brown; nose

straight; height 5 feet 8 1/2 in.

From Dec 31, 1864, to Nov 14, 1866

he held the rank of Sgt

and during that period the rolls show him  
present except as follows:After nearly ten months' absence  
and leaving upon this case.The medical records show him treated as  
follows

the record found.

By authority of the Secretary of War:

J. C. Brown

Captain and Asst Surgeon, U. S. A.

Date

FEB 10 1891

(COMMISSIONER OF PENSIONS.)





Write nothing above this line.

(3-060.)

# Department of the Interior,

## BUREAU OF PENSIONS,

Washington, D. C., Feb. 7, 1891

No. 815, 824  
William Allen  
H. 84 U. S. C. Inf.

1681  
SIR:

It is alleged that William Allen enlisted Sept. 25, 1863  
and served as a private in Co. H, 84 Reg't U. S. C. Inf.  
also as a in Co. —, — Reg't —  
J. M. Moore, Commanding.

and was discharged at New Orleans, La., Mar. 14, 1866.

It is also alleged that while on duty at Bayou Baria, La.  
on or about May 19, 1866, he was disabled by Pneumonia and  
pleurisy.  
Also at New Orleans, La. — he contracted  
rheumatism.

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

Please furnish personal description.

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Gen. S. R. Rains

Commissioner.

The Officer in Charge of the  
Record and Pension Division,  
War Department.



A.

## DECLARATION FOR ORIGINAL INVALID PENSION.

A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Louisiana }  
 County of East Baton Rouge } ss:

On this 3rd day of September, A. D. one thousand eight hundred and eighty 90  
 personally appeared before me, J. W. Wood of the 14th Dist Court, a court of record  
 within and for the county and State aforesaid, William Allen, aged 54 years,  
 a resident of the \_\_\_\_\_ of \_\_\_\_\_ county of East Baton Rouge  
 State of Louisiana, who, being duly sworn according to law, declares that he is the  
 identical William Allen, who was ENROLLED on the 25 day  
 of September, 1863, in company K of the 84th regiment of U. S. C. Infantry, Vol  
 commanded by Frank M. Coyle, and was honorably DISCHARGED at  
New Orleans La on the 14th day of March, 1866; that his  
 personal description is as follows: Age, 24 years; height, 5 feet 8 1/2 inches; complexion, Dark;  
 hair, blk; eyes, Brown. That while a member of the organization aforesaid, in the service  
 and in the line of his duty at Bayou Saris, in the State of Louisiana  
 on or about the 19 day of May, 1865, he Contracted Plurisy  
and Pneumonia by being cold then he was taken  
sick at New Orleans La with Rheumatism through  
his whole system and limbs and neck and that he  
came home out of the service with Rheumatism  
and has been complaining ever since and he is now  
under Dr J. H. Williams for asthma at the same  
 That he was treated in hospitals as follows: Bayou Saris La and the Ho Stille  
 (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment)  
that he was in was the Regimental hospital and he was  
treated in the hospital from the 20th May till the 1st Aug 1865  
 That he has not been employed in the military or naval service otherwise than as stated above  
 (Here state what the service

was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the Parish of East Baton Rouge  
 in the State of Louisiana, and his occupation has been that of a Farmer  
 That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled  
 a Field Hand. That he is now 2/3 of his time disabled from obtaining his subsistence by  
 manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore  
 makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints \_\_\_\_\_  
 of \_\_\_\_\_, State of \_\_\_\_\_, his true and lawful attorney  
 to prosecute his claim. That he has \_\_\_\_\_ received \_\_\_\_\_ applied for a pension. That his Post  
 Office Address is \_\_\_\_\_, county of \_\_\_\_\_ his P. O. address is \_\_\_\_\_  
 State of Baton Rouge La Box 520

Claimant's signature:

William Allen  
MAK

Attest:

R. F. Bryan

Mr Duplessis

2



The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

A. INVALID. A.

# CLAIM FOR PENSION.

ORIGINAL.

*William Allen*, Applicant.  
*R* Co., 84th Reg't,  
*U. S. Infantry* Vols.  
 Enlisted *Sept 9 54*, 1863.  
 Discharged *March 14 5*, 1866.  
*K. 12 Corps of Engineers*



IDENTITY  
*Adolphus East Ranges & Co.*  
*P.O. May 5 20*



I have no interest, direct or indirect, in the prosecution of this claim.  
 (Signature) *Wm Allen*  
 (Original character)

Also personally appeared *Jordan Rutter*, residing at *near O'grady*, and *Wm Allen*, residing at *near O'grady*, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw 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.

Sworn to and subscribed before me this *3rd* day of *Sept* 189*0*, A. D. 189*0*.

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

(Signature) *Ed. J. Rutter*  
 (Signature) *Wm Allen*  
 (Original character)



Keep on outside of case until final action is taken.

# CLEARANCE SECTION

Invalid

Widow

Orig.

Ctf.

1059877

Name

PENDING.

CHECK.

Act May 11, 1912

Act April 19, 1908

General Laws

Other Acts

REJECTED

In case of error, bring papers to Clearance Desk.



3-419.

**Civil War** DIVISION.

**SCHWICKARDI**, Examiner.  
(Write surname first plainly.)

*Widow* No. *1059874*  
(Class.)

Soldier, *William Allen*

Co. *K*, *84* Reg't *U. S. Col. Inf.*

Submitted for *ref'n* *March 3* 19*16*.

*E. Dolevny*, Reviewer, *Mar. 7*, 19*16*

Resubmitted for \_\_\_\_\_, 19

\_\_\_\_\_, Reviewer, \_\_\_\_\_, 19

FROM BOARD OF REVIEW TO

**MAR 9 1916**

Examiner \_\_\_\_\_

2d charge \_\_\_\_\_

3d charge \_\_\_\_\_

Sp. Ex. Div. \_\_\_\_\_

2d charge \_\_\_\_\_

Law Div. \_\_\_\_\_

Finance Div. \_\_\_\_\_

Misc. charges \_\_\_\_\_

Cert. Div. \_\_\_\_\_

(Use this slip in resubmitting the case.)



Accrued  
W. A. G. 19.08.  
3-418.

Ray

1 Brief. FILES SLIP.  
Sub B.

Wid. Orig. 1059844.

Paul. Cert. 1063602

Mary Name: wid. of

William Allen

Zachary. La.

[Post-office address.]

K. 84 U. S. Col. Capt.

[Service.]

Submitted to the Board of Review for

3 3. 16.

Schwickardi, Examiner.

To Medical Div.

, Examiner.

To Record Div.

, Examiner.

To Law Div.

, Examiner.

To S. E. Div.

, Examiner.

To Div.

, Examiner.



Law Division.

Department of the Interior,

BUREAU OF PENSIONS,

March 12<sup>th</sup>, 1894,

No. 815,824,

Claimant,

Soldier,

Service,

Wm Allen  
84<sup>th</sup> U.S.C.D.

Chief

Division.

As this claim is to be referred to the  
Special Examination Division, you are re-  
quested to have the papers prepared in  
compliance with Order 76, and to return the  
claim to this Division without delay.

Very respectfully,

FRANK E. ANDERSON,

Chief Law Division.

13235 b-10 m

WAS



17/29

3-1647.

# Act of Feb. 6, 1907.

Cert. 1063602

Name, William Allen

Application filed April 6, 1907

Service, K84 U.S.C. Inf



UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No.

1063, 602

P. O.,

Ga. Harry

County,

East Baton Rouge

State,

La.

Application filed

Feb. 18, 1905

Service,

R. S. H. "U. S. C.

Sup.

April 3, 05. Kurtz that claimant was recently allowed under Or. 78 a Med. Evid. should be furnished show present degree of disability.

Smith, Jr.

Dupl Appl filed Dec. 7/06

Attorney,

J. S. Kurtz

P. O.,

City

County,

State,

(181 100m.)

M. D.



Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 1068602

William Allen

P. O., Irene

County, East Baton Rouge

State, La.

Application filed July 5, 1904.

Service,

K-84-206 Inf.

Atty Kurts.

October 1, 1904.

68 Claimant should file new  
declaration now as he alleges  
he did not attain the age of  
65 until July 15, whereas this  
declaration was filed July 5,  
1904. Fleming.

Attorney, J. S. Kurtz

P. O., Washington

County, , State, W. V.

(181 room.)



Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 1063602

William Allen

P. O., Irene

County, East Baton Rouge

State, La.

Application filed July 5, 1904.

Service,

K-84-208 to Inf.

Atty Kurts.

October 1, 1904.

68 Claimant should file new  
declaration now as he alleges  
he did not attain the age of  
65 until July 15, whereas this  
declaration was filed July 5,  
1904. Fleming.

Attorney, J. S. Kurtz

P. O.,

Washington

County,

, State, D. C.

(181 room.)

Attor  
Filed

Wd



*X. D. Howard*  
Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Claim to \_\_\_\_\_

No. *1063.602*

*William Allen*

P. O., *Irene*

County, *East Baton Rouge*

State, *La*

Application filed *Aug 14 1903*

State Service, *K 84. USG Inf*

*Dec. 26 1903* *Kurtz vs. West. Land* *W.C.G.*

*June 1904* *at. Baton Rouge*  
*East Baton Rouge Co. La.*

*Atty of Kurtz infd. D.*

Disability, \_\_\_\_\_

Attorney, *J. S. Kurtz*

P. O., *city*

County, \_\_\_\_\_, State, \_\_\_\_\_

(186-100m.)

*Wm*

*D*



*Spokane*  
*Attorney at Law*  
*Notice to Satty & Co*  
*Kurtz Family with*  
*A. P. J. Qualbeck*  
*and Walnut St*  
*Jan 16/02 Ex 1st Baton*  
*Rouge & Co. Prof. J. S.*  
*Kurtz atty.*

*Ex and Baton Rouge*  
*at Baton Rouge*  
*att. J. S. Kurtz with*  
*Feb 10-02*  
*WBR*

*Apr-19-02 Rej- to*  
*Quint & Atty Kurtz*

*Feb 7 '1903 Atty Kurtz*  
*informed of need order*  
*to get Fed at Centerville*  
*Missouri*  
*June 11/03 Atty Kurtz for*  
*Arts allegation for various*  
*forms of right leg and various*  
*members and impaired eyesight*  
*in May 23/02 over*

J. O. No. 815824  
 Ext:  
 Hayes Act of June 27, 1890.

**NEW DECLARATION FILED**

William Allen  
 P.O. Irene  
 Baton Rouge Co. La.  
 Service No. - 84 - U.S.C. Inf.  
 Discharged Sep. 25, 1863.  
 Discharged Mar. 14, 1866.  
 Application filed: Dec 19, 1896.  
 Alleges: J. D. 524  
 Any other Claim filed: 815824  
 Numerical No. 100

Attorney: J. S. Kurtz  
 P. O. City  
 Recognized. Contract.  
 Cert. of Dis. Searched for 189.

*127349 Mrs. Kurtz*  
*Ex 131 Bat Hatchez Mrs.*  
*VA. Ex 3/28 atty. Kurtz. C. W.*  
*W. VA. Ex 4/30 at Baton Rouge La.*  
*June 20/99*

*Atty Kurtz for prior afflu and*  
*N. C. can claim - write. Explain*  
*"X's" Family data & H. G. Hill.*  
*S. C. Aies. to Soldier. H. C. C.*  
*FLA. Del. 26/899 Baton Rouge*  
*GA. La. atty n't id.*  
*MISS. Feb. 3/1800 chrt & atty*  
*LA. Kurtz. J. J. J. J.*  
*TEX. Aprie 18/1900, Atty Kurtz advised*  
*that chrt must be made mes.*  
*KY. Evidence showing nature & degree*  
*of disease. C. & P.*  
*PENNA. Aug. 15/1900*  
*Mo. Wes. Ex. by Bat. Aug. at Baton*  
*ARK. Rouge. La. may.*  
*D. C. P. A. & Atty Kurtz*  
*U.S.C.T. noted. ref. n*

*Feb. 8/1901 Kurtz*  
*not 18/1901*  
*Atty Kurtz for mes. n*



Wendell

3-116 a]

Ex'r.

90 No. 815824

12/29

Act of June 27, 1890.

William Allen.

P.O.

Greene

Reed-Caton-Rouge les. La

Service:

Sgt. H. S. 4 U.S. Inf.

Enlisted:

Sept. 1863.

Discharged:

Mar. 1866.

Application filed:

July 1894.

Alleges:

PENDING.

REJECTED

Any other Claim filed

90815824-6

Numerical No.

Attorney:

J. S. Kirby

P. O.

Reed

Recognized.

Contract.

Cert. of Dis. Searched for

189

(873-12,000)

Md.

W.

Aug. 20. Ordered Med. Ex. Bd.  
W. V. A. Baton Rouge, La. R.M.W.

Nov. 28. Rejection. R. M.W.

Reports of

S. C.

Fla.

Ga.

Ala.

Miss.

La.

Tex.

Ky.

Tenn.

Mo.

Ark.

D. C.

U.S.C.T.

19 wch  
Dec 3/96

No.



Collection [3-216.]  
 Invalid.  
 No. 1765  
 Acts of July 14, 1862, and March 3, 1873.  
 1900

Mo. Feb. 7, 1891, 94.  
 Va. 1st for building  
 W. Feb. 11, 94. Ord. med. exp. at N.D. La.  
 J.C.C.

William Allen  
 P. O. John Henge  
 (Box 220)  
 Service: N. 8 1/4 W. 1/4 Sec. 16, T. 14 N., R. 14 E.  
 Enlisted: Sept 25, 1863  
 Discharged: March 14, 1866  
 Application filed: Sept 8, 1898  
 Alleges: Whiskey & Scurvy  
 Rheumatism  
 Re-enlisted:  
 R.R. Proclaim H.

N. C.  
 S. C.  
 Fla.  
 Ga. June 11-92 Ord. med. exp. at N.D. La.  
 Ala. Aug. 29, 96, claim for evidence as to  
 Miss. origin of disease of heart &  
 La. eyes & continue same R.M.W.  
 Tex. Dec. 3/1900 claim of eye.  
 Ky. 9.28  
 Tenn.  
 Mo.  
 Ark.  
 D. C.  
 U.S.C.T.

Attorney: W. H. H. H.  
 P. O.  
 Recognized.  
 Contract.  
 Cert. of Dis. Searched for  
 18

No.



4 Accrued

3-852

R.B.S. Ex'r.

DEPENDENT.

K 84 No. 1059877

Act of April 19, 1908

Notified Feb 5, 1915

March 11.16. Requested  
Cch. so informed 5.

Mary Allen

F. Gachary La.

Widow

William Allen  
**REFUSED**

Service K 84 U.S.C. Inf.

**ABANDONED**

Died Jan. 18-1916, Gachary, La.

No other claim, Chase

S.C. 1263602

Feb 5, 1916 J.N.B.  
Clerk.

Application filed: Jan. 25-1916

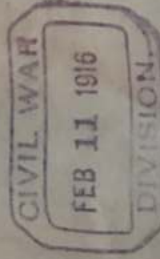
Attorney: Chase

P. O.

R. Cert. of Dis. Searched for 19

3-29-16. Cch. for Accounts  
Death of Soldier

Widow  
John Wainwright, Jr. of 50-  
Death on Discharge, former Cons.  
Cont. Cch.





INVALID. (Series **Act of June 27, 1890.**)Cert. No. **1063602**Name, *William Allen*Rank, *1st Lt*; Service, *Co. A. 84*  
*1st C. Cavalry*

Agency. {

Original Roll: *Proville*

Transf'd

, 190 , to

"

, 190 , to

Issued

*July 20*, 1903.

Mailed

*31*, 1903

Rate and Period, \$

*6*, from *May 23*, 1902

Deductions:

Disability: *Partial inability to earn support by manual labor.*

Issued

*June 14*, 1904

Mailed

*22*, 1904

Rate and Period, \$

*8.*, from *May 9*, 1904**Act of June 27, 1890.**

Deductions:

Disability:



(3-730.)

INVALID. (Series *1063602*)

Cert. No. *1063602*

Name, *William Allen*

Rank, *Sgt*; Service, *Co. H 84<sup>th</sup>*

Agency. Original Roll: *Knorrville*

Transf'd, *1*, to

" *1*, to

Issued *Jan 23*, *905*

Mailed *" 28*, *"*

Rate and Period, \$ *10*, from *Oct 17*, *904*

Deductions:

Disability:

Issued *Jan 4*, *1907*

Mailed *" 8*, *"*

Rate and Period, \$ *12*, from *Dec. 7*, *1906*

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$ *15*, from *Apr 6*, *1907*

Deductions: *0*

Disability: *a*

Mailed

Rate and Period, \$ *20*, from *July 26*, *911*

Deductions: *0*

Disability:

INDORSEMENTS.

*Aug 31, 1910, Claim not paid by  
by of Ins claim Co. 10/10/07  
reborn*



INVALID.

Cert. No. 1,063,602

Name, William Allen,  
Rank, Sgt.; Service, K. 84" U.S.C.  
Int.

Agency: Original Roll: Knoxville  
Transf'd 1 to  
" 1 to

Issued Jan. 10 - 1913  
Mailed JAN 11 1913  
Rate and period, \$ 30, from May 27 - 1912

Issue. Class  
Entered  
Fee, \$  
Deductions: 0  
Disability: ✓

Issue. Class  
Entered  
Fee, \$  
Issued  
Mailed  
Rate and period, \$, from  
**DEAD**  
Deductions:  
Disability:

Issued  
Mailed  
Rate and period, \$, from

Issue. Class  
Entered  
Fee, \$

Deductions:

Disability:

Issued  
Mailed  
Rate and period, \$, from

Issue. Class  
Entered  
Fee, \$

Deductions:

Disability:

INDORSEMENTS.

**DROPPED**  
FEB - 2 1916  
Draft - U.S.A.



ACT OF APRIL 19, 1908.

# WIDOW'S PENSION.

No. 1059877

1/3 Brief

Claimant, Mary Allen

Soldier, William Allen

P. O., Zachary

Rank, Sergeant

Co. K

County East Baton Rouge State Louisiana

Regiment 84 United States Col. Inf.

Rate, \$12 per month, commencing \_\_\_\_\_, and \$2 additional for each child, as stated below:

All pension to terminate \_\_\_\_\_, 1 \_\_\_\_\_, date of \_\_\_\_\_

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

Civil War	<u>No children</u>	Born, _____	Commencing _____
		Sixteen, _____	Commencing _____
		Born, _____	Commencing _____
		Sixteen, _____	Commencing _____
		Born, _____	Commencing _____
		Sixteen, _____	Commencing _____
		Born, _____	Commencing _____
		Sixteen, _____	Commencing _____

RECOGNIZED ATTORNEY.

**REJECTED**

March 11, 1916. 5.

Name, the Atty.

Fee, \$ the fee Agent to pay.

P. O., \_\_\_\_\_

## APPROVALS.

Submitted for pay March 3, 1916 Schmidt & R. B. Examiner.

Approved for Rejection on the ground that claimant did not marry the soldier prior to June 27, 1890

Mar. 7, 1916 E. Dolloway Reviewer.

Mar. 7, 1916 Calvin Nelson Reviewer.

The soldier was pensioned at \$ 30 per month for Oct. May 11, 1912

Enlisted, September 25, 1863.

Soldier's application filed September 8, 1890.

honorably disch'd, March 14, 1866.

Clt's app'n under other laws, None.

Reenlisted, No other Service.

Former marriage of claimant & soldier.

honorably disch'd, \_\_\_\_\_, 1 \_\_\_\_\_

Death } of former infr. alleged, Oct. 19, 1909.  
Divorce }

Died, alleged January 18, 1916.

Clt's marriage to soldier, alleged July, 1911.

Declaration filed, January 25, 1916.

Clt. Not remarried, Not divorced.

Claimant does not write.



Submitted for rejection on the ground, that claimant  
was not married to Soldier until, Subsequent  
to June 27, 1890, as stated in her Declaration.



3-438

Cert. 1063602

Act. May 11, 1912

ACCRUED PENSION

Class Invalids

Pensioner William Allen

Date of death January 18, 1916 Certificate is filed.

Claimant Mary Allen widow

Zachary, East Baton Rouge, Louisiana.

Attorney No Atty.

Address

The fee of \$ No Fee allowed on issue of

to

of to be paid when

payment is made on accrued.

Submitted                     , 19                     , Schwieskardi, R. B. Examiner.

Approved for

, Reviewer,                     , 19                     

, Rereviewer,                     , 19                     

M. C.                      Claimant does not writes.



3-34  
*Pension*  
ACT OF MAY 11, 1912.

Cert. No. 1063602

Claimant

P. O.,

County,

State,

Rate, \$

per month, commencing

Rank

Service

2527517

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

Fee, \$; Agent to pay.

P. O.,

Articles filed, 19

APPROVAL.

Submitted for

DEC 11 1912

191

Examiner.

Approved for

Rate \$

per month; age

years.

*Pension from Act February 6, 1907.*

Length of pensionable service: 2 years, 5 months, 20 days.

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

on account of

Jan. 7, 1913

1913

Legal Reviewer.

Jan. 8, 1913

1913

Reviewer.

Enlisted

Sept 25, 1863

honorably discharged

March 14, 1865

Enlisted

18

; honorably discharged

18

Enlisted

18

; honorably discharged

18

Length of pensionable service: 2 years, 5 months, 20 days.

Pensioned at \$

20

per month, under

Act of Feb. 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed

MAY 27 1912

1912

Age shown by evidence

75

years; date of birth alleged

July 15, 1836

Claimant does

not write.

M. C.



3-34  
*Reissue*  
ACT OF MAY 11, 1912.

*get*  
Cert. No. 1063602

*L*  
*Knox*  
Claimant

P. O.,

Rank

County,

Service

State,

Rate, \$

per month, commencing

2527517

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

Fee, \$; Agent to pay.

P. O.,

Articles filed, 19

APPROVAL.

Submitted for *exam* DEC 11 1912, 191

Examiner.

Approved for

Rate \$

per month; age years.

*Persons from Act February 6, 1907.*

Length of pensionable service: 2 years, 5 months, 20 days.

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

on account of

Jan. 7, 1913, *H. B. Keen* Legal Reviewer.

Jan. 8, 1913, *M. Riffel* Receiver.

Enlisted Sept 25, 1863, honorably discharged

March 14, 1865

Enlisted, 18; honorably discharged, 18

Enlisted, 18; honorably discharged, 18

Length of pensionable service: 2 years, 15 months, 20 days.

Pensioned at \$ 20 per month, under Act of Feb. 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed MAY 27 1912, 191

Age shown by evidence 75 years; date of birth alleged

Claimant does *not* write.

M. C.



Original No. \_\_\_\_\_

Certificate No. 1063602

## ACT OF FEBRUARY 6, 1907.

Claimant, William AllenP. O., JachamCounty, East Baton RougeState, LouisianaRate, \$ 20 per month, commencing July 26, 1911.Rank, SergeantCompany, KRegiment, 84th U.S.C. Vol. Inf.

CIVIL WAR

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

## APPROVAL.

Submitted for ad July 21, 1911, L. E. Rogers, Examiner.

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

Increase.Age over 75.Rate \$20 per monthAug. 1, 1911, J. B. Denton Aug 1, 1911, L. B. Pettus

Legal Reviewer.

Re-Reviewer.

Enlisted Sept 25, 1863; honorably discharged March 14, 1866

Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ 15 per month, under Feb. 6 - 07

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed July 26, 1911.Date of Birth alleged, July 15, 1836Age shown by evidence 75 years.

Claimant does \_\_\_\_\_ write.



Original No. \_\_\_\_\_

Certificate No. 1063602 ✓

INCREASE.

## ACT OF FEBRUARY 6, 1907.

✓ Claimant, William Allen ✓✓ P. O., Dechary✓ County, East Baton Rouge✓ State, Louisiana✓ Rank, Sergeant✓ Company, K.✓ Regiment, 84 U.S.C. Vol. Inf.

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

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

## APPROVAL.

Submitted for Adj. Aug 25, 1910, M. A. Moore, Examiner.

Approved for rejection on the ground that according to claimant's own allegation he had not reached the age of 15 years at date of execution of his pending claim, he is not, therefore, entitled to a higher rate under Act of Feb 6, 1907, than he now receives under said Act.

Aug. 4, 1910, J. Harrison Aug. 27, 1910, J. J. Dennis  
 Legal Reviewer. Re-Reviewer.

✓ Enlisted Sept 25, 1863; honorably discharged March 14, 1866.

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

✓ Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

✓ Pensioned at \$ 15 per month, under Act Feb 6, 1907

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

✓ Declaration filed July 25, 1910.✓ Date of birth alleged, July 15, 1836✓ Age shown by evidence 74 years.✓ Claimant does not write.

CIVIL WAR.



Reissue

ACT OF FEBRUARY 6, 1907.

Claimant,

William Allen

P. O.,

Lrene

County,

East Baton Rouge

State,

Louisiana

Rank,

Sergeant

Company,

H.

Regiment,

84. U.S. Col Inf

Rate, \$

15

per month, commencing

April 6, 1907

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

## APPROVAL.

Submitted for

Adm January 22, 1908 M L Buckley

Examiner.

Approved for

Admission.

Age over 70.

Rate, \$15. per month.

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

Jan. 30, 1908, August Donath, Legal Reviewer. Jan. 31, 1908, R. D. Rush, Re-Reviewer.

Enlisted

September 28<sup>th</sup>, 1868

honorably discharged

March 14<sup>th</sup>, 1869

Enlisted

18

; honorably discharged

18

Enlisted

18

; honorably discharged

18

Pensioned at \$

12<sup>00</sup>

per month, under

Act of January 22, 1890

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

April 4

1907

Date of birth alleged,

July 10<sup>th</sup>, 1836

Age shown by evidence

70

years.

Claimant does ~~Not~~ write.

G. P. Favrot

M. C.



106360  
Knoxville

3-357.

Cert. No. 1063602

ACT JUNE 27, 1890.

*Increase* INVALID PENSION.

Claimant, *William Allen*  
P. O. *Irene* Rank *Sergeant*  
County *East Baton Rouge* Company *H*  
State *Louisiana* Regiment *8th U.S. Inf.*  
Rate, \$ *12* per month, commencing *December 7, 1906.*

Pensioned for *total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *J. S. Kurtz* Fee, \$ *2*  
P. O. *Washington, D. C.* Agent to pay.

APPROVALS

Submitted for *December 18, 1906* *E. Schermerhorn* Examiner.

Approved for *total inability to earn a support by manual labor.*

*Age 70 years.*

*Rate \$12 per month.*

Approved for

Aggregate of disabilities shown, permanent in character: \$

*July 3, 1907* *J. S. Garrison* Legal Reviewer.  
*January 4, 1908* *H. B. Quinlan* Re-Reviewer.

*Medical action not required*  
Medical Examiner. Medical Reviewer.  
190 Medical Referee.

Enlisted *September 25, 1863*; honorably discharged *March 14, 1866*

Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_

Pensioned at \$ *10* per month. Last paid to \_\_\_\_\_

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *February 18, 1906* alleges *Increase & Abandonment*

*Declaration filed December 7, 1906 — Increase*

Claimant does *not* write.  
Certificate not filed.

*McRobertson* *No. M. C.*  
*Mar.*



ACT JUNE 27, 1890.

Increase **INVALID PENSION.**Claimant, *William Allen*P. O. *Irene*County *East Baton Rouge*State *Louisiana*Rate, \$ *10*per month, commencing *October 17, 1904*Rank *Sergeant*Company *Co. I*Regiment *84th U.S. Col. Inf.*Pensioned for *partial*

inability to earn a support by manual labor

## RECOGNIZED ATTORNEY.

Name *J. H. Kurtz*P. O. *Washington - D. C.*Fee, \$ *2*

Agent to pay.

## APPROVALS.

Submitted for *January 14, 1905*Approved for *partial inability to**earn a support by manual**labor.**Age 68 years**Rate \$10 per month*Approved for *J. F. Cole*

Aggregate of disabilities shown, permanent in character: \$

*Jan 19, 1904, P. R. Chapin**Jan 20, 1905, P. R. Wiley*Enlisted *September 25*, 1863; honorably discharged *March 14*, 1864Enlisted *1863*; honorably discharged *1864*Pensioned at \$ *8* per month. Last paid to

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *July 5*, 1904, alleges *increase varicose veins of right leg and semile debility. Pension cause also rheumatism impaired hearing and sight, weakness general debility. Declaration filed October 17-1904, alleges increase varicose veins of right leg and semile debility. Pension cause also rheumatism impaired sight and hearing general debility.*

Claimant does not write.  
Certificate not filed.

By *M. C.*



7811  
1063602  
Know

3-351

Cert. No. 1063602  
No A.D. pending

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, William Allen  
P. O. Irene  
County East Baton Rouge  
State Louisiana  
Rank Sergeant  
Company A  
Regiment 84 U.S.C. Vol. Inf.  
Rate, \$ 2 per month, commencing May 9, 1904

Pensioned for partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name I. S. Hurty Fee, \$ 2  
P. O. Washington D.C. Agent to pay.

APPROVALS.

Submitted for June 7<sup>th</sup>, 1904, J. T. D. Howard, Examiner.

Approved for partial inability to earn a support by manual labor  
Age 65 years  
Rate \$2 per month

Approved for

Aggregate of disabilities shown, permanent in character: \$

June 8, 1904, J. M. Davis  
Legal Reviewer.

June 9, 1904, F. H. Felt  
Re Reviewer.

Medical Examiner.

Medical Reviewer.

, 1904, Medical Referee.

Enlisted September 25, 1863; honorably discharged March 14, 1866

Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_

Pensioned at \$ 6 per month. Last paid to \_\_\_\_\_

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 9, 1904, alleges increase, impaired vision, rheumatism and disease of heart  
impaired hearing and senile debility.

Claimant does \_\_\_\_\_ write.  
Certificate not filed.

No, M. C.



1063602

3-356.  
(Old No. 3-145 a.)

Act of June 27, 1890.

Knop

INVALID PENSION. 815-824.  
or rejected

Claimant, William Allen  
P. O., Shreve  
County, East Baton Rouge  
State, Louisiana  
Rank, Sergeant  
Company, K  
Regiment, 84 US Col Inf.  
Rate, \$ 6 per month, commencing May 23, 1902

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

SOUTHERN.

RECOGNIZED ATTORNEY.

Name, J. S. Kenaty Fee, \$ 10.00  
P. O., Washington D.C. Agent to pay.

APPROVALS.

Submitted for Admission June 27, 1903, W. A. Kellogg, Examiner.

Approved for impaired eyesight, pains, hips, back, ankles, knees and feet, disease of heart, Varicose veins, and senile debility

Approved for varicose veins of right leg and senile debility

Aggregate of disabilities shown, permanent in character: \$ 6.

July 1, 1903, B. A. Chapin  
Legal Reviewer.

July 6, 1903, J. H. Felt  
Re-Reviewer.

Harries  
Medical Examiner.

July 10, 1903,

Wilson  
Medical Reviewer.  
C. F. Murray  
Medical Re-examiner.

Not pensioned under other laws at \$ \_\_\_\_\_ per month for \_\_\_\_\_

Enlisted September 25, 1863, and honorably discharged March 1866

Reenlisted Oct 18, and honorably discharged \_\_\_\_\_

Declaration filed May 23, 1902, alleges permanent disability, not due to vicious habits, from old age, impaired eyesight, severe pains in hips, back, knees and ankles and feet, heart disease. Affidavit filed June 20, 1903 alleges age, varicose veins and impaired eyesight.

Sh, M. C.

Claimant does not write.



Act of June 27, 1890.

INVALID PENSION.

815.824. ✓

Claimant, William Allen  
P. O., Irene  
County, East Baton Rouge  
State, Louisiana  
Rank, Sergeant  
Company, K  
Regiment, 84 U.S.C. Vol Inf  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

REJECTED APR 19 1902

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

RECOGNIZED ATTORNEY.

Name, J. S. Hurty  
P. O., Washington D.C.  
Fee, \$ 10  
Agent to pay.  
not notably disabled under the act

APPROVALS.

Submitted for Rej. March 14, 1902 J. R. Hayes, Examiner.

Approved for rejection of claim for rheumatism, disease of heart and pain in left leg no disability subject to action Medical Referee.  
Approved for rejection of ratable degree of disability is not shown under act of June 27-1890.  
Aggregate of disabilities shown, permanent in character: \$ \_\_\_\_\_

Dec 78, 1902 John W. Hall Legal Reviewer.  
Apr 2, 1902 John H. Denton Re-Reviewer.  
Braritt Medical Examiner.  
J. Mund Medical Reviewer.  
April 4, 1902 J. H. Hawk Medical Referee.

No. \_\_\_\_\_ pensioned under other laws at \$ \_\_\_\_\_ per month for \_\_\_\_\_

Enlisted Sept 25 1863 honorably discharged Mar 14, 1866  
Reenlisted \_\_\_\_\_, 18 \_\_\_\_\_ honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed Feb 19 1901, alleges permanent disability, not due to vicious habits, from rheumatism disease of heart and severe pain in left leg

No, M. C.

Claimant does \_\_\_\_\_ write.



Act of June 27, 1890.

# INVALID PENSION. 815,824

Claimant: William Allen

P. O.: Zachary

County: East Baton Rouge.

State: Louisiana.

Rank: Sergeant, O. G. Ry.

Company: K.

Regiment: 84 U.S.C. Vol. Inf.

Rate: \$ , per month, commencing

Pensioned for inability to earn a support by manual labor.

## RECOGNIZED ATTORNEY.

Name: J. S. Kirtz, Murty  
P. O.: Washington, D. C.

REJECTED  
JAN 25 1901

Fee: \$

Agent to pay.

## APPROVALS.

Submitted for rejection, Dec. 18, 1900, Don C. Cameron, Examiner.

Approved for rejection rheumatism pain in left leg and heart disease on ground of not disability, subject to approval of Medical Referee. Approved for rejection - not satisfactorily disabled under Act of June 27, 1890.

Dec 28, 1900.

Dec 29, 1900. J. S. Kirtz, Murty  
Re-Reviewer.

Shirley J. Kirtz  
Medical Referee.  
Jan. 4, 1901.

Not pensioned under other laws at \$ per month for

Enlisted Sept. 25, 1863, and honorably discharged Mar. 14, 1866

Reenlisted Not, 18, honorably discharged, 18

Declaration filed May 15, 1892, alleges permanent disability, not due to vicious habits, from weak eyes, lame back, distill of heart, roaring in head, deafness and weakness in knees. Ref. Jan. 11/93. July 14/94, alleges heart disease and lameness in back. Ref. Nov. 11/96. Dec. 1/96, alleges lame back, heart disease, deafness and rheumatism. Ref. Jan. 12, 1900. March 9, 1900, alleges rheumatism, pain in left leg and heart trouble.

No

, M. C.

1213

Claimant does write.



S.

3-125.

## ORIGINAL INVALID CLAIM. 15,824

Soldier, *William Allen*,  
 P. O., *Irene*,  
 County, *East Baton Rouge*,  
 State, *Louisiana*

Rank, *Sergeant* *2 briefs*  
 Company, *H.*  
 Regiment, *84 U.S.C. Vol. Inf.*

Rates, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

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

REJECTED  
 Dec. 3/1900

## RECOGNIZED ATTORNEY.

Name, *None* Fee, \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.  
 P. O. \_\_\_\_\_ Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

## APPROVALS.

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

Submitted *rejection, Sept. 27, 1899*: *D.C. Cameron* Examiner.

Approved for *ref. no dis. from* Approved for *rejection of alleged*  
*pleurisy, pneumonia, rheu-* *pleurisy, pneumonia, rheu-*  
*matisms & dis. of eyes and* *matisms, disease of eyes and*  
*heart since date of filing* *heart; no notable disad-*  
*subject to appl. of Med. Act* *ly shown then from since*  
*date of filing*

*Oct 16* *1899* *Jan 29 1900* *Legal Reviewer.* *Re-Reviewer.* *Med. Ex'r.* *Med. Reviewer.* *Med. Referee.*

## IMPORTANT DATES.

Enlisted, *Sept. 25*, 18*63* Not in service from \_\_\_\_\_  
 Mustered \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_, 18\_\_\_\_, in  
 Discharged, *March 14*, 18*66* \_\_\_\_\_  
 Declaration filed *Sept. 8*, 18*90* Not in service since *March 14*, 18*66*

## BASIS OF CLAIM.

Declaration filed Sept. 8, 1890, alleges pleurisy, pneumonia and rheumatism contracted May 19, 1865 at Bayou Sara, La.  
 Rejected April 2, 1892. March 6, 1891, alleges rheumatism, heart disease and weak eyes contracted in the service.

no m.c.



Act of June 27, 1890.

## INVALID PENSION. 815,824

Claimant, *William Allen,*  
 P.O., *Drene,*  
 County, *East Baton Rouge,*  
 State, *Louisiana,*

Rank, *Sergeant*  
 Company, *K.*  
 Regiment, *84 U.S.C. Vol. Inf.*

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

Disabled by \_\_\_\_\_

REJECTED

Feb. 3/1900.

## RECOGNIZED ATTORNEY.

Name, *J. S. Kurtz,*  
 P.O., *Washington, D.C.*

Fee, \$ \_\_\_\_\_ Agent to pay.  
 Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

## APPROVALS.

*7.R.W. Subm. for rejection*  
*for rejection*  
*ref. no dis. from dis.*  
*back - heart rheumatism &*  
*deafness, subject to appl.*  
*Med. Dep.*

*Sept. 27 1899*  
*June 19, 1899*

*Don C. Cameron* Examiner.

Approved for *rejection* *no*  
*relatable disability shown*  
*under Act June 27 1890*

Legal Reviewer.

*Oct. 16, 1899*

*June 22, 1900*

*July 29, 1900*

*Pyington*

*Oct 23, 1899*

*Jan'y 12, 1900*

Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted *Sept. 25, 1863,* And *March 14, 1866* honorably discharged

Re-enlisted \_\_\_\_\_, 18 \_\_\_\_\_, honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed *May 18, 1892,* alleges permanent disability, not due to vicious habits,

from *Weak eyes, lame back, palpitation of the heart, roaring in the*  
*head, deafness, and weakness in the knees.* Rejected, *Jan. 11, 1893.*

*July 17, 1894,* alleges heart disease and lameness in back. Rejected *Nov. 11, 96.*

*writes* *over*



Dec. 19, 1896, alleges lameness of back, heart-disease, deafness  
and rheumatism.

SERVICE SHOWN BY RECORD



ACT OF JUNE 27, 1890.

## INVALID PENSION.

Orig. Inv. 815-824

Claimant, William Allen  
 P. O., Irene Rank, Serg't.  
 County, East Baton Rouge Company, K.  
 State, La. Regiment, 84 U. S. Col. Inf.  
 Rate, \$ \_\_\_\_\_, per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_

REJECTED

## RECOGNIZED ATTORNEY.

Name, J. S. Kurtz Fee, \$ 10.00 Agent to pay.  
 P. O., Washington, D. C. Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

## APPROVALS.

Submitted for Ref. Oct. 20, 1896, Robert M. Weedon, Examiner.

Approved for Rejection for his heart  
& back as per action of  
Med. Ref.

Approved for rejection no ratable  
disability under Act of June  
27<sup>th</sup> 1890,

W. B. W.  
Nov 11, 1896  
 Legal Reviewer.

Darling, Ohio,  
Nov. 7<sup>th</sup>, 1896  
 Medical Referee.

not now pensioned under other laws. Last paid to \_\_\_\_\_, for \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted Sept. 25, 1863, and honorably discharged March 14, 1896

Re-enlisted \_\_\_\_\_, 18 \_\_\_\_\_, honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed July 14, 1894, alleges permanent disability, not due to vicious habits,  
 from heart disease and lameness in back,

No M. C.

Writes.



ORIGINAL INVALID CLAIM.

Soldier, *William Allen,*  
P. O., *Box 570 Baton Rouge* Rank, *Sergeant,*  
County, *East " "* Company, *K.*  
State, *Louisiana* Regiment, *84th U. S. Col. Inf.*  
Rates, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for

RECOGNIZED ATTORNEY.

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay, \_\_\_\_\_  
P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

APPROVALS.

Approved for \_\_\_\_\_  
Submitted J. E. D. Mar. 28, 1894 Chas. R. Douglas, Examiner.

Approved for

Approved for

, Legal Reviewer.

..., Med. Ex'r,

, Med. Reviewer,

189

Re-Reviewer.

189

, Med. Referee.



Act of June 27, 1890.

O.D.R.  
# 815.824

## INVALID PENSION.

Claimant William Allen  
 P.O. Box 520, Baton Rouge Rank, Serjt  
 County East Baton Rouge Company, K  
 State, La. Regiment, 54th Vol Inf  
 Rate, \$ \_\_\_\_\_, per month, commencing May 18, 1892

Disabled by REJECTED

## RECOGNIZED ATTORNEY.

Name Wm P. Canaday (Died) Fee, \$ 10. Agent to pay.  
 P.O., City Articles filed, \_\_\_\_\_, 189 .

## APPROVALS.

Submitted for Adm Dec 29 1892 H. Levers, Examiner.

Approved for Adm Approved for rejection No  
notable disability shown  
under act of June 27, 1890.

Wm P. Canaday  
 Legal Reviewer.  
June 1893

Burke  
Jan 11, 1893  
Thos. Dugan  
 Medical Referee.

not now pensioned under other laws. Last paid to \_\_\_\_\_ 189 at \$ \_\_\_\_\_  
 Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted Sept 25, 1863 honorably discharged Mar 14, 1866Re-enlisted not, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_

Declaration filed May 18, 1892, alleges permanent disability, not due to vicious habits,  
 from weak eyes, affection of back, heart, head,  
deafness and affection of knees.

Notes poorly  
Wm P.



## ORIGINAL INVALID CLAIM.

Soldier, *William Allen*  
 P. O., *Box 520 Baton Rouge* Rank, *Sgt.*  
 County, *East Baton Rouge* Company, *K*  
 State, *La.* Regiment, *84 U.S.C. Vol. Inf.*  
 Rates, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

REJECTED

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

## RECOGNIZED ATTORNEY.

Name, *Geo. E. L...* Fee, \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.  
 P. O., *W. J. Canaday, City.* Articles filed *Sept. 13*, 18 *90*.

## APPROVALS.

Approved for *pleurisy pneumonia and rheumatism.*  
 Submitted *Repi. Mch 15, 1892* *Geo. A. Crutchfield*, Examiner.

Approved for *Rejection on ground*  
*of not disabled in a pensionable*  
*degree since date of filing.*  
*Subject to approval Med. Ref.*

Approved for *rejection. No pensionable*  
*disability from pleurisy,*  
*pneumonia and rheumatism*  
*has been shown since date*  
*of filing claim.*

*William*, Legal Reviewer.  
*Mch 17, 1892*, Re-Reviewer.

*Burke*, Med. Ex'r, *all* Med. Reviewer,  
*April 2, 1892*, *all* Med. Referee.

## IMPORTANT DATES.

Enlisted, *Sept. 25*, 18 *63* service from \_\_\_\_\_  
 Mustered \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, in  
 Discharged *Mch 14*, 18 *66*.  
 Declaration filed *Sept. 8*, 18 *90* Not in service since \_\_\_\_\_, 18 \_\_\_\_\_.

## BASIS OF CLAIM.

*Alleges in declaration filed Sept. 8, 1890, that*  
*at Bayou Sarah, La. on May 19, 1865, he incurred*  
*pleurisy, pneumonia, and rheumatism.*

*Signed by x mark*

*None*