

THE NATIONAL ARCHIVES

SOLDIER'S ORIGINAL

NO. 1145732

VETERAN:

William Maddox

RANK:

Pvt

SERVICE:

Co. G. 34th I.C. Inf

CAN NO.:

1471

EDITION NO.:

01

~~Schubert~~ Ex'r.

No. *14013*

Act of June 27, 1890.

William Maddox
#168 ~~Newman~~ ^{#124 Ocean} St
Jacksonville, Fla.
Service: G-34 U.S. Inf.

Enlisted: _____, 18

Discharged: _____, 18

Application filed: Jan 31, 1893.

Alleges: _____

Any other Claim filed: *No*
Feb 27. 93

Numerical No. *Small*

Attorney: *C. D. Pennebaker*
P. O. *W. H. Mills* City.

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 18
(4470-50,000.)

Vol. 2-28-93-5,

Mar, 22/93a,

MD. *Atty. P. E. Red at Jacksonville*
VA. *1/22/94 Atty name Mrs*
W. VA. *borne B.T.T.*

Nov 7 1902 A returned,
N. C. *prec. 741 1902. Club*
S. C. *W. H. Mills at Court,*
FLA. *Dury*
GA.
ALA.
MISS.
LA.
TEX.
KY.
TENN.
MO.
ARK.
D. C.
U.S.C.T.



No.

South

Division.

1145 132

William Maddox

Co.

G, 34 USCG

Vols.

For

Office of

C. D. PENNEBAKER,

Attorney-at-Law,

WASHINGTON, D. C.

189

Please state condition of case, and what evidence, if any, is necessary to complete same.

You are hereby notified, that the last call for proof from your office was at once communicated to this claimant, and that I have also sent "reminders" thereof. The failure to supply the evidence called for is due to neglect or inability of claimant.

As claimants very frequently file papers direct, I ask that I be advised of the present status of the case.

If your Office has knowledge of any change of claimant's post-office address, please advise me thereof.

Respectfully,

C. D. PENNEBAKER.

CALLS FOR EVIDENCE.

INVALID SERIES.

Claim filed _____

Claim No. 114,5132

Claimant _____

Rank _____ Co. _____ Regt. _____

1. Date called for _____, 18 ____ .

Answer filed _____, 18 ____ .

2. Date called for _____, 18 ____ .

Answer filed _____, 18 ____ .

3. Date called for _____, 18 ____ .

Answer filed _____, 18 ____ .

4. Date called for _____, 18 ____ .

Answer filed _____, 18 ____ .

5. Date called for _____, 18 ____ .

Answer filed _____, 18 ____ .

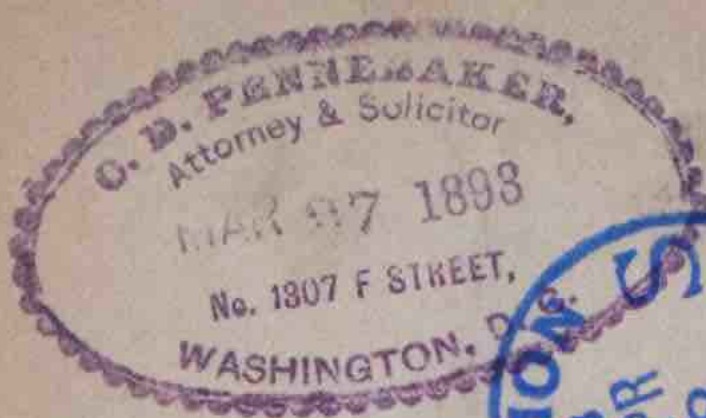
6. Date called for Mar. 22, 18 93 .Answer filed 3-27-93, 18 ____ .

_____, 18 ____ .

Answer filed _____, 18 ____ .

7. Date called for Mar. 22, 18 93 .

Answer filed _____, 18 ____ .



This order for Medical Examination should be complied with as soon as possible and then returned to me with ten postage stamps.

*Very Respectfully,
C. D. Pennebaker.*

Call No. 7.

So. Division.

(3-091.)

No. 1145732

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Mar. 22, 1893.

SIR:

You are hereby directed to report yourself
for medical examination to the **Board of Examining**

Surgeons

(St. and No.)

Town

County

State

within three months from date hereof.

The Board meets at 10 o'clock

A. M. 1st 3rd Wednesday in each month.

Return this slip with the date of the exam-
ination indorsed hereon by the Secretary of the
Board making the same.

Very respectfully,

Acting

G. B. Raum

Commissioner.

Claimant:

P. O.:

Attorney:

P. O.:

Examination made by the Board this

day of

1893.

Claude Joyner M.D.
Secretary.

South Division.
No. *1145132*

William Maddox
Co. *G, 34 USCT* Vols.

For _____

Office of
C. D. PENNEBAKER,
Attorney-at-Law,
WASHINGTON, D. C.

JUL 6 1893

189

Please state condition of case, and what evidence, if any, is necessary to complete same.

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• If your Office has knowledge any change of claimant's post-office address, please advise me thereof.

Respectfully,
C. D. PENNEBAKER



South Division.
No. *1145132*

William Maddox
Co. *G, 34 USCT* Vols.

For _____

Office of
C. D. PENNEBAKER,
Attorney-at-Law,
WASHINGTON, D. C.

JAN 22 1894 189

Please state condition of case, and what evidence, if any, is necessary to complete same.

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If your Office has knowledge of any change of claimant's post-office address, please advise me thereof.

Respectfully,
C. D. PENNEBAKER.



Boul-

Division.

No. *1, 145, 132*

William Maddox

Co. *G*, *34 U.S.C.* Vols.

For

Office of

C. D. PENNEBAKER,

Attorney-at-Law,

WASHINGTON, D. C.

Mar. 22-1893.

Please state condition of case, and what evidence, if any, is necessary to complete same.

~~You are hereby notified, that the last call for proof from your office was at once communicated to this claimant, and that I have also sent "reminders" thereof. The failure to supply the evidence called for is due to neglect or inability of claimant.~~

As claimants very frequently file papers direct, I ask that I be advised of the present status of the case.

~~If your Office has knowledge any change of claimant's post-office address, please advise me thereof.~~

Respectfully,

C. D. PENNEBAKER.



TO THE EXAMINING SURGEON.

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

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

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

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

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.
2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade*.
3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade*.
4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.
5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.
6. When disability falls below above-named grades, the ground of comparison should be ankylosis of wrist or ankle, and disabilities should be rated accordingly.
7. When disability is *greater* than that caused by ankylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.
8. The *Third* is the only grade subject to fractional divisions.
9. The lowest degree of disability pensionable is $\frac{1}{4}$.

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

NOTICE.—This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

S. Dir.

Circular Call No. 7.

(3-100.)

J. C. M.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Mar. 22, 1893.

Mr. William Maddox

late a

priv.

Co.

G, 34 Regiment U. S. C. Inf.

an applicant for

Oriz

Invalid Pension, No. 1145132

*on account of disability from disease of
lungs, injury to eyes and
right arm, &c.*

of June 27, 1890

with paragraph 6 of Instructions of 1890

has been directed to report himself to you.

Very respectfully,

Acting

GREEN B. RAUM,

Commissioner.

Dr.

Cland Joiner

Jacksonville

Co.

Seival Fla.

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

W. W. Maddick I was
in listed in fort Pick
La Sa Monterey register
34th my captian is
George E. Hammons my
Leut. Hussey my ordg
Sgt. Garrett my duty
Sgt. Miquie Robert Rivas
my Corporal Gibbs Drum
mer was Leut. Brown
since same since when
I listed on Com. - Ofice
I did not obey duty &
was reduced back to
rank my comrades
Robert Fisher Florida
Singleton Charley Jones
Joe Scott he has been a
trooper on disobey duty
reduced back to rank
now I have given you

3,

all the details every body
in the city knows one
now in the name of
H.W. Maddicks the
only mistake was made
after I came out the
army I went in the
name of my father gave
me in stead of the name
I in rolled in I have
lost my discharge tho
was the cause of discount
Yours Respectfully
H.W. Maddicks



Jacksonville Fla
Feb 8 - 1901.

The Commissioner of Pensions
Washington D.C.

I have received your letter
I am satisfied that you
can find H.W. Maddick
named on the roll of C.S. 34th, also you can find
Allene Shear that's the
name that I bore when I
first listed my married
was name I name
Shear & that the name
I went in after being
discharged I went in
my father's name

42

FILES SLIP.

Invalid No. 1145.132

Widow's No. _____

Certificate No. _____

NAME:

A. W. Maddick ^{Miss Allen Dean}
Co. G 34 USC Inf

Submitted to the Board of Review for
rejection, 190____

NOV 21 1900

W A Kellogg, Examiner.

Re-submitted to the Board of Review
_____, 190____

_____, Examiner.

S. E. D. _____

_____, 190____

3-419.

(Old No. 3-535.)

Southern Division.

Kellogg M A, Examiner.
(Write surname first plainly.)

Orig m No. 1145.132
(Class.)

Soldier, et M Maddick William Dean

Priv Co, 34 Reg't US 6 Inf

Submitted for rejection Apr 20, 1900

P. A. Sandberg, Reviewer, 1900

Resubmitted for _____, 1900

_____, Reviewer, _____, 1900

FROM BOARD OF REVIEW TO

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.)

PHYSICIAN'S AFFIDAVIT.

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

State of Florida, County of Duval, ss:
In the Pension Claim No. 1,145,132
of N. N. Maddick, late

(Rank, company, and regiment, if in the army; or vessel and rating, if in the navy.)

Personally came before me, a Notary Public in and for the
aforesaid County and State W. D. McNamee
whose Post Office address is Jacksonville Fla
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing physician, and has been acquainted with the above-named soldier for about many years, and that he has upon Physical and

(Here embody all the facts known in accordance with the marginal instructions. Exaggerations or inter-

microscopical Examinations found the
said N. N. Maddick to be afflicted with
Pulmonary Tuberculosis, and upon
further examination find two
fractures in Right Arm; one situated
at the junction of the lower and middle
thirds and including both the Radius &
Ulna which to some extent prevents
normal motion due in part to
fracture, as well as to Chronic Rheuma-
tism affecting the neighboring joints;
the other located at the junction of the
middle and upper thirds of the Humerus.

W. D. McNamee, M.D.

The physical condition of the above said
N. N. Maddick is in my professional
opinion such as to incapacitate him
for manual labor during the greater
portion of each year and I further
believe that he is at no time physically
able to do a laborious day's work in
successful competition with his

SIGN ON THE REVERSE SIDE.



NOTE.

The Physician's Affidavit must show the following facts: 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. If he treated claimant while in the service either as his regimental surgeon or while 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. If he has treated soldier since discharge he should so state, giving the date of 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 prescriptions or visits. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

fellow workman.

W.D. M. Starnes M.D.

The above addition to this affidavit was made in my presence this 25th day of October 1900.

Witness my hand and seal

Samuel Fox.

Notary Public

He further declares that he has been a practitioner of medicine for ~~eight~~ years, and that he has no interest, either direct or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

W.D. M. Starnes M.D.

(Signature of Physician.)

Sworn to and subscribed before me this 10th day of October A. D. 1900, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words _____ erased, and the words _____ added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

Samuel Fox

Official Signature.)

STATE AT LARGE

(Official Character.)

[L. S.]

NOTE.—This paper may be sworn to before any officer authorized to administer oaths—Clerk of Court, Notary Public, Justice of the Peace, etc. If executed before a Justice of the Peace or Notary Public not required by law to use a seal, who has no certificate on file in the Department, then a certificate from Clerk of Court, or other proper officer with a seal, must be furnished as to signature and official character of officer executing the paper. A certificate for general purposes once filed is good for that term of office.

Witnesses should always give their Post Office address and state their means of knowing the facts to which they testify.

Division.

Pension.

No. 1145132

CLAIM OF

N. W. Maddick
Co. 34th U.S.C.T.

PHYSICIAN'S TESTIMONY.

FILED BY

W. H. WILLS,

ATTORNEY AT LAW,

Wills Building, 312 Indiana Avenue,

WASHINGTON, D. C.

CROMWELL BROS., PRINT, 805 E. ST. N. W.

Act of June 27, 1890.

INVALID PENSION.

Original 1145.132

Claimant: *A. W. Maddick* *Also Allen Dean*
P. O. *Jacksonville, 724 Ocean St* Rank: *Private*
County: *Duval* Company: *1st*
State: *Florida* Regiment: *34 USC Vol Inf.*
Rate: \$ _____, per month, commencing _____

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

RECOGNIZED ATTORNEY.

Name: *W. H. Mills* *REJECTED*
P. O.: *Washington D.C.* *Dec. 24, 1900*
Fee: \$ _____
Agent to pay.

APPROVALS.

Submitted for *rejection, Nov 20, 1900.* *W. A. Kellogg*, Examiner.
Approved for *rejection, no title.* *Applicant not in the*
U. S. Military service as alleged as shown by the report
from the War Dept.

Aggregate of disabilities shown, permanent in character: \$ _____

Dec. 11, 1900, L. G. Brandenburg
Legal Reviewer.
Dec. 8, 1900, E. H. Burdick
Re-Reviewer. _____, 190 _____

No pensioned under other laws at \$ _____ per month for _____

Enlisted *June*, 18 _____, honorably discharged *June*, 18 _____
Reenlisted _____, 18 _____, honorably discharged _____, 18 _____

Declaration filed *Jan 31, 1893*, alleges permanent disability, not due to vicious habits, from *disease of lungs, dimness of vision result of injury to eyes, injury to right arm and urinary trouble.*
Declaration filed *Oct 6, 1900* alleges *injury to right arm, defective eyesight and disease of lungs.*

ch, M. C.

Claimant does *not* write.

ACT OF JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

STATE OF Florida
COUNTY OF Duval } ss.

On this 24 day of Jan'y, A. D. one thousand eight hundred and ninety-three
before me, an officer duly authorized to administer oaths for general purposes within and for the county and
state aforesaid, personally appeared Wm Maddox,
aged about 43 years, a resident of the County of Duval, State of
Florida, who, being duly sworn according to law, declares that he is the identical person
who was ENROLLED on the _____ day of year, 1864, in Co. D, 34th
Reg't of us c Infy, Vols., in the war of the rebellion, and served at least
and regiment in the Military service, or vessel, if in the Navy.
ninety days, and was HONORABLY DISCHARGED at Jacksonville, on the 28th
day of February 1866. That he has not been employed in the military or naval
service otherwise than as stated above.

(If any other service state what the service was, whether

prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 28th day of
Feb 1866. That he is unable to earn a support by manual labor, by reason of

Disease of Lungs, Dimness of Vision, on account
of Injury to Eyes, Injury to right Arm, from being broken
in two places, from a fall, shortly after the War of 1861-5 Trouble of Wind
etc

That in addition thereto, he may also suffer from other disabilities, which will be hereafter disclosed by med-
ical examination. That his disabilities are not due to his vicious habits, and are to the best of his knowledge
and belief permanent. That he has not applied for pension under application

No. _____ 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 C. D. PENNEBAKER, of WASHINGTON, D. C., his true and lawful attorney to
prosecute his claim, and he hereby promises and agrees to pay his said attorney the sum of ten (\$10) dollars
for his services herein, which sum he authorizes and requests the Commissioner of Pensions to pay out of the
pension which may be granted him under this application.

That his POST-OFFICE ADDRESS is Jacksonville 168. Newman st
county of Duval state of Florida.

ATTEST:

Wm L. Saw
G. J. Larmin

Wm Maddox
(Claimant's Signature.)
Mark

Also personally appeared James Linoid residing at Jacksonville
and G. J. F. Garvin, residing at Jacksonville, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw Wm Maddox, the claimant, sign his name (or make his mark) to
the foregoing declaration; that they have every reason to believe from the appearance of said claimant and
their acquaintance with him for 30 years and 20 years, respectively,
that he is the identical person he represents himself to be; and that they have no interest in the prosecution
of this claim.

Wm Law

James Linoid
G. J. F. Garvin
(Signatures of witnesses.)

Sworn to and subscribed before me this 24 day of Jan

A. D. 1893, and I hereby certify that the contents of the above declaration, &c., were
fully made known and explained to the applicant and witnesses before swearing including
the words _____, erased,
and the words _____, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

W. J. Harwick
(Signature.)
Notary Public
(Official character.)

SEAL.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME William Maddox
SERVICE.

G 34 11829



C. D. PENNEBAKER,

Attorney-at-Law,

1307 F Street N. W.,

Washington, D. C.

ROTHSCHILD, PH. 1001 F ST.



10-121

DECLARATION FOR INVALID PENSION.

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

To be executed before any officer duly authorized to administer oaths, but if executed by a Notary Public or Justice of the Peace not authorized to use a seal, a certificate from a Clerk of Court must be on file.

State of Florida, County of Duval, ss:

On this 9th day of Oct, A. D. 1900, personally appeared before me Sam
W. Fox a Notary Public within and for the county and State aforesaid

N. W. Maddick aged 56 years, a resident of the town
of Jacksonville, County of Duval, State of Florida, who
being duly sworn according to law, declares that he is the identical Allen Dean

who was enrolled on the _____ day of _____, 1863, in Co. G, 34 U. S. C. T.
Here state rank, Co., and Regt. in military service, or vessel, if in the Navy.
in the war of the Rebellion, and served at least ninety days, and was honorably discharged at

on the _____ day of _____, 1865 That he is now
unable to earn a support by reason of Injury to right arm,
Here name the diseases or injuries from which disabled.
defective eyesight and disease of
lungs

That said disabilities are not due to his own vicious habits, and are to the best of his knowledge and be-
lief permanent, that he has _____ applied for pension under application No. 1.145.132; that he

not
is a pensioner under certificate No. _____
If a pensioner, the certificate number only need be given; if not, give number of the former application, if one was made.

That he was not employed in the military or naval service prior to _____, 1863

That he has not been employed in the Military service since _____, 1865

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 makes this declaration for the purpose of being placed on the pension-roll of the United States
under the provision of the Act of Congress approved June 27, 1890, as amended by Act of May 9, 1900.

He hereby appoints **W. H. WILLS, of Washington, D. C.**, his true and lawful attorney to prose-
cute his claim, and hereby agrees to pay a fee of \$10 on allowance of same; and he hereby revokes all former
powers of attorney. That his P. O. address is: 724 Ocean St., Jacksonville,

County of Duval, State of Florida

Attest: H. A. Longshore N. W. Maddick
W. H. Willman
Two persons who can write must sign here.



Also appeared W. H. Sullivan, residing at Jacksonville Fla
and J. S. Mills, residing at Jacksonville Fla, persons whom I
certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw
N. W. Maddick, 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 acquaint-
ance with him for 25 years and 14 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 witness sign by mark, two persons who can write must sign here.

W. H. Sullivan
J. S. Mills
Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 2^d day of October A. D. 1900, and I
hereby certify that the contents of the above declaration, etc., were fully made known and explained to appli-
cant 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.]

Sam H. Fox
Signature.

NOTARY PUBLIC,
Official Character, RGE
JACKSONVILLE, FLA.

NOTES.

The act of June 27, 1890, as amended by the act of May 9, 1900, requires, in the 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.

Obam
Act of June 27, 1890,
As amended by the Act of May 9, 1900.

Soldier's Application

No. 1,145-132
Name N. W. Maddick
Service Co. G. 34th Regt.

Address.
724 Ocean St.
Jacksonville
Fla



FILED BY
W. H. WILLS,
Attorney and Solicitor of Claims and Patents,
WILLS BUILDING,
312 INDIANA AVENUE,
WASHINGTON, D. C.

Cromwell Bros., Printers, 605 E St. N. W., Wash., D. C.

not Oct 14 1900

MAR 23

810477

1893

(S-660 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

William Maddox

Write nothing above this line.

So. Div. *Bureau of Pensions,*
J. C. M. Ex'r. *Mar. 22, 1893*
 No. *1145732*
Inv.

SIR:

It is alleged that the above-named man enlisted
 , 1864, and served as a *priv.*
 in Co. *G*, 34 Reg't *U. S. C. Inf.*
 also as a in Co. Reg't
 , and was discharged at
Jacksonville Fla.
 on *28 Feb.*, 1866.

Personal description desired

No. of prior claim

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

Very respectfully,

Andrew Davidson
acting

Commissioner.

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

0-4

War Department,

Record and Pension Division,

MAR 23 1893

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

mentioned in the preceding endorsement, was enrolled



The name *William*
Maddox has not been
 found on rolls of Co.
G 34 U. S. C. Inf.

160 yrs. height ft. lb.

Complexion

Eyes

Hair

Where Born

Occupation

BY AUTHORITY OF THE SECRETARY OF WAR:

W. A. M. W.
Col. Major and Surgeon, U. S. Army.
P. M.

RECORD & PENSION OFFICE

NOV 8 1900
1983862
WAR DEPARTMENT

3-464 ad.

Southern Div., *W.A.K.*, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Nov 7, 1900.*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier *who now alleges*
service under the name of
Allen Dean. Please give
a full personal description
and name of owner.

No other report on file.

Original No. *1145-132*
Name, *A. W. Waddick* *Allen Dean*
Co. *A*, *34 Reg't U.S. Col. Inf.*

A. C. Brown
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

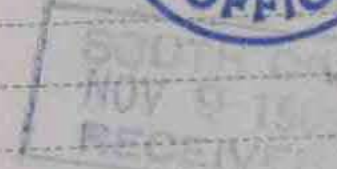
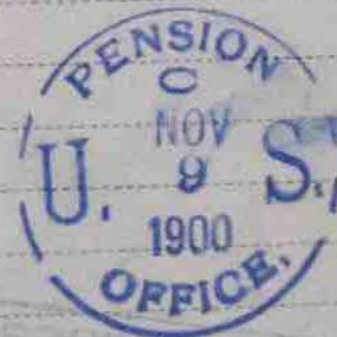
Washington,

NOV 8 1900

Respectfully returned to the

Commissioner of Pensions,

with the information that *the name*
Allen Dean has not been
found on rolls of Co. *A*
34 U. S. Col. Inf.



BY AUTHORITY OF THE SECRETARY OF WAR:

P. C. Brown
Chief, Record and Pension Office.

GENERAL AFFIDAVIT



In the Matter of

Pension claim of Mrs
Maddox late of Co G 4th Regt U.S.C.

ON THIS *24* day of *Jan* A. D. 189*3*, personally appeared

before me an officer in and for the hereinafter named County and State, duly authorized to administer oaths,

James Leonard aged *48* years, a resident of *Jacksonville*

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

whose Post Office address is *Jacksonville Fla.*

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

that he has known the claimant
[NOTE.—The Affiant should state how he gains a knowledge of the facts to which he testifies.]
above named for nearly or quite 30
years and for the last 10 or 15 years, he
has known claimant to suffer from
lung disease, or cold, also dimness of
vision from bad eyesight, and injury to
his right arm from it having been
broken, and he has known Maddox
to suffer from these complaints for
the years above set forth, that the same
has disabled him from the performance
of manual labor at times, and in
his opinion, he is about 1/2 or 2/3rds
disabled and has been for sometime
He also says that he does not believe
that these complaints come from any vicious habits.

I further declare that I have no interest in said case and am not concerned in its prosecution.

Witnesses to Signatures:—

Geo J. J. Garone
[If Affiant signs by mark, two persons who can write sign here.]

James Leonard
[Signature of Affiant.]
mark

STATE OF Florida, COUNTY OF Duval, ss:

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

[L. S.]

W. J. Hamrick
[Official Signature.]

Notary Public
[Official Character]

If the certifying officer has an official seal, it must be affixed; if he has no official seal, he should answer the following questions:

When does your term of office expire? _____

Is a certification of your official character on file in the United States Pension Bureau? _____

Division.

No.

Vols.

Co.

PROOF OF



FILED BY

C. D. PENNEBAKER,

Attorney-at-Law,

1307 F Street N. W.,

Washington, D. C.

GENERAL AFFIDAVIT.

In the Matter of

Maddox

Pension Claim of William

ON THIS *25th* day of *Jan* A. D. 189 *3*, personally appeared

before me an officer in and for the hereinafter named County and State, duly authorized to administer oaths,

Daniel Robinson aged *30* years, a resident of *Jacksonville*

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

whose Post Office address is *Jacksonville Fla. N.E. Beaver St*

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

I have known William Maddox

[NOTE.—The Affiant should state how he gains a knowledge of the facts to which he testifies.]

*for at least (15) years During my ac-
quaintance with him whilst working to
gather as laborers in this City I have
known him to complain often from
some trouble of his Wrist also he
has been troubled with Failure of his
Eyes and some years ago had his
Right arm Broken in Two places also
he has a very bad cough these complaints has
battered him to my own knowledge for
nearly (10) years In my opinion he is
disabled a bout one half or two third I
think*

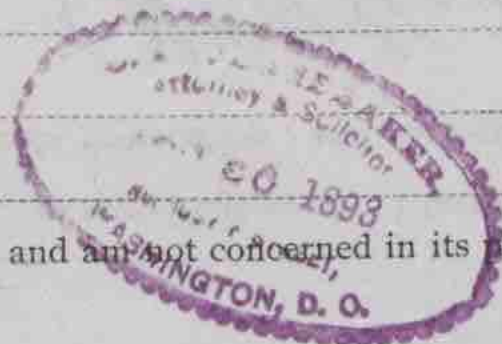
I further declare that I have no interest in said case and am not concerned in its prosecution.

Witnesses to Signatures:—

Daniel Robinson

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

[Signature of Affiant.]



STATE OF Florida, COUNTY OF Duval, ss.

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

W. H. Harwick
[Official Signature]
Notary Public
[Official Character]

[L. S.]

If the certifying officer has an official seal, it must be affixed; if he has no official seal, he should answer the following questions:

When does your term of office expire? _____

Is a certification of your official character on file in the United States Pension Bureau? _____

Division.

No.

Vols.

Co.

PROOF OF



FILED BY

C. D. PENNEBAKER,

Attorney-at-Law,

1307 F Street N. W.,

Washington, D. C.

There is very little deformity & no loss of power or motion in the arm for which we are sure no disability found to exist.



SURGEON'S CERTIFICATE

IN CASE OF

William Macdonald
Co. G, 34 Reg't V.C. Calif

Applicant for Original

No. 1145132

DATE OF EXAMINATION:

April 5 1893

W. Macdonald Pres.
James H. Hays Sec'y
W. H. Hays Treas.
BOARD.

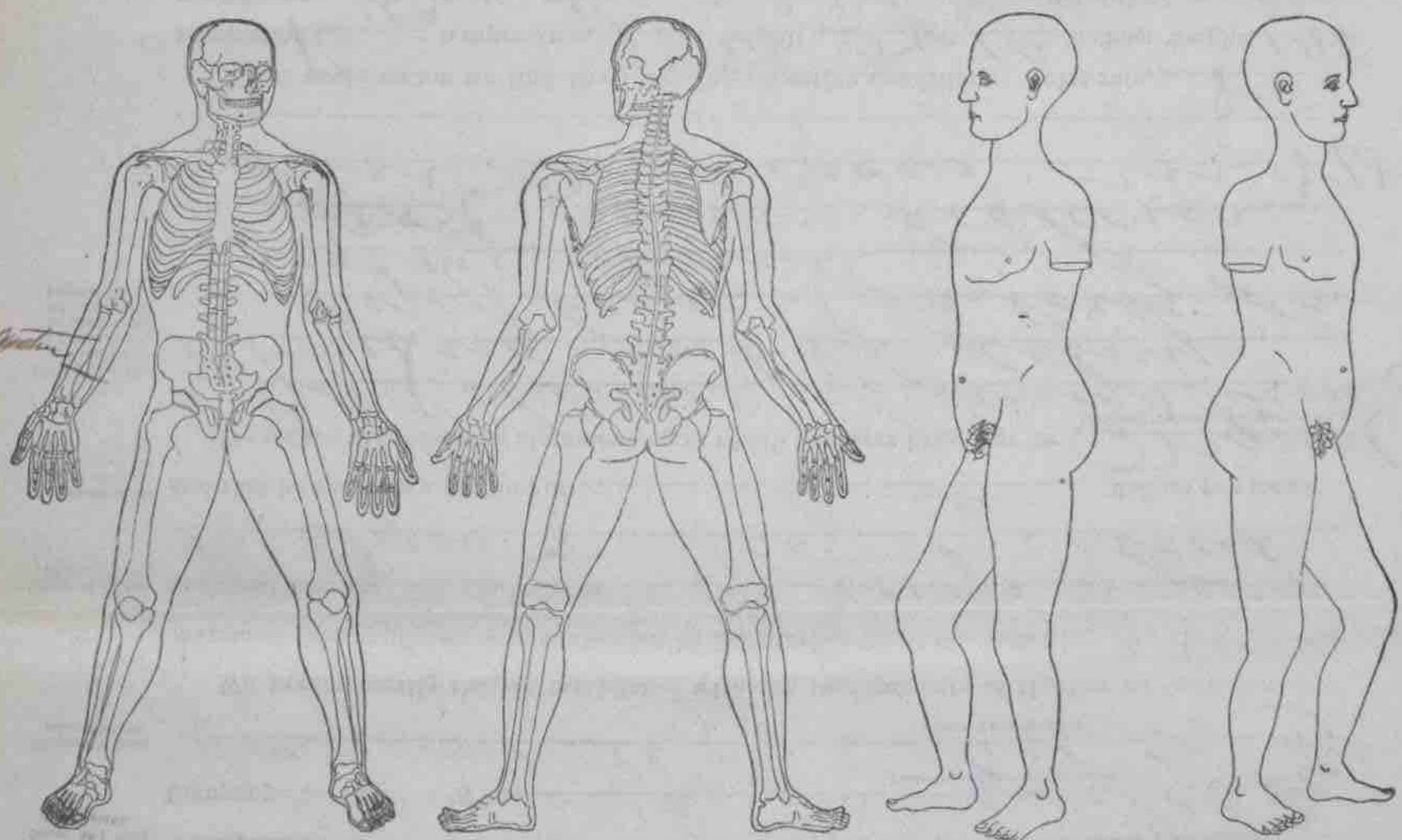
Post office, *Jacksonville*

County, *Duval*

State, *Fla*

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

Darling



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.]