

Reimbursement of 47.81 S.
Accounting Officer's Certificate
No. 647 for \$2879
Approved in 189... Returned to
Interior Department for filing
June 28 1900

Levers

(3-230.)

INVALID. (Series

Cert. No. 523176

Name, Jayette Allen

Rank, Priv.; Service, Co. 9. 100 2nd 6th

Original Roll: Ensign, 1st

Agency, Transf'd, 18, to

" 18, to

Issued, Jan 21, 1891

Mailed, Feb 3, 1891

Rate and Period, \$12, from 1891, 1891

Deductions:

Disability, Dis. of back & urinary organs

Issued, Mar 22, 1894

Mailed, " 29, 1894

Rate and Period, \$12, from July 16, 1890

Act of June 27, 1890.

Deductions:

Disability: Inability to earn a

support by manual labor

1st Issue, Class, Invalid

2nd Issue, Class, Invalid

Class, Invalid

Class, Invalid

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions:

Disability:

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions:

Disability:

ENDORSEMENTS.

Nov 17/94 Had father Gen
Kerr. 14/94. P. a. and
adr. Gen. died Oct.
16/94.

Bel. appn. for re-ent.
Sent to J. M.
Moley. 9. 1. 1.

Dec. 1. 94. And adv. that in answer
to letter from W. W. W. W. W. W. W.
to re-ent. to and. W. W. W. W. W. W.

BOARD OF REVISION.

Department of the Interior,
BUREAU OF PENSIONS,

July 7, 189*3*

Cert. No. *523, 196*

Pensioner, *Hayette Allen,*

Co. *A, 103* Regt *U. S. C. I.*

Act of June 27, 1890.

*Respectfully referred to the Medical Ref-
eree for his opinion whether, under the de-
cision of the Secretary of May 27, 1893, and
order (No. 225) of June 9, 1893, the pen-
sioner is entitled to the rate of \$ *12*,
which he now receives under the above act.
If not, to what rate, if any, is he entitled
under said act?*

Hemingway,
Reviewer.

Levell
BOARD OF REVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Feb 21, 189*4*

Cert. No. *523.176*

Pensioner *Fayette Allen*

Act of June 27, 1890.

As the Medical Division has decided that the pensioner is entitled to the rate that he is now receiving, and as there are no legal objections to the case, no further action is necessary by this Board, and the case should be returned to the

Southern Div.

W. McDonald
Reviewer

NEIGHBOR'S AFFIDAVIT.

CONDITION OF SOLDIER SINCE DISCHARGE.

TO BE EXECUTED BY AN EMPLOYER, FELLOW WORKMAN, OR NEIGHBOR OF THE SOLDIER, HAVING PERSONAL KNOWLEDGE OF HIS PHYSICAL CONDITION DURING EACH OR ANY YEAR SINCE HIS DISCHARGE FROM THE SERVICE. WITNESS SHOULD BE OTHER THAN A RELATIVE OF CLAIMANT, IF POSSIBLE.

Before filling in this affidavit, the witness should read carefully the marginal instructions, and conform thereto in every particular as far as his knowledge of the facts will allow.

This affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918, F Street, Washington, D. C., as soon as executed.

STATE OF Georgia
COUNTY OF Cherokee County } ss:

In the Pension Claim of Fayette Allen
Co. A Reg't, 103 Vols., personally came before me, a W.P. & J.P.
[Title of officer administering oath.]

in and for the aforesaid County and State Cicero Allen, who I hereby
[Name of witness.]
as far as I have known him

certify is a respectable and credible person, who, being duly sworn, declares in relation to the aforesaid claim that
2 before that time
his age is 39 years, and that he has known the above-named soldier since 1865, that

he first saw said soldier after his discharge from the military service of the United States on or about the
day of April, 1865, at in Cherokee County, and his

physical condition was then as follows: Fate Allen came home from

The War or Service of the United States Service

with Typhoid Fever and disease of the

Kidneys and urinary organs. I further certify that

I have known said Fayette Allen ever

since his discharge from the Army in Apr

1865. I have known him continuously during

all the years from 1865 up to the present time

he was first treated by Dr F. G. Underwood

commencing in April 1865. Since that

time he has been under the treatment

of different Physicians. he is permanently

incapable from Manual Labor on account of

disease of the Kidneys Back & Urinary organs

having been unable to pass urine

from the Bladder at times he has

been able to perform more than one fourth

the Manual Labor that a healthy man could

since his discharge from Service, and is now

permanently and entirely unable to per-

form Manual Labor. This Statement was

written on the 19th day of March 1894 by

J. R. Johnston in Carter's Cherokee County and

in the Office of the said Johnston. No person

was present except said Johnston Fayette Allen

and the witness, and that he did not

use any was not aided or prompted by any written

or printed statement or verbal proposed or dictated by

any other person.

He further declares that his post-office address is Cross Joe, County of

Cherokee, State of Georgia, and that he is not interested in said claim

or concerned in its prosecution.

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

Lee Kelleus W.P. & J.P. Cicero Allen
Signature of Affiant.

Sworn to and subscribed before me this day, by the above-named affiant; and I certify that the foregoing affidavit was read over to said affiant, and its contents fully explained before execution. I am not interested in this claim or concerned in its prosecution.

[See the notes below.]

WITNESS my hand and seal, this 18th day of March, 1898.

[SEAL.]

Official signature

Volney Whitest Superior
Official title. Judge of Ass.

NOTES.

1. This may be sworn to before any officer authorized to administer oaths. If before an officer having no seal, then a Clerk of Court must add his certificate of official character in the form below, and not on a separate slip of paper, unless a certificate for GENERAL REFERENCE has already been filed in the Pension Office.

2. If sworn to before a Deputy Clerk of Court, he must sign as deputy, and not for or in the name of the Clerk, if so authorized by law.

3. Every witness should write his name, no matter how poorly he may write it, or how long it may take him to do it. But if the witness signs by X mark, the officer administering the oath should first carefully read and explain the affidavit, and satisfy himself that its contents are understood, and add the following additional certificate in writing: "I further certify that I carefully explained the affidavit to witness before execution, and am satisfied from examination that he fully understood the same." The printed certificate to that effect is not sufficient when witness signs by X mark.

4. If the officer administering the oath has known the witness for a number of years, let him here state the length of time.

I, Wm Worley Clerk of the Superior Court in and for the
aforesaid County and State, do certify that See Mueller Esq., who hath signed
his name to the foregoing affidavit, was, at the time of so doing, a Notary Public St. Joe
in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith
and credit; and that his signature thereto is genuine.

Witness my hand and seal of office, this 19th day of March, 1898.

[SEAL.]

Wm Worley
Clerk of the Superior Court.

PENSION CLAIM OF

Fayette Allen

Co. A, 103rd Reg't U.S.C.T. Vols.,

Eff. No. 5-23,176.

AFFIDAVIT OF

Cicero Allen

NEIGHBOR.

CONDITION SINCE DISCHARGE.

FILED BY

CHARLES & WILLIAM B. KING,

Attorneys for Claimant,

No. 918, F Street, Box 593,

WASHINGTON, D. C.

NEIGHBOR'S AFFIDAVIT.

CONDITION OF SOLDIER SINCE DISCHARGE,

TO BE EXECUTED BY AN EMPLOYER, FELLOW WORKMAN, OR NEIGHBOR OF THE SOLDIER, HAVING PERSONAL KNOWLEDGE OF HIS PHYSICAL CONDITION DURING EACH OR ANY YEAR SINCE HIS DISCHARGE FROM THE SERVICE. WITNESS SHOULD BE OTHER THAN A RELATIVE OF CLAIMANT, IF POSSIBLE.

Before filling in this affidavit, the witness should read carefully the marginal instructions, and conform thereto in every particular as far as his knowledge of the facts will allow.

This affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918, F Street, Washington, D. C., as soon as executed.

STATE OF Georgia }
COUNTY OF Cherokee } ss:

In the Pension Claim of Payette Allen
Co. A, Reg't, 113 U.S. Vol's., personally came before me, a
[Title of officer administering oath.]
in and for the aforesaid County and State Payette Allen, who I hereby
[Name of Witness.]

certify is a respectable and credible person, who, being duly sworn, declares in relation to the aforesaid claim that

Instructions. his age is 42 years, and that he has known the above-named soldier since 1858, that
The witness will add a statement in S.A.R. form showing such of the following facts as he may have personal knowledge of.
he first saw said soldier after his discharge from the military service of the United States on or about the
day of April, 1866, at Libt Dist. Cherokee Co., and his

physical condition was then as follows: Said Payette Allen was discharged and came home from the Union States Service about the last of April, 1866 and his attending Physician stated that his trouble was caused by a diseased liver. Kidneys & urinary organs the result of Typhoid Fever with which he was afflicted during the time he was in Service. This statement was made by his attending Physician & said Payette Allen in his discharge from Service. His Physician was Dr. J. G. Underwood. he has been disabled as a soldier ever since he came home from the War or Service. his symptoms were trouble to pass urine from the bladder. Several pains in the Back & Bowels. Since near Payette Allen ever since the War & saw him after every year. Occupation for over 10 years has been disabled from manual labor about two thirds of his time by reason of the disabilities above named. Since the War worked with said Claimant about 20 years of the time since the close of the War some of the years he would lose 2 thirds of his time & some years more. he was after confinement to his bed from one to two & three months at a time during every year since he came home from Service. Since then Kidneys & bladder. This affidavit was written in my presence and from oral statements made by me on the 4th day of Jan. 1894 at the State of Georgia to W. H. King by whom the statement was written & signed & was not attested by any witness or printed statement or record. Prepared and dictated by Payette Allen.

2. If claimant suffered from more than one disability, affiant should state whether he saw the soldier at the time, and if the disability is a rupture, he should state whether he saw it the same, and especially how soon after the soldier's discharge he saw it and on which side it was.

3. What was his occupation and to what extent was he disabled from performing manual labor during the whole of the period stated, by reason of the disabilities above named.

Disability should be rated as 1/4, 1/2, 3/4 or total as compared with the labor of an able-bodied man.

4. If you worked together or for each other, state when, at what, and how frequently and if he was unable to work at all at times, state how frequently on a yearly average and how long at a time and from what causes.

He further declares that his post-office address is Cherokee, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

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

1. W. H. King
2. Hugh A. Allen
Signature of Affiant.

Sworn to and subscribed before me this day, by the above-named affiant; and I certify that the foregoing affidavit was read over to said affiant, and its contents fully explained before execution. I am not interested in this claim or concerned in its prosecution. *of an known the*

witness for 10 years and considers him reliable

WITNESS my hand and seal, this *4*

day of *June*

189*4*

[SEAL.]

NOTES.

Wm. H. Hocking
Official signature
Clerk Superior Court
Official title

1. This may be sworn to before any officer authorized to administer oaths. If before an officer having no seal, then a Clerk of Court must add his certificate of official character in the form below, and not on a separate slip of paper, unless a certificate for GENERAL REFERENCE has already been filed in the PENSION OFFICE.

2. If sworn to before a Deputy Clerk of Court, he must sign as deputy, and not for or in the name of the Clerk, if so authorized by law.

3. Every witness should write his name, no matter how poorly he may write it, or how long it may take him to do it. But if the witness signs by X mark, the officer administering the oath should first carefully read and explain the affidavit, and satisfy himself that its contents are understood, and add the following additional certificate in writing: "I further certify that I carefully explained the affidavit to witness before execution, and am satisfied from examination that he fully understood the same." The printed certificate to that effect is not sufficient when witness signs by X mark.

4. If the officer administering the oath has known the witness for a number of years, let him here state the length of time.

I, Clerk of the Court in and for the

aforesaid County and State, do certify that , Esq., who hath signed

his name to the foregoing affidavit, was, at the time of so doing, a

in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith

and credit; and that his signature thereto is genuine.

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

[SEAL.]

Clerk of the Court.

PENSION CLAIM OF

Gayette Allen.

Co. *A*, 103^d U.S. Col. Vols.,

Reg't No. *523*, 176

AFFIDAVIT OF

Hugh A. Allen.

NEIGHBOR.

CONDITION SINCE DISCHARGE.

FILED BY

CHARLES & WILLIAM B. KING,

Attorneys for Claimant,

No. 918, F Street, Box 593,

WASHINGTON, D. C.

Trinidad
 3-216.
 Ex'r. INVALID.
 No. *672.363*
 Acts of July 14, 1862, and March 3, 1875.

not Oct-16-88
 Oct 27-1888 *Ag 59 Clint list.*
Atty Johnson Ex Bee Gilmer Co. Ga.
W. V. A. new since died

Fate Allen
 P. O. *Orange*
Cherokee Co. Ga.
 Service: *A 103 U.S.C. Inf.*
 Enlisted: *Jan 20*, 1865.
 Discharged: *Apr 19*, 1866.
67240
 Application filed: *Sept 18*, 1888.
 Alleges: *by turn*
 Re-enlisted:

man 25/90 6 + m. B.
 N. C. *King not recip*
 S. C. *Atty J for name of*
 FLA. *dis result of typhoid*
 GA. *fever in a formal death*
 ALA. *New Cong Cir to clt*
 MISS. *Hon G. D. Candler*
 LA. *Atty King for*
 TEX. *name & certificate of*
 KY. *all dis result of typhoid*
 TENN. *fever as to orig & contra*
 Mo. *Atty King orig Contra*
 ALA. *to 1867*
 D. C. *July 9/85 Atty King claimt*
 U.S.C.T. *Dead in sent.*

Attorney: *Joseph M. Johnston*
 P. O. *Atlanta*
Cherokee Co. Ga.
Chas W B King
 Recognized. Contract.
 Cert. of Dis. Searched for , 18
 (12512-12,000)

No.

[3-216 a.]

Ex'r.

No.

Act of June 27, 1890.

Fayette Allen
P. O. *Orange*
Cherokee Co. Ga.
Service: *A- 103 U.S.C.T.*
Enlisted: _____, 18 ____
Discharged: _____, 18 ____
Application filed: *July 26*, 18 *90*
Alleges: _____
Any other Claim filed: _____
Numerical No. *191034*

Attorney: *Chas. & Wm B. King*
P. O. *Box 593* *City*

Recognized

Contract.

Cert. of Dis. Searched for

, 18 ____

INVALID, PENSION.

Rate, \$ 12 - per month, commencing

Regiment.

Delect all paymts. In lieu of Cert.
dated January 21 1891
Disabled by

Disabled by

RECOGNIZED ATTORNEY

P. O.,

Fee \$ Paid to same attorneys Agent to pay

Articles filed _____, 189____

APPROVALS:

Submitted for Adm Febr 28, 1894

Approved for disease of heart and
urinary organs & general debility.

✓ T. G. Levers - Examiner

Approved for disease of back
and urinary organs and
general debility \$12.00

Revised to correct date of
commencement to July-16-1890.
Deduct sub payments.

March 8, 1891, Van Hensen, Legal Reviewer.

May 10, 1894, Medical Referee.

Enlisted January 17, 1865 Honorably discharged April 19, 1866 Last paid

to 17 at \$12.00 for disease of back urin ass

organs and general debility.

Pension under other laws at \$ _____, for

Original declaration, act June 27, 1890, filed July 26, 1890; alleged Kidney disease

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 16, 1890, alleges kidney disease

[Act of June 27, 1890.]

DECLARATION FOR INVALID PENSIONS.

To be executed before a Court of Record or some Officer thereof having Custody of its Seal.

State of *Georgia*, County of *Cherokee*, ss:

On this *13* day of *July*, one thousand eight hundred and ninety-
personally appeared before me, *James L. Jordan* of the *Supr Court*
court, a Court of Record within and for the county and State aforesaid, *Hayeth Allen*
, aged *64* years, a resident of the
of *Orange*, county of *Cherokee*, State of *Georgia*,
who, being duly sworn according to law, declares that he is the identical person of the above name who was
ENROLLED on the *17* day of *January*, 186*5* in Company *A*
Regiment, *103* Vols. *U S C* [Here state rank, company, and
regiment, in Military service, or vessel, if in the Navy.]
in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at
Fort-Palastin on the *19* day of *Apr*, 186*6*. That he is
unable to earn a support by reason of *Kidney disease*
[Entirely, or $\frac{1}{4}$, $\frac{1}{2}$ or $\frac{3}{4}$]

[Here name all the diseases or injuries from which disabled.]

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. *672363*. 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 CHARLES & WILLIAM B. KING, of Washington, D. C., his true and lawful attorneys
to prosecute his claim, and for and in consideration of services done and to be done in the premises, he hereby
agrees to allow said attorneys a fee of ten dollars, which shall include all amounts to be paid for any services in
the furtherance of said claim under the Act of June 27, 1890, and said fee shall not be demanded by or payable
to said attorneys, in whole or in part, except in case of the granting of a pension by the Commissioner of Pen-
sions under the Act of June 27, 1890; and that the same shall be paid them in accordance with the provisions of
Section 4 of said Act and other laws pertaining thereto.

That his post-office address is *Orange*, county of *Cherokee*,
State of *Georgia*.

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

1 *W. S. Cobb*

2 *John D. Ataway*

Hayeth Allen
[Signature of Claimant.]

Soldier's Application.

Faye M. Allen
[Name of Claimant]

Co. a, 103 Reg't, 4862 Vols.

Post-Office: Orange

County: Cherokee

State: ga

- (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 can not draw more than one pension for the same period.

07 52317C

[SEAL.]

or indirect in the prosecution of this claim.

added; and that I have no interest, direct

erased, and the words

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

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

(Signatures of Witnesses.

Sworn to and subscribed before me, this 12th day of

day of

A. D. 1890

to the foregoing declaration, that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 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.

Also personally appeared W E Woods residing at No. _____
in _____ street, in _____, and _____
residing at No. _____, in _____ street, in _____
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 W E Woods, the claimant, sign his name (or make his mark)

Herrn Dr. Böckler
(Official Signature)
Pfeiffer & Co. Ltd.
(Official Character)

~~100986~~

FILED BY

CHARLES & WILLIAM B. KING,
ATTORNEYS FOR CLAIMANT,
No. 906 F Street, Box 593,
WASHINGTON, D. C.

Date of Execution: July 12, 1896

6/240

ACT OF JUNE 27, 1890.

INVALID PENSION. *O.C.P.*Claimant, *Jay Allen*P. O., *Orange*County, *Cherokee*State, *Georgia*Rate, \$ *12-*

per month, commencing

Rank, *Private*Company, *9*Regiment, *103^d U.S.C. V. Regt**July 26 1890*Disabled by *disability medically approved for*

RECOGNIZED ATTORNEY.

Name, *Chas. W. Ship*Fee, \$ *10*P. O., *City*Articles filed, *Approved for continuance at \$ 12 per month for permanent cause*

APPROVALS.

Submitted for *Ad. Dec. 1890*Approved for *Sanitation*Approved for *Approved for dropping not ratable disability for yearling as shown by unimpaired labor, under Act of June 27th 1890.**Examiner. I. W. R. Medical Referee. Jan 15 1891*Legal Reviewer, *Jan 15 1891*Medical Referee, *Jan 15 1891**Dec 23 1890**Not* now pensioned under other laws. Last paid to *18*, at \$ *12.00*Pensioned from *18*, at \$ *12.00*, for *9.2*

SERVICE SHOWN BY RECORD.

Enlisted *Jan 17 65*

18

honorably discharged *Apr 19 66*

18

Re-enlisted *July 26*

18

honorably discharged *18*

18

Declaration filed *July 26*, 1890., alleges permanent disability, not due to vicious habits,from *Kidney disease*

[Act of June 27, 1890.]

DECLARATION FOR INVALID PENSIONS.

By a New Law, this may be Executed before any Officer Authorized to Administer Oaths. If Executed before an Officer who has NO SEAL, his Official Character Must be Certified ON THE BACK HEREOF.

State of Guzra, County of Cherokee, ss:

On this 23 day of July, one thousand eight hundred and ninety-
personally appeared before me, a Clk. Supr Court, duly authorized to administer oaths
within and for the county and State aforesaid, Fate. Allen

, aged 68 years, a resident of the
of _____, county of Cherokee, State of Guzra,

who, being duly sworn according to law, declares that he is the identical person of the above name who was

ENROLLED on the 17 day of January, 1863, in Company A,

Regiment, 103 Vols. U. S. C. T. [Here state rank, company, and
regiment, in Military service, or vessel, if in the Navy.]

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

Fort-Pulaski, on the 19 day of Apr, 1866. That he is

unable to earn a support by reason of Kidney disease
[Entirely, or $\frac{1}{4}$, $\frac{1}{2}$ or $\frac{3}{4}$]

[Here name all the diseases or injuries from which disabled.]

That said 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. 672,363 That he
is a pensioner under certificate No. 672363

[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 CHARLES & WILLIAM B. KING, of Washington, D. C., his true and lawful attorneys
to prosecute his claim, and for and in consideration of services done and to be done in the premises, he hereby
agrees to allow said attorneys a fee of ten dollars, which shall include all amounts to be paid for any services in
the furtherance of said claim under the Act of June 27, 1890, and said fee shall not be demanded by or payable
to said attorneys, in whole or in part, except in case of the granting of a pension by the Commissioner of Pen-
sions under the Act of June 27, 1890; and that the same shall be paid them in accordance with the provisions of
Section 4 of said Act and other laws pertaining thereto.

That his post-office address is Orange, county of Cherokee,
State of Guzra.

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

1 B. B. Wiley

2 P. P. Dupre

Fate. Allen
[Signature of Claimant.]

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 Georgia } ss:
 County of Cherokee

On this 16th day of September, A. D. one thousand eight hundred and eighty-Eight
 personally appeared before me, _____ of the _____, a court of record
 within and for the county and State aforesaid, Fate Allen, aged _____ years,
 a resident of the 1176 of _____ county of Cherokee
 State of Georgia, who, being duly sworn according to law, declares that he is the
 identical Fate Allen, who was ENROLLED on the twentieth day
 of January, 1865, in company 2 of the 103 regiment of U.S. Col. Inf
 commanded by _____, and was honorably DISCHARGED at
Fort Pulaski on the 19th day of April, 1866; that his
 personal description is as follows: Age, 53 years; height, 5 feet 8 inches; complexion, Black;
 hair, Black; eyes, Black. That while a member of the organization aforesaid, in the service
 and in the line of his duty at Savannah, in the State of Georgia
 on or about the 1st day of October, 1865, he Contracted
Dysentery (Here state name or nature of disease, or the location
 of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)
about six months

That he was treated in hospitals as follows: Hospital at Savannah
 (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment)
don't remember no names of Hospital
he was treated in

That he has not been employed in the military or naval service otherwise than as stated above As a private
 (Here state what the service
was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)
Served on the 20th January 1865 and ended on the 19 April
1866.

That since leaving the service this applicant has resided in the 1176 of Cherokee County
 in the State of Georgia, and his occupation has been that of a Farmer

That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled
 a Farmer. That he is now Farmer 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 Joseph W. Johnston
 of Savannah, State of Georgia, his true and lawful attorney
 to prosecute his claim. That he has not received nor applied for a pension. That his Post
 OFFICE ADDRESS is Orange, county of Cherokee
 State of Georgia

Claimant's signature: Fate Allen
marks

Attest: James H. Kirby
J. E. Rudasill

Also personally appeared J. E. Rudasill, residing at London Va.
and Jamies Hilby, residing at London Va., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Private William Hill, 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.

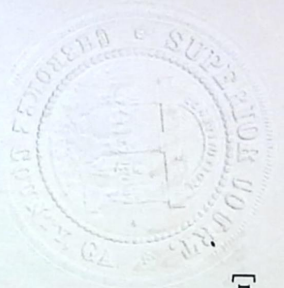


Sworn to and subscribed before me this 6th day of September, A. D. 1888,

[L. S.]

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

J. E. Rudasill
Jamies Hilby
(Witnesses)
Jamies Hilby
(Signature)
James D. Jordan
(Official character)
James D. Jordan

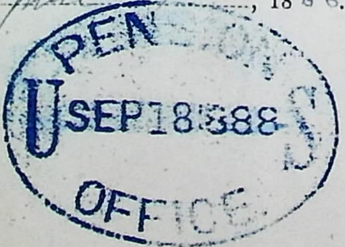


A. A.

INVALID. CLAIM FOR PENSION.

ORIGINAL.

Date Albemarle, Applicant.
Cherokee Co., A. 103 Reg't,
Infantry USA Vols.
Enlisted January 20th, 1865.
Discharged April 19th, 1866.



FILED BY

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.

GENERAL AFFIDAVIT.

Before executing this affidavit, the claimant is requested to read carefully the instructions and conform thereto in every particular, so far as the facts will allow.

Published by CHARLES & WILLIAM B. KING, No. 918, F Street, Washington, D. C.

STATE OF Georgia

COUNTY OF Cherokee

ss:

In the

Pension
(Nature of claim.)

Claim of

Layette Allen
(Name of claimant.)

, late of Co.

A, 103

Reg't

U.S.C. 7

Vol., personally came

before me, an acting justice of the peace, in and for the aforesaid County and State,
(Official title of officer administering oath.)

Layette Allen, the claimant, who, I hereby certify, is a respectable and
(Name of affiant in full.)

credible person, and who, being duly sworn, declares in relation to the aforesaid claim as follows:

that he contracted Typhoid Fever during the time
he was in the Service of the United States of America
in Co (A) 103 Reg't Vols in aforesaid Claimant
Layette Allen who declares that the result of said
Typhoid Fever was disease of Back and
Urinary Organs and general debility.

He further declares that his post office address is

Orange

, County of

Cherokee, State of Georgia

~~and that he is not interested in said claim or~~

~~concerned in its prosecution.~~

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

Allen, C. Bond, Ordinary
Cherokee County

Layette Allen
his
Signature of affiant.
mark

Sworn to and subscribed before me this day by the above-named affiant; and I certify that the foregoing affidavit was read over to said affiant and its contents fully explained before execution. I am not interested in this claim or concerned in its prosecution.

See the notes below.

WITNESS my hand and seal, this 13 day of

1893.

[SEAL.]

W. H. Briggs
Official Signature.

Official Title.

NOTES.

1. This may be sworn to before any officer authorized to administer oaths. If before an officer having no seal, then a Clerk of Court must add his certificate of official character in the form below, and not on a separate slip of paper. But if this affidavit is to be used in a pension case and the officer has already filed a certificate in the PENSION OFFICE for GENERAL REFERENCE, no further certificate is necessary.
2. If sworn to before a Deputy Clerk of Court, he must sign as deputy, and not for or in the name of the Clerk, if so authorized by law.
3. Every witness should write his name, no matter how poorly he may write it, or how long it may take him to do it. But if the witness signs by X mark, the officer administering the oath should first carefully read and explain the affidavit, and satisfy himself that its contents are understood, and add the following additional certificate in writing: "I further certify that I carefully explained the affidavit to witness before execution, and am satisfied from examination that he fully understood the same." The printed certificate to that effect is not sufficient when the witness signs by X mark.
4. If the officer administering the oath has known the witness for a number of years, let him state the length of time.
5. If the witness is testifying as a minister of religion or medical man, stating the facts coming professionally under his observation, the officer administering the oath must certify to his professional character and standing in the community in which he is pursuing his profession.

I, Clerk of the Court in and for the

aforsaid County and State, do certify that his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit; and that his signature thereto is genuine.

Witness my hand and seal of office this day of 189

[SEAL.]

Clerk of the Court.

CLAIM OF

Fayette Allen.

U.S.A. 103^d U.S.C.T.

FOR

Invalid pension (old law)

U.S. No. 523.

AFFIDAVIT OF

Claimant



CHARLES & WILLIAM B. KING,

Attorneys for Claimant,

No. 918, F Street, Box 593,

WASHINGTON, D. C.



State of Georgia
Cherokee County

And the Claim for Invalid
Pension In No 672363. Co A-103 Regt
U.S. C. Inf. of late Allen.

He States that his place of residence
is in the County and State aforesaid, and
has been his residence for more than
thirty years, without any change whatever
his occupation during the entire time
has been farming, Was enrolled on the
17th day of January, One thousand Eight-
hundred and fifty five, to serve three
years, and was discharged from service
of the United States the 19th day of
April One thousand Eight-hundred
and fifty six. During the time
he was in service, he was atta-
cked with Typhoid Fever in
Augusta Ga in the month of October
1865. And was removed to Savan-
ah Ga. and was unable for service
for about six months. Don't remember
the names of the Physicians that
treated him during his illness in
Augusta and Savannah. Nor the
number or name of the Hospitals
that he was ⁱⁿ for treatment, has never

been well since the War, and is entirely
unable for any kind of hard labor
and is an invalid. Has been treated
by several Physicians, namely,

Dr W. Pool P.O. Macedonia

" J. F. Niece " " Freemantle

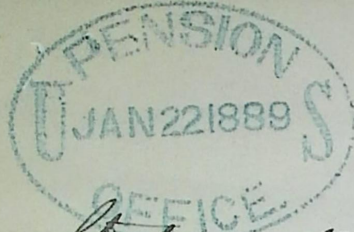
" J. C. Maddox " " "

" Price " " Orange

" Evans " " "

" J. C. Maddox, has treated him for
several years. above named Physicians
all living. I don't know about the Physi-
cian that treated him at the Hospital
cannot give the date during the
large time ^{that has elapsed} since the War, that
he has been sick, but there has
been much of the time that he has
been entirely unable to follow his
usual occupation on account
of disability. Actual Post Office
is Orange Cherokee Co Ga.

State of Georgia } Personally appeared
Milton County } before me John
D. Ataway a Not Pub & Ex Off J P in
and for said County
Tate. Allen. who being duly sworn
deposeth and saith that the above



and foregoing statements are
true

Subscribed & Subscribed Fayette^{his} Allen
before me January
19th 1889.
mark

John D. Ataway N.P.

Georgia

Cherokee County } I hereby certify that
John D. Ataway is

an acting Notary Public and ex officio
Justice of the Peace in and for

J.P. of said County and that his acts and
doings are entitled to full faith
and credit as such This July 19th
1889 Given under my hand & seal of
office.

JAMES L. JORDAN
Clerk.



Claim No 672 393
of Fats Allen

672,363

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec 13, 1888

Respectfully returned to the Commissioner of Pensions.

Fayette Allen, a private of Company A,
103 Regiment ^{3 years} U.S. Troops Volunteers, was enrolled on the
17 day of Jan'y, 1865, at Hilton Head, S.C.,
and is reported: on muster rolls from organ to
Dec 31, 1865 present for duty; roll for
Jan'y & Feb'y 66 not on file

He was mustered out of service with
Co April 19th 1866 at Fort Palaski, Ga.
borne on R. C. R. as Fate Allen

Regtl Hospital records show him Nov 16th to
27th 65. Int. fever. Jan'y 14th to 18th 66. diarrhoea
Regtl return for Nov 65. and Jan'y & Feb'y 1866
do not show him absent

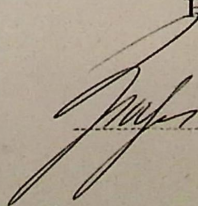
The records of this office furnish no further
evidence of disability.

SL
25m

R. C. DRUM,

Adjutant General.

By



(2.)

108
3

~~Southern Div.~~

BH

Ex'r.

Department of the Interior,

No. 672363

Fate Allen

BUREAU OF PENSIONS,

Print. A 103 US Col Inf. October 27, 1888

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of

Fate Allen

, who, it is claimed, enlisted

January 20, 1865, and served as Private

in Co. A, 103 Reg't US Col Inf.

; also in Co.

Commanded by Capt. Edward Doves

and was discharged at Fort Pulaski Ga, April 19, 1866

While serving in Co. A, 103 Reg't US Col Inf. He was disabled by

Typhoid fever at Savannah Ga, Oct. 1-1865

also

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

at Savannah Ga (no date).

Very respectfully,

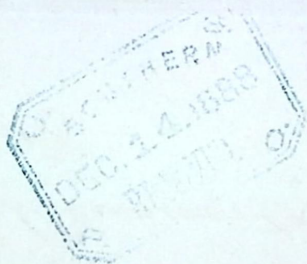
John C. Black,
Commissioner

108
3

The Adjutant General, U. S. Army.

(13502-75 M.)

o 6-002.



October 27-1888
Southern Division.

FIRST CALL

On Adjutant General, U. S. A.

Invalid
Claim No. 672363

Fate Allen

Privt. A 103 US C. Vol. Inf.

WAR DEPARTMENT,
Surgeon General's Office,

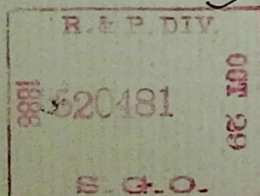
Record and Pension Division,

Washington, D. C., *Oct 30*, 1888.

Respectfully returned to the

Commissioner of Pensions.

*An examination of the records on file in
this office has been made as requested, and no
information bearing upon this inquiry has
been found.*



BY ORDER OF THE SURGEON GENERAL:

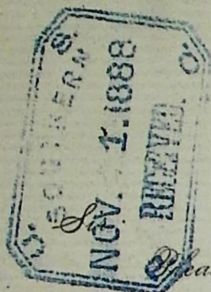
J. B. Ainsworth
Capt. and Assistant Surgeon, U. S. Army.

J. B.
Per

J. B.

B. H.
So. Div.

(3-065.)



Department of the Interior,

BUREAU OF PENSIONS,

October 27, 1888.

Please furnish this Bureau a report of hospital treatment in the Claim No. 672363, of Fate Allen, late a Private Co. A 103 U.S.C. Vol. Inf., from the data given below.

1. Disability from Typhoid fever at Savannah Ga. Oct. 1-1865
2. Treatment, as follows: in Hospital at Savannah Ga. about (no date).
3. The Adjutant General's report must be received
4. Discharged April 19, 1866, at Fort Pulaski -

Very respectfully,

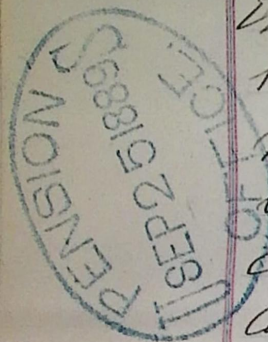
John C. Black,
Commissioner

The Surgeon General U. S. A.

Post Office ~~Orange~~ ^{Am} ⁵

State of Georgia } Personally appeared
Cherokee County } before me J V
Keith an acting Justice of the peace
in and for said County. Jacob H. Lawless
who being duly sworn, deposeseth
and swears that he is well acquainted
with Fate. Allen, the Claimant for
invalid pension, No 67 2363 of C "H"
103 Regt. M & C. Infy. and has been
acquainted with him for more than
thirty years, and that he was a healthy
strong man before he entered into the
Service of the United States Army.
he further saith that he has not resi-
ded more than one mile from
Fate. Allen, the said Claimant ever
since the war, and knows of
his own knowledge that he
came home from the war
sick and has never enjoyed
good health since the war, and
has ^{been} under the treatment of some
Physician, and ever since his
discharge from the war, and
has had several of the best
Physicians in the Country to
treat him but none of
them have been able to

relieve or Cure him. and for the
last few years has not been able to
get about much of his time
only for a few days at the time.
he complains of the same troubles
that he did upon his return
from the Service in the Army of
the United States. he further saith
that he is not able to do any
kind of Manual labor as a
means of Support nor has not
been able to do any work worth
anything for two or three years.
and while he has worked some
since the war it caused him
to suffer much, and his Dr bills
that he would have to pay would
be more than he would make
at his labor. he was the owner
of a home a farm of forty acres
that he was compelled to sell
to pay his Dr bills. and is now
considerably in debt for treatment
that he can never pay. he further
saith that said Claimant is a
Deacon of the Baptist Church in
good standing and has never
been into any kind of bad habits



is temperate in all things and is a
good citizen and the Confidence
of his neighbors around him.
The statements made in the above
and foregoing instrument of writing
he avers are true to the best
of his knowledge. the words "Dr" &
"has" interlined before signed.

Sworn to Subscribed
before me this 26 } Jacob. T. ^{his} Lawless
— day of July 1889. } notary
James M. Keith J.P.

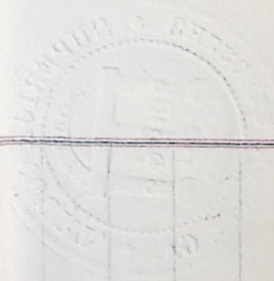
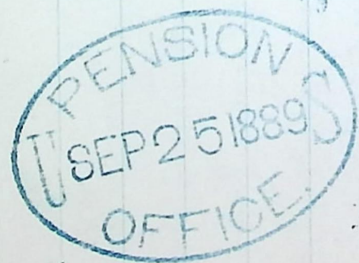
State of Georgia } J. James L. Jordan
Cherokee County } clerk of the Superior
Court in and for said
County of Cherokee. Do hereby Certify that
James V. Keith before whom the foregoing
affidavit was made is an acting justice
of the peace in and for said County of Cherokee
and that his Signature is genuine. And
I do further Certify that Jacob T. Lawless
whose Signature appears to the foregoing aff-
idavit is a Creditable witness

GIVEN under my hand and Seal of
office. Sept 20th 1889.

James L. Jordan C.C.

Jacob K. Lawless

Affidavit of
Jacob K. Lawless



27

Past Officer Canton Ga
State of Georgia } Personally appeared
Cherokee County } before Mr James V.
Kirby an acting Justice of the
in and for said County
James Kirby and Daniel Mcmakin, who
being duly sworn depose and saith
that they are well acquainted with
Fate Allen, the Claimant for mili-
tia pension, and have known him
from the time he came home from
the War or Service of the Army of the
United States, and during all the
time from the time he was dis-
charged from Service until now
the said Claimant has never enjoyed
good health, and has been under
the treatment of some Physician
most of the time since the War, and
for the last two or three years, has
been confined to his room and
bed most of his time. Said Claim-
ant complains of the same trou-
bles that he did upon his return
from the War or Service of the
U.S. Deponents further saith the
said Claimant is not able to
perform any kind of manual
labor as a means of support.

nor has not been for two or three years. And the labor that said claimant has performed since the war, has caused him to suffer much and severely, and his Dr bills has been more than he could make by his labor his wellet-days. Said claimant owned a home a farm of 40 acres that he was compelled to sell to pay Dr bills, and is now considerably in debt for treatment. Dependants further saith that said claimant complains of the same trouble now that he did upon his return from the War or service of the U. S. and has always said that he contracted the disease while in the service of the U. S. it being the result of a long spell of typhoid fever. Since which time he has never been a healthy man.

The dependants further saith that said claimant is a Deacon of the Baptist Church in full fellowship, and in good standing, and has never been known to be guilty of any kind of bad habits, is temperate in all things, is a good citizen, and has the confidence of his neighbors around him

The Statements made in the foregoing
instrument of writing deponents avers
and saith are true to the best of their
knowledge.

Sworn to & Subscribed	3	his James. X Kirby made
before me, This	3	his Daniel X McMakin made
Aug 26 th 1889.	3	

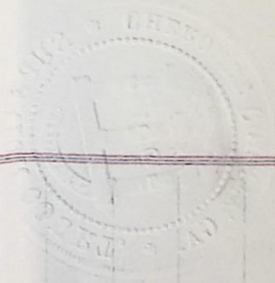
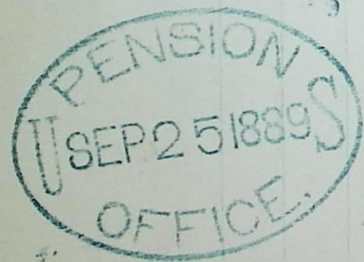
James V Keith J. P.

State of Georgia } I James L Jordan
Cherokee County } Clerk of the Super-
 } erior Court in &
for said County of Cherokee Do here-
by Certify that James V. Keith. before
whom the foregoing affidavit was made
is an acting Justice of the peace in and
for said County of Cherokee. and that
his Signature is genuine. And I do fur-
ther Certify that James. Kirby. and Dan-
iel. McMakin. whose Signatures app-
ear to the foregoing affidavit are Cred-
itable witnesses.

Given under My Hand and Seal
of Office Sept 20. 1889.

James L Jordan C. J.

Daniel Mcnamara
+ Jas Rensby.



5
84

State of Georgia } Past Office
Milton County } Fremansville Ga

In the Claim and invalid pension
No 722363. of State. Allen of Co "A" 103 Regt U. S. C.
Infantry

To Dr C. C. Maddy.

At what date did you commence attending
the claimant

I first treated Gate Allen in
the year 1884.

What was the claimant condition at the
time you first treated him

He was suffering from
Chronic inflammation of
The Kidneys and Bladder

What was the history and degree of
his disability during each year that
you attended him from the same claimant

He has been several times
unable to do manual labor.

Of course he gets along better
sometimes than at others but
he is never stout. This has
been his history since I have been
treating him.

State of Georgia, J. D. McCheskey,
Milton County, J. Ordinary in and
for said County
of Milton, do hereby certify that R. M.
Ballou, before whom the foregoing
affidavit was made, is an acting
Justice of the Peace in and for
said County of Milton and
that his signature is genuine,
Given under my hand and
Seal of Office, Aug. 31st 1889.
J. D. McCheskey,
Ord.

What was the date and duration of all
the treatment administered to the Claimant
by you

I have treated him more or less
every year since 1884.

Give a full description of the Claimant's
disability during the time you attended him
in all its phases. I have known him
to be confined to his room in bed most
of the time, for a month or longer that
he could not wait upon himself,
suffering almost incessantly excruciating
pains in his kidney & bladder.
With great difficulty in urinating
and sometimes complete retention
of urine.

State of Georgia } Personally appeared before
Milton County } me R. M. Ballou

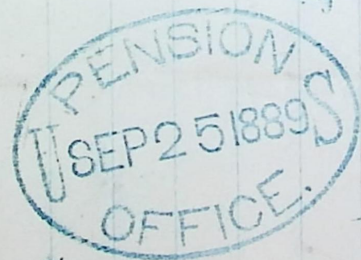
an acting justice of the peace
in and for said County do hereby certify and
being duly sworn depose and say that
the statements made in the above and foregoing
instrument of writing is true to the
best of his knowledge and belief

Sworn to & Subscribed
before me this 26th day
of July 1889.

L. C. Maddox M.D.

R. M. Ballou {JP}

Dr J. B. Maddy.



5
69

Past officer Carnsville Ga
State of Georgia } In the Claim for Invalid
Franklin County } pensions No 672363 of
Tate Allen let of Co A 103
Regt U. S. C. Inftry

Dr T. G. Underwood is requested to answer the following questions, to wit:

1. Was you the first Physician that attended the Claimant after his discharge from Service. My recollection is, that I was.

2. At what date did you Commence attending the Claimant. On the 7th day of March 1867

3. What was the Claimants Condition at the time you first attended him after his discharge from Service. and especially if he suffered from results of typhoid fever. He was suffering from a chronic affection of the urinary organs, attended with a feeling of languor and aversion to exercise; debilitating pain and weakness in the loins, with considerable difficulty of voiding urine. This affection was in my opinion of long standing, and did result from typhoid fever, which said claimant often said to me he had while in the war of 1861 & 5, and from which he had never finally recovered

4. What was the history and degree of his disability from results of Typhoid Fever during each year that you attended the claimant. During the years I treated or attended claimant, there would be, or were times when the disease would yield to treatment, that he was able to perform light manual labor. At other times when the disease would resist treatment, that he was not able to perform manual labor. In this condition he continued during the time I attended him.

5. What is the date and duration of all treatment administered to the claimant by you. I commenced treating him on the 9th day of March 1867, and continued to do so till the latter part of the year 1870.

6. Give a full description of the claimant's disability during the time you treated him in all its phases.

I can not give a more full description of his disability than I have given in answer to questions three and four.

State of Georgia } Personally appeared
Franklin County } before me S. M. Ayers.
a Notary Public in and for said County
an acting justice of the peace in and for
said County J. G. Underwood, who being duly
sworn, deposeth and saith that the statements
made in the foregoing and within instrument
of writing is true, to the best of his memory
and knowledge. J. G. Underwood M.D.

Sworn to and Subscribed
before me. This 11th day of
July, 1889.

S. M. Ayers Not. P.

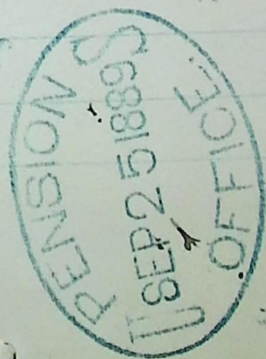
State of Georgia } I J. M. Phillips
Franklin County } Clerk of the Superior
Court in and for said
County, do hereby Certify that S. M. Ayres
whose name appears to the foregoing
affidavit, is an acting justice of the peace
authorized to administer oaths according
to the laws of said State. I do further
Certify that J. G. Underwood is authorized to
practice medicine according to the laws of the State of Georgia, and that
he Subscribed the within and fore-

going Statements in the Claim of Kate. Allen.

In witness whereof I have herunto
Set my hand, and attached the Seal of
my Office. This 11th day of July 1889.

J. M. Phillips

Chief S. Court



Mr. F. G. Underwood

MEDICAL AFFIDAVIT.

CONDITION OF SOLDIER AFTER DISCHARGE.

This affidavit should be in the handwriting of the physician, whose statement should conform, as nearly as possible, to the marginal instructions hereon, which he should read with great care. Let the diagnosis of the soldier's condition be so full and complete that a medical man will be enabled at once unmistakably to recognize the character of the disease, wound, or injuries, even though they be not technically named. Where the disability is the sequel of a wound or injury received, or disease contracted, in the service, the pathological connection between them must be clearly and fully set forth together with the reasons upon which the conclusions are based. The statement should be **IN NARRATIVE FORM**, and the marginal instructions should **NOT** be referred to in the affidavit.

The affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918 F STREET, WASHINGTON, D. C., as soon as executed.

State of Georgia County of Franklin SS:

In the matter of Pension Claim of Fayette Allen

I, late of Co. A, Reg't 103 Vols., personally came before me, the undersigned authority, in and for the aforesaid County and State, Dr. J. B. Underwood who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim that his age is 66 years; that he has been a practicing physician for the past 37 years; that he first saw said soldier after his discharge from the military service of the United States, on or about the 1st day of March, 1868, at Orange Georgia

Name of town and State.

Instructions.

The physician will add a statement in narrative form showing the following facts.

1. State what the soldier's physical condition was at that date and, if disabled, the name or nature and degree of disability.

2. State whether you then treated him for said disability, and, if not, how soon after said date did you commence treatment, and up to what date did you continue to treat him?

3. How frequently, on a weekly, monthly, or yearly average, did you see and prescribe for him while under your care?

4. To what extent was he disabled thereby from performing manual labor, upon an average, during the whole period while under your care?

Disability should be rated as 1, 2, 3, 4, or total.

5. What was his occupation and how much time did he lose on a monthly or yearly average while under your observation?

6. If confined to the house and bed, state how frequently on a monthly or yearly average and for how long a period at a time.

7. In what manner was he affected so as to interfere with his ability to perform manual labor.

8. If soldier died while under your care state date and immediate cause of death.

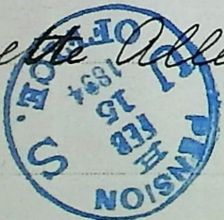
Said soldier was suffering from a chronic affection on disease of the urinary organs, and general debility, particularly about the back and loins, and was considerably emaciated. Was frequently harassed with a desire to pass urine, with occasional spasmodic action of the bladder and urethra; and his digestive functions were very much deranged. Commenced treating said soldier at the time he first saw him, and continued to do so, until about the latter part of the year 1869 or the first of the 1870s. Did see and prescribe for said soldier frequently during that time, but do not recollect how often. In consequence of said disability said soldier was in his opinion at least 2 disabled from performing manual labor during the time he was under this care. Said soldier was a farmer by occupation, and was at least 2 disabled by reason of said disability as compared with a well man. The above statements were written by affiant himself, and that he was not aided or prompted by any writing; that the statements made above are true of his own knowledge to the best of his recollection.

"He further" declares that his post office address is Barneville, County of Franklin, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

J. B. Underwood M.D.
Signature of Physician.

PENSION CLAIM OF

Fayette Adlen.



Co. *A*, 103rd Reg't, U.S.G.T. Vols.

6th No. *6-23* 176.

AFFIDAVIT OF

T. G. Underwood M. D.



CONDITION SINCE DISCHARGE.

FILED BY

CHARLES & WILLIAM B. KING,
ATTORNEYS FOR CLAIMANT,
No. 918, F STREET, Box 593,
WASHINGTON, D. C.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read the said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said claim or concerned in its prosecution; and that affiant is known to me to be a regular practicing physician of good standing in the community in which he resides

Witness my hand and official seal, this *16th* day of *May* 189*4*.

S M Daye

Notary Public & Ex-Officio J.P.

Official Signature.
Official Title

[SEAL.]

NOTE:—This should be sworn to before any officer authorized to administer oaths. If before an officer not using an official seal, then the Clerk of the proper Court must add his certificate of official character in the form below, unless the required certificate to his official character has already been filed for general reference in the PENSION OFFICE.

If sworn to before a Deputy Clerk of Court, he must sign his own name as deputy, if so authorized by law, and not the name of the person for whom he is acting.

I, *William McConnell* Clerk of the *Superior* Court in
aforesaid County and State, do certify that *S M. Ayers*, Esq., who hath
signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace, in and for
said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and
credit, and that his signature thereto is genuine.

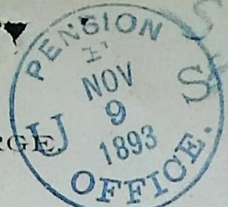
[SEAL.]

Witness my hand and seal of office, this *16th* day of *January* 189*4*.

William McConnell
Clerk of the *Superior* Court.

MEDICAL AFFIDAVIT.

CONDITION OF SOLDIER AFTER DISCHARGE



This affidavit should be in the handwriting of the physician, whose statement should conform, as nearly as possible, to the marginal instructions hereon, which he should read with great care. Let the diagnosis of the soldier's condition be so full and complete that a medical man will be enabled at once unmistakably to recognize the character of the disease, wound, or injuries, even though they be not technically named. Where the disability is the sequel of a wound or injury received, or disease contracted, in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which the conclusions are based. The statement should be **IN NARRATIVE FORM**, and the marginal instructions should **NOT** be referred to in the affidavit.

The affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918 F STREET, WASHINGTON, D. C., as soon as executed.

State of Georgia County of Cherokee ss:
In the matter of Pension Claim of Fayell Allen

I, late of Co. (A), Reg't 103 Vols., personally came before me, the undersigned authority, in and for the aforesaid County and State, Dr. C. C. Maddox who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim that his age is 35 years; that he has been a practicing physician for the past 12 years; that he first saw said soldier after his discharge from the military service of the United States, on or about the day of 1881, at Holmes Georgia

Name of town and State.

Instructions.

The physician will add a statement in NARRATIVE FORM showing the following facts.

1. State what the soldier's physical condition was at that date and, if disabled, the name or nature and degree of disability.

2. State whether you then treated him for said disability, and, if not, how soon after said date did you commence treatment, and up to what date did you continue to treat him?

3. How frequently, on a weekly, monthly, or yearly average, did you see and prescribe for him while under your care?

4. To what extent was he disabled thereby from performing manual labor, upon an average, during the whole period while under your care?

Disability should be rated as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total.

5. What was his occupation and how much time did he lose on a monthly or yearly average while under your observation?

6. If confined to the house and bed, state how frequently on a monthly or yearly average and for how long a period at a time.

7. In what manner was he affected so as to interfere with his ability to perform manual labor.

8. If soldier died while under your care state date and immediate cause of death.

He was suffering from chronic inflammation of the kidneys and bladder

He was partially disabled at that time, and I gave him treatment for that trouble occasionally until about 1888 or '89.

I saw him on an average about 3 or 4 times yearly.

I think his disability would rate about

His occupation was that of a farmer.

His confinement ranged from a few days to a few weeks.

This Affidavit was written by myself and I was not aided by any written or printed statement prepared or dictated by any other except in consultation with Dr. J. M. Price who was connected in the treatment of the case.

"He further" declares that his post office address is Greensboro, County of Milton, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

C. C. Maddox M.D.
Signature of Physician.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read the said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said claim or concerned in its prosecution; and that affiant is known to me to be a regular practicing physician of good standing in the community in which he resides

WITNESS my hand and official seal, this

24th

day of

October 1893.

[SEAL.]

have no seal

Official Signature

Charles E. Queen

Official Title

NOTE.—This should be sworn to before any officer authorized to administer oaths. If before an officer not using an official seal, then the Clerk of the proper Court must add his certificate of official character in the form below, unless the required certificate to his official character has already been filed for general reference in the PENSION OFFICE.

If sworn to before a Deputy Clerk of Court, he must sign his own name as deputy, if so authorized by law, and not the name of the person for whom he is acting.

I, *W. W. Worley*

Clerk of the *Superior* Court in

County

of said County and State, do certify that

Charles E. Queen

Esq., who hath

been

signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace, in and for

Hotchkiss

County

said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and

credit, and that his signature thereto is genuine.

WITNESS my hand and seal of office, this

3rd

day of

November 1893.

[SEAL.]

W. W. Worley

Clerk of the *Superior* Court.

PENSION CLAIM OF

Gayette Allen

Co. (C), Reg't, 103 Vols.

No.



AFFIDAVIT OF

Chas E. Queen M. D.

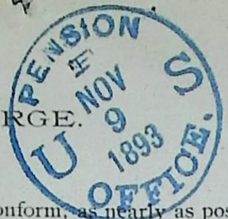
CONDITION SINCE DISCHARGE.

FILED BY

CHARLES & WILLIAM B. KING,
ATTORNEYS FOR CLAIMANT,
No. 918, F STREET, Box 593,
WASHINGTON, D. C.

MEDICAL AFFIDAVIT.

CONDITION OF SOLDIER AFTER DISCHARGE.



This affidavit should be in the handwriting of the physician, whose statement should conform, as nearly as possible, to the marginal instructions hereon, which he should read with great care. Let the diagnosis of the soldier's condition be so full and complete that a medical man will be enabled at once unmistakably to recognize the character of the disease, wound, or injuries, even though they be not technically named. Where the disability is the sequel of a wound or injury received, or disease contracted, in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which the conclusions are based. The statement should be **IN NARRATIVE FORM**, and the marginal instructions should **NOT** be referred to in the affidavit.

The affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918 F STREET, WASHINGTON, D. C., as soon as executed.

State of Georgia County of Cherokee SS:

In the matter of Pension Claim of Fayette Allen

I, Dr. J. M. Price, late of Co. (A) Reg't 103 Vols., personally came before me, the undersigned authority, in and for the aforesaid County and State, Dr. J. M. Price who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim that his age is 35 years; that he has been a practicing physician for the past 7 years; that he first saw said soldier after his discharge from the military service of the United States, on or about the day of , 1888, at his home in Cherokee Co. Ga.

Name of town and State.

Instructions.

The physician and his physical condition was then as follows

will add a statement in narrative form showing the following facts.

1. State what the soldier's physical condition was at that date and, if disabled, the name or nature and degree of disability.

2. State whether you then treated him for said disability, and, if not, how soon after said date did you commence treatment, and up to what date did you continue to treat him?

3. How frequently, on a weekly, monthly, or yearly average, did you see and prescribe for him while under your care?

4. To what extent was he disabled thereby from performing manual labor, upon an average, during the whole period while under your care?

Disability should be rated as 1/4, 1/2, 3/4, or total.

5. What was his occupation and how much time did he lose on a monthly or yearly average while under your observation?

6. If confined to the house and bed, state how frequently on a monthly or yearly average and for how long a period at a time.

7. In what manner was he affected so as to interfere with his ability to perform manual labor?

8. If soldier died while under your care, state date and immediate cause of death.

He was suffering from chronic inflammation of the kidneys and bladder and was confined to his bed at that time and I treated him for that trouble

I saw him on an average about twice a year

His disability would rate about 1/2 his occupation was that of a farmer

His confinement averaged from a few days to a few weeks

This affidavit was written by myself and I was not aided by any written or printed matter statement prepared or dictated by any other except in consultation with Dr. C. C. Maddox who is connected in the treatment of the case

"He further" declares that his post office address is Orange, County of Cherokee, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

J. M. Price M.D.

Signature of Physician.

PENSION CLAIM OF

Elizabeth Allen

Co. *A*, Reg't, *103* Vols.



AFFIDAVIT OF

J M Price M. D.

CONDITION SINCE DISCHARGE.

FILED BY
 CHARLES & WILLIAM B. KING,
 ATTORNEYS FOR CLAIMANT,
 No. 918, F STREET, BOX 593,
 WASHINGTON, D. C.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read the said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said claim or concerned in its prosecution; and that affiant is known to me to be a regular practicing physician of good standing in the community in which he resides

WITNESS my hand and official seal, this

24th day of *October* 189*3*.

[SEAL.]
Have no seal

Chas E. Quinn
 Official Signature
Detain Public
 Official Title

NOTE:—This should be sworn to before any officer authorized to administer oaths. If before an officer not using an official seal, then the Clerk of the proper Court must add his certificate of official character in the form below, unless the required certificate to his official character has already been filed for general reference in the PENSION OFFICE.
 If sworn to before a Deputy Clerk of Court, he must sign his own name as deputy, if so authorized by law, and not the name of the person for whom he is acting.

I, *Wm Worley*, Clerk of the *Superior* Court in aforesaid County and State, do certify that *Chas. E. Quinn M.D.*, Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace, in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

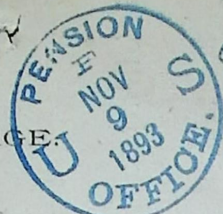
WITNESS my hand and seal of office, this *23* day of *Novr* 189*3*

[SEAL.]

Wm Worley
 Clerk of the *Superior* Court.

MEDICAL AFFIDAVIT.

CONDITION OF SOLDIER AFTER DISCHARGE.



This affidavit should be in the handwriting of the physician, whose statement should conform, as nearly as possible, to the marginal instructions hereon, which he should read with great care. Let the diagnosis of the soldier's condition be so full and complete that a medical man will be enabled at once unmistakably to recognize the character of the disease, wound, or injuries, even though they be not technically named. Where the disability is the sequel of a wound or injury received, or disease contracted, in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which the conclusions are based. The statement should be **IN NARRATIVE FORM**, and the marginal instructions should **NOT** be referred to in the affidavit.

The affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918 F STREET, WASHINGTON, D. C., as soon as executed.

State of Georgia County of Cherokee SS:
In the matter of Pension Claim of Hayette Allen

I, late of Co. (A), Reg't 103 Vols., personally came before me, the undersigned authority, in and for the aforesaid County and State, Dr. J. W. Huckabee who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim that his age is 30 years; that he has been a practicing physician for the past two years; that he first saw said soldier after his discharge from the military service of the United States, on or about the day of 1892, at his home

Instructions.

The physician and his physical condition was then as follows

The physician will add a statement in NARRATIVE FORM showing the following facts:

1. State what the soldier's physical condition was at that date and, if disabled, the name or nature and degree of disability.

2. State whether you then treated him for said disability, and, if not, how soon after said date, did you commence treatment, and up to what date did you continue to treat him?

3. How frequently, on a weekly, monthly, or yearly average, did you see and prescribe for him while under your care?

4. To what extent was he disabled thereby from performing manual labor, upon an average, during the whole period while under your care?

Disability should be rated as 1/4, 1/2, 3/4, or total.

5. What was his occupation and how much time did he lose on a monthly or yearly average while under your observation?

6. If confined to the house and bed, state how frequently on a monthly or yearly average and for how long a period at a time.

7. In what manner was he affected so as to interfere with his ability to perform manual labor.

8. If soldier died while under your care, state date and immediate cause of death.

In Cherokee Co State of Georgia
The afore said Hayette Allen
was Prostrated at that time from
Chronic Nephritis which is Chronic
Inflammation of the Kidneys also
The same condition of the Bladder
with an enlarged condition of the
Prostate glands Micturition being
almost impossible I treated him
at that time for said disability
calling to see and prescribing
for him for some days
he was unable to do any
thing at that time saw to
it up disability being
total at that time
Said applicants occupation has been
farming but under my knowledge
has not been able to perform
any kind of manual labor

"He further" declares that his post office address is Hickory flat, County of Cherokee, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

J. W. Huckabee
Signature of Physician.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read the said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said claim or concerned in its prosecution; and that affiant is known to me to be a regular practicing physician of good standing in the community in which he resides

WITNESS my hand and official seal, this 80th day of October 1893.

No Seal

[SEAL.]

Official Signature

Henry B. C. E.

Official Title

Quartermaster of the Pacific

NOTE:—This should be sworn to before any officer authorized to administer oaths. If before an officer not using an official seal, then the Clerk of the proper Court must add his certificate of official character in the form below, unless the required certificate to his official character has already been filed for general reference in the PENSION OFFICE.

If sworn to before a Deputy Clerk of Court, he must sign his own name as deputy, if so authorized by law, and not the name of the person for whom he is acting.

I, William Henry Price, Clerk of the Superior Court in aforesaid County and State, do certify that Henry Price, Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace, in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

WITNESS my hand and seal of office, this 30th day of Nov 1893

[SEAL.]

William Henry Price

Clerk of the Superior Court.

PENSION CLAIM OF

Fayette Allen

Co. (A) Reg't, 103 Vols.

No.



AFFIDAVIT OF

Heckelher M. D.

CONDITION SINCE DISCHARGE

FILED BY

CHARLES & WILLIAM B. KING,
ATTORNEYS FOR CLAIMANT,
No. 918, F STREET, Box 593,
WASHINGTON, D. C.

NEIGHBOR'S AFFIDAVIT.

CONDITION OF SOLDIER SINCE DISCHARGE.

TO BE EXECUTED BY AN EMPLOYER, FELLOW WORKMAN, OR NEIGHBOR OF THE SOLDIER, HAVING PERSONAL KNOWLEDGE OF HIS PHYSICAL CONDITION DURING EACH OR ANY YEAR SINCE HIS DISCHARGE FROM THE SERVICE. WITNESS SHOULD BE OTHER THAN A RELATIVE OF CLAIMANT, IF POSSIBLE.

Before filling in this affidavit, the witness should read carefully the marginal instructions, and conform thereto in every particular as far as his knowledge of the facts will allow.

This affidavit should be returned to CHARLES & WILLIAM B. KING, No. 918, F Street, Washington, D. C., as soon as executed.

STATE OF Georgia
COUNTY OF Cherokee } ss:

In the Pension Claim of Jayette Olsen
Co. (A) Reg't, 103 Vols., personally came before me, a J. N. White, M.D. [Title of officer administering oath.]
in and for the aforesaid County and State J. N. White, M.D. [Name of Witness.] who I hereby

certify is a respectable and credible person, who, being duly sworn, declares in relation to the aforesaid claim that his age is 27 years, and that he has known the above-named soldier since 1893, that he first saw said soldier after his discharge from the military service of the United States on or about the day of Sept., 1893, at His home in Burke and his physical condition was then as follows:

Instructions.
The witness will add a statement in narrative form showing such of the following facts as he may have personal knowledge of.
1. State what this soldier's physical condition was at the date you first saw him after his discharge, and the name or nature and degree of his disability. State up to what date he continued in this condition, how you knew it, and how often on a monthly or yearly average you saw him. What were his symptoms?
2. If claimant suffered from more than one disability, affiant should NAME or DESCRIBE each and, if the disability is a rupture, he should state whether he SAW the same, and especially how soon after the soldier's discharge he saw it and on which side it was.
3. What was his occupation and to what extent was he disabled from performing manual labor during the whole of the period stated, by reason of the disabilities above named. Disability should be rated as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or total as compared with the labor of an able-bodied man.
4. If you worked together or for each other, state when, at what, and how frequently and if he was unable to work at all at times, state how frequently on a yearly average and how long at a time and from what causes.

He was at work. Was injured with Chronic Nephritis & Cystitis. He is still in that condition but not so severe. I saw him twice a month.

Farming. He was able to do work about 1/2 of his time.

Not having a sufficient number of Medical Affidavits I had to use a Neighbors Affidavit.
Respt J. N. White, M.D.

He further declares that his post-office address is Harford, County of Cherokee, State of Georgia, and that he is not interested in said claim or concerned in its prosecution.

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

1

2

J. N. White, M.D.
Signature of Affiant.

Sworn to and subscribed before me this day, by the above-named affiant; and I certify that the foregoing affidavit was read over to said affiant, and its contents fully explained before execution. I am not interested in this claim or concerned in its prosecution.

[See the notes below.]

WITNESS my hand and seal, this 30 day of October, 1893.

NO Seal [SEAL.]

NOTES.

Official signature.

Henry B. Rice

Official title.

Quartermaster of the 1st Regt.

1. This may be sworn to before any officer authorized to administer oaths. If before an officer having no seal, then a Clerk of Court must add his certificate of official character in the form below, and not on a separate slip of paper, unless a certificate for GENERAL REFERENCE has already been filed in the Pension Office.

2. If sworn to before a Deputy Clerk of Court, he must sign as deputy, and not for or in the name of the Clerk, if so authorized by law.

3. Every witness should write his name, no matter how poorly he may write it, or how long it may take him to do it. But if the witness signs by X mark, the officer administering the oath should first carefully read and explain the affidavit, and satisfy himself that its contents are understood, and add the following additional certificate in writing: "I further certify that I carefully explained the affidavit to witness before execution, and am satisfied from examination that he fully understood the same." The printed certificate to that effect is not sufficient when witness signs by X mark.

4. If the officer administering the oath has known the witness for a number of years, let him here state the length of time.

I, William B. Rice, Clerk of the Supreme Court in and for the aforesaid County and State, do certify that Henry B. Rice, Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a Quartermaster of the 1st Regt. in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit; and that his signature thereto is genuine.

Witness my hand and seal of office, this 30 day of November, 1893.

[SEAL.]

William B. Rice
Clerk of the Supr Court.

PENSION CLAIM OF

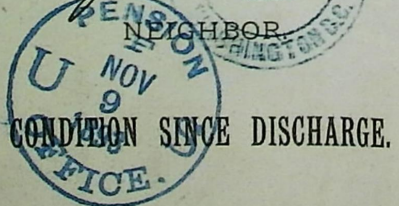
Fayette Allen

Co. A, 103d U.S.C.T. Reg't, U.S.C.T. Vols.,

City No. 6-23176

AFFIDAVIT OF

Wm J. N. White



CONDITION SINCE DISCHARGE.

FILED BY

CHARLES & WILLIAM B. KING,

Attorneys for Claimant,

No. 918, F Street, Box 593,
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, 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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

672,363

Rank,

Private

Company, 103 Reg't U.S.C. Vol. Inf.

Ellis, Ga.

State,

(Post office address of the Board)

January 16, 1889

(Date of examination.)

1889

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Typhoid fever

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

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

Pulse rate per minute, 76; respiration, 20; temperature, 99; height, 6 feet 6 1/2 inches; weight, 140 pounds; age, 63 years.

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

Original

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

At Augusta, Ga. about Oct. 1864 he incurred Typhoid fever and was confined to his bed 4 months after which he partially recovered and was mustered out of Service. Since he has ever since suffered disability from effects of that disease - with back, kidney, bladder and that disabilities continue to increase and he is totally disabled from making his subsistence by manual labor.

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

We find his kidneys slightly tender, back lumbar and sacral very tender, stomach and all abdominal viscera tender also tenderness of bladder and ureters. His tongue broad, flabby and rather whitish. He is generally debilitated and is not able in our opinion to perform much manual labor. His urine contains mucous strands. Specific Gravity - 1018 reaction normal. He has Chronic Cystitis and irritable spine whether or not these troubles are results of fever we do not know but suggest that such a thing may be possible. We find no other symptoms.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to the total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 5/8

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

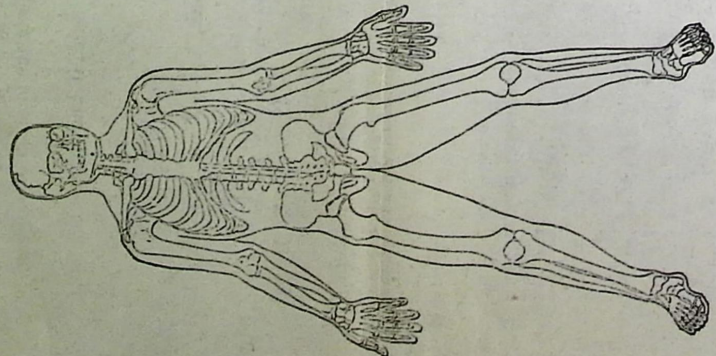
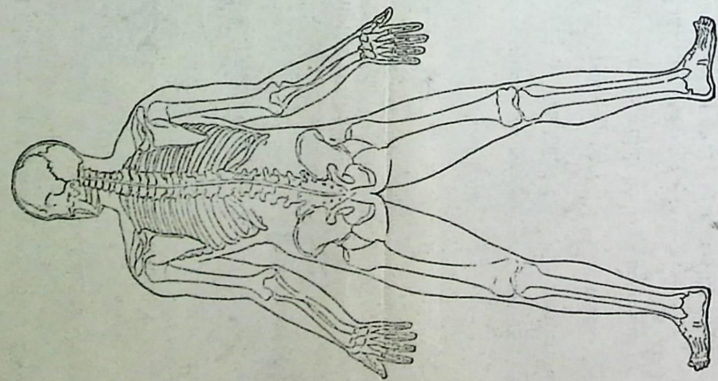
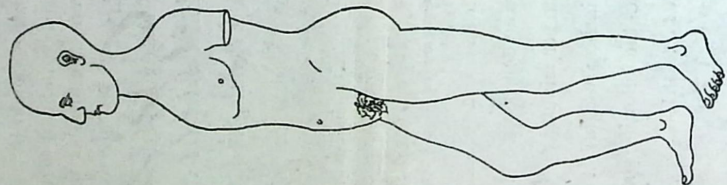
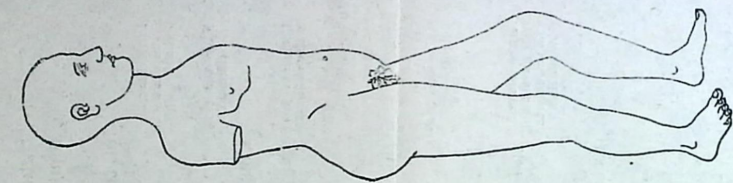
rating for the disability caused by Disorder of Spine, 5/8, for that caused by Disorder of bladder, and 5/8 caused by old age.

* See the back.

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

James R. Johnson, Pres. James H. H. H. H., Sec'y. Ed. W. H. H. H., Treas.

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.

SURGEON'S CERTIFICATE

IN CASE OF

Gate Allen

Co. *A*, 103rd Reg't *U.S. Col. Inf't*

Applicant for *Original*

No. *672263*

DATE OF EXAMINATION:

January 16th, 188*9*.

James R. Johnson, Pres.,
Ans. S. Paulsen, Sec'y,
Ed. W. Wright, Treas., } BOARD.

Post office, *Oleya*

County, *Linn*

State, *Georgia*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1864]

M.A.

Department of the Interior,

BUREAU OF PENSIONS,

Oct 23, 1893.

Nature of Claim *Act of June 27, 1890.*Ct. No. *523, 178*Soldier: *Fayette Allen*Service: *Co. A, 103 U. S. C. Vol. Infy.*

It is desired in this case that the examination be made with special reference to—
disease of back, Kidneys and
urinary organs and general
debility.

This is a test examination
to determine whether the claim-
ant is incapacitated for earning
his support by manual labor,
by reason of permanent dis-
ability not due to vicious habits.

Please comply fully with
your Instructions for 1893,
especially Par. 6 and 17.

THOS. FEATHERSTONHAUGH,

Asst

Medical Referee.

☒ Civil and foreign surgeons are required to make oath on
the back of Certificate.

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

THOS. FEATHERSTONHAUGH,
Medical Referee.

Dr......

.....

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase

Pension Claim No. 523.176

Name and rank of claimant.

Fayette Allen

Rank, Private

Claimant's post-office address.

Company A, 103 Reg't U.S. Col. Infy
Orange Ga

Elizabethton Ga

State,

January 3rd

1894

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: ~~Disease of~~ Back Kidneys Urinary organs and General debility

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

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

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

He makes the following statement upon which he bases his claim for Increase
At Augusta Ga about Oct 1864 he incurred disease of kidneys and bladder from which disease he was totally disabled until discharged and has ever since suffered from these diseases and gravel and that he is totally disabled from making his subsistence by manual labor

Upon examination we find the following objective conditions: Pulse rate, 66; respiration, 20; temperature, 97 3/4; height, 5 feet 10 inches; weight, 145 pounds; age, 64 years.

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

The back kidneys or bladder very tender. He at times has hemorrhage from kidneys and at all times in our opinion incontinence of urine or excessive urination. He has cystitis characterized by mucous discharged in urine. Specific gravity of urine 1018 Acid reaction. Contains much mucus. Heart action quite feeble considerable emaciation & debility. We think he is disabled from disease of kidneys & bladder as to be incapacitated for performing any manual labor. His legs would to some extent make him incapacitated from performance of manual labor.

We find no sugar nor albumen in urine. Bladder seems irritable & tender but not distended, contracted nor hypertrophied. Find no enlargement of prostate gland. Neither do we find stricture of urethra. We have no evidence of any named disability having been brought on or aggravated by vicious habits or dissipation. In our opinion he suffers nephritis as result of renal catarrh. He is, in our opinion, entitled to a

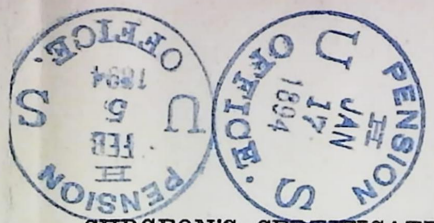
Rate for EACH cause of disability.

rating for the disability caused by _____ for that caused by _____, and _____ for that caused by _____

Pres. J. S. Tucker Sec'y. W. B. Tate, Treas.

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

Outline of
of examina-
tion.



SURGEON'S CERTIFICATE

IN CASE OF

Layette Allen
Co. *A* 103 Reg't *U.S.C. vol Infy*

Applicant for *Increase*

No. *523 176*

DATE OF EXAMINATION:

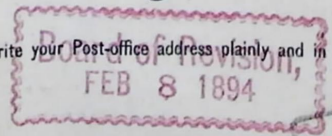
January 3, 189*4*

J. S. Tuckersley, Pres.,
J. M. Tate, Sec'y.,
J. M. Tate, Treas.,

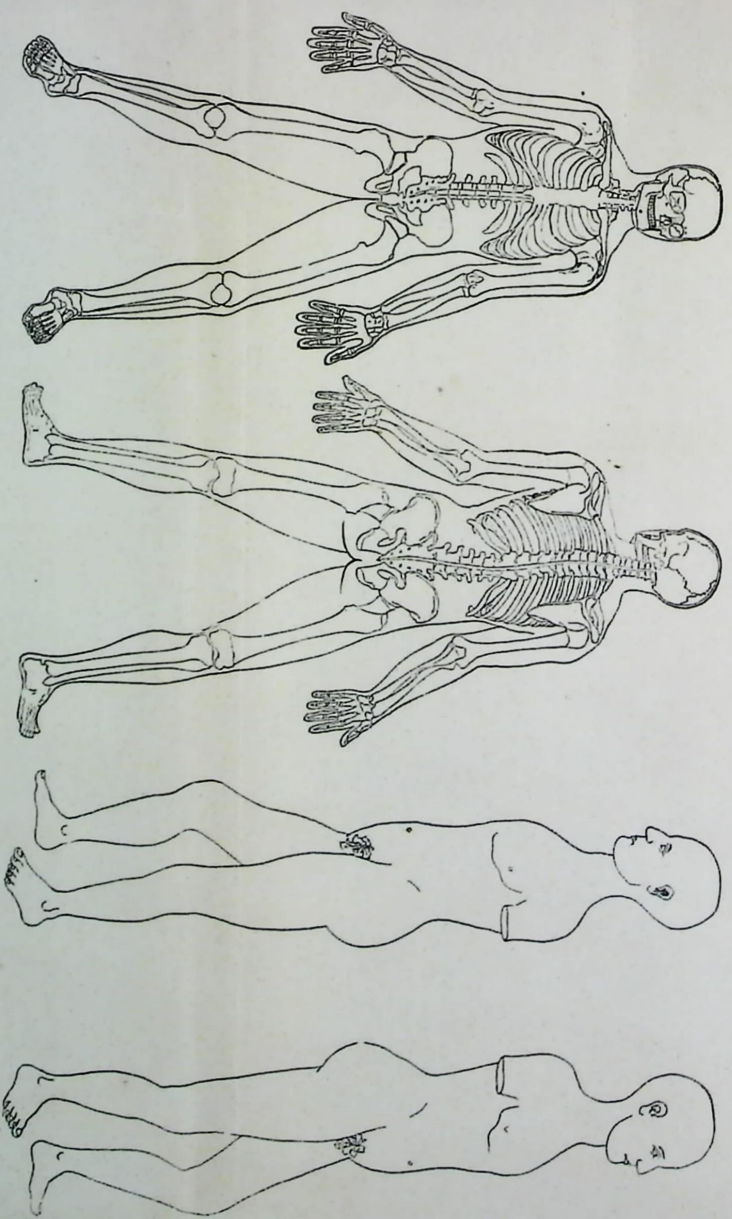
BOARD.

Post office, *Edinburg*
County, *Gilmer*
State, *Ga*

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



Allen



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.]