

THE NATIONAL ARCHIVES

CERT. NO. 784397

PENSIONER:

Chaney

Widow OF

VETERAN:

Emanuel Maddox

CAN NO:

60751

BUNDLE NO:

12

Junior

Reissue

3-234

ACT OF MAY 11, 1912.

Cert. No. *1095617*

Claimant, *Emanuel Maddox*
P. O., *Georgetown*
County, *Putnam*
State, *Florida*
Rank, *Private*
Service, *H. 34 U.S.C. Inf.*
Rate, \$ *16.* per month, commencing *May 27-1912*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, *None*
P. O., _____
Fee, \$ _____; Agent to pay.
Articles filed _____, 19

APPROVAL.

Submitted for *Adm. Dec 13, 1912*, *K. Purcell*, Examiner.
Approved for *Admission* Rate \$ *16* per month; age *67* years.

Reissue from Act February 6-1907

R. Not accepted as 70.

Length of pensionable service: _____ years, _____ months, *18* days.

Deductions in service from any cause: *None* years, _____ months, _____ days,

on account of _____

Jan 9, 1913 Legal Reviewer. *Jan 10, 1913* Re-Reviewer. *R.D. Bush*

Enlisted *Jan 11, 1865*, honorably discharged *Feb 28, 1866*

Enlisted _____, 18 _____; honorably discharged _____, 18

Enlisted _____, 18 _____; honorably discharged _____, 18

Length of pensionable service: *1* years, *1* months, *18* days.

Pensioned at \$ *12* per month, under *Act of Feb 6, 1907*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 27, 1912*

Age shown by evidence *67* years; date of birth alleged *June 4, 1842*

Claimant does _____ write.

Act of May 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Florida
County of Putnam } ss.

On this 22^d day of May, A. D. one thousand nine hundred and twelve,
personally appeared before me, a Notary Public within and for the county
and State aforesaid, Emanuel Maddox, who, being duly sworn according to law,
declares that he is 71 years of age, and a resident of Georgetown
county of Putnam, State of Florida; and that he is the
identical person who was ENROLLED at Hilton Head under the name of
Emanuel Maddox, on the 11 day of January, 1865,
as a Private, in Company H. 34th Regt Col 2 Vols
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
at Mount Pleasant, (State name of war, Civil or Mexican.) on the 28 day of February, 1866

That he also served
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated
above; that he was born June 4th, 1842, and that he served one years months
and days during the Civil War.

If applicant is unable to perform manual labor because of wounds, injuries or disabilities incurred in service and in line of duty, such allegation
should be made in this blank space.

That he has heretofore applied for pension

That he is a pensioner at rate of \$ 12.00 per month. Certificate No. 1095617

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 May 11, 1912.

That he hereby appoints, with full power of substitution and revocation, JAMES H. SPALDING, of
Washington, D. C., his true and lawful attorney to prosecute his claim.

That his post-office address is Georgetown, County of Putnam,
State of Florida

Emanuel Maddox
(Claimant's signature in full.)

Attest: (1)

L A Morris
(2) Is a ward



Also personally appeared L. A. Morris, residing in Melaka Fla.
and E. A. Ward, residing in Melaka Fla., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
saw Emmanuel 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 the claimant and their acquaintance
with him of 15 years and 15 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 witnesses sign by mark, two persons who can write must sign here.)

L. A. Morris
E. A. Ward
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 22 day of May, A. D. 1912,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant and witnesses before swearing, includ-
ing the words _____, erased,
and the words _____, added;

[I. s.]

Validity accepted
as to execution

S. A. Cuddy,
Chief, Law Division,

per H.M.H.

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

Henry H. Bryant
(Signature.)
Notary Public, State of Florida.
My Commission expires January 25, 1914.
(Official character.)

(Address.)

Ref 1095607

Soldier's Application For Pension.

ACT OF MAY 11, 1912.

NAME Emmanuel Maddox

SERVICE

Co. A, 38th S. A.

REG'T

ADDRESS:

FILED BY

JAMES H. SPALDING,
Pacific Building,

WASHINGTON, D. C.

Original No. _____

Certificate No. 1095.617Increase

ACT OF FEBRUARY 6, 1907.

Claimant, Emanuel MaddoxP. O., GeorgetownCounty, PutnamState, FloridaRank, PrivateCompany, HRegiment, 34th U.S. Cal. Vol. Inf

Rate, \$ _____ per month, commencing _____

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, No

P. O., _____

REJECTED

Feb 17/11

APPROVAL.

Submitted for Ref Feb. 7, 1911, Albert H. Van Dusen Examiner.Approved for Rejection on the ground that the evidence does not show one claimant is unable to prove that he was 70 years of age at date of the execution of his claim hence he is not entitled to an increase of pension under the Act of February 6, 1907Feb 9, 1911, Dr. Chapin Legal Reviewer. Feb 8, 1911, A. S. Jones Re-Reviewer.Enlisted Jan. 11, 1865; honorably discharged Feb. 28, 1866

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Pensioned at \$ 12 per month, under act Feb. 6, 1907

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed Feb. 2, 1911.Date of birth alleged, in 1841Age shown by evidence 65 years.

Claimant does _____ write.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Florida }
 County of Putnam } ss.

On this 30th day of January, A. D. one thousand nine hundred and eleven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Emanuel Maddox, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Georgetown county of Putnam State of Florida; and that he is the identical person who was ENROLLED at Hilton Head under the name of Emanuel Maddox on the 11th day of January, 1865, as a Private, in Co H - 34th Regt U. S. Colored Volunteers (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) Infantry. Vols.

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Jacksonville Florida (State name of war, Civil or Mexican.) on the 28th day of February, 1866. That he also served (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion, Yellow; color of eyes, Black; color of hair, Black; that his occupation was Farmer; that he was born in the State of Georgia, 1841, at Catonton.

That his several places of residence since leaving the service have been as follows: Jacksonville Fla. Gainesville Fla. and Georgetown Fla. (State date of each change, as nearly as possible.) nine years in Jacksonville - three years in Gainesville, 34 years in Georgetown

That he has heretofore applied for pension

That he is a pensioner at rate of \$ 12.50 per month. Certificate No. 1095617

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

That he hereby appoints, with full power of substitution and revocation, JAMES H. SPALDING, of Washington, D. C., his true and lawful attorney to prosecute his claim.

That his post-office address is Georgetown, County of Putnam, State of Florida

Emanuel Maddox
 (Claimant's signature in full.)

Attest: (1) Walter Walter
 (2) A. Reeder



Also personally appeared Walter Walker residing in Georgetown Fla.
and F. E. Reeder, residing in Wilaka Fla., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
saw Emanuel 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 the claimant and their acquaintance
with him of 6 years and 20 years, respectively, that he is the identical person he represents himself
to be, and that they have no interest in the prosecution of this claim.

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

Walter Walker
F. E. Reeder

(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 30th day of January, A. D. 1907,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant and witnesses before swearing, includ-
ing the words _____, erased,
and the words _____, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Validity accepted
as to execution
S. A. Cuddy,
Chief of Division.

per ECP

Henry H. Bryant
(Signature)
Notary Public, State of Florida.
(Official Character)
My Commission expires January 25, 1914.



Cuf-1095-617
075 v. 88
Soldier's Application
For Pension.

ACT OF FEBRUARY 6, 1907.

NAME Emanuel Maddox

SERVICE

Co. H. 34 REG'T

M. S. C. Inf

ADDRESS



FILED BY

James H. Spalding,

PACIFIC BUILDING,

WASHINGTON, D. C.

John

Levell
Imprille

3-364.

Reissue

Origin No. _____
Certificate No. 1095617

ACT OF FEBRUARY 6, 1907.

Claimant, *Emanuel Maddy*
P. O., *Georgetown*
County, *Putnam*
State, *Florida*
Rank, *Private*
Company, *A*
Regiment, *34th U.S. Inf. Regt.*
Rate, \$ *12* per month, commencing *March 7, 1907.*

STATE REPRESENTATIVE.
(Order April 25, 1907.)

Name, _____
P. O., _____

APPROVAL.

Submitted for *Admission*, 1907, *A. M. Vandervort*, Examiner.
Approved for *Admission*

Age over 62
Rate \$12 per month.

Reissue to allow under act February 6, 1907. Deduct sub payments and drop name under act June 27, 1890.

Dec 9, 1907, A. M. Vandervort, Recg, 1907, W & Stith
Legal Reviewer. Re-Reviewer.

21 Enlisted *January 11, 1865*; honorably discharged *February 28, 1866*
Enlisted _____, 18 ; honorably discharged _____, 18
Enlisted _____, 18 ; honorably discharged _____, 18
Pensioned at \$ *8* per month, under *act of June 27, 1890*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *March 7, 1907*
Date of birth alleged, *June 4, 1842*
Age shown by evidence _____ *62* years.

Claimant does _____ write.

Frank Clark, M. C.

50
ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Florida
County of Putnam } ss.

On this 4th day of March, A. D. one thousand nine hundred and seven,
personally appeared before me, a Notary Public within and for the county
and State aforesaid, Emanuel Maddox, who, being duly sworn according to law,
declares that he is 63 years of age, and a resident of Gerrystown
county of Putnam, State of Florida; and that he is the
identical person who was ENROLLED at Holston Head S. Co. under the name of
Emanuel Maddox, on the 11 day of Jan, 1865,
as a Private, in Co. B. 34th Regt Cal. Vols.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Gen's war, and was HONORABLY DISCHARGED
at Jacksonville Fla (State name of war, Civil or Mexican.) on the 20 day of Feb, 1866
That he also served
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated
above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches;
complexion, Mulatto; color of eyes, Black; color of hair, Black; that his occu-
pation was Farmer; that he was born June 4th, 1842,
at Eatonville La

That his several places of residence since leaving the service have been as follows: Jacksonville
Fla. 9 years. Gerrystown Fla. ever since
(State date of each change, as nearly as possible.)

That he has heretofore applied for pension

That he is a pensioner at rate of \$ 8.00 per month. Certificate No. 1095617

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

That he hereby appoints, with full power of substitution and revocation, JAMES H. SPALDING, of
Washington, D. C., his true and lawful attorney to prosecute his claim.

That his post-office address is Gerrystown, County of Putnam,
State of Florida

Emanuel Maddox
(Claimant's signature in full.)

Attest: (1) Wm. Williams
(2) J. J. Sanders

THIS BLANK FOR THE EXCLUSIVE USE OF JAMES H. SPALDING, WASHINGTON, D. C.

THIS BLANK FOR THE EXCLUSIVE USE OF JAMES H. SPALDING, WASHINGTON, D. C.

Also personally appeared W. M. Williams, residing in Welaka Fla.,
and S. J. Saunders, residing in Welaka Fla., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
saw Emanuel 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 the claimant and their acquaintance
with him of 20 years and 20 years, respectively, that he is the identical person he represents himself
to be, and that they have no interest in the prosecution of this claim.



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

W. M. Williams
S. J. Saunders
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 4th day of March, A. D. 1907,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant and witnesses before swearing, includ-
ing the words _____, erased,
and the words _____, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

[I. S.]

Harold H. Bryant
(Signature) Notary Public, State of Florida.
My commission expires January 9, 1910.
(Official character.)

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Lam

Soldier's Application For Pension.

ACT OF FEBRUARY 6, 1907.

NAME _____
SERVICE _____
Co. _____ REG'T _____

ADDRESS _____

FILED BY
James H. Spalding,
PACIFIC BUILDING,
WASHINGTON, D. C.



Declaration for the Increase of an Invalid Pension.

Acts of June 27, 1890, and May 9, 1900, and Order of Commissioner of Pensions, No. 78.

NOTICE.—This application may be sworn to before a Justice of the Peace,
Notary Public, or before a Clerk of Court.

State of Florida, County of Putnam, ss:

On this 24th day of May, A. D. one thousand nine hundred and six
personally appeared before me, a Notary Public

within and for the County and State aforesaid Emanuel Maddox
Name of Applicant.

aged 64 years, a resident of the Town of Georgetown

County of Putnam, State of Florida, who, being

duly sworn according to law, declares that he is the identical Emanuel Maddox

who was ENROLLED on the 11th day of January, 1865, in

Company N. 34 U.S.C. and regiment if in the army, or vessel if in the navy.

in the service of the United States in the War of the Rebellion, and served at
least Ninety days, and was HONORABLY DISCHARGED at Jacksonville Florida

on the 28 day of February, 1866. That he has not been employed in the

Military or Naval service otherwise than as stated above
Here state what the service was, whether prior or subsequent to that

stated above, and the dates at which it began and ended.

That he was born on the 4th day of June, 1843. That he is is

unable to earn a support by manual labor by reason of Disabilities
Here name the disease or injuries from which disabled.

for which now pensioned with general disability at age

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character. That he is a pensioner under Certificate No. 1095617, at the monthly rate of eight dollars. 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, AND UNDER ACT OF MAY 9, 1900, AND ORDER NO. 78, AT A LARGER RATE THAN HE NOW RECEIVES. That he hereby appoints, with full power of substitution and revocation—

HARVEY SPALDING & SONS, of Washington, D. C.

his true and lawful attorneys to prosecute his claim, and to receive therefor the legal fee.

That his Post-Office address is Georgetown

County of Putnam, State of Florida

ATTEST:

1 Loddie J. McLeod

2 Frank E. Reeder

Two witnesses who can write must sign here.

Emanuel Maddox

Signature of Claimant.



Abandoned

THIS BLANK FOR THE EXCLUSIVE USE OF HARVEY SPALDING & SONS, WASHINGTON, D. C.

THIS BLANK FOR THE EXCLUSIVE USE OF HARVEY SPALDING & SONS, WASHINGTON, D. C.

ATTY FILED

Also personally appeared Loddie J. McLeod, residing at Melaka
Putnam Co., Fla. Name of One Witness. Frank E. Reeder
and Frank E. Reeder Name of Other Witness.
residing at Melaka Putnam Co., Fla., persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Emanuel Maddy 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 of 7 years and 15 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.

ATTEST:

1 Loddie J. McLeod
2 Frank E. Reeder
If affiants sign by mark, two witnesses who can write, sign here. Signatures of Witnesses—FULL names.

Sworn to and subscribed before me this 24th day of May, A. D. 1906, and

I do hereby certify that the contents of the foregoing declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words Insert any words erased. erased, and the words Insert any words added. added;

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

[L. S.] Official Signature: Henry H. Bryant
Notary Public, State of Florida.
Official Character: My commission expires January 3, 1910.
Address: Melaka Putnam Co., Fla.

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

Declaration and
power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per HW 5-29-6

6934
1095-617
Soldier's Application.

Acts of June 27, 1890, and May 9, 1900,
and Order No. 78.

NAME Emanuel Maddy

SERVICE

Co. 34 REG'T

ADDRESS

FILED BY
Harvey Spalding & Sons,
PACIFIC BUILDING,
WASHINGTON, D. C.

J. H. W.

Mr.
1095617
Knorr.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, *Emanuel Maddox*
P. O. *Georgetown* Rank *Private*
County *Putnam* Company *A.*
State *Florida* Regiment *34 U.S. Col. Inf.*
Rate, \$ *8* per month, commencing *September 6 1905*

Pensioned for *Partial* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *Harvey Spalding & Sons* Fee, \$ *2*
P. O. *Washington, D. C.* Agent to pay.

Ref'd Aug 25, 1905 Med Ex APPROVALS.
Submitted for *Sept 28*, 190*5*, *H. T. Willson*, Examiner.

Approved for *right inguinal hernia old.*
General and some debility new alleged July 6, 1905.
Approved for *right inguinal hernia and some debility*

Aggregate of disabilities shown, permanent in character: \$ *8*
from September 6, 1905

Sept 30, 190*5*, *G. E. Lush* Legal Reviewer.
Oct. 4, 190*5*, *Wilson* Medical Examiner.
Burke Medical Reviewer.
James Medical Referee.

Enlisted *Jan. 11*, 186*5*; honorably discharged *Feb 28*, 186*6*
Enlisted _____, 186____; honorably discharged _____, 186____
Pensioned at \$ *6* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *July 6*, 190*5*, alleges *Increase on pensioned causes, and general debility and age.*

Claimant does *✓* write.
Certificate not filed.

Declaration for the Increase of an Invalid Pension.

Acts of June 27, 1890, and May 9, 1900, and Order of Commissioner of Pensions, No. 78.

NOTICE.—This application may be sworn to before a Justice of the Peace,
Notary Public, or before a Clerk of Court.

State of Florida, County of Putnam, ss:

On this 29th day of June, A. D. one thousand nine hundred and five
personally appeared before me, a Notary Public
within and for the County and State aforesaid Emanuel Maddox
aged 63 years, a resident of the Town of Georgetown
County of Putnam, State of Florida, who, being
duly sworn according to law, declares that he is the identical Emanuel Maddox
who was **ENROLLED** on the 24th day of February January, 18 65 in Co. "H"
34th U. S. C. T. Here state rank, company
and regiment if in the army, or vessel if in the navy.

in the service of the United States in the War of the Rebellion, and served at
least Ninety Days, and was **HONORABLY DISCHARGED** at Mr Pleasant S. C.
on the 28th day of July, 18 66. That he has not been employed in the
Military or Naval service otherwise than as stated above
Here state what the service was, whether prior or subsequent to that

stated above, and the dates at which it began and ended.
That he was born on the 4th day of June, 18 43. That he is not
unable to earn a support by manual labor by reason of pensioned causes,
general debility and age.
Here name the disease or injuries from which disabled.

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a per-
manent character. That he is a pensioner under Certificate No. 1095, 617, at the monthly
rate of Six dollars. 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, AND UNDER ACT OF MAY 9,
1900, AND ORDER NO. 78, AT A LARGER RATE THAN HE NOW RECEIVES. That he hereby appoints, with
full power of substitution and revocation—

HARVEY SPALDING & SONS, of Washington, D. C.

his true and lawful attorneys to prosecute his claim, and to receive therefor the legal fee.

That his Post-Office address is Georgetown
County of Putnam, State of Florida

ATTEST:

1 _____
2 _____
Two witnesses who can write must sign here.

Emanuel Maddox
Signature of Claimant.



ATTY FILED

Also personally appeared Frank E. Reeder, residing at Melaka
Putnam Co., Florida, Name of One Witness, and Willie Higgins,
Melaka Florida, Name of Other Witness, 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 Emanuel 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 of 12 years and 15 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.

ATTEST:

1 _____

1 Frank E. Reeder

2 _____

2 Willie Higgins

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

Signatures of Witnesses—FULL names.

Sworn to and subscribed before me this 29th day of June, A. D. 1900, and

I do hereby certify that the contents of the foregoing declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words 24th

July 1864 - 24th July - 1864
11th of January 1865 to correct date of enlistment
and July 28th 1866 to correct date of discharge
Insert any words erased, and the words added;
Insert any words added.

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

Official Signature: Henry H. Bryant

[L. S.]

Official Character: Notary Public
my term expires Jan. 1st 1901
Address: Melaka Florida

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

6934.
04J
1095617

Soldier's Application.

Acts of June 27, 1890, and May 9, 1900,
and Order No. 78.

NAME Emanuel Maddox

SERVICE

Co. No. 34, U.S.C.I. REG'T

ADDRESS

Georgetown
Putnam Co., Florida

FILED BY
HARVEY SPALDING & SONS,
PACIFIC BUILDING, 1905
WASHINGTON, D. C.

RECORDED
JUL 10 1900
PENSION

Declaration for Invalid Pension.

Act of June 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no Certificate of a county clerk or probnotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

STATE OF Florida County of Putnam ss.

On this 22 day of Oct 1900, A. D. one thousand eight hundred and ninety

personally appeared before me, a Notre Public

within and for the county and state aforesaid Emanuel Maddox

aged 61 years, a resident of the Georgetown county of

Putnam State of Florida, who, being duly sworn according to law, declares

That he is the identical Emanuel Maddox who was enrolled on the 11th

day of January 18 65 in Co. H. 34th Regt. U. S. C. Inf
Here state rank, company, and regiment in military service, or vessel, if in the Navy.

I was a Prisoner in Co. H. 34 Regiment Discharge

in the service of the United States in the War of the Rebellion, and served at least ninety days, and was honorably discharged

at Porte Royal or Hilton Head S. C. on the 28th day of

February 18 66 That he is yes very near unable to earn a support by

manual labor by reason of Rupture right side, debility from age and
Here name the disease or injuries by which disabled

injury Rupture on right side, also By age Rheumatism

in right shoulder and Left hip + kidney complaint

No vicious habits that said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character;

that he has applied for pension under application No. 1124544; that he is not a pensioner

under Certificate No. I am not a pensioner
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 has been employed in the Military or Naval service otherwise than as stated above I was

Employed in the military service Co. H. Regt. Inf

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of

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

He hereby appoints, with full power of substitution and revocation, JOHN E. LATIMER, of WASHINGTON, D. C.,

his true and lawful attorney to prosecute this claim, and to receive therefor a fee of ten dollars; that his post-office address is

Georgetown county of Putnam

State of Florida
Guy Labree Emanuel Maddox
Claimant's signature.

Attest: to atty. Manuel

mark two witnesses who write sign here.

ATTY FILED.



Also personally appeared Nathan Manuel residing at, Georgetown
Florida and H. F. LaBree, residing at
Georgetown Florida, persons whom I certify to be respectable and
entitled to credit, and who, being by me duly sworn, say they were present and saw Emanuel
Madrox, 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
..... 16 years and 37 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.

1 H. F. LaBree
Nathan Manuel
[Signature of Witnesses.]

Sworn to and subscribed before me this 22 day of Oct, A. D. 1900

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.....

[L. S.]

..... erased, and the words

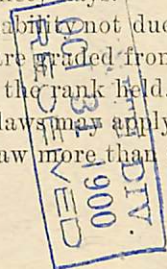
..... added; and that I have

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

H. F. LaBree
[Signature.]
Notary Public of State of
[Official Character.] Large

The Act of June 27, 1890, REQUIRES, in case of a soldier:

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



INVALID PENSION.

NAME.

Emanuel Madrox

SERVICE.

Dr. W. 34th Regt.

ADDRESS.

W. S. C. Inf.

FILED BY

JOHN E. LATIMER,

ATTORNEY AT LAW,

Washington, D. C.

Date of Execution

OCT 27 1900

RECORD

Act of June 27, 1890.

INVALID PENSION. 1124, 544

Claimant, Emanuel Maddox ✓ O. C. Mid
 P. O., Georgetown ✓ Rank, Private ✓
 County, Potomac ✓ Company, B ✓
 State, Florida ✓ Regiment, 34 U.S. Col. Vol. Inf. ✓
 Rate, \$ 6- per month, commencing February 10, 1900 ✓

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

RECOGNIZED ATTORNEY.

Name, Harvey Spalding & Sons Fee, \$ 10
 P. O., Washington, D. C. Agent to pay.

APPROVALS.

Submitted for Ad. October 14, 1904, P. M. McNeill, Examiner.

Approved for right hernia & debility
from age

Approved for right squinched

Right injury, rheumatism and
disease of kidneys - not ratable -
subject to action of Medical Referee

Aggregate of disabilities shown, permanent in character: \$ 6.

Oct 19, 1904 J. Langman
 Legal Reviewer.

Lawville
 Medical Examiner.

Oct 29, 1904 A. R. Wiley
 Re-Reviewer.

October 21, 1904, Sam Houston
 Medical Referee.

No 2 pensioned under other laws at \$ _____ per month for _____

Enlisted January 11, 1865, ✓ honorably discharged February 28, 1866
 Reenlisted _____, 18____, honorably discharged _____, 18____

Declaration filed February 10, 1900, alleges permanent disability, not due to
 vicious habits, from ruptured debility, from age and injury

Declaration filed October 25, 1900, alleges rupture right side
rheumatism disease kidneys debility due to age

No, M. C.

Claimant does _____ write.

ACT OF JUNE 27, 1890

Declaration for Invalid Pension.

Note. This application should be sworn to before a CLERK OF COURT,
NOTARY PUBLIC or JUSTICE OF THE PEACE.

State of Florida, County of Volusia, ss.

On this Fifth day of February, A. D. one thousand ~~eight hundred~~ and ~~ninety~~

hundred, personally appeared before me, a Notary Public

.....within and for the County and State aforesaid,

Emanuel Maddox....., aged 60.....years, a resident

of Georgetown.....County of Pulman....., State of

Florida....., who, being duly sworn according to law, declares that he is the identical

Emanuel Maddox....., who was ENROLLED on the 11th.....day of

January....., 1865, in Co. 76 34 USG Inf Vol
(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 Mt.

Persant S. C......, on the 28th day of July, 1866 That he

is totally.....unable to earn a support by reason of manual labor on account
(Here name the disease or injuries from which disabled.)

of Rupture and debility from age and injury

..... 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. 1174.344 under the general Law That he is a pensioner under Certificate No.

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

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

He hereby appoints, with full power of substitution and revocation, JOHN E. LATIMER, of Washington,

D. C., his true and lawful attorney to prosecute his claim. That his POST-OFFICE ADDRESS is.....

Georgetown....., County of Pulman....., State of Florida

Emanuel Maddox
Claimant's Signature.

1 B. E. Carrall.....

2 A. B. Stinebaugh
(Witnesses to claimant's signature.)



Also personally appeared Rayford Pinkney residing at Omnova

Florida and A. B. Tillman, residing at Omnova Florida, persons whom I certify to be respectable and

entitled to credit, and who, being by me duly sworn, say they were present and saw Emanuel 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 35 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.

1 Rayford Pinkney
2 A. B. Tillman
[Signature of Witnesses.]

Sworn to and subscribed before me this Fifth day of February, A. D. 1900

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.....

[L. S.]

.....erased, and the words

.....added; and that I have

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

James B. Barnes
[Signature.]
Notary Public
[Official Character.]

The Act of June 27, 1890, REQUIRES, in case of a soldier:

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

Mr. L. 1. 124. 544, 0
ACT OF JUNE 27, 1890.
INVALID PENSION.

NAME.

SERVICE.

ADDRESS.

FILED BY

JOHN E. LATIMER,

ATTORNEY AT LAW,

Washington, D. C.

Date of Execution.

18

1900

Ins. cut No. 193-617

Russine INVALID PENSION.

to

Class, { Army,
Navy,Claimant, Emanuel Maddox deceased, Phany Maddox widow

P. O.,

Rank, PrivateService, Co. 2634th W. S. G. Inf -

Rate, \$ per month, commencing

Pensioned for

Attorney,

Fee, \$; agent to pay.

P. O.,

Articles filed, 1

Submitted, 191, for

J. O. Smith

, Examiner.

Approved for

Approved for

, 191, Reviewer.

Medical Examiner.

Medical Reviewer.

, 191, Rereviewer.

, 191,

Medical Referee.

Pensioned at \$ per month for

Enlisted Jan. 11, 1865

Other service from, 1 to, 1

Discharged Feb. 28, 1866 innot in service since Feb. 28, 1866

PRESENT CLAIM.

Declaration filed Aug. 1, 1892

Claimant does write.

, M. C.

DECLARATION FOR ORIGINAL INVALID PENSION.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Florida } ss:
County of Putnam

On this 27th day of July, A. D. one thousand eight hundred and ninety 2,
personally appeared before me Chas. W. Hawkins of the County of Putnam, Florida, a Notary Public,
within and for the county and State aforesaid, Manuel Maddox, aged 47 years,
a resident of the town of Georgetown county of Putnam
State of Florida, who, being duly sworn according to law, declares that he is the
identical Manuel Maddox, who was ENROLLED on the eleventh day
of January, 1865, in company 4 of the 34th regiment of Colored Infantry
commanded by Levi H. Mabeley, and was honorably DISCHARGED at
Jacksonville Fla on the 20th day of July, 1866; that his
personal description is as follows: Age, 47 years; height, 5 feet 8 inches; complexion, yellow;
hair, Black; eyes, Black. That while a member of the organization aforesaid, in the service
and in the line of his duty at Fort Royal or Hilton Head, in the State of S. C.
on or about the day of March 3rd, 1865, he ruptured himself
while handling government stores (Shells)
of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: did not report sick for inconvenience
from it was slight at the time, but it increased since
continues to increase so that at present cannot fit any
heavy weight
treatment.)
That he has not been employed in the military or naval service otherwise than as stated above.

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

That since leaving the service this applicant has resided in the County of Suval & Putnam
in the State of Florida, and his occupation has been that of a fruit grower

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 partly disabled from obtaining his
subsistence by manual labor by reason of his injuries, above described, received in the service of the United
States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the
United States.

He hereby appoints _____
of _____, State of _____, his true and lawful attorney
to prosecute his claim. That he has never received nor applied for a pension. That his Post-
OFFICE ADDRESS is Georgetown, county of Putnam
State of Florida

Claimant's signature:

E. M. Maddox

Attest:

W. H. Hind
J. O. Green



Also personally appeared Chas. Hind, residing at Georgetown,
and John Green, residing at Georgetown, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Mamuel 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, that he is the identical person he represents himself to be; and that they have no interest in the prose-
cution of this claim.

Chas. Hind
John Green
(Signatures of witnesses.)

SWORN to and subscribed before me this 27th day of July, A. D. 1892,
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
[L. S.] words _____, erased, and the
words _____, added; and that
I have no interest, direct or indirect, in the prosecution of this claim.

Chas. W. Hawkins
(Signature)
Notary Public
(Official character.)



A.
INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Mamuel Maddox Applicant.

Co., H. 34 Reg't.

W. C. Long

Enlisted _____, 18 _____.

Discharged _____, 18 _____.

W R Wolcott
ms

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 Bureau of Pensions 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.

ACT JUNE 27, 1890.

Testimony for use in claim for Invalid Pension under Acts of June 27, 1890, and May 9, 1900, should describe (1) all disabilities or causes of permanent disability not due to vicious habits, and (2) the extent or degree to which the applicant is and has been during a stated period of time thereby incapacitated for earning a support by manual labor.

State of Florida, County of Putnam, ss:

In the pension claim of Lehane Maddox widow of Emanuel Maddox

late of Co. H. 34 Reg't U. S. C. Inf. Vols.

ON THIS 6th day of July A. D. 1904, PERSONALLY APPEARED before me,

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

oaths. J. J. Reed aged 56 years,

whose Post-Office address is Georgetown Fla.

and William B. Nelson aged 46 years,

whose Post-Office address is Welaka Florida

and known to me to be reputable and entitled to credit, who being duly sworn, declares each for himself in relation to aforesaid case, as follows:

That they are personally acquainted with the applicant

and that he has been since Lehane Maddox for afflicted with the following disabilities:

50 years and 40 years respectively. J. J. Reed having

been raised in the same neighborhood, and knows of her marriage to Emanuel Maddox, and that she had not been previously married, also that they lived together as man and wife until the death of Emanuel. William B. Nelson became

acquainted with them just after marriage and knows that they lived together as man and wife until the death of Emanuel.

And both affiants certify that she has not married since. Having lived as neighbors for the years given.

[Affiants must also state their means of knowledge or grounds of belief as to all the foregoing.]

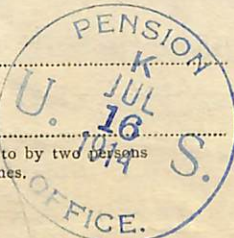
they further declare that they have no interest in said case, and are not concerned in its prosecution.

ATTEST:

1.

2.

A signature by mark must be attested to by two persons who can write their names.



J. J. Reed
William B. Nelson,
Signatures of Affiants

Also at the same time and place, came..... the claimant,
who, being duly sworn, states that he is not able to present the testimony of a regular physician, or any medical evidence
to prove that he was afflicted on and since
with the disabilities mentioned in this claim for pension for the following reasons:

[Not required if medical testimony is furnished.]

Claimant sign here

State of Florida, County of Putnam, ss.:

Sworn to and subscribed before me on date aforesaid, and I certify that I read said affidavit to said affiants,
including the words..... erased and
the words..... added,
and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiants are personally known to me, and that they
are credible persons.

Henry H. Bryant

Signature

Notary Public, State of Florida

My commission expires January 16, 1918

Official title

Welaka Florida

P. O. address

[SEAL]

It will facilitate settlement of the claim if the authenticating officer certifies in his own handwriting his personal acquaintance
with the affiant and as to his or her credibility.

This affidavit may be executed, within the limits of his jurisdiction, before any officer who is authorized to administer oaths
for general purposes.

No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before the
execution of the paper.

PENSION CLAIM

No. 1026649

Chas. Maddox
wid. Emanuel Maddox

Late

Co.,

of

94 Regt. U. S. C. I. Vols.

PROOF

of Claimant's Disability and Extent of Incapacity to
Earn a Support



NATHAN BICKFORD,
Solicitor of Claims and Patents,
WASHINGTON, D. C.

Krouse & Bolen, Printers, Washington, D. C.

Helaka Fla. Nov 1/14

Mr. Nathan Dickford
Washington D.C.

Dear Sir. In the matter of Pension claim
of Leanny Maddox - will state that she is a worthy
colored woman whom I have known for a good many
years. It is hard for a colored person of her age to
find her friends of 50 years ago. She hasn't the
means to hunt them up. I am a Confederate Vet.
who was raised up with the colored folks. and
understand why it is hard for them. A great many
changed their old names, and even the children of
the same family - would take different surnames.

Yours respectfully
Henry H. Bryant



Southern Div. *104*
 No. *1124344* Department of the Interior,

BUREAU OF PENSIONS.

Manuel Maddox
 Co. *A*, 34 Reg't *Ma Pch D*

Washington, D. C., *March 27*, 1900

Sir:

at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Manuel Maddox

Very truly

Manuel Co. A

J. L. Savenport

Acting Commissioner.

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

Answer:

yes Charlie Maddox, Charlie Brown

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

1867 Gainesville Bern Savenport

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

good Record

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer:

never was married but once and the same wife is living

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

birth. Answer:

yes Minnie, Walter, Hester Longine, Mattie, Minnie born Oct 27, 1881, Walter born, Dec 31, 1883 Hester born, Jan. 10, 1886 Longine born, Oct 14, 1888 Mattie born, March, 3, 1892,

Date of reply, *1892*, 1

Manuel Maddox

(Signature.)

State of Florida, County of Volusia, ss:

In the matter of

General Affidavit made
by the within named affiant A. Mc Lane

Personally came before me, a Justice of Peace in and for the aforesaid County
Notary, Justice or Clerk of Court.

and State A. Mc Lane, aged 57 years

citizen of the town of De Leon Springs, Florida - no street
Post-office address Give Street and No. if in city or town.

County of Volusia, State of Florida

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

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

I A. Mc Lane knew Emanuel Maddox when he
came home to Georgetown Fla. after the Civil war
ended and he was in United States Uniform
at that time. And in some in one year more
or less Emanuel Maddox married (Chaney Brown
well known to me. I heard of the wedding at this
time but was not in the house during the ceremony
but they were married. To my knowledge neither
of these parties had ever been married before or
since.

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

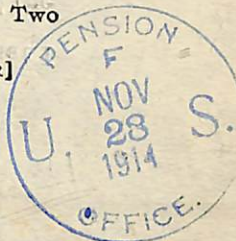
1

W. E. Galt
2 Mc Taylor A. Mc claim
If Affiants sign by mark, two witnesses who can write sign here. (Signature of Affiant)

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (x), Two
persons who can write must attest the signature by signing their names opposite.

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

[OVER]



Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant ; and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant ~~is~~ personally known to me; that ~~he~~ a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this

12th day of November 1914

at Dr Leon Springs
Florida

(Sign here.)

Fred Taylor

ADD SEAL HERE.

JUSTICE OF THE PEACE DIST. No. 6,
Volusia County, Fla.

MY COMMISSION EXPIRES JAN. 1, 1917

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

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

GENERAL AFFIDAVIT

CASE OF

Chaney Brown
wid of Emanuel Madison

vs 34 - M S C L

AFFIDAVIT OF

W. M. Lane

Date of Execution

12th Nov 1914

FILED BY

NATHAN BICKFORD

Claimant's Solicitor

WASHINGTON, D. C.

State of Florida, County of Putnam, ss:

In the matter of Permon Cclaim, Chaney Maddox widow
of Emanuel Maddox

Personally came before me, a Notary Public in and for the aforesaid County
Notary, Justice of Clerk of Court.

and State Esther Johnson, aged 60 years

citizen of the town of Gainesville

Post-office address

Give Street and No. if in city or town.

County of Alachua, State of Florida

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

I was acquainted with both Chaney Brown
NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.
and Emanuel Maddox, before they were
married, and known that neither of them
had been previously married.

I was present at their wedding in Gainesville
Florida, May 12-1866

I further declares that I have no interest in said case and is not
concerned in its prosecution.

1 Erma Baker.

2 Mary J. Bryant-

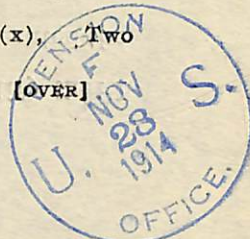
Esther Johnson

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

(Sign Affiant)

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (x),
persons who can write must attest the signature by signing their names opposite.

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



Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant ; and acquainted her with its contents before she executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant personally known to me; that she is a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 1st day of November 1914

(Sign here.)

Henry H. Bryant
Notary Public, State of Florida.
My commission expires January 16, 1918.

ADD SEAL HERE.

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

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

No.

GENERAL AFFIDAVIT

CASE OF

Leahy Maddox

widow of

Emanuel Maddox

AFFIDAVIT OF

Esther Johnson

Date of Execution

Nov 1 / 14

FILED BY

NATHAN BICKFORD

Claimant's Solicitor

WASHINGTON, D. C.



STATE OF FLORIDA)
ALACHUA COUNTY)

I, H.G. Mason, County Judge in and for the County and State aforesaid do hereby certify that, as such Officer, I am the proper custodian of the Marriage Records in said County, under the laws of this State.

That I have made careful search of the said Marriage Records in my office and that there is no record therein of the marriage of Emanuel Maddox and Chaney Brown.

Given under my hand and seal this 16th day of June
A.D. 1914, at Gainesville County and State aforesaid.

H.G. Mason
County Judge.

STAN BICKFORD,
PENSIONS, CLAIMS & PATENTS,
WASHINGTON, D.C.

CIVIL
NOV 20
DIVISION

U.S.
NOV 28
PENSION
OFFICE



ACT JUNE 27, 1890.

Testimony for use in claim for Invalid Pension under Act of June 27, 1890 and May 9, 1900, should describe (1) all disabilities or causes of permanent disability not due to vicious habits, and (2) the extent or degree to which the applicant is and has been during a stated period of time thereby incapacitated for earning a support by manual labor.

State of Florida, County of Putnam, ss:

In the pension claim of Phancy Maddox widow of Emanuel Maddox

late of _____ Co. _____ Reg't _____ Vols.

ON THIS 13th day of May A. D. 1914, personally appeared before me, a Notary Public in and for the aforesaid county, duly authorized to administer oaths A. Rivins aged 70 years,

whose Post Office address is Welaka Florida

and Wm F. Williams aged 56 years

whose Post Office address is Welaka Fla

and known to me to be reputable and entitled to credit, who being duly sworn declares each for himself in relation to aforesaid case as follows;

That they are personally acquainted with the applicant Phancy Maddox

and that he has been since _____ afflicted with the following disabilities

as to A. Rivins 19 years. as to Wm F. Williams
[Describe each and all claimant's disabilities,

25 years - also were acquainted with Emanuel Maddox for the same length of time, and know that he died March 21-1914, at Georgetown Fla

state whether due to vicious habits,

and state or describe to what degree or extent claimant is and has been during a stated period of time incapacitated to perform manual labor.]

[Affiants must also state their means of knowledge or grounds of beliefs as to all the foregoing]

as the folks from here attended his funeral.

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

Attest:

1 Walter Maddox.

2 Henry H. Bryant

A signature by mark must be attested to by two persons who write their names

his
A. Rivins
mark
Wm F. Williams
Signature of Affiants.



1. PERSONALITY
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 100. PERSONALITY

State of I. Iowa, County of Putnam, ss:

Signature John W. Bryant
Notary Public, State of Florida.

Official Title *My commission expires January 16, 1918.*

P. O. Address Kelaka Fla.

This affidavit may be executed, within the limits of his jurisdiction, before any officer who is authorized to administer oaths for general purposes.

PENSION CLAIM

OF

Late

Co.,

Reg't -

Vols.

FOOT

of claimant's disability and extent of incapacity to earn a support.

FILED BY

NATHAN BICKFORD,

SOLICITOR OF

CLAIMS & PATENTS,

WASHINGTON, D. C.

CIVIL WAR
MAY 2

Physician's Affidavit.

The Testimony of a physician for use in claim for Invalid Pension under the Act of June 27, 1890, should be in his own handwriting and should describe (1) all disabilities or causes of permanent disability, not due to vicious habits, and (2) the extent or degree to which the applicant is and has been during a stated period of time thereby incapacitated for earning a support by manual labor.

I have been acquainted with

Emanuel Maddox

for about

4 1/2 years

Name of the soldier must be given

and waited on him in his last ill-

ness from March 12, 1914 to March 21, 1914 and hereby certify that he died about 4 P.M. March 21, 1914.

Daniel C. Main.



I have been a practitioner of Medicine for twelve years. I have no interest, either direct or indirect, in the prosecution of this claim.

My Post-Office is Welaka, Florida

Affiant should sign here and also at the end of his statement

Daniel C. Main
Affiant's signature

State of Florida, County of Putnam, ss:

Sworn to and subscribed before me this 13th day of May, A. D. 1914
and I hereby certify that the affiant is a practicing physician of good standing.

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



Henry H. Bryant
Signature
Notary Public, State of Florida.
My commission expires January 16, 1918.
Official title
Welaka Florida
P. O. Address

NOTE.—This affidavit may be executed, within the limits of his jurisdiction, before any officer who is authorized to administer oaths for general purposes.

No erasures or interlineations will be permitted, unless the magistrate quotes or refers to them in his jurat and certifies that they were made before execution of the paper

No. 1026649

Medical Evidence.

PENSION CLAIM OF

Phaney Maddox
Emmanuel Maddox
Age 34
U. S. C.



FILED BY

NATHAN BICKFORD,

Solicitor of Claims and Patents,

WASHINGTON, D. C.

Claimant's Affidavit.

Affiants should sign at the end of their statements. Signatures by mark must be attested by signatures of two persons who write their names

State of Florida, County of Putnam, ss:

IN THE PENSION CLAIM OF

Lehanie Maddox widow Emanuel Maddox

PERSONALLY APPEARED before me, a Notary Public in and for the County and State aforesaid Lehanie Maddox Notary, Justice, or Clerk of Court

aged _____ years

whose Post-Office address is Georgetown, Putnam Co., Fla. Name of witness

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:

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

Emanuel Maddox served as private Co H 34 Regiment
United States Colored volunteer Infantry
Was Enrolled on the Eleventh day of January one thousand
eight hundred and fifty five
Was Discharged from the service of the United States
The Twenty eighth day of February 1866 at Jacksonville Fla

The above is copied from his discharge
As to signature of Lehania Maddox } Lehania Maddox
M B Morris mark
Henry H. Bryant

State of Florida, County of Putnam, ss:

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

WITNESS MY HAND AND SEAL of office this

27th

day of

April

1914



Henry H. Bryant
Signature
Notary Public, State of Florida.
My commission expires January 10, 1918.

Official title

Helena Florida

P. O. Address

It will facilitate settlement of the claim if the authenticating officer certifies in his own handwriting his personal acquaintance with the affiant and as to his or her credibility.

This affidavit may be executed, within the limits of his jurisdiction, before any officer who is authorized by law to administer oaths for general purposes.

No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before the execution of the paper.

No.

Claimant's Affidavit

CASE OF

Phaner Maddox

Emmanuel Maddox

Me

34

M. S. L. C.



FILED BY

NATHAN BICKFORD

Claimant's Solicitor

WASHINGTON, D. C.

ACT JUNE 27, 1890.

Testimony for use in claim for Invalid Pension under Acts of June 27, 1890, and May 9, 1900, should describe (1) all disabilities or causes of permanent disability not due to vicious habits, and (2) the extent or degree to which the applicant is and has been during a stated period of time thereby incapacitated for earning a support by manual labor.

State of Florida, County of Putnam, ss:

In the pension claim of Lehaney Maddox widow of Emanuel Maddox

late of Fla. Co. 24 Reg't U. S. C. I. Vols.

ON THIS 6th day of July A. D. 1914, PERSONALLY APPEARED before me,

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

oaths Lehaney Maddox aged years,

whose Post-Office address is Georgetown Florida

and aged years,

whose Post-Office address is

and known to me to be reputable and entitled to credit, who being duly sworn, declares each for himself in relation

to aforesaid case, as follows:

That they are personally acquainted with the applicant

and that he has been since afflicted with the following disabilities:

Who certifies that neither she or Emanuel were
previously married. and that owing to the removal
of so many of her old friends by death and
latterly, that she is unable to make more
definite proof than has already been made.

That she has not remarried since the death
of Emanuel.

and state or describe to what degree or extent claimant is and has been during a stated period of time incapacitated to perform manual labor.

[Affiants must also state their means of knowledge or grounds of belief as to all the foregoing.]

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

ATTEST:

1. Henry C. Bryant

2. J. F. Reed

A signature by mark must be attested to by two persons who can write their names.



Lehaney Maddox
Signatures of Affiants
Mark

Also at the same time and place, came.....the claimant,
who, being duly sworn, states that he is not able to present the testimony of a regular physician, or any medical evidence
to prove that he was afflicted on and since
with the disabilities mentioned in this claim for pension for the following reasons:

[Not required if medical testimony is furnished.]

Claimant sign here

State of Florida, County of Putnam, ss:

Sworn to and subscribed before me on date aforesaid, and I certify that I read said affidavit to said affiants,
including the words.....erased and

the words.....added,

and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested
in said case, nor am I concerned in its prosecution; and that said affiants are personally known to me, and that they
are credible persons.

*I have known Emanuel for years and know that he
and Chancy lived together as man and wife until his death. It is hard
for colored people to keep up records.
I consider this a just claim*

Signature

Henry H. Bryant

Notary Public, State of Florida.

My commission expires January 16, 1918.

P. O. address

[SEAL]

It will facilitate settlement of the claim if the authenticating officer certifies in his own handwriting his personal acquaintance
with the affiant and as to his or her credibility.

This affidavit may be executed, within the limits of his jurisdiction, before any officer who is authorized to administer oaths
for general purposes.

No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before the
execution of the paper.

No.

PENSION CLAIM

OF

Late

Co.,

Regt.

Vols.

PROOF

of Claimant's Disability and Extent of Incapacity to
Earn a Support.

FILED BY

NATHAN BICKFORD,

Solicitor of Claims and Patents,
WASHINGTON, D. C.

Kr... & Bolen, Printers, Washington, D. C.

Declaration for Widow's Pension.

ACT OF APRIL 19, 1908

State of Florida, County of Putnam, ss:

ON THIS 15th day of April A. D. one thousand nine hundred and fourteen
personally appeared before me, a Notary Public within and for the County and State
aforesaid Phany Maddox aged 65 years, a
resident of Georgetown County of Putnam
State of Fla who, being duly sworn according to law, makes the following declaration
in order to obtain pension under the provisions of the ACT OF CONGRESS APPROVED APRIL 19, 1908.

That she is the widow of Emanuel Maddox who was
enrolled under the name of Emanuel Maddox
at _____ on the _____ day of _____ 18____

as a _____ in _____
Here state rank and designation of organization or name of vessel
and honorably discharged _____ 18____ having served ninety days or more during the late war
of the rebellion. That the soldier was _____ in the MILITARY OR NAVAL SERVICE of the United States except
as stated above _____

If any other service it should be stated in full

That she was married under the name of Phaney Maddox to said soldier
at Gainesville Fla on the 12 day of Mar 1886
by Rev Ben Barment; that there was no legal barrier to the marriage;
that she had not been previously married; that the soldier had not been previously married.
Or had not Or had not

If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated

That the said soldier died March 21 1894, at Georgetown Fla
that she was not divorced from him; that she has not remarried since his death.
That the NAMES and DATES OF BIRTH of all the children of the soldier, now living and under SIXTEEN
YEARS OF AGE are as follows: (If the soldier left no children, the claimant should so state.)

Hattie, born Mar 3, 1897, at Georgetown Florida
_____, born _____, 18____, at _____
_____, born _____, 18____, at _____
_____, born _____, 18____, at _____

That she has not heretofore applied for pension, Application No. _____
If prior application has been made the number thereof, the service on which it was based

and the name of the soldier should be stated

That she hereby appoints, with full power of substitution and revocation,—

NATHAN BICKFORD, of Washington, D. C.,

her true and lawful attorney to prosecute this claim, and directs that the sum of Ten Dollars be paid him for his services.

That her Post-Office address is Georgetown
County of Putnam, State of Fla

ATTEST:

1. Wm Little
2. William B. Miller

Signature of Claimant—full name



ATTORNEY FILED
LAW DIVISION.

Also personally appeared Wm Little and William B. Nelson, residing at Melaka Florida and

residing at Phancy Maddox, 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 Phancy Maddox the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her of 20 years and 25 years respectively, that she is the identical person she represents herself to be, and that they have no interest, direct or indirect, in the prosecution of this claim.

Declaration accepted as a claim under the act of April 19, 1908. Power of attorney valid as to execution.

1. Wm Little
2. William B. Nelson
Signatures of witnesses

Sworn to and subscribed before me this 15th day of April, A. D. 1914

Per MDE hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words Phancy Maddox

erased, and the words

added;

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

Henry H. Bryant
Official signature
Notary Public, State of Florida.
My commission expires January 16, 1918.

Official character

[L. S.]

To be executed before some officer of a Court of Record having custody of its seal, a Notary Public, Justice of the Peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, County, or City officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

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.

Act of April 19, 1908.

CLAIM FOR PENSION

No WIDOW Claim

Claimant, Phancy Maddox

Soldier, Samuel Maddox

Service 34

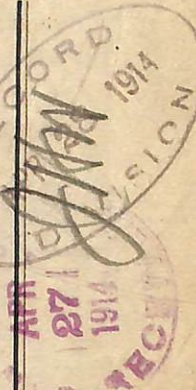
Wm L. C. Inf

FILED BY

NATHAN BICKFORD,

Attorney for Claimant,

WASHINGTON, D. C.



ACT OF APRIL 19, 1908.

WIDOW'S PENSION.

Claimant, *Chancy Maddox*Soldier, *Emanuel Maddox*P. O., *Georgetown*Rank, *Private*; Co. *06*County, *Putnam*; State, *Florida*Regiment, *34 W. S. C. Inf*Rate, \$12 per month, commencing *April 25*, 1914, and ~~\$2~~ additional for each child, as stated below:

All pension to terminate _____, 1 _____, date of _____

Payments on all former certificates covering any portion of same time to be deducted.

none{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

{ Born, _____ }
{ Sixteen, _____ }

Commencing _____

RECOGNIZED ATTORNEY.

Name, *Nathan Bickford*Fee, \$ *10*; Agent to pay.P. O., *Washington D. C.*

APPROVALS.

Submitted for *ad. Dec. 8*, 1914; *J. O. Smith*, Examiner.Approved for *Admission under act of April 19, 1908.**Dec. 9, 1914, E. Dolloway*

Reviewer.

Dec. 11, 1914 C. R. Curtis

Reviewer.

The soldier was _____ pensioned at \$ *16* per month for *under Act of May 11, 1912*Enlisted, *Jan - 11*, 1865Soldier's application filed *Aug. 1*, 1892*honorably disch'd*, *Feby. 28*, 1866Clt's app'n under other laws, *none*, 1Reenlisted, *no other service*, 1Former marriage of *neither*, 1*honorably disch'd*, 1Death } of former *none*, 1
Divorce }Died, *March 21*, 1914Clt's marriage to soldier, *May 12*, 1866Declaration filed, *April 25*, 1914Clt. *not* remarried, *nor divorced*, 1Claimant *does not* write.

Civil War Division

Bd Jacksonville Fla

8-38-05-S

GENERAL AFFIDAVIT.

State of Florida, County of Putnam, ss:

In the matter of The Pension Claim of Emanuel
Maddon Co. B. 34th U. S. C. Infantry.

ON THIS 22 day of October, 1900, A. D. 18 , personally appeared before me Nathan Manuel a Notre Public in and for the afore-said County, duly authorized to administer oaths, Nathan Manuel aged 58 years, a resident of Georgetown, in the County of Putnam, and State of Florida whose Post-office address is Georgetown in the county and Putnam, aged years, a resident of Georgetown, in the County of Putnam and State of Florida, whose Post-office address is

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

(NOTE: Each affiant should state when he first became acquainted with the claimant or with the soldier; and how he gained a knowledge of the facts to which he testifies.)

at Port Royal S. C. in February 1865- my
Circumstances at the time I had Ben Sick
With the Diarrhaca and was Weak at the time
as you know what state it leaves you in
and Anderson Booker A who was my Bunk mate
he was lifting with me and let his Ende Fall
with me holding on to it. I had no time
to think at all Before it was over and ^{not} by
vicious habits at all I was Faithful in the
Discharge of my Duty as a Soldier and felt it
my Duty to go so.
Nathan Manuel & witnesses
The incurred herse of right
side of said Emanuel Maddox
that he received in February 1865
and I saw him ^{his} herse of right
side six months after he was
Mustered out 1866 in June after
musterout & saw him

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

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

(Signatures of Affiants.)



Nathan Manuel
(Signatures of Affiants.)

State of Florida, County of Putnam, ss:

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

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

[L. S.]

L. R. LaBree
(Official Signature)
Notre Public of State
(Official Character.) at Large

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

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

[L. S.]

Clerk of the.....

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

Southern Division
No. 1124544

ADDITIONAL EVIDENCE.

CLAIM OF

Emmanuel C. Guadalupe
Cor. W. 34th Regt.
U. S. A. Infantry

AFFIDAVIT OF

JOHN E. LATIMER,
Attorney at Law,
WASHINGTON, D. C.

SOUTH DIV.
FILED BY 1900
OCT 22 1900
RECEIVED.

No. 1124344

WAR DEPARTMENT, RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner
of Pensions.

Manuel Maddox
Co. A, Reg't 134 McC. Inf.

was enrolled Jan'y 11, 1865
and M. O. with Co. Feb. 28, 1866

Robert Putnam Co. Ga. Agt
2 1/2 yrs - Descent. Labors. Cys.
Haw. V. Comp. Black. Agt 5
H. Inf.

From Co., 186, to M. O., 186
he held the rank of Private

and during that period the rolls show him
present except as follows:

The medical records show him treated as
follows as Manuel Maddox
Co., 26, 34 U. S. C. T., Apr.
25, 1865, Diarrhœa: May
30, 1865, Diarrhœa: July
31, 1865, Colic.
Nothing additional found.

Name: Manuel Maddox
not found on rolls of Co.
H. Inf. 134 McC. Inf.

By authority of the Secretary of War:

W. A. C. Ainsworth
Col

Major and Surgeon, U. S. Army.

Per Dr.

Date

SEP 15 1892

(COMMISSIONER OF PENSIONS.)



Write nothing above this line.

(3-060.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept. 14", 1892

So. Div.

J. C. W. Ex'r.

No. 1124344

Emanuel Maddox
Co. H or F 34" U.S.C. Inf

SIR:

It is alleged that Emanuel Maddox enlisted 11" Jan'y, 1865-
and served as a private in Co. H or F 34" Reg't U.S.C. Inf.
also as a in Co. , Reg't

and was discharged at Jacksonville Fla., 28" Feby., 1866.

It is also alleged that while on duty at Port Royal S.C.
on or about , 1865, he was disabled by Rupture

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

Personal description desired.

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Andrew D. Anderson
Acting

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Acts of June 27, '90 May 9, 1900, and July 1, 1902.

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

State of Fla, County of Putnam, ss:

In the Pension Claim No. _____ of Emmanuel Maddox

, late of

Co. H, 34th Colored Regiment Infantry

Company and regiment of service, if in the army; vessel and rank, if in the navy.

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

Official character of magistrate.

County and State Geo. E. Welch a citizen of Putnam County Florida

Name of Affiant.

whose Post-Office address is Palatka

in the County of Putnam, State of Florida

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:

NOTES.

For Claims Under Act of June 27, '90

The Physician's Affidavit must show the following facts:

1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.
2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated—whether $\frac{1}{2}$, $\frac{3}{4}$, or total.
3d. State the degree claimant's inability to perform manual labor has increased since

That he is a practicing physician, and that he has been acquainted with the said Soldier for about

15 years, and that He suffers from a right

Here embody all the facts known to the affiant in accordance with the marginal instructions. No.

neuralgia lumbis which has been

present since 1865. it is almost impossible
to retain this with a truss. he cannot do
any physical labor without its coming
down in account of his advanced

age and general physical condition
an operation for radicle cure would
not be advisable. his disability increases
with age. I consider his disability to be three fourths

Geo E. Welch M.D.



He further declares that he has been a practitioner of medicine for 13 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Affiant's Signature. Give rank and service, if in the Army.

Sworn to and subscribed before me this 7th day of August, A. D. 1905

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

erased, and the words

added; and that I have no interest, direct or

indirect, in the prosecution of this claim

Official Signature:

J. H. Blackwell

[L. S.]

Official Character:

Notary Public

I.

Joseph Price

Clerk of the County Court in and for aforesaid County

and State, do certify that

J. H. Blackwell

Esq.,

who has signed his name to the foregoing declaration and affidavit was at the time of so doing

Notary Public

in and for said County and State, duly commissioned and

sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office this

7th day of August, 1905

Joseph Price

[L. S.]

Clerk of the

Circuit Court Putnam Co. Fla

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

Acts of June 27, '90, May 9, 1900 and July 1, 1902.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Emmanuel Madley
H 34 USCP

Nature of Claim

Sold

Co.

Reg't.

Vols.

No.

FILED BY

HARVEY SPALDING & SONS,

ATTORNEYS AT LAW,

WASHINGTON, D. C.



PHYSICIAN'S CERTIFICATE.

ACT OF JUNE 27, 1890

TAKE NOTICE.—This affidavit should if practicable be in the hand writing of the Physician making the same and it should show the following facts:

- 1st. How long he has known the soldier — how intimately acquainted he has been with him — and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor.
- 2nd. He should then state the name and character of all the disabilities upon which pension is claimed and to what extent (whether $\frac{1}{2}$, $\frac{3}{4}$ or total) claimant is disabled, in his opinion, for the performance of MANUAL labor as compared with an able-bodied man.
- 3rd. He should further state whether in his opinion, the claimant's disability is of a permanent character by reason of the causes named.
- 4th. Whether claimant's present condition is the result of his own vicious habits or otherwise.

State of Florida

County of Volusia

of Emanuel Maddon late Pvt. Co. H 34 1st Regt. U.S. Inf.

ss.

In the Pension claim No.

Company and regiment of service, if in the army; or vessel and rank, if in the navy.

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

Official character of civil officer.

County and State S. W. Culp, U.S. a resident of Palatka

County of Volusia State of Florida

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

That he is a practising physician, and that he has been acquainted with said soldier for about three years, and that

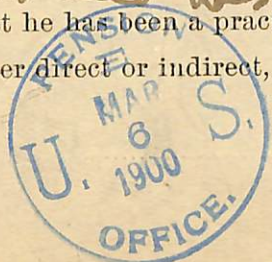
Here embody all the facts known to the affiant in accordance with the above instructions.

No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

I hereby certify that Emanuel Maddon is known to me to be a trustworthy man of correct habits; that he served the Federal Army in 1865 in the capacity of a private Soldier; that he has a femoral Hernia on the right side, which he claims to have come on him in 1865, while serving (on fatigue duty) in lifting a large Cannon shell with another man who let his end go, the whole weight of the shell thus falling on him; that this Hernia incapacitates him for manual labor to the extent of $\frac{2}{3}$; that he will continue with this disability unless he have a radical operation performed which his doctor will not allow him to do; that he now has Rheumatism in left shoulder and has occasionally malarial fever.

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

Affiant's signature. Give rank and service if in the army.



SWORN to and subscribed before me this.....*23rd*.....day of.....*February*.....A. D. 1*900*

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



J. C. Garfield
[Signature of Civil Officer.]
Notary Public
[Official Character.]

NOTE.—This instrument may be executed before a Notary Public, Justice of the Peace, or other Civil Officer duly authorized and empowered to administer oaths for general purposes, or take acknowledgments. The Civil Officer should state hereon whether a certificate of his official character is filed in the Pension Office for general reference.

Robertson
Hester
ACT OF JUNE 27, 1890.

State of
No. *124,544*

MEDICAL EVIDENCE.

CLAIM OF
Emmanuel Nathan
No. 34 U.S.C. Inf.



AFFIDAVIT OF

FILED BY
JOHN E. LATIMER,
ATTORNEY AT LAW,
WASHINGTON, D. C.

SOUTHERN DIVISION.

Inv. Orig. No. 2452

Department of the Interior,

Emanuel Maddox

BUREAU OF PENSIONS,

Co. H, 34 Reg't U. S. C. vol Inf

Washington, D. C., OCT 23 1903, 190...

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

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

Very respectfully,

Emanuel Maddox

Georgetown

Fila.

B. J. Ware
Commissioner.

1. Where were you born? Answer. Putnam Co Georgia
2. Where did you enlist? Answer. Port Royal S.C.
3. Where had you lived before you enlisted? Answer. Georgia
4. What was your occupation? Answer. a farmer
5. Were you a slave? If so state the names of all former owners, and particularly the name of your owner at the date of your enlistment: yes Alice A. L. Maddox
Natty Maddox
6. Where were you discharged? Answer. Mount Pleasant S.C.
7. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
in Putnam Co up to 1877 The Balance the time in Putnam Co
8. What is your present occupation? Answer. fishing
9. What is your height? 5 feet, 8 inches. The color of your skin? Malato
Are there any permanent marks or scars on your person? If so, describe them. no that I know of
10. Were you in the military or naval service under a name different from that by which you are now known? If so, state what it was. no other than Emanuel Maddox
11. Have you ever been known by any names other than that given in your application for pension? If so, state them in full. no other Emanuel Maddox
12. By what name are you now known? State it in full. Emanuel Maddox
13. What is your actual residence at the present time, and what is the nearest post-office? Answer. Georgetown Fila + Post office + Residence

Signature Emanuel Maddox

WITNESSES: { 1. T. F. Hind
2. E. Topfard

Date: OCT 27, 1903

(Witnesses who can write sign here.)

No. 112434
 Manuel Maddox
 Co. A, 3d Reg't 160th Inf
 Department of the Interior,
 BUREAU OF PENSIONS,

Washington, D. C., Nov 27, 1892

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

Very respectfully,

Manuel Maddox

Georgetown
Putnam Co Fla.

J. L. Scaenfort

Acting Commissioner.

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

Answer. George Town Georgetown Fla

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

Answer. Lanchara County 1870. no City

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

Answer. Gainsville Fla

Fourth. What has been your occupation since discharge

Answer. Farming

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

Answer. no.

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

Answer. no.

Date of reply, _____, 1892

E. Manuel Maddox

(Claimant's signature.)

To the Honorable

Commissioner of Pensions,
Washington, D. C.

SIR:

I respectfully request that my pension claim in which Arthur Browning is the Attorney of Record be acted on at an early date and the status thereof be given to MESSRS. HARVEY SPALDING & SONS, of Washington, D. C., the successors to the said Arthur Browning.

That my correct post-office address is—

Georgetown Putnam Co Florida

Very respectfully,

Emanuel Macdole

Co, Taylor
A. W. W. W.



1124544

Ernest Hodder

A 342.5 P.D.

Heck order

A general transfer between
these attorneys,
dated July 14, 1904
has been approved by this
office.

LAW DIVISION,
U. S. Pension Bureau,

RECEIVED
JUL 27 1904
LAW DIVISION

RECEIVED
JUL 29 1904
SOUTH DIVISION

Heck order

AFFIDAVIT OF CLAIMANT.

State of Florida, County of Putnam, ss:

IN THE MATTER OF the claim for Fusion of Emanuel Maddox
of Co. 26. 34th U. S. C. Infantry

ON THIS 24 day of September, A. D. one thousand nine hundred

personally appeared before me a Notre Public for State at
(Here insert official character.) Sage
in and for the County and State aforesaid, duly authorized to administer oaths for general purposes Emanuel Maddox
(Full name of Claimant.) aged about 59 years,

residing at or near Georgetown County of Putnam

State of Florida well known to me to be reputable and entitled to credit, and who being by me duly sworn according to law declares as follows:

February 1865 at Port Royal S.C. I was
lifting a Box of Shell which was very
heavy and my Partner let his end
fall in my Right hand and
it cause a hernia on Right
Side. no vicious habits of mine

and are of a Permanent Character. yes

L. B. Bree
Notre Public

I hereby appoint JOHN E. LATIMER, of Washington, D. C., my true and lawful attorney with full power of substitution and revocation to prosecute my claim to completion under the General Law and Act of June 27, 1890.

1. L. B. Bree
2. R. H. Bree
[Two witnesses who write sign here.]

[OVER.]

Emanuel Maddox
[Signature of Claimant.]

Sworn to and subscribed before me, this 24 day of September 1900
and I certify that I read the foregoing affidavit and Power to said claimant, and acquainted
..... with the contents thereof before he he executed the same, that I am in nowise inter-
ested in said case, nor concerned in its prosecution, and that said affiant is personally known to
me and is a credible person.

[L. S.]

L. R. LaBree
(Signature of Civil Officer.)
Notary Public of State of
(Official Character.) Laure

NOTE.—This instrument may be executed before a Notary Public, Justice of the Peace, or other Civil Officer duly authorized to administer oaths for general purposes, or take acknowledgement, having an official seal or having a certificate of his official character on file in the Pension office for general reference.



ADDITIONAL EVIDENCE.

CLAIM OF

Carmel Maddox

Reg'l.

Co. H. 34th U.S. C.

Vols.

**Affidavit of Claimant
AND
POWER OF ATTORNEY.**

SOUTH DIV.
OCT 12 1900
RECEIVED.

FILED BY

JOHN E. LATIMER,

Attorney at Law,



AFFIDAVIT OF CLAIMANT.

State of Florida, County of Putnam, ss:

IN THE MATTER OF the claim for Emanuel Maddox Private
of Co. H 34th U.S. Inf. Vol. - Capt. Levi H. Markley

ON THIS 14 day of July, A. D. one thousand Eight hundred
Ninety-Nine personally appeared before me a Notre Public of state at large
(Here insert official character.)

in and for the County and State aforesaid, duly authorized to administer oaths for general pur-
poses Emanuel Maddox aged about 58 years,
(Full name of Claimant.)

residing at or near Georgetown County of Putnam

State of Florida well known to me to be reputable and entitled to
credit, and who being by me duly sworn according to law declares as follows:

That he enlisted as a private in Capt. Levi H. Markley's Company of the 34th U.S. Inf. Vol. on or about Jan'y 11-1865 at Hilton Head S.C. and was honorably discharged therefrom at Mount Pleasant S.C. on the 28 February 1866

That he did not serve in any other United States Military or Naval organization: nor did he serve in the U.S. Navy or Army before Jan'y 11. 1865 nor after Feb. 28. 1866.

I hereby appoint JOHN E. LATIMER, of Washington, D. C., my true and lawful attorney
with full power of substitution and revocation to prosecute my claim to completion under the
General Law and Act of June 27, 1890.

W. P. Allen
E. Toppa
[Two witnesses who write sign here.]

[OVER.]



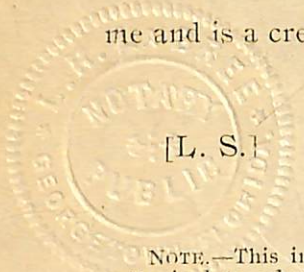
[Signature of Claimant.]

Emanuel Maddox

over

ATTY FILED S.

Sworn to and subscribed before me, this 14 day of July 1899
and I certify that I read the foregoing affidavit and Power to said claimant, and acquainted
with the contents thereof before he executed the same, that I am in nowise inter-
ested in said case, nor concerned in its prosecution, and that said affiant is personally known to
me and is a credible person.



L. R. Hearse
(Signature of Civil Officer.)
Notre Public of state at Large
(Official Character.)

NOTE.—This instrument may be executed before a Notary Public, Justice of the Peace, or other Civil Officer duly authorized to administer oaths for general purposes, or take acknowledgement, having an official seal or having a certificate of his official character on file in the Pension office for general reference.

✓

Southern Div. OK
Dr. End. No. 1.124.574

ADDITIONAL EVIDENCE.

CLAIM OF
Gmanuel Maddox

Co. 24 U.S. C. Regt.
Vol.

Affidavit of Claimant
AND
POWER OF ATTORNEY.

RECORDED
JUL 24 1899
DIVISION
SOUTH DIV.
JUL 27 1899
RECEIVED

FILED BY
JOHN E. LATIMER,
Attorney at Law,
WASHINGTON, D. C.

C. H. A.

P. / N.O. 1026, 649.

3-1081

Thayer

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

MAY 5 - 1914

Certificate No.

1095, 617

Class

ACT OF MAY 11, 1912

Pensioner

Emanuel Maddox

Soldier

Service

H. 34 U.S.C. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of

the above-described pensioner who was last

paid at \$ 16, to Feb 1914

has this day been dropped from the roll be-

cause of death. Mch. 21, 1914.

Georgetown, Fla.

Very respectfully,

W. H. Russell

Chief, Finance Division.

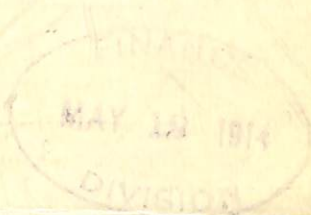
NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

6-2249

MS

Check No. 4608439
Dated May 4 1914
Cancelled
PLATE DESTROYED

Georgetown Fla,



3-438

Cert.

1095617

Act

May 11, 1912

ACCRUED PENSION

Class

Invalid

Pensioner

Emanuel Maddox

Date of death

March 21, 1914

Certificate

is not

filed.

Claimant

~~Chaney~~

Maddox widow

Georgetown

Putnam County
Florida

Attorney

none

The fee of \$

allowed on issue of

Address

to

of

to be paid when

payment is made on accrued.

Submitted

ad. Dec. 8, 1914, J. O. Smith

Examiner.

Approved for

Admission

Pay widow as above

Reviewer,

Dec. 9, 1914.

Rereviewer,

Dec. 11, 1914.

M. C.

none

Claimant

does not

writes.

Civil War Division

W. C. 784397
Emanuel Maddox
H. 34 U. S. C. Inf.

September 10, 1926.

Mr. Walter Moddox,
Welaka, Fla.

Sir:

In reply to your letter of recent date, I have to advise you that the pension accruing from the date to which last paid to the date of the death of Chaney Maddox, the pensioner in the above cited case, is not an asset of her estate, is not payable to her heirs, and is available as reimbursement of the expenses of her last sickness and burial only in case she did not have sufficient assets to meet such expenses.

If the property owned by the pensioner was worth sufficient, after deducting the amount of the mortgage, to meet the expenses of her last sickness and burial, etc accrued pension cannot be paid to any one for any purpose.

Respectfully,

WINFIELD SCOTT,
Commissioner.

JGB/LE

784397

Heloka



Mr Winfield

Dear Sir My sister
Eugenia Walker sent me
some Blanks to fill
out and she dont under
stand them exactly and
I thought I would write
to you and explain
to you how every thing
was. I am the only son of the
Widow Chaney Maddox
and the Burial expenses
was left to me to pay
alone my sisters
Eugenia Walker and

Dottie Davis was
unfinance and I did not
have enough my self
on the account of helping
my mother and sick wife

OFFICE OF
THE COMMISSIONER

JUL 19 1926

U. S. BUREAU OF PENSIONS

which died 3 weeks ago in the Florida State hospital Ruth Maddox was her name she had been sick for ten yrs and trying to cure her that thought me to be un finance and helping my mother so we had to mortgage the property for \$110.00 to Mrs James Gale at Palatka where she died at out side of that all other expenses is all paid when ever she would run short of money or provisions I would look out for her.

and she never owed
no one one penny at her
death.

she lived at Georgetown
on the home until she
got very ill and moved
to my sister Eugenia
~~at Georgetown~~ ^{rather}

and I had Dr Campbell
to tend her and he fail
to do her any good
and after she was there
without any cost to any
one and Dr Bill was
paid she was caried
to Palatka and Dr
Rose Burge tend on her
for a short while
at my sister Dottie
Davis she Died

and all expenses
was paid there
But all the trouble
the place is mortgage
there is Eight acres
and small orange grove
on it and I don't
know if I can lift it
as time is so dull.
and if there is any
thing you can do
to Ward the mortgage
Please let know
send Blahk to
Walter Modder Melaka
4th
I lived ten miles from
George town

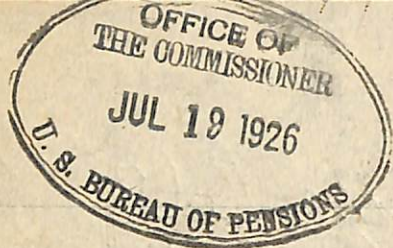
Dr Campbell
lives to Welaka Fla
ten miles from Georgetown
and Dr Rosberg lives
to Palatka Fla.

and I live to Welaka
my employers for Fla
15 or 18 yrs is

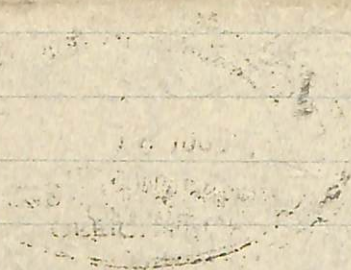
L. J. McCleod

Welaka Fla
hoping to hear from
you soon

Walter Madox



Baker



McG

February 11, 1911.

Civil War Division.
Ctf. No. 1,095,617,
Emanuel Maddox,
Co. H, 34 U.S.C. Vol. Inf.

Mr. Emanuel Maddox,
Georgetown, Florida.

Sir:

Your claim for increase of pension under the act of February 6, 1907, filed February 2, 1911, is rejected on the ground that the evidence does not show, and you have failed to furnish proof that you were seventy years of age at the date of executing your declaration, January 30, 1911.

Very respectfully,

Commissioner.

3-1081 made

FINANCE DIVISION
MAY 25 1926
BUREAU OF PENSIONS

Georgetown Fla.,
May 22^d 1926

Bureau of Pensions,
Washington,
D.C.

FINANCE DIVISION
SEC. W
MAY 26 1926
BUREAU OF PENSIONS



Gentlemen:-

784.397

My mother, Chaney Maddox, died May 15th 1926. She had used most of her money and there was not enough to pay her funeral expenses. I have been told that the U. S. Government pays the funeral expenses of the widows of war veterans. Please inform me if that is true and what vouchers it is necessary to furnish.

Yours truly
Eugenia Walher,
Georgetown, Fla.

Address:-

Certificate Division

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., Jan 2, 1915.

No. Claim, _____

Cert. No. 784 397

Claimant, _____

Soldier, Emanuel Maddox

Co. H., 34 Reg't U. S. C. Inf.

Respectfully, referred to Chief,
Board of Review

for consideration of
pensioner's letter as to
her Christian name.

Widow's cert. and
Invalid accrued order
held in this division
(As no payment has
been made thereon, brief
can be amended.) B.

H. C. Duncan
Chief of Cert. Division.

L. J. V.

Melaka Fla Dec 28/14
Commissioner of Pensions
Washington D.C.

Dear Sir-

In relation to Pension
Certificate No 784,397 to

Phancy Maddox Widow of Eman-
uel Maddox -

Name should be Chancy
Maddox - instead of Phancy -

Herewith please find enclosed
Accrued widow Rouchrs 25.⁰⁰/₁₀₀

Widows Original 75.⁰⁰/₁₀₀

Also Pension Certificate No 784-397

Chancy Maddox
Per Henry H. Smart
Notary Public

Orig of
and accounts.

Phaney Mass etc

See letter

Finance

May 29, 1926

Eugenia Walker
Georgetown,
Florida

Madam:

In response to your letter of the 22 instant, in the case of Chancy Maddox, certificate No. 784,397, I have to advise you that there is no law under the Federal Government that provides for the payment of the burial expenses of the widow. The unpaid or accrued pension is available as a reimbursement where the assets of the estate are not sufficient to meet these expenses if the widow left no child under sixteen years of age at her death now surviving. The enclosed blank form may be used in making claim for this pension if the facts warrant it. Your attention is called to the copy of the act of Congress, approved March 2, 1895, which is printed on the reverse side of this form.

Respectfully,

TDL

Winfield Scott
Commissioner

Civil War Division
Wid.Orig.1,026,549
Phaney Maddox,
Emanuel Maddox,
Co.H. 34 U.S.C.Inf.

M.A.G.

May 16, 1914.

Nathan Bickford, Atty.,
Washington, D. C.

Sir:-

The above cited claim for pension requires the affidavit of the attending physician, or undertaker, or two credible persons showing the date of soldier's death, and a copy from the public record of his marriage to claimant, or a certificate from the proper officer that her marriage is not of record.

If neither the claimant nor the soldier had been married before, that fact should be shown by the testimony of two credible persons of have known them from the time each became of marriageable age.

Testimony should be furnished from two credible persons showing whether the claimant and the soldier lived together from the date of their marriage to that of his death, and if, not whether they were divorced.

Very respectfully,

G. M. SALTZGABER

Commissioner.

CHANEY MADDOX

GEORGETOWN FLA

784397

ACT APR

3-1081

DROP REPORT—PENSIONER

Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class **ACT MAY 1, 1920-WIDOW SECTION W**

LAW DIVISION

_____, 192

In the above-described case a declaration filed
in this Division indicates that said pensioner died

_____, 19____

Per _____

Chief, Law Division.

30 6/4/26 **FINANCE DIVISION**

JUN 10 1925

_____, 192

The name of the above-described pensioner who
was last paid at the rate of \$ **30** per month

to **MAY 4 1926**, 19____, has this day

been dropped from the roll because of **death**

May 18. 1926

W. Randall
Chief, Finance Division.

MAY 26 1926

GOVERNMENT PRINTING OFFICE



1

1095617

SX29

June 11/6

Act of Feb. 6, 1907.

Cert.

1092617

Name,

Emanuel Maddox

Application filed

Mar 7

, 1907

Service,

N 34 H L C Sup



Act July 4/62 - June 27/60
Latimer Div.

No.

1124544

Emanuel Maddox

(Name of Claimant.)

Emanuel Maddox

(Name of Soldier.)

Co.

A 34

Regt.

"I, Katherine M. Latimer, widow of and sole beneficiary under the last will and testament of John E. Latimer, deceased, have assigned and transferred to Arthur Browning, Attorney at Law, of Washington, D. C., the Pension and Claims business formerly belonging to said John E. Latimer, and in which he was the recognized Attorney, and will be glad to have all his clients consent to the substitution of Mr. Browning as Attorney.

"KATHERINE M. LATIMER."

I hereby consent to the substitution of Arthur Browning as my Attorney in place and stead of John E. Latimer, deceased.

Emanuel Maddox

(Sign full Name.)

M. E. Simmons

1

W. J. Maddox

2

(Two Witnesses.)

Information as to the present status of the above claim is requested.

Very respectfully,

ARTHUR BROWNING.

(Successor to John E. Latimer.)



A general transfer between
these offices dated and
has been approved by this
Division.
Bureau.

File 26

2

1, S. 1124. 244
Emanuel Maddox
#3428
REQUEST FOR

MEDICAL EXAMINATION.

....., 190

Hon. Commissioner of Pensions,

Washington, D. C.

DEAR SIR:

I respectfully request that another
order be issued for my medical exami-
nation in my claim for

..... Pension,
now pending in Pension Department,
filed , 190

on ~~certificate~~ No and I
will comply with the same. I prefer
to be examined by the Board of Sur-
geons at *Jacksonville*
State of *Florida*

Very Respectfully,

Emanuel Maddox
.....
Claimant.

Late Co *H* of the
34 Regt. of Vols.

Printed and Sold by J. S. Tomlinson, Washington, D. C.

HARVEY SPALDING & SONS
WASHINGTON, D. C.

693



UNDER ACT OF JUNE 27, 1890

(3-1639.)

INCREASE.

ABANDONED

Cert. No. 1095617

Emanuel Maddox

P. O., Georgetown

County, Putnam

State, Fla.

Application filed May 28, 1906

Service, No. 34, U. S. C. Inf

June 12, 1906. Spalding & Sons,
For medical evidence showing present
disability. LJB

Attorney, Harvey Spalding & Sons

P. O., City

County, , State,

(181 50m.)

INCREASE.

3-1647.

Act of Feb. 6, 1907.

Cert. 1095.617

Name, Emanuel Maddox

Application filed Feb 2, 1911

Service, H. 34 U. S. C. Sec

Feb. 11/11 Rejn. 12

UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 1,093-617

Emanuel Maddox

P. O., Georgetown

County, Putnam

State, Fla

Application filed Jul 6, 1903

Service, H. 34. U.S.B. Inf

AUG 28 1905

Bd. Jacksonville, Fla
Atty. Shallding & Sons adv. Trus

Attorney, H. Shallding & Sons

P. O., City

County, State,

(181 100m.)

Attorney Filed

mm

2



~~1700~~ ~~1800~~ ~~1900~~
Ex'r.
J. O. No. 1,124,544,
5/24/ Act of June 27, 1890.

Emanuel Maddox,
P.O. Georgetown.
Putnam Co. Florida
Service: H-34 U.S.C. Inf.

Enlisted: Jan 11, 1865
Discharged: Feb 28, 1866
Application filed: Feb 10, 1900
Alleges:

Any other Claim filed: Orig. 1,24,544^c

Numerical No.

Attorney: John E. Latimer,
~~John A. Browning~~ City.
H. Spalding & sons

Recognized. Contract.
Cert. of Dis. Searched for , 189 .

Md. to ally soldiers, to
VA. ~~Clmt. family data~~
W. VA. ~~Personal history~~
~~circumstances~~ J.D.H.

Mar. 27/1900 Clmt.
N. C. Ex. Bd. De Land Fla.
S. C. & C. W.
FLA. Aug 29, 1900 atty Latimer
Ga. for origin of symptoms & course
ALA. evidence
MISS. Nov 14, 1900 J.E. Latimer
LA. for adol in prison homicide
TEX. OCT 23 1903 Descript. circ. sent.
KY. Oct 24/03 Med Ex Bd at
TENN. NOV 9 1903 files E.J.F.
MO. MAR 18 1904 Atty A. Browning
ARK. Int'd of failure E.J.F.
D. C. SEP 3 1904
U.S.C.T. Sept 7, 1904 Ex Bd Jacksonville
Fla by request
att'y ~~John A. Browning~~ E.J.F.

No.
1124544

[3-216.]

Ex'r.

INVALID.

No. 1124544

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

Md.

Va.

W. Va.

Aug. 27/92

Clint. Not.

Sept. 17/92 A. G.

Clint. 24, B. at De Sand Fla.
you

§. Emanuel Maddox

P. O. Georgetown

Putnam Co. Fla.

Service: H-34 U.S. C. Inf.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Aug 1 , 1892

Alleges: 3/207

No other claim

Re-enlisted: 8/24/92

Drill

N. C.

S. C.

FLA.

GA.

ALA.

Miss.

La.

TEX.

Ky.

TENN.

Mo.

ARK.

D. C.

U. S. C. T.

Claimant - for correct
& full Christian name,
origin of rupture
in service and line
of duty and medical
treatment there for
also for post office
addresses and history
of disability.April 24/93 J. L.
Sept 11/99 Atty J. L. Latimer
orig + reg surg on Rupture
J. L.

OCT 23 1903

Atty A. Browning for addl

Enid orig hernia & Service

U. S. C. T. Ballman Manuel & P. O. add r

Other Enid orig, instead.

E. J. F.

Attorney: J. L. Latimer

P. O. John C. Latimer

Arthur Browning

Recognized.

Contract.

No. 11248

Act of (3-7-30) 27, 1895.

INVALID. (Series) **DEAD.** Cert. No. **1095617**

Name, *Conanuel Maddox*
Rank, *Ch.*; Service, *C. No. 34 G. C. Vol. 1*

Original Roll: *Knoxville*

Agency. { Transf'd, 1, to
" " 1, to

Issued *Nov. 1, 1901*
Mailed *Oct 26, 1901*
Rate and Period, \$ *0*, from *Feb 10, 1901*

Deductions:

Disability:

Issued *Oct 7, 1905*
Mailed *11, 13*
Rate and Period, \$ *8*, from *Sept 6, 1905*

ACT JUNE 21, 1892.

Deductions:

Disability:

Accrued Pension,
ACT OF MARCH 2, 1895.
Accrued-Pension Order
Issued *Dec. 14, 1914*
Payable to *widow*
to Finance Division.
mgs.

Entered

Fee, \$

Entered

Fee, \$

Entered

Issued

Mailed

Rate and Period, \$

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$

Deductions:

Disability:

ACT OF MAY 11, 1912

INDORSEMENTS

DROPPED

MAY 5 - 1914

DEAD.

See end of 284 297

278

Goff
H/34

Ex'r.

DEPENDENT.

No.

1026649

Act of Act of April 19, 1908.May 1-14-1914
FINANCE DIV. NOTIFIED OF DEATH

Notified

May 4, 1914

May 16/14 atty. Bickford
Proof of death, mge
prsd mge. soldier~~Phaney~~ Chaney Maddox

Georgetown

Putnam Co., Fla.

Wid

Emanuel Maddox

Service

H 34 - U. S. C Inf

Died

Mar 21 - 1914 Georgetown

No

other claim.

Man

oag

I, eff 1095-617

May 2, 1914

J. H. W.

Clerk.

Application filed:

Apr 25 - 1914

Attorney:

Nathan Bickford

P. O.

City -

Cert. of Dis. Searched for

, 19

J. &

L. W.

Chmr Cohab. (Carbon)
mge.

3-732

Cert. No.

784397

APR 13 1908

Chaney
widow of
Emanuel Maddox,

Rank *Pvt* **DEAD**

Company *HC*

Regiment *34 U S C Inf*

Rate per Month \$ *12*

Commencing *Apr 25 1914*

Ending

Group 2 Agency.

Issued *Dec 14 1914*, 191

Mailed , 191

6-3387

mgs

Jan. 6-1915 - Cert. and papers of
issue to Fin. Div. with name
corrected from *Phaney* to *Chaney*
Briefs amended. Duplicate atty's
notice written. *P.F.A.*

May 28, 1926

Eugenia Walker advised of reimburse-
ment and blank enclosed. TDL

Finance

Sept. 10/26. Walter Maddox advised
as to payment of account, *J.H.B.*
Finance.

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

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

Insert character and number of claim.

Original

Pension Claim No. *1124.544*

Name and rank of claimant.

Emanuel Maddox

Rank, *Private*

Company *Ho. 34, Reg't U.S. 6. Inf.*

De Land, Florida

State,

Claimant's post-office address.

Georgetown, Putnam Co. Fla.

October 26th

[Post-office address of the Board.]

, 1892.

[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:

Rupture.

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

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

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

[Original, increase, restoration, &c.]

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

Rupture occurred while in service, and in line of duty, but then being no larger than an egg did not trouble me, and so did not make it known. For a few years now has troubled me very much, and disables me fully one half -

Upon examination we find the following objective conditions: Pulse rate, *86*; respiration, *20*; temperature, *98½*; height, *5* feet *6¾* inches; weight, *152* pounds; age, *47* years.

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

Skin yellow, body plump and well nourished. Hands rough from toil. Scrotal Hernia of right side, the tumor being 6½ inches in length and 10 in circumference.

The Ring is 1½ by 1 inch in extent. Reduction is easy, but gut drops at once to bottom of scrotum on assuming the erect posture.

No Truss is worn, nor ever has been, but there appears no good reason why a properly fitting one would not be fairly efficient.

Disability due to Scrotal Hernia of right side, Ten-Eighths.

No other disease or disability is claimed or discovered, and nothing to indicate vicious habits.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *10/18* rating for the disability caused by *Rupture* for that caused by _____, and _____ for that caused by _____

R. H. Allen

Pres.

U. N. Mellette

Sec'y.

Absent on leave - G. W. Lancaster, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Emanuel Maddox

Co H & F. 34th Reg't U.S. C. Inf.

Applicant for Original

No. 1124, 544

DATE OF EXAMINATION:

October 26th, 1892.

R. H. Gillen, Pres.,
U. R. Mellette, Sec'y,
W. W. Lancaster, Treas.,
absent on leave.

BOARD.

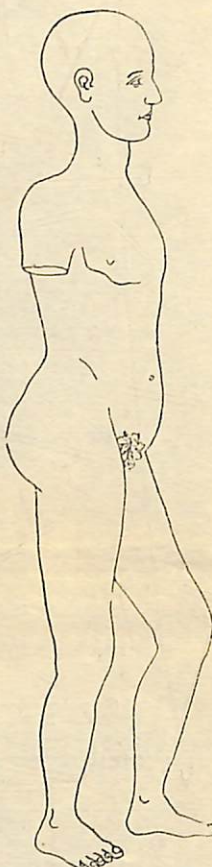
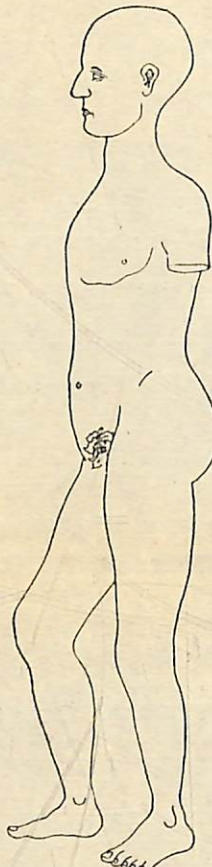
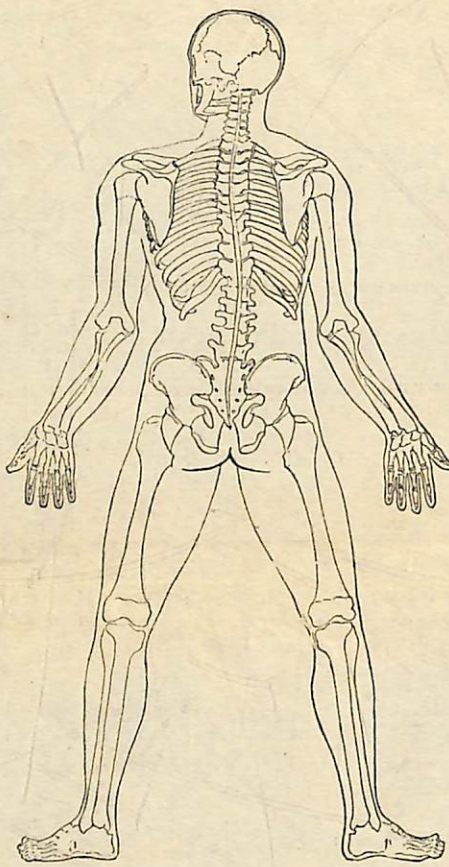
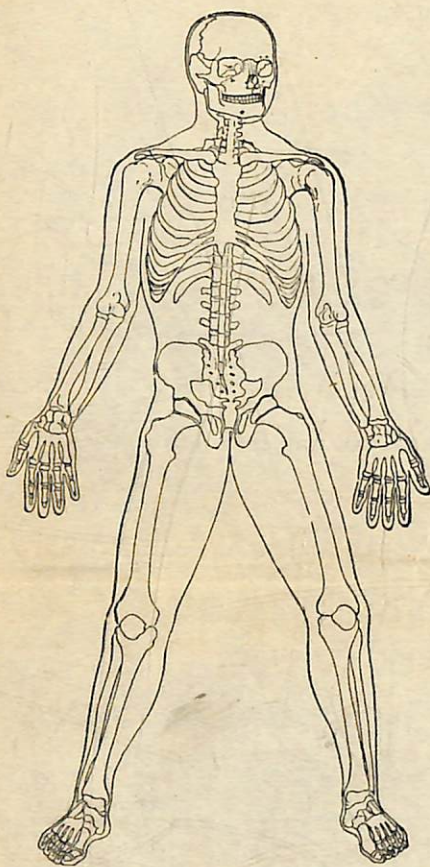
Post office, *DeLand*,

County, *Volusia*,

State, *Florida*

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

April



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.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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

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

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

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

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

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

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

Original Pension Claim No. 1124, 544,
 Emmanuel Maddox, Private Company H, 34 Reg't U.S.C. Inf.
 Georgetown, Putnam Co. Fla.
 June 6th, 1900. 189-
 Rupture and debility from age and injury, and later, Rheumatism of left shoulder.
 He receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original:
 Rupture was caused by comrade dropping end of ammunition box which they were carrying, while in service. Debility is due to age and injury, and Rheumatism came on later. Disability for manual labor, 3/4.

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

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

Pulse rate, 70, respiration, 16, temperature, 98 1/4,
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
 height, 5 feet 6 1/2 inches; actual weight, 142 pounds; age, 59 years.

Skin yellow and muscles soft but not wasted. Hands rough but not horny.
 Right Inguinal Hernia, by oblique descent, exists. The tumor is size of woman's fist. Ring is 1 x 1 1/2 inches. Reduction is easy, but the gut drops instantly into scrotum on assuming erect posture. There appears to be no good reason why a properly fitting truss would not be efficient; but Claimant declares his inability to buy one, and wears a contrivance of his own. Disability due to Rupture, 10/18.

The State of Nutrition is not consonant with the Claim of debility, and the injury alluded to is that which caused the rupture. No Rating.

Rheumatism of left arm and shoulder is alleged to be of frequent occurrence, with inability to put hand to back of head. It is not present at this time, nor are there any objective signs whatever. No Rating.

The heart beat is even and regular, and is admitted to have given no sign of ailment.

No other disease or disability is claimed or discovered.

No indication of vicious habits.

R. N. Gillen, Pres. U. N. Mellette, Secy. G. W. Lancaster, Treas.

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

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

"I hereby certify that Dr. R. H. Gillen, Dr. U. N. Mellette, and Dr. G. W. Lancaster, were personally present and actually participated in the examination of Emanuel Maddox, the claimant in this case, on 6th day of June, 1900, 18 ."

(Signature.)

U. N. Mellette, Sec'y.

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Emanuel Maddox

Co. A, 34th Reg't U.S.C. Inf.

APPLICANT FOR Original

No. 124,844,

DATE OF EXAMINATION:

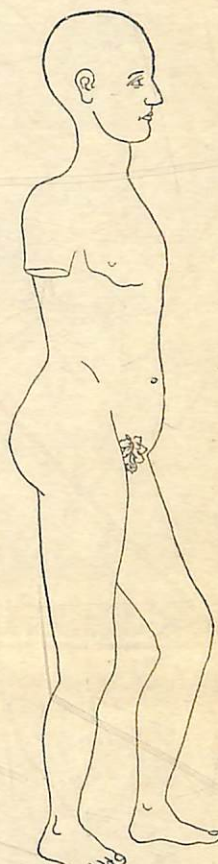
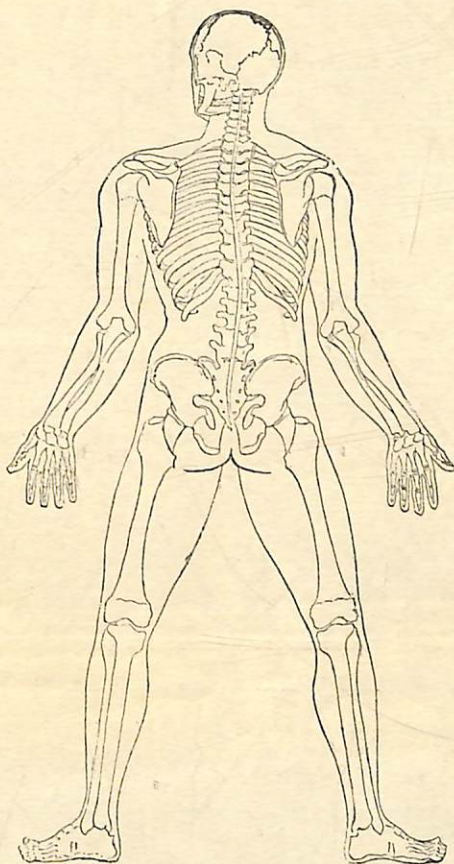
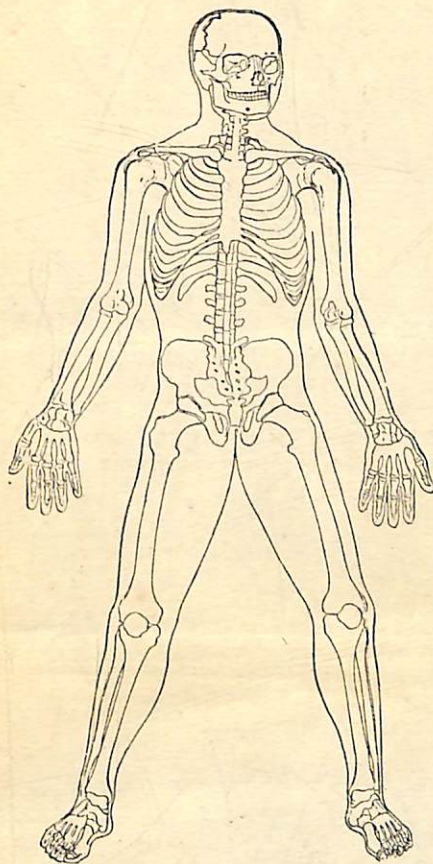
June 6th, 1900 -

1899

R. H. Gillen, Pres.,
U. N. Mellette, Sec'y,
G. W. Lancaster, Treas.,
BOARD.

Post office, DeLand,
County, Volusia,
State, Florida.

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



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

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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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

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

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

Pension Claim No. 112 4544

Address of Board.

P. O.

State.

[Date of examination.]

1904

He receives a pension of _____ dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Ruptured since 1885 Had rheumatism 10 yrs
 Disease of kidneys claims more than failing 10 years.
 Injury to left hip received in 1878.

Birthplace, Odonton Ga; age, 62 years; height, 5ft 6 1/2 in;
 weight, 152 pounds; complexion, Brown; color of eyes, Brown;
 color of hair, Gray; occupation, Fisherman; permanent marks and
 scars other than those described below, no

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

Pulse rate, 74 80 94; respiration, 22, 24, 28; temperature, 98 1/2;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Rupture Complete oblique inguinal hernia of
 right side passes through ring and occupies
 scrotum tumor 2 1/2 inches in diameter is
 reducible & can be kept up by well fitting truss
 ring 3/4 inch in diameter

Rheumatism No swelling or enlargement tenderness
 or stiffness of joints atrophy or contraction of muscles
 or tendons No limitation of motion no objective signs
 of rheumatism

Heart. Area of cardiac dullness not increased
 apex impulse normal position Evident to
 palpation & inspection no increased force of
 pulsations actions are regular & sounds are normal
 no murmurs no dilatation or hypertrophy no
 dyspnoea oedema or cyanosis.

Disease of Kidneys Urine medium amber acid
 1022 no albumen or sugar

Genital Debility Does not appear older than
 age given is fairly well nourished muscles &
 hands are firm

Injury to left hip. We find no objective
 sign of injury to left hip or other parts,
 no scars deformities or other evidence.

Lungs Chest measures on full inspiration
 39 inches on expiration 37 1/2 chest resonant
 over all portions respirations murmur free
 force and easy.

We find the aggregate permanent disability
 for earning a support by manual labor is
 due to rupture and age and not evident
 as due to vicious habits and warrants a
 rate of \$ 8.00.

_____, Pres. absent, Sec'y. J. V. Williams, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

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

"I Emanuel Snoddy the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Joyner and Dr. Williams, the examining surgeons here present (waiving examination by full board), on this 21st day of Sept., 1904"

Witnesses to mark. { _____

(Signature of Applicant.) Emanuel Snoddy

SURGEON'S CERTIFICATE

IN CASE OF

Emanuel Snoddy

Co. H, 34 Reg't U.S.C. Vol. Inf.

APPLICANT FOR Original

No. 124544

DATE OF EXAMINATION.

Sept 21, 1904

Charles Joyner Pres.,
Adopt Sec'y,
A. Williams Treas.,

BOARD.

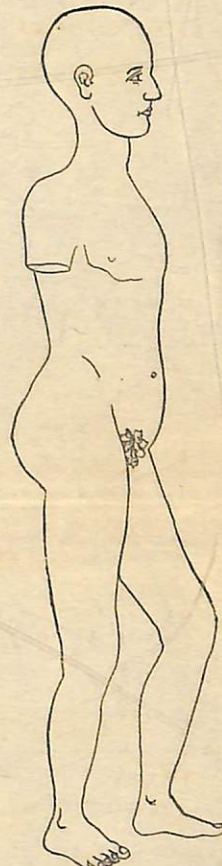
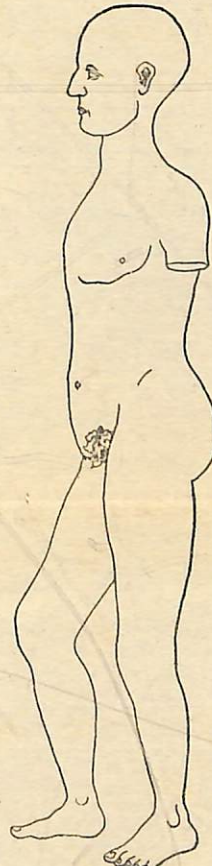
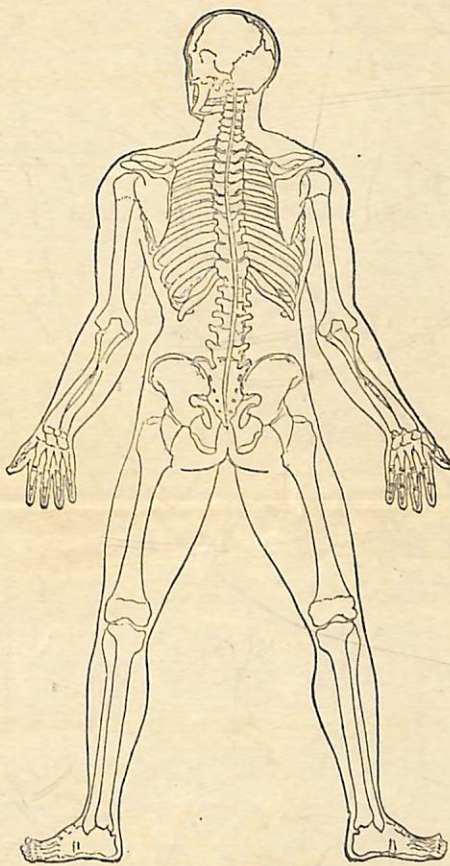
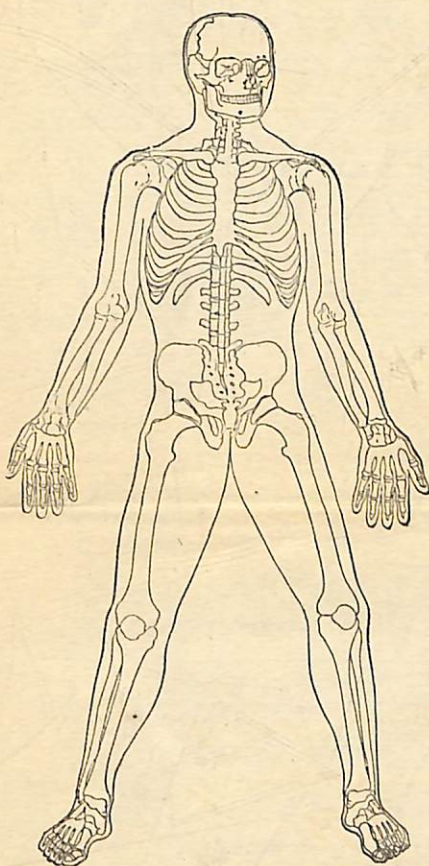
Post office, Jacksonville

County, Wayne

State, Fla

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

SOUTH DIV.
OCT 10 1904
RECEIVED



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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Pension Claim No. 1095617

Address of Board.

P. O.

State.

1905

[Date of examination.]

Increase
 Emmanuel Maddox
 Company 2634 Reg't H.S.C. Inf.
 Georgetown Fla
 Right inguinal hernia & senile debility

He receives a pension of 6 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Been ruptured since 1845- General health failing 8 years.

Birthplace, Pulman Co Ia; age, 68 years; height, 5-7; weight, 160 pounds; complexion, Brown; color of eyes, Brown; color of hair, Gray; occupation, Fisherman; permanent marks and scars other than those described below, no

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

Pulse rate, 66 68 80; respiration, 22 22 24; temperature, 98 2;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Right inguinal hernia We find a complete oblique inguinal hernia of right side occupying the scrotum at large as a goose egg is reducible and can be kept up by shell fitting brace ring 1 1/2 inches in diameter

Senile Debility is well marked muscles are soft & flabby hands are soft tongue is pale & fissured. is feeble old man

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

Lungs Chest measures on inspiration 41 inches expiration 38 no adhesions or pleuritic effusions entire chest is resonant respiratory murmur full free & easy over all portions. Short apex impulse in fifth costal interspace 1 1/2 inch to right of mammary line evident to palpation & inspection actions are regular & sounds are normal no hypertrophy or dilatation cardiac dullness not increased.

Kidneys urine amber acid 1020 no albumen or sugar

We find the aggregate permanent disability for earning a support by manual labor is due to hernia & senile debility and is evident as due to vicious habits & warrants a rate of \$5.00

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

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

Claud Joyner, Pres. Absent, Sec'y. Williams, Treas.

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

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

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

"I, Emanuel Maddox, the applicant for (increase of original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Joyner and Dr. Williams, the examining surgeons here present (waiving examination by full board), on this 6 day of Sept, 190 5."

Witnesses
to mark. { _____

(Signature of
Applicant.)

Emanuel Maddox



IN CASE OF

Emanuel Maddox

Co. H 34 Reg't U.S.C. Inf

APPLICANT FOR Discharge

No. 1098617

DATE OF EXAMINATION:

Sept 6, 1905

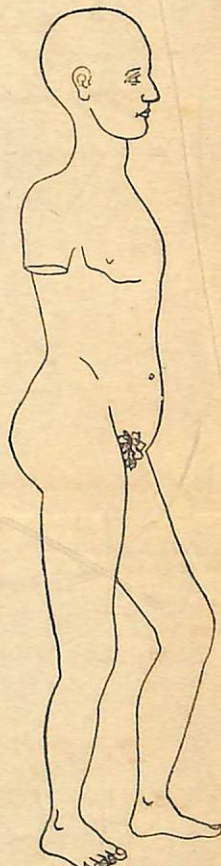
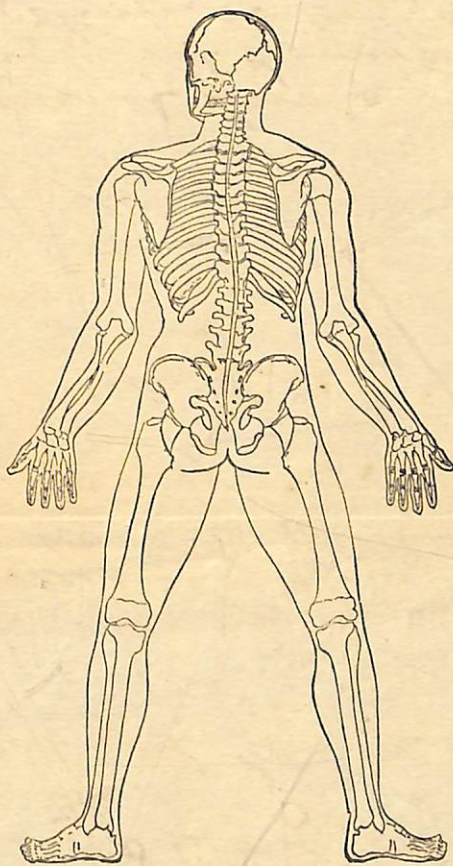
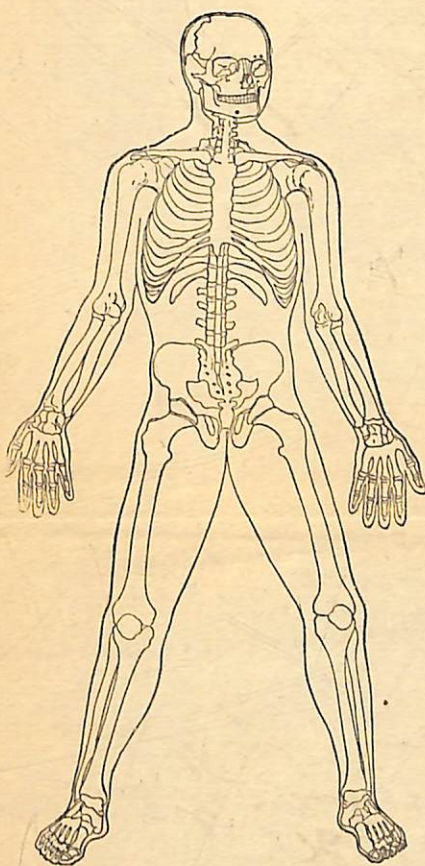
BOARD.
Pres., Charles Joyner
Sec'y, Robert
Treas., J. Williams

Post office, Jacksonville

County, Sumner

State, Fla

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.



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