

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 92734

VETERAN

William Augustus

RANK

Private

SERVICE

Co F 188th U.S.C. Det. Inf.

CAN No.

19075

BUNDLE NO.

43

State of Louisiana, Parish of St. Landry, ss:

Be it known that on this 17th day of February, A. D. 1896,
before me, the undersigned, a Notary Public, in and for the said County and State,
personally appeared William Augustie's,
to me well known to be the identical person who executed the foregoing Power of Attorney, and the same having
been first read over to him and the contents thereof duly explained, acknowledged the same to be his
free act and deed, and that I have no interest, present or prospective, in the claim.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office the day and year
last above written.

[L. S.]

M. J. Sanders,
(Official Signature.)

Notary Public
(Official Character.)

NO. 945745

Power of Attorney.

CLAIM OF

William Augustie's,

Do H, 17 W. 8. 6 1/2

FOR



FILED BY

DAVID A. GOURICK,

Attorney-at-Law,

ATLANTIC BUILDING-828 & 830 F ST. N. W.

WASHINGTON D. C.

Prepared and for sale by GOURICK'S DIRECT COMPANY,
828-830 F Street, N. W., Washington, D. C.

POWER OF ATTORNEY.

KNOW ALL MEN BY THESE PRESENTS, That I, William Augustus, Co. H,
17th, U. S. C. Infy. of Opelousas
 in the county of St Landry, and State of Louisiana,
 have made, constituted, and appointed, and by these presents do make, constitute, and appoint
David A. Goussier of Washington, D.C.,
 my true and lawful Attorney, for me and in my name, place and stead, hereby annulling and revoking all
 former Powers of Attorney whatever in the premises, to prosecute before any Department, or the
 Courts, or Committees of Congress of the United States until final completion, for me, my claim for
pension No. ~~918, 240~~ 925, 240,

ATTY FILED.

and to, from time to time, furnish any further evidence necessary, or that may be demanded, giving and granting
 to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite
 and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do
 if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and
 confirming all that my said Attorney or his substitute, may, or shall lawfully do or cause to be
 done by virtue hereof.

My Post Office address is Opelousas, St Landry Parish, Louisiana.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, this 17th day of
February, A. D. 1896.

WITNESSES:

H. L. Frugé
Olin Lussan
 (Two witnesses who write must sign here in every case.)

his
William Augustus [SEAL.]
 (Signature of Claimant.)
mark

Deliberant, fair - General physical ap-
pearance, fair and condition of pulse &
not indicative of the performance of much labor.
No other disabik signs. - Recommended
6/18 for "Reunion" -



SURGEON'S CERTIFICATE

IN CASE OF

William Augustus
Co. *H. 80* Reg't *W. A. C. V. Inf.*

Applicant for *Original*

No. *925,245*

DATE OF EXAMINATION:

Wednesday, Sept 23, 1896.

W. R. Lustrapes, Pres.,
Sec'y.,
Treas., } BOARD.

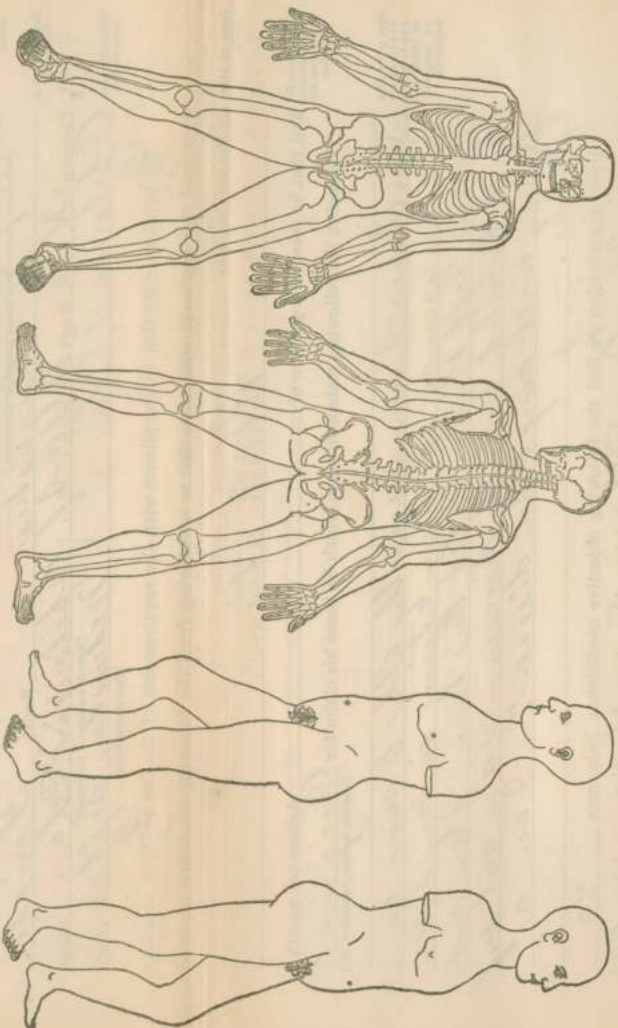
Post office, *Opelousas,*

County, *St. Landry,*

State, *La.*

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

Wilson



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

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

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. *925,245*

Name and rank of claimant.

Wm. Augustus, Rank, *Private*

Company *H 80* Reg't *U. S. C. Inf.* *Opelousas* *La.* State,

Claimant's post-office address.

Opelousas, La. [Post-office address of the Board.] *Wednesday, Sept 23, 1896.* [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: *Rheumatism.*

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

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

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

[Original, increase, restoration, &c.]

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

"Sometimes I am scarcely able to move around in consequence of rheumatism in my left hip and left knee. - At this time, I am not much troubled with the disease. - I am not suffering with any other disease." - I am a farmer. - I

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *20*; temperature, *98 1/2*; height, *5* feet *4* inches; weight, *130* pounds; age, *35* years.

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

Rheumatism of the left hip exists. - Joint is stiffened, painful and tender to the touch. There is distinct contraction of ^{sartorius} muscles over hip joint, as demonstrated by comparative measurements and inspection. - Left knee is slightly affected with rheumatism. No stiffness, but pain upon pressure. - No contraction of any muscles or tendons nor limitation of motion. - Limitation of motion is observed in hip to a considerable degree. Power of motion is reduced about 1/3. -

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.

All other joints are in a normal condition. Heart is likewise acting normally. - No murmurs, no hypertrophy, no cyanosis, no edema, no dullness, &c. - This man has had gonorrhea. - No scars, no stricture. - No enlargement or atrophy of testicles. - No evidence whatever that claimant ever had syphilis. - No evidence of gonorrhea chancres or enlarged glands of groin. No enlargement of lymphatic or post cervical glands. - Condition of nasal passages, palate, throat, hair, &c. are good, etc. - State of nutrition and muscular de-

Each disability must be rated separately, in accordance with the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to.

Pres. *W. B. Lashley*, Sec'y. *M. D.*, Treas.

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

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior, BUREAU OF PENSIONS.

T. Dr.

Washington, D. C. Sept 1st 1900. 1

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

Name the different disabilities by reason of which, Claimant is so disabled as to warrant a rate of \$8,

Amendment: I find that the "aggregate permanent disability for earning a support by manual labor is due to rheumatism and cardiac disease, not the result of vicious habits" and warrants the rate above-mentioned.

W. B. Lastrapes, M.D.

9-20-1900.

J. F. RAUB,
Medical Referee.

0-2

ing which, in their judgment, the applicant is entitled to.

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

Urine (Colot, normal, spec. grav. 1.025. No albumen, no sugar. No indication of any vicious habits & no other disability was found to exist." In my opinion, this claimant is entitled to a rating of eight (\$8) dollars per month.

Pres.

W. B. Lastrapes, M.D.

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.

Insert character
and number of
claim.Name of claim-
ant.Claimant's post-
office address.Cause of disa-
bility.

Pension Claim No.

Address
of
Board.

926,734.

Opelousas, P. O.

La. State.

August 22nd, 1900.

[Date of examination.]

Increase.

William Augustus.

Private Company He. Rec't 88th

Opelousas, La.

Rheumatism, affection of Chest and back,
Kidney Trouble, & general debility.

He receives a pension of Six dollars per month.

Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the ori-
gin of his disa-
bilities and the
manner in
which they
affect him.

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

Rheumatism originated in the Service.

I am unable to perform manual labor

regularly. I have never been addicted to

any bad habits except that I have chewed

tobacco constantly nearly all my life.

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.

I hereby certify that upon examination I find the following objective conditions:

Pulse rate, 80-80-88, respiration, 26-26-28, temperature, 98¹/₂.

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

height, 5 feet 2 1/2 inches; actual weight, 120 pounds; age, 59 years.

Here give a full
description of
the disabilities,
in accordance
with Book of
Instructions.The actual or
probable origin
of every exist-
ing disability
must be fully
set forth.
Whenever a disa-
bility is shown
or is believed
to be due to or
aggravated by
vicious habits
the opinion of
the board must
be stated.
When not due
to such habits
this fact must
be stated.Each disability
must be rated
separately, the
act of Congress
of March 2,
1895, requiring
"that the re-
port of such
examining
surgeons shall
specifically
state the rat-
ing which, in
their judg-
ment, the ap-
plicant is en-
titled to."When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

Rheumatism. - Hip & knee of left side involved.

Joints are neither enlarged nor stiffened, but

are painful upon pressure. No atrophy or

contraction of any muscles or tendons; no

limitation of motion. No other joints invaded.

Heart. - Apex impulse best felt and heard 2

inches above normal site, and is plainly evi-

dent to inspection and palpation. Area of

impulse extends over at least 3/4 of Cardiac

region. Dulciness covers about 4 square inches

below nipple. - Auscultation elicits a systolic

murmur and very labored cardiac action.

There are oedema of face, dyspnoea and

hypertrophy. No dilatation. - Inspection,

percussion and auscultation elicit no ab-

normality or disease of Chest. - No symptoms

of general debility; no feebleness, no emacia-

tion. - Kidneys. - Pain over lumbar regions,

which I attribute to a slight lumbago. Muscles

are slightly contracted and painful upon pressure.

Urine. Color normal, spec. grav. 1.025. No al-

bumen, no sugar. No indication of any

vicious habits & no other disability was

found to exist. In my opinion this

claimant is entitled to a rating of

Eight (88) Dollars per month.

Pres.

W. R. Laster, M.D.

Secy.

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.

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

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

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

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

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



SURGEON'S CERTIFICATE

IN CASE OF

William Augustus
Co. W. 55th Reg't U.S. Inf.

APPLICANT FOR Increase.

No. 926,734.

DATE OF EXAMINATION:

August 22nd, 1900.

W. B. Sastry } Pres.
 } Sec'y.
 } Treas.
 } Board.

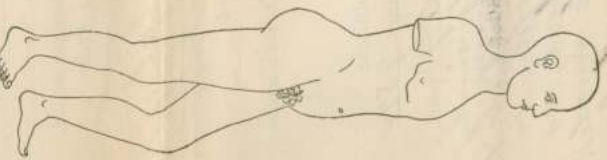
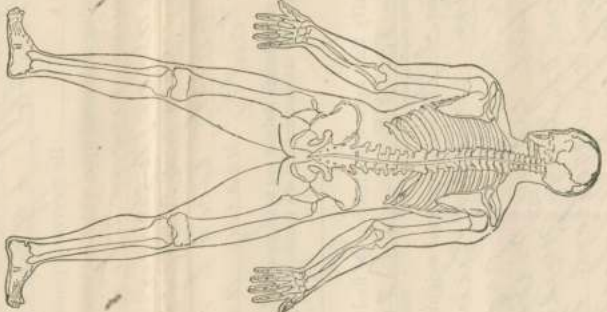
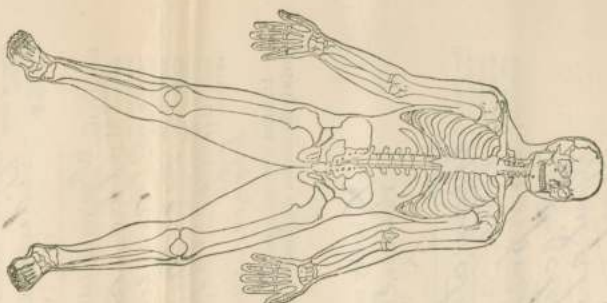
Post office, Opelousas,

County, St Landry,

State, Louisiana.

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

SOUTH DIV.
OCT 13 1900
RECEIVED.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words
"Pres.," "Sec'y.," "Treas.," and "Board," where the words appear, and sign at the bottom 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 Sec-
tion 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.

Name of disabilities.

Here give the claimant's statement (as briefly and as completely 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.

Increase Pension Claim No. 926,734
Name of claimant William Augustus Address of Board Opelousas La P. O. State.
Company H 88 Reg't U.S.C. Inf La State.
Claimant's post-office address Opelousas La Dec 16" 1903. 190
[Date of examination.]

Rheumatism; Dis fo the heart; Dis of the kidneys;
Gen debility.

He receives a pension of 8 dollars per month.
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism for 20 yrs; Dis of heart 15 yrs; Dis of the kidneys 10 yrs; Gen debility 5 yrs.

Birthplace, La; age, 63 years; height, 5-3 weight, 135 pounds; complexion, Mulatto; color of eyes, Blk; color of hair, I- Grey; occupation, Farmer; permanent marks and scars other than those described below, None

We hereby certify that upon examination we find the following objective conditions:
Pulse rate, 80-84-88; respiration, 20-22-28; temperature, 98;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Rheumatism: No swelling, enlargement, tenderness or stiffness of joints- (except left hip joint which is tender on pressure and limitation of motion to about 1/4 degree;) No atrophy or contraction of muscles of muscles or tendons- (except left thigh which measures 15-1/2 in while the right measures 16 in) no limitation of motion except as above; Limps to some extent on left leg; Is a sufferer from sciatica. Dis of the heart; Apex impulse 1-1/2 in below and to the right of the left nipple; Area of dullness from third rib to apex and to the right border of the sternum; A blowing murmur presystolic is heard over the tricuspid valve; No dilatation, hypertrophy, dyspnoea, oedema or cyanosis.

Disease of the kidneys; Skin healthy, no oedema, dropsy or anema; No degeneration or uremic symptoms.
General debility; No more than age warrants.

Fatty tumor of right groin; 1/2 X 1/2 in, hernia excluded; No evidence of venereal disease whatever.

Lungs; At rest 34, inspiration 35-1/2, in, expiration 33 in.

Urine; S.G. 1020, acid reaction, straw color, no sugar no albumen.

Except as above no other disability is found to exist.

We find that the aggregate permanent disability for earning a support by manual labor is due to rheumatism and heart disease, not due to vicious habits and warrants a rate of \$8.00 per month. (no increase.)

absent, Pres. J.E. Shute, Sec'y. Chas. F. Bragun, Treas.

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

Marginal entries must never be made.

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

(This certificate to be filled in and signed by the secretary when the full board is present.)
"I hereby certify that Dr. _____, 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, William Augustus, the applicant for (increase or original) pension referred
to in this medical certificate, hereby consent to be examined by Dr. _____ and
Dr. _____, the examining surgeons here present (waiving examination by
full board), on this _____ day of _____, 190 _____.
Witnesses
to mark.

J. E. Shute (Signature of Applicant.)
William Augustus



SURGEON'S CERTIFICATE

IN CASE OF

William Augustus

Cox 7-88 Reg't U.S. C. Inf

APPLICANT FOR Increase

No. 926734

DATE OF EXAMINATION:

Dec 16, 190 3

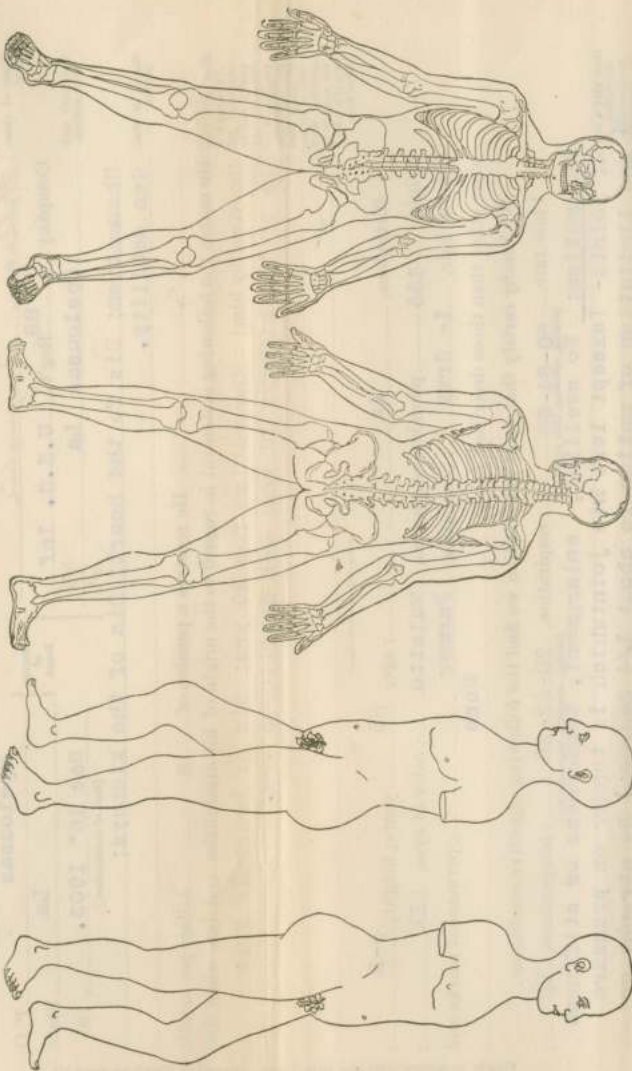
absent, Pres.,
J. E. Shute, Sec'y,
Chas. F. Riqui, Treas., } BOARD.

Post office, Opelousas

County, St. Landry

State, La.

Do not use backs of certificates for any purpose other
than indicated by printed matter thereon. 6-552a



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

(Paste continuation sheet, if used, here.)

GENERAL AFFIDAVIT.

State of Louisiana, Parish of St. Landry, ss:

In the matter of William Augustus, Co. H. 17 Regt. U.S.C.
(Here state name of claimant and of soldier and his military service)
Vol. Inf. Orig. Inv. No. 925,245

On this 28th day of December, A.D. 1876, personally appeared before me,
 a Notary Public within and for the Parish and State aforesaid, duly authorized
 to administer oaths, George W. Hawkins, aged 31 years, a resident of
near Opelousas, in the Parish of St. Landry, and State of
Louisiana, whose Post Office address is Opelousas,
La., and Van B. Bryant, aged 32
 years, a resident of near Opelousas, in the Parish of St. Landry,
 and State of Louisiana, whose Post Office address is Opelou-
sas, La., well known to be reputable and entitled to credit,
 and who being duly sworn, declared in relation to the aforesaid case as follows:

NOTE.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

READ CAREFULLY THE INSTRUCTIONS ON OTHER SIDE.

We have been well
 and intimately acquainted with William Augustus for many
 years past, having lived in the same neighborhood
 with him and having seen him often, and we know
 that he is now affected with rheumatism and has been so
 affected to the best of our knowledge and belief since Aug.
23, 1872, since which date he has been partially disabled for the per-
 formance of manual labor by reason of said disabilities. From our
 long and intimate acquaintance with said William Augustus
 we can and do affirm that none of his said disabilities are due
 to incurable disabilities, and as far as we can judge, they are all perma-
nent in character. We have frequently seen him while suffering from
rheumatism, which seems to pain him more during damp and
 rainy weather, or during a change in the weather, and have noticed
 that his entire left side from the foot up appears to be affected with
rheumatism; we also judge of its severity by the difficulty with which he moves, espe-
 cially during a change in the weather, and also from the pain he tells when experiences.

(Here embody the statements required by instructions on other side.)

This affidavit was written in our presence at Opelousas, La., by W. J. Hardy of Opelousas, whose
 P.O. address is Opelousas, La., on the 28 day of December, 1876, only from an oral statement the
 maker and in making such oral statements we did not use and were not aided or prompted by
 any written or printed statement or mental prepared or dictated by any other person.

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

Geo. W. Hawkins
Van B. Bryant

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

(Signatures of affiants.)

State of Louisiana, Parish of Attchafalaya, ss:

Sworn to and subscribed before me this 28th day of December,
A. D. 1896, by the above named affiant; and I certify that I read said affidavit to said affiant, including
the words "Parish" instead of county and the
words "Parish" substituted added, and
acquainted them with its contents before they executed the same. I further certify that I am
in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant was
personally well known to me, and that they are a credible person.

[L. S.]

(Signature)

(Official Character.)

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the day of 189... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting.

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

⚠️ Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

Appl. NO 115,145

Additional Evidence.

CLAIM OF

William Augustus,
Co. H. 17th Regt.
U. S. A. I.

AFFIDAVIT OF



FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING-925 & 930 F ST. N. W.
WASHINGTON, D. C.

Prepared and For Sale by GOURICK'S DIGEST COMPANY,
925-600 F Street, N. W., Washington, D. C.

GENERAL AFFIDAVIT.

State of Louisiana, Parish of St. Landry, ss:

In the matter of Pension claim No. 925,245, of
(Here state name of claimant and of soldier and his military service.)
William Augustus, Co. H, 17 Regt. Ill. Inf.,

On this 25th day of September, A.D. 1896, personally appeared before me,
 a Notary Public within and for the County and State aforesaid, duly authorized
 to administer oaths, Primus Neville, aged 44 years, a resident of
near Opelousas, in the County of St. Landry, and State of
Louisiana, whose Post Office address is Opelousas,
La., and Van B. Bryant, aged 33
 years, a resident of near Opelousas, in the County of St. Landry,
 and State of Louisiana, whose Post Office address is Opelou-
sas, La., well known to be reputable and entitled to credit,

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

We have been well and intimately ac-
NOTE.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

quainted with William Augustus for many
years last past, have seen him frequently, he
being a neighbor of ours, and we know that
he is now affected with rheumatism in the left
hip and left shoulder, and he has been af-
fected for many years, and that since August
23, 1890, or prior to that date, he has been par-
tially disabled for the performance of manual
labor by reason of said disabilities. From our
long and intimate acquaintance with said
William Augustus we can and do affirm
that none of his said disabilities are due
to vicious habits, and to the best of our knowl-
edge and belief are permanent in character.

This affidavit was written in our presence at the office
of H. J. Sandy, Notary, by said H. J. Sandy of Opelousas,
(Here embody the statements required by instructions on other side.)
La. whose post office address is Opelousas, La. on the 25th

day of September, 1896, only from our oral statements then made,
and in making such oral statements did not use and were not aided or
prompted by any written or printed statement or verbal prepared or dictated by any other
person, and we further declared that we have no interest in said case and are

not concerned in its prosecution.

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

Primus Neville
V. B. Bryant
(Signatures of affiants.)

READ CAREFULLY THE INSTRUCTIONS ON OTHER SIDE.

State of Louisiana, Parish of St. Landry, ss:

Sworn to and subscribed before me this 25th day of September, A. D. 1896, by the above named affiant; and I certify that I read said affidavit to said affiant, including the words "County" (several times) erased, and the words "Parish" (several times substituted) added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant is personally well known to me, and that they are credible person(s).

W. J. Sanders
(Signature)

Notary Public,
(Official Character.)
St. Landry Parish, La.

[L. S.]

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the..... day of..... 189..... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting:

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

⚠️ Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

NO 925,245.

Additional Evidence.

CLAIM OF

William Augustus,
Esq., 17 W. S. C. R.

AFFIDAVIT OF



FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING-828 & 930 F ST., N. W.
WASHINGTON, D. C.

Prepared and For Sale by GOURICK'S DIGEST COMPANY,
928-930 F Street, N. W., Washington, D. C.

GENERAL AFFIDAVIT.

State of La, County of St. Landry, ss:

In the matter of Invalid Pension Claim No. 925,245
of William Augustus, Col. 17th La. Colored Inf.

ON THIS 26 day of October, A. D. 1898, personally appeared before me
a Notary Public in and for the aforesaid County duly authorized to administer
oaths Wm Augustus aged 51 years, a resident of Opelousas
in the County of St Landry and State of Louisiana
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

I am the Claimant in the
above entitled case.

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

In reply to Case 3 I would state
that I have never served in the
military or naval service of the
United States subsequent to my
discharge from the above
stated Col. 17th Regt. La. Colored
Infantry—War of 1861-5 nor in
I also ask that a brief order
for examination be issued for me
to be examined by some Surgeon
at Opelousas La. I was unable
to report to New Orleans for examination
because of great distance and inability
to pay expenses of going there.

H Post-Office address is Opelousas, La.

Nugra Ferrand
John Simms
in its prosecution.

no interest in said case and

not concerned.

Wm Augustus
small

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

[Signatures of Affiants.]

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

affidavit to said affiant, including the words

erased, and the words

added, and acquainted *him* with its contents before *he* executed the same. I further certify

that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me and that *he is a* credible person.

[L.S.]

E. P. Pearce
Official Signature.
Attorney Public
Official Character.

I, _____, Clerk of the County Court in and for aforesaid County _____, Esq., who has signed his name to the

foregoing declaration and affidavit, was at the time of so doing _____, in and

executed, 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 a Clerk of a Court of Record, or a City or County Clerk.



ADDITIONAL EVIDENCE.

CLAIM OF

Wm Augustus
Co. A. 17th La.
Colored Infy.

AFFIDAVIT OF

Claimant
Reply to Call 3.
& Requesting new Exam order

Filed by
B. M. POTTER,
WASHINGTON, D. C.

FILED BY
B. M. POTTER,
R. A. Bostwick
Solicitor of Pensions & Patents,
WASHINGTON, D. C.

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

this was sent me
and traced the name
of Potter thinking it
my claim R. A. Bostwick

State of Louisiana, Parish of St Landry, ss:

Sworn to and subscribed before me this 17th day of March, 1896

A. D. 1896, by the above named affiant; and I certify that I read said affidavit to said affiant, including the words "County" three times, and had two printed lines erased, and the words "Parish" substituted for "county" three times, and a prompter added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant personally well known to me, and that he is a credible person.

Chas. Gaudet
(Signature)

Notary Public St Landry
(Official Character.) Parish, La.

[L. S.]

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the.....day of.....189... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting.

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

229-Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

File this with Special request for med. Ev.

NO 92 5, 245.

Additional Evidence.

CLAIM OF

William Augustus
Co. H 17th Regt
U.S. Col. Inf.

AFFIDAVIT OF

Claimant

FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING-333 & 335 F ST. N. W.
WASHINGTON, D. C.

Prepared and For Sale by GOURICK'S DIGEST COMPANY,
928-930 F Street, N. W., Washington, D. C.

GENERAL AFFIDAVIT.

State of Louisiana, Parish of St. Landry, ss:

In the matter of Orig. No. 925 245, William Augusties,
(Here state name of claimant and of soldier and his military service.)
Co. H, 80 Regt., U.S. C. Infy.

On this twelfth day of January, A.D. 1897, personally appeared before me,
 a Notary Public within and for the Parish and State aforesaid, duly authorized
 to administer oaths, William Augusties, aged 55 years, a resident of
near Opelousas, in the Parish of St. Landry, and State of
Louisiana, whose Post Office address is Opelousas, St.
Landry Parish, Louisiana, well known to me to be reputable and entitled to
 credit, and who being duly sworn, declared in relation to the aforesaid case as follows:

NOTE.—Affiant should state how long he or she has known soldier, how often he or she has seen him on an average during his or her acquaintance with him, and any other matters that would tend to show the basis of his or her knowledge of the facts to which he or she testifies.

READ CAREFULLY THE INSTRUCTIONS ON OTHER SIDE.

I am the
claimant herein named and I can and do state
that to the best of my knowledge and recollection I disserve
for a short time prior to August 22, 1863, in the military
service of the United States, having enlisted in Co. H, 17th
Regt., U.S. Col. Inf., and was transferred later to what was then
called the 8th U.S. Col. Inf. at Port Hudson, La., and afterwards
the number of this Regiment was changed to the 80th Regt., U.S.
Col. Inf., in which organization I remained until I was discharged.
I cannot state positively that I served prior to Aug. 22, 1863, and
made the above statement from memory, having no discharge paper in
my possession now, it having been entrusted to a man who has since disappeared.
This affidavit was written in my presence at Opelousas, La., by W. J. Landry, of Opelousas,
(Here embody the statements required by instructions on other side.)
whose P.O. address is Opelousas, La., only from my oral statements then made, and
in making such oral statements I did not use and was not aided or prompted
by any written or printed statement or verbal paper or dictated by any other person.

_____ further declared that _____ no interest in said case and
 not concerned in its prosecution.

WITNESSES:

W. C. Pessault,
John J. Smith

his
William Augusties
(Affiant's Signature.)
mark.

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

City 926.734

NO 925, 245.

Additional Evidence.

CLAIM OF

Wm. Augustus,
Co. H 17 U.S.C.T.

AFFIDAVIT OF



FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING--928 & 930 F ST., N. W.
WASHINGTON, D. C.

Prepared and For Sale by GOURICK'S DIGEST COMPANY,
928-930 F Street, N. W., Washington, D. C.

[L. 8.]

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the..... day of....., 189... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting.

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

NOTE: Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

State of Louisiana, Parish of St. Landry, ss:

Sworn to and subscribed before me this twelfth day of January,

A. D. 1897, by the above named affiant; and I certify that I read said affidavit to said affiant, including the words "County", and that two living themselves subscribed, and the words "Parish" substituted usual for "County"; added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant is personally well known to me, and that he is a credible person.

W. B. Landry
(Signature)

Notary Public, St. Landry, La.
(Official Character.)

GENERAL AFFIDAVIT.

State of Louisiana, Parish of St. Landry, ss:In the matter of William Augusties, Co. H, 17 Rgt., U.S.C.
(Here state name of claimant and of soldier and his military service.)
Vol. Inf. Orig. Inv. No. 925, 245.On this 28th day of December, A.D. 1896, personally appeared before me,
a Notary Public within and for the Parish County and State aforesaid, duly authorized
to administer oaths, William Augusties, aged 55 years, a resident of
near Opelousas, in the Parish County of St. Landry, and State of
Louisiana, whose Post Office address is Opelousas, La.,
well known to me to be reputable and entitled to

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

NOTE.—Affiant should state how long he or she has known soldier, how often he or she has seen him on an average during his or her acquaintance with him, and any other matters that would tend to show the basis of his or her knowledge of the facts to which he or she testifies.

I was first
affected with rheumatism, first became affected with
rheumatism, about twelve years ago, or about
in the month of September, A.D. 1883.This affidavit was written in my presence, at Opelousas, La., by W. J. Sandry, of Opelousas, whose post-office address is Opelousas, La., on the 28th day of December, A.D. 1896, only from my oral statements then made and in making such oral statements I did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other persons.

(Here embody the statements required by instructions on other side.)

READ CAREFULLY THE INSTRUCTIONS ON OTHER SIDE.

further declared that _____ no interest in said case and

not concerned in its prosecution.

WITNESSES:

Nay, B. Bryant.Geo. W. Hawkins

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

William Augusties
his
(Affiant's Signature)
mark

State of Louisiana, Parish of St. Landry, ss:
Sworn to and subscribed before me this 28th day of December,
A. D. 1896, by the above named affiant; and I certify that I read said affidavit to said affiant, including
the words "County" and town, including clause, erased, and the
words "Parish" substituted for County" added, and
acquainted him with its contents before he executed the same. I further certify that I am
in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant is
personally well known to me, and that he is a credible person.

Op. J. Sanders
(Signature)
Notary Public, St. Landry
(Official Character)

[L. S.]

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the day of 189..... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting.

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

NOTE—Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

Prepared and for sale by GOURICK'S DIGEST COMPANY
928-930 F Street, N. W., Washington, D. C.

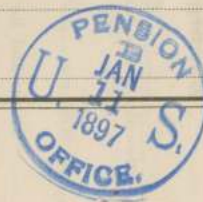
Appl. NO 115,245

Additional Evidence.

CLAIM OF

William Augustus
Co. H, 11th Regt.
U. S. C. T.

AFFIDAVIT OF



FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING--928 & 930 F ST, N. W.
WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Louisiana, Parish of St. Landry, ss:

In the matter of William Augusties, Co. H, 80
U.S. C. I. (Vols.) (Here state name of claimant and of soldier and his military service.)

On this 26 day of August, A.D. 1896, personally appeared before me,
 a Notary Public within and for the Parish and State aforesaid, duly authorized
 to administer oaths, William Augusties, aged 55 years, a resident of
near Opelousas, in the Parish of St. Landry, and State of
Louisiana, whose Post Office address is Opelousas, St.
Landry Parish, Louisiana, well known to me to be reputable and entitled to
 credit, and who being duly sworn, declared in relation to the aforesaid case as follows:

NOTE.—Affiant should state how long he or she has known soldier, how often he or she has seen him on an average during his or her acquaintance with him, and any other matters that would tend to show the basis of his or her knowledge of the facts to which he or she testifies.

READ CAREFULLY THE INSTRUCTIONS ON OTHER SIDE.

I am the claim-
 ant herein named and I did not appear for
 medical examination under orders issued May 14,
 1891, and Nov. 23, 1892, for the following reasons: 1st. I
 was sick and unable to make the trip to New Orleans
 whenever I was ordered to go for that purpose; 2d,
 I did not have the money to pay for the trip, New Orleans
 being a long ways off. I can be examined at Opelou-
 sas now, and if given another opportunity I will present
 myself for examination.

This affidavit was written in my presence at Opelousas, La., by
W. J. Landry, of Opelousas, La., whose post office address is Opelousas,
 La., on August 26, 1896, only from my oral statements then
 made and in making such oral statements I did not use

(Here embody the statements required by instructions on other side.)

and was not aided or prompted by any written or printed
 statement or recital prepared or dictated by any other person.

further declared that no interest in said case and

not concerned in its prosecution.

WITNESSES:

Cyrus Tatman

William Augusties
 (Affiant's Signature.)
 mark

Orscar Rill

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

State of Louisiana, Parish of St. Landry, ss:

Sworn to and subscribed before me this 26 day of August

A. D. 1896, by the above named affiant; and I certify that I read said affidavit to said affiant, including the words "County" (several times) & Parish ~~has been~~ erased, and the

words "Parish" substituted therefor added, and

acquainted him with its contents before he executed the same. I further certify that I am

in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant is

personally well known to me, and that he is a credible person,

W. J. Sanders
(Signature.)

Notary Public
(Official Character.) St. Landry, La.

[L. S.]

Instructions.

Under Order 229 of the Commissioner of Pensions dated June 19, 1893, it is absolutely necessary in every case, where the witness does not write his own affidavit, that he shall close with, and embody in his affidavit, a statement, if it can be truthfully done, substantially as follows:

This affidavit was written in (my or our) presence at (give name of town and State) by (give name of the person who writes the affidavit), of (give post-office address of the person who writes the affidavit), on the..... day of..... 189..... only from (my or our) oral statements then made, and in making such oral statements (I or we) did not use and (was or were) not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit hereto.

If, however, the affiant writes the affidavit himself, he should close with, and embody in his affidavit, substantially the following words in his own handwriting.

This affidavit is in my own handwriting, and I certify that in its preparation I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person.

Affidavits not made in strict conformity with these instructions will be rejected by the Pension Bureau.

NO 925.245

Additional Evidence.

CLAIM OF

Wm Augustus

Co. H, 17 U. S. I.

AFFIDAVIT OF



FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
ATLANTIC BUILDING—225 & 930 F ST., N. W.
WASHINGTON, D. C.

Prepared and for sale by GOURICK'S DIGEST COMPANY
928-900 F Street, N. W., Washington, D. C.

20
State of Louisiana
Parish of St Landry



Before me the under-
signed Authority personally Came
and Appeared William Augustus
President of the Parish of St Landry State
Aforesaid. Who being Sworn declares and
says: 1

That he is unable to give any
account of the day month or year
of his birth having been born a slave
and none of the people living then
are now living that he is aware of.

William^{his} Augustus
Sworn to & Subscribed before me this 25th
day of November A.D. 1907.

B. A. Guidry
Notary Public



Also personally appeared Frank Barber, residing at Opelousas, La.,
and George Davis, residing at Opelousas, La., persons
whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were
present and saw William Augustus, 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 30 years and 10 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.

Frank Barber

George Davis
(Signatures of witnesses.)

Sworn to and subscribed before me this 7th day of March,
A. D. 1903, 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.]

validity accepted, erased, and the words
as to execution, added; and that I have no
S. A. Cuddy,
Chal. Law Division interest in the prosecution of this claim.

per R M

[Signature]
(Signature.)
Notary Public

(Official character.)

This Application should be executed before some officer of a court of record, 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 already
been filed in the Bureau of Pensions for general reference.

National Tribune Form No. 1.

CLAIM FOR PENSION.

Act of June 27, 1890, as amended by Act

of May 9, 1900.

Act of May 11, 1912.

INVALID. page

20-926734

Name William Augustus

88898-80 U. S. C. Inf.

417 La Bid A Reg

RECORD
MAR 13 1913

FILED BY

R. W. SHOPPELL,

Washington, D. C.

RECEIVED
MAR 13 1913

APPLICATION FOR INVALID PENSION.

Act of June 27, 1890, amended by Act of May 9, 1900, and as construed by the Order of March 15, 1904.

STATE OF Louisiana
 County of St. Landry }

Act of May 11, 1912.

Fill all blank spaces.

On this 7th day of March, A. D. one thousand nine hundred and thirteen
 personally appeared before me, a Notary Public within and for the County and
 State aforesaid, William Augustus, who, being duly sworn,
 according to law, declares that he is 70 years of age, and a resident of Opelousas
 County of St. Landry, State of Louisiana, and that he is the identical
 person who was ENROLLED at _____ under the name
 of William Augustus on the 22d day of August
1863, as a Private in H. 80 U.S. Col'd Inf.
 [Here state rank, and company and regiment 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 Baton Rouge, La., on the 8th day
 of October 1866. That he also served _____
 [Here give a statement of all other services, if any.]

That he was not employed in the military or naval service prior to Aug. 22, 1863.
 That he has not been employed in the military or naval service since Oct. 8, 1866.
 That he was born on the _____ day of December, in the year 1842 at Baton
Rouge, La.; and that his personal description at enlistment was as follows: Height _____
 feet _____ inches; complexion, _____; hair, _____; eyes, _____. That he is
 suffering from disability of a permanent character, not the result of his own vicious habits; which
 incapacitates him for the performance of manual labor in such a degree as to render him _____
 [Wholly or partially.]

X unable to earn a support, to wit:

[Here state cause of disability, as age, or name of disease, or nature of injury.]

That he is over seventy years of age as
above shown.

That he is _____ a pensioner. That he has _____ heretofore applied for pension.

[If a pensioner, give the certificate number and amount paid for the same. If not, give the number of the former application if one was made, if possible.]

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 the Act of May 9, 1900.

That his POST-OFFICE ADDRESS is Opelousas
 County of St. Landry, State of Louisiana.
 That he hereby appoints R. W. SHOPPELL, of Washington, D. C., his true and lawful
 attorney, to prosecute his claim.

WITNESSES:

Attest: (1) George Leavis
 (2) Frank Border

William Augustus
 [Claimant's signature.]



ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Louisiana
County of St. Landry } ss.

On this 24th day of June, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, William Augustus, who, being duly sworn according to law, declares that he is 69½ years of age, and a resident of near Opelousas, county of St. Landry, State of Louisiana; and that he is the identical person who was ENROLLED at Baton Rouge, La. under the name of William Augustus, on the 22d day of August, 1863, as a private, in Company H, 80th Regt. of U.S. Col.

100th Infantry Volunteers
in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED

at Baton Rouge, La., on the 23d day of September, 1866.
That he also served Co. H, 17th Regt. of U.S. Colored Infantry
Volunteers (Transferred to the 80th Regt. as above).

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 2 inches; complexion, black; color of eyes, black; color of hair, black; that his occupation was a waiter; that he was born at Baton Rouge, La., 18December, 1842;

That his several places of residence since leaving the service have been as follows: always near the town of Opelousas, in St. Landry Parish, Louisiana;

That he is a pensioner under certificate No. 926,734.

That he has applied for pension under original No. _____

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, from increase.

That his post-office address is Opelousas, county of St. Landry, State of Louisiana.

Attest: (1) Benz Donatto
(2) Frank Barber
William Augustus
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 24th day of June, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



St. J. Landry
(Signature.)
Notary Public, St. Landry,
State of Louisiana
(Official character)

ACT OF MAY 11, 1912.

CLAIM FOR PENSION

Certificate No. 926734

Name, William Augustus

Service, _____

INSTRUCTIONS.

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

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

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

CIVIL WAR
AUG 1 1912
DIVISION.

AN ACT

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

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

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, seventeen dollars and fifty cents per month; three years or over, nineteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-two dollars per month; two and a half years, twenty-three dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-five dollars per month; two years, twenty-six dollars per month; two and a half years, twenty-seven dollars per month; three years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

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

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seven, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: May 11, 1912.

W A Moore

3-404 ea.

man As Division.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. July 9th 1896

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical history

age at enlistment, ^{and} personal
description
of the soldier.

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

No other report on file.

One's Son
Claim No. 925,245

Name, William Augustus

Co. H. 88th Reg't. U.S.A. Vol. Inf. Transp'te

Acting Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

William Augustus
Co. H. 88th Reg't. Inf. U.S.A.

was enrolled Aug 22nd, 1863,

and M.O. Oct 8th, 1866.

to M.O. Sep 23rd 66 as of Co. H.

to which transf'd Apr 5th 64

from H. 17th Inf. U.S.A. which

he came to H. 88th use of

Apr 64

From Co. H. 186 to M.O. 186

he held the rank of Musician 1st pot

corpl. Sgt. cpl. 1st pot

and during that period the rolls show him present

except as follows.

Age at enl. 18 yrs

further personal

description is not

of record.

X Recognized as having
been retained in service
and on duty by compe-
tent authority until
Oct 8th 66 actual date
of muster out.

Nothing additional found.

The medical records show him treated as follows:

As W. Augustus, rank -

Co. H. 88th U.S.A. T. Sept. 27th to

29.65, Bruised head Oct.

1.65, Wound. As W.

Augustus, Corp. Co. H. 13

66, Bulvers & slight ch.

Mich. 15 to Apr. 2nd 66, Sick.

As William Augustus, rank -

Co. H. Aug. 1st 66, No diagnosis.

As William Augustus, rank -

Co. H. Aug. 1st to 7th 66, Reut. 1st pot.

ret'd. to duty. As William

Augustus, rank - Co. H. Aug.

26th Sept. 6th 1866, No diagnosis,

ret'd. to duty.



By Authority of the Secretary of War:

F. C. Minnith

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

Per W

Washington, D. C.,

JUL 10 1896

(COMMISSIONER OF PENSIONS.)

(280)

RECORD & PENSION OFFICE
JUL 10 1896
1364601
WAR DEPARTMENT.

[Handwritten signature]

DECLARATION FOR INVALID PENSION.

ACT OF JUNE, 27, 1890.

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

State of *Louisiana*, County of *St Landry*:

On this *13* day of *Augt*, A. D. one thousand eight hundred and ninety

personally appeared before me, a *Notary Public*

within and for the county and State aforesaid *William Augustus*

aged *49* years, a resident of the *St Landry* county of

La, State of *La*, who, being duly sworn according to law,

declares that he is the identical *William Augustus* who was enrolled on the

day of *1863*, in *Co H 17 Reg La*

Colo Infantry afterwards transferred to *80 Reg La*

colored infantry as private

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

honorably discharged at *Baton Rouge*, on the

day of *1866*. That he is *now* unable to earn a support

by manual labor by reason of *rheumatism which partially*

renders him unable to earn a support.

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

manent; that he has *never* applied for pension under application No. _____; that he is a

pensioner under Certificate No. _____

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

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

the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, *Gilbert Moyers*

of *Washington*

State of *D.C.*, his true and lawful attorney to prosecute his claim, and to receive therefor

a fee of ten dollars; that his post-office address is *Opelousas*

county of *St Landry*, State of *Louisiana*

William Augustus

Attest: *Turner Sanders*

Samuel Jimmy

Two witnesses who can write sign here.

Also personally appeared Turner Sanders, residing at Opelousas La
and Edward Simms, residing at Same place, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
saw William Augustus, the claimant, sign his name (make his mark) to
the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
acquaintance with him for 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.

Turner Sanders
Edward Simms

Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 13 day of Augt, A. D.

1890, and I hereby certify that the contents of the above declaration, &c., were fully
made known and explained to the applicant and witnesses before swearing, including the

[L. S.] words _____ erased and the words _____

added, and that I have no interest,

direct or indirect, in the prosecution of this claim.

Oscar H. Semilliger

Signature.

Notary Public

Official character.

gem

NOTES.

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

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

378646
ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name William Augustus
Service Co. H. 17th La. Cavalry

ADDRESS:

PENSION
AUG 23 1890

FILED BY

Gilbert Moyer
Washington, D. C.

Date of execution

Printed and sold by W. H. Sears & Co., Box 906, Washington, D. C.

No claim

S.

(3-145 a.)

Act of June 27, 1890.

INVALID PENSION. No. 925,245

Claimant, William Augustus
P.O., Opelousas
County, St. Landry La.
State, La.
Rank, Private
Company, 1st
Regiment, 8th U.S. Inf.
Rate, \$ 6 per month, commencing Aug 23, 1890

Disabled by

Rheumatism

RECOGNIZED ATTORNEY.

Name, David A. Gouick Fee, \$ 10 Agent to pay.
P.O., City Articles filed, 189

APPROVALS.

Submitted for Adm. Feb 4, 1897, Cameron DC, Examiner.

Approved for Rheumatism

Approved for

Rheumatism \$6

Syphilis eliminated

Any effects of venereal dis-
to be eliminated by Med
Refers

Legal Reviewer.

Feb 14, 1897

Watt

Stages Thy. Testosterone Staples

Feb 18, 1897

Medical Referee.

Watt now pensioned under other laws. Last paid to 189, at \$

Pensioned from 18, at \$ for

SERVICE SHOWN BY RECORD.

Enlisted Aug 22, 1863, and honorably discharged Sept. 23, 1866
Re-enlisted 18, honorably discharged 18
Declaration filed Aug 23, 1890, alleges permanent disability, not due to vicious habits,
from rheumatism

no m. c.

writes

Declaration for Increase of Pension.

Under the Act of June 27, 1890.

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

State of Louisiana, County of S. Landry, ss:
ON THIS 26th day of May, A. D., one thousand, eight hundred and ninety Nine Hundred
personally appeared before me, a Notary Public
within and for the County and State aforesaid, William Augustus
aged 59 years, a resident of Opelousas
County of S. Landry, State of Louisiana, who, being
duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Knoxville
Pension Agency, at the rate of six 00/100 Dollars
per month, Certificate No. 926.734; by reason of disability from Partial inability to
earn a support by manual labor
was granted.

That he was a Private in Co. H, 88 Reg't W. S. C. Inf.
Here state rank, company and regiment, if in the army; vessel, if in the navy

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

Pneumation, Kidney trouble and
general debility.

ATTY FILED.

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

He hereby appoints with full power of substitution and revocation

of WASHINGTON, D. C.

, his true and lawful attorney, to prosecute his claim.

His Post Office address is

Opelousas S. Landry Par. La.
Fred Hollier
Ernest Chabrier William Augustus
Signature of Claimant

Two witnesses who can write, sign here.



JOSEPHA H. HOUGHTON

Under Act of June 27, 1890.

N. 80. U.S.C. Inf.
H. 17. S. 17. S. 17. S. 17.

Joseph H. Houghton,
2618 K St. N.W.,
Washington, D. C.

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

claim.

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

Signatures of Affiants

Sworn to and subscribed before me this

26 28

day of

May

A. D. 1890.

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the

applicant and witnesses before swearing, including the words

erased, and the words

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

added,

[L. S.]

Official Signature: *Dr. Hermann*
Notary Public
 Official Capacity:

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

ACT OF JUNE 27, 1890.

Declaration for Increase or Additional Invalid Pension.

State of Louisiana, County of St. Landry, ss:On this fourth day of February, A. D. 1898, personally appeared before me, a Notary Public, within and for the County and State aforesaid, William Augustus, aged 57 years, a resident of near Opelousas, County of St. Landry, and State of Louisiana,who, being by me duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoxville, Tenn. Pension Agency at the rate of Six dollars per month, under Certificate No. 926,734, by reason of disability from "Partial inability to earn a support by manual labor." (Insert No. of Certificate.) (Here state the name and nature of your disability as it is in your Pension certificate.)That his Military service was as follows: first as Private Co. H, 17 Regt. (Military or Naval) (State Company and Regiment, if in the Army, and vessel if in the Navy.)U.S. Inf., and then as Private (and Sergeant for about 3 mos.) in Co. H, 88 Regt. U.S. Vol. Inf.

That he believes himself entitled to an increase of pension on account of increased inability to earn a support by manual labor arising from the disabilities for which already pensioned.

That he also claims an increase of pension on account of the following additional disabilities: Increase of the disabilities complained of at the time of his having filed his original application and since the date of his last medical examination, namely, greater pain from rheumatism from left knee to left shoulder, and great pain or misery caused by the probable development of rheumatism) across his chest and back.

That these additional disabilities have developed since the date of his last examination by a board of examining surgeons, or were not considered by said board, or in said rating, and are not due to vicious habits and are permanent in character.

That he makes this declaration for the purpose of having his pension rate increased to an amount commensurate with the existing degree of his inability to earn a support by manual labor.

That he hereby appoints, with full power of substitution and revocation,

David A. Gourick of Washington, D. C.,

his true and lawful attorney to prosecute his claim.

His Post Office address is Opelousas, St. Landry, Louisiana.

WITNESSES:

1 A. B. Pickett2 H. H. Sandoz

(Two witnesses who write must sign here.)

William Augustus
(Claimant's signature)
markAlso personally appeared Albert B. Pickett, residing at Opelousas, La., and Hart H. Sandoz, residing at Opelousas, La., persons whom I certify to be respectable andentitled to credit, and who, being by me duly sworn, say they were present and saw William Augustus, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for one years and six years, respectively, that he is the identical person he represents himself to be and that they have no interest in the prosecution of this claim.

WITNESSES:

1 A. B. Pickett2 H. H. Sandoz

(If either witness signs by mark, two witnesses who write must sign here.)

1 A. B. Pickett2 H. H. Sandoz

(Affiant witnesses must sign here.)



ATTY FILED

Inv *Inc - J.* *J.*
Certificate No. *926,734.*

INVALID.

CLAIM FOR INCREASE.

M. Augustus,
Co., *A 80, + 88* Reg't.

U. S. C. Inf Vols.
N 17 Co de a *Lady*

FILED BY

DAVID A. GOURICK,
Attorney-at-Law,
"LIANT" BUILDING--928 & 930 F ST. N. W.,
WASHINGTON, D. C.

Prepared and For Sale by GOURICK'S DIGEST COMPANY,
928 and 930 F St., N. W., Washington, D. C.

C. H. H.

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

[L. S.]

W. J. Sanders,
(Official Signature)
Notary Public, W. J. Sanders,
(Official Character)

Sworn to and subscribed before me this *fourth* day of *February*, A. D. 188*8*,
and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the
applicant and witnesses before they made oath to the same, including the words _____
_____ erased, and the words _____
_____ added; and that I have

cal
926.734

3-357.
(Old No. 3-145 b.)

Cert. No. 926.734

ACT JUNE 27, 1890.

~~Increase and Re-issuance~~
~~to certify service~~ **INVALID PENSION.**

Claimant, William Augustus

P. O. Delcous

County St Landry

State Louisiana

Rate, \$ 8 per month, commencing August 22, 1900.

Rank Private

Company A.

Regiment 8 U.S. Vol. Inf.

Pensioned for Partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name David A. Gourick

Fee, \$ 2.

P. O. City

Agent to pay.

APPROVALS.

Submitted for Admission April 15, 1901, F. W. Sibby, Examiner.

Approved for Rheumatism (old)
Disease of Kidneys, general
debility (new) alleged June
1, 1900.

Approved for Rheumatism
and resulting disease of
Heart.

Disease of Heart found on medical
examination referred to Medical
Refuge for consideration as a
result of rheumatism.
General change of record referred to
Medical Ref. for consideration.

Aggregate of disabilities shown, permanent in character: \$ 8.00
from August 22, 1900.
From disease of Heart & Rheumatism.

April 17, 1901, Spring
Legal Reviewer.

Clark, Burke
Medical Examiner. Medical Reviewer.

1901, Re-Reviewer.

April 20, 1901, Medical Referee.

Enlisted Aug. 22, 1863; honorably discharged to date Apr 20, 1866.

Enlisted 1863; honorably discharged 1866

Pensioned at \$ 6. per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Feb. 14, 1895, alleges increase of rheumatism
and results.

Declaration filed June 1, 1900 alleges, rheumatism,
Kidney trouble and general debility.

Claimant does not write.
Certificate not filed.

No., M. C.

ACT OF MAY 9, 1900,

AND

ACT OF JUNE 27, 1890.

Declaration for Increase or Additional Invalid Pension.

State of Louisiana, County of St. Landry, ss:

On this 5-24 day of September A. D. 1903, personally appeared before me, a Notary Public, within and for the County and State aforesaid, William Augustus, aged 62 years, a resident of near Opelousas, County of St. Landry and State of Louisiana who, being by me duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Snaryville, Tenn. Pension Agency at the rate of Eight dollars per month, under Certificate No. 926734, by reason of disability from Partial inability to earn a support by manual labor (Here state the name and nature of your disability as it is in your Pension certificate.)

That his military service was as follows: Co. H 88th Regt. United States Colored Vol. Inf. (Military or Naval.) (State Company and Regiment, if in the Army, and vessel if in the Navy.)

That he believes himself entitled to an increase of pension on account of increased inability to earn a support by manual labor arising from the disabilities for which already pensioned.

That he also claims an increase of pension on account of the following additional disabilities:

Heart Disease, Rheumatism in left shoulder and side and hip.

That these additional disabilities have developed since the date of his last examination by a board of examining surgeons, or were not considered by said board, or in said rating, and are not due to vicious habits and are permanent in character.

That he makes this declaration for the purpose of having his pension rate increased to an amount commensurate with the existing degree of his inability to earn a support by manual labor.

That he hereby appoints, with full power of substitution and revocation,

DAVID A. GOURICK of WASHINGTON, D. C.

his true and lawful attorney to prosecute his claim.

His Post Office address is Opelousas, Louisiana

WITNESSES:

1 A. V. Lastrapes William Augustus
(Two witnesses who write must sign here.) (Claimant's signature.)

Also personally appeared Leonard Shins, residing at near Opelousas, Louisiana, and Louis Gordon, residing at Opelousas, Louisiana, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William Augustus, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 33 years and 34 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

WITNESSES:

1 A. V. Lastrapes 1 Leonard Shins
(If either witness signs by mark, two witnesses who write must sign here.) (Affiant witnesses must sign here.)

ATTY FILED



ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, *William Augustus*
P. O. *Opelousas*
County *Lafayette*
State *Louisiana*
Rank *Private*
Company *H.*
Regiment *88th U S Col Inf*
Rate, \$ _____ per month, commencing _____

REJECTED

Pensioned for _____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *David A. Gouvier*
P. O. *Washington DC*
Fee \$ *2*
Agent to pay. *Yes*

APPROVALS.

Submitted for *Jan'y 20th 1904* *E. B. Fleming*, Examiner.

Approved for *rheumatism and resulting disease of heart.*
(Also)
Approved for *Rheumatism and resulting disease of heart*

Aggregate of disabilities shows, permanent in character: \$ *8*

Jan'y 20, 1904 *Orville* Legal Reviewer.
20th 1904 *Boyer* Re-Reviewer.
Jan'y 21, 1904 *Hayes* Medical Examiner.
Jan'y 21, 1904 *Benjamin* Medical Reviewer.
Jan'y 21, 1904 *Wm. H. Foster* Medical Referee.

Enlisted *August 22nd*, 186 *3*; honorably discharged *October 1st*, 186 *2*
Enlisted _____, 186 _____; honorably discharged _____, 186 _____
Pensioned at \$ *8* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *September 9th 1903* alleges *increase of pensioned*
causes

Claimant does *not* write.
Certificate not filed.

Sto. M. C.
0-4

SOUTHERN.

Declaration for Pension

Under the Act of February 6, 1907

State of Louisiana, County of Saint Landry, ss:

On this 20th day of February, A. D. one thousand nine hundred and

Seven, personally appeared before me Arthur Simon

a Justice of the Peace within and for the County and State aforesaid

William Augustus a resident of the City

of Opelousas, County of S. Landry

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

the identical William Augustus who was ENROLLED on the 15th

day of March, 1863, in Captain Mulhem's Company

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

H. 88 Regt. U. S. Col. Volunteer Infantry in the service of the

United States in the Civil War, and served at least 90 days, and was HONOR-

(Civil or Mexican)

(90 days if Civil War; 60 days if Mexican)

ABLY DISCHARGED at Baton Rouge on the 20th day of October, 1866

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

above

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

That he is 71 years of age, having been born on the 10th day of March, 1836

and asks for a pension of \$ 15 per month [62 years of age, \$12; 70 years, \$15; 75 years or over, \$20].

That he has applied for pension under application No. That he

is a pensioner under Certificate No. 926734

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

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

under the provisions of the act of February 6, 1907.

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

P. J. Lockwood of Washington, D. C.

his true and lawful attorney to prosecute this claim. That his POST-OFFICE ADDRESS is Opelousas

County of Saint Landry, State of Louisiana

Edw. Edwards

William Augustus

(Claimant's signature)

Turner Sanders

(Two witnesses who write sign here.)



Also personally appeared George T. Edwards, residing at Opelousas La., and Turner Sanders residing at Opelousas La., persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw William Augustus (Name of Claimant.) claimant, ~~sign his name~~ (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of 15 years and 30 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

Geat Edwards
Turner Sanders
(Signature of Affiants)

Sworn to and subscribed before me this 20th day of February, A. D. 1907, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words sign his name ~~erased~~, and the words

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

[I. S.]

Per

Valid **W. E. H. Law**

Arthur Simon
(Official Signature.)

Justice of the Peace
(Official Character.)
Opelousas La.

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

Act of February 6, 1907

SOLDIER'S APPLICATION

Name:

Wm Augustus

Service:

14th U.S.

2926934

Address:

Opelousas La

FILED BY

P. J. Rockwood Sec.

Washington, D. C.

Date of Execution

Feb 20 1907

For sale by GOVERNMENT'S DIGEST COMPANY, N. W. Washington, D. C.



Original No.

Certificate No. 926.784 ✓

RE-ISSUE ACT OF FEBRUARY 6, 1907.

AP
Knox.

✓ Claimant, *William Augustus*
 ✓ P. O., *Opelousas*
 ✓ County, *Saint Landry*
 ✓ State, *Louisiana*
 Rank, *Private* and *Sergeant* ✓
 Company, *H* ✓ *Co. H 80th U. S. Col. Vol. Inf.*
 Regiment, *88 N. A. C. Vol. Inf.*
 Rate, \$ *12* per month, commencing *March 5, 1907* ✓

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____

P. O., _____

SOUTHERN.

APPROVAL.

Submitted for *ad Jan 4*, 1908, *J. E. Hart*, Examiner. *W*Approved for *Admission**Age over 62**Rate \$12 per month.*

Reissue, to allow under Act Feb. 6, 1907. Did not Sub. payments and drop name from rolls under Act June 27, 1890. Not shown nor accepted as 70 years of age.

January 15, 1908, G. C. Brown
 Legal Reviewer.

Jan. 16, 1908, C. J. Wade
 Re-Reviewer.

✓ Enlisted *Aug 22*, 1863, honorably discharged *Oct 8*, 1866
to date Sept. 23

✓ Enlisted _____, 18 ; honorably discharged _____, 18

Enlisted _____, 18 ; honorably discharged _____, 18

✓ Pensioned at \$ *8* per month, under *Act June 27 1890* ✓

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

✓ Declaration filed *March 5*, 1907

✓ Date of birth alleged, *March 10 1836*

✓ Age shown by evidence *62* years.

✓ Claimant does *not* write.

G. P. Rye ✓ *M. C.* ✓

Original No. _____

Certificate No. 926-734**INCREASE. ACT OF FEBRUARY 6, 1907.**

☒ Claimant, William Augustus
☒ P. O., Opelousas Rank, Private {and Sergeant ✓
☒ County, Saint Landry Company, H. {Co. H. ✓
☒ State, Louisiana Regiment, 88 U.S.C. Vol. Inf. {80 U.S.C. Vol. Inf. ✓
 Rate, \$ _____ per month, commencing _____

STATE REPRESENTATIVE.

(Order April 25, 1907.)

REJECTEDSept. 22, 1908
L.M.S.

Name, _____

P. O., _____

APPROVAL.Submitted for Rejection Sept. 15, 1908 J.M.S. Greene, Examiner. w

Approved for Rejection on the ground that evidence does
not show and claimant has declared his inability to
furnish proof that he was 70 years of age at time of execution
of declaration in pending claim therefore has no title under Act
February 6, 1907 to a rate in excess of \$12 per month which he is now
receiving under said act.
Sept. 18, 1908 J.M. Sturgis Sept. 18, 1908 W. A. Paul
 Legal Reviewer. Re-Reviewer.

Enlisted Aug 22, 1863; honorably discharged Oct 8, 1866 ✓Enlisted _____, 18 _____; honorably discharged to date Sept. 23, 1866 ✓

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

✓ Pensioned at \$ 12 per month, under Act Feb. 6, 1907. ✓**PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**

✓ Declaration filed Aug. 4, 1908
 ✓ Date of birth alleged, Mar 10 1836
 ✓ Age shown by evidence 63 years.
 ✓ Claimant does not write.

Reissue
ACT OF MAY 11, 1912.

Port. No. *926734*

As amended by Act of March 4, 1913

Claimant, *William Augustus*

P. O., *Opelousas*

County, *St. Landry*

State, *Louisiana*

Rate, \$ *18* per month, commencing *June 29, 1912*

Rank, *Private and Sergeant*

Service, *Co. H, 88 U. S. Col. Inf. and*

Co. H, 80 U. S. Col. Inf.

\$24- commencing August 22-1914

\$30- commencing August 22-1919

ATTORNEY OR STATE REPRESENTATIVE

(Order April 25, 1907.)

Name, *none*

Fee, \$

P. O.,

Articles filed

Approved for Increase	
from June 10, 1918	19
\$ from	
Act of June 10, 1918	
Agent to pay, Exr.	
Rev.	
JUN 24 1918	

APPROVAL.

Submitted for *Adm. Mar 22, 1913*, *C. G. Towles*, Examiner.

Approved for *admission* Rate \$ *18.18* per month; age *67* years. *mvp*

Reissue from Act of February 6, 1907

Date of birth August 22, 1844

Length of pensionable service: *2* years, *11* months, *29* days.

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

on account of

April 29, 1913, M. V. Paxton May 7, 1913, B. H. Chapman

Enlisted *Aug. 22*, 18*63*; honorably discharged *Oct. 8, 1866* *mvp*

Enlisted *18*; honorably discharged *18*

Enlisted *18*; honorably discharged *18*

Length of pensionable service: *22* years, *11* months, *29* days. *mvp*

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

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *June 29*, 191*2*

Age shown by evidence *67* years; date of birth alleged *August 22, 1844*

Claimant does *not* write.

M.B.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR SERVICE PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Louisiana }
COUNTY OF St Landry } SS:

On this 22nd day of January, A. D. one thousand nine hundred and Eight, personally appeared before me, a Notary Public within and for the county and State aforesaid William Augustus who, being duly sworn according to law, declares that he is 71 years of age and a resident of Opelousas county of St Landry, State of Louisiana; and that he is the identical person who was ENROLLED at Baton Rouge La under the name of William Augustus, on the _____ day of _____, 1863, as a Private, in C. O. H. 88th Regiment U. S. Col Volunteer Infantry
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil War war, and was HONORABLY DISCHARGED at Baton Rouge La, on the _____ day of _____, 1866
(State name of war, Civil or Mexican.)
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 7 inches; complexion, yellow; color of eyes, black; color of hair, gray; that his occupation was _____; that he was born in La about, 1836, at _____

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

That he is _____ a pensioner. That he has _____ heretofore applied for pension.

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

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

That he hereby appoints I. A. GANGEWER, of Washington, D. C., his true and lawful attorney to prosecute his claim.

That his post-office address is Opelousas county of St Landry, State of Louisiana



Attest: (1) Ernest Thibodeaux
(2) C. J. Andrews

William Augustus
(Claimant's signature in full.)

Inv # 925.245.

Also personally appeared Eugene Thibodeaux, residing in Church Point La, and Clinton B Andrews residing in Opalunes La, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw _____, 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 _____ years and _____ 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.

Eugene Thibodeaux
C.B. Andrews
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 22nd 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 [L. S.] 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.

Validity accepted
S. A. Eaddy,
Chief, Law Division,

B. J. Guidry
(Signature)
Notary Public
(Official character.)

This application can be executed before a notary public, justice of the peace, or any officer authorized to administer oaths for general purposes.

Inst. 926734

ACT OF FEBRUARY 6, 1907.

CLAIM FOR SERVICE PENSION

Name: William Augereau

Service: Co A 80 U. S. Col Inf

Co H 88th Inf

H 1st Reg 68th Inf

No. 925745



FILED BY

I. A. GANGEWER

2618 K STREET N. W.

WASHINGTON, D. C.



Act of June 27 1890.

3-402.



Certificate No. 26734 Department of the Interior,
Name William Augustus
BUREAU OF PENSIONS.

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McClary Brandt
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes. Wifes name Katharine Augustus, born Allen.

Second. When, where, and by whom were you married?

Answer. Married 1885, at Paillet's Place near Opelousas, by Robert Anderson, Methodist preacher.

Third. What record of marriage exists?

Answer. Legal license, return and bond in Clerk's Office St. Landry.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Yes. To Phillis King, who died about 17 years ago near Opelousas.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes. Two by first wife. Names—Hettie Augustus, girl, about 22 years of age; Edward Augustus, boy, about 18 years of age.

Date of reply, Aug. 14, 1898

Opelousas, La.

William X Augustus
(Signature.)

9-8

mark 5301b750m1-98

Witness to mark:

W. J. Bandy

MAY 5

292038

1681

Write nothing above this line.

(B-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

William Augustus

So Dip. *Bureau of Pensions,*
wid Ex'r. *May 4*, 1891
 No. *925745*
Invalid

SIR:

It is alleged that the above-named man enlisted
 , 1865, and served as a *priv*
 in Co. *H*, 17 Reg't *use 5*
 also as a *priv* in Co. *H*, 80 Reg't
use 5, and was discharged at
Bolton Runge La
 on , 1866

No. of prior claim

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

Very respectfully,

John B. Rame

Commissioner.

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

6-4

War Department,

Record and Pension Division,

MAY 5 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that *William*
Augustus i. C. H 88 U.S. A.
 (17th Reg't Cape d'Afrique)
 mentioned in the preceding indorsement, was enrolled
Aug 22, 1863, and *m. O.*
Sept 23, 1866
wid Co. H 80 U.S. A.
to which transf'd.

BY AUTHORITY OF THE SECRETARY OF WAR:

H. C. Rame
 Captain and Asst Surgeon, U. S. Army.

Per *R*

2958 b-100 m

Santher bisium

64 P26 734

William Augustus

H 88 HSC only

H 88 HSC only

94 H

nam

KEF

Opelousas

Saint Landry County

Louisiana

Paragraph 8- Not accepted as 70. issued

as of 62 at 812 Jan 17 1908.

Filed March 5 1907

July 23- 1908

BH
So Div

Circular Call No. 7.

(3-100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Nov 23, 1892

Mr. William Augustus

late a Sergeant

Co. H, 80th Regiment USC Inf

an applicant for Original

Invalid Pension, No. 925245

on account of disability from

Arteriosclerosis

has been directed to report himself to you.

BH Very respectfully,

GREEN B. RAUM,

Commissioner.

Dr. W R Lastrapes

Shuteston

Co. St Landry La

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

(8009-100,000.) 6-001

"Claimant failed to appear within the specified time"

TO THE EXAMINING SURGEON.

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

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

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

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

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

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

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



"Claimant failed to appear
within the specified time."

So. Div.
E. & A. (3-100.)

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Jan. 6, 1899

Mr. William Augustus
late a Private

Co. H, 88 Regiment U. S. C. Inf. 116.

an applicant for increase
Invalid Pension, No. 926734

on account of disability from Rheuma-
tism (general), & great
increase of disability.

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,

Commissioner.

Dr. W. R. Lastrapes
Opelousas, La.
Co. St. Landry, La.

CLAIMANT'S POST-OFFICE ADDRESS:

Opelousas,
St. Landry,
La.

N. B.—Read the inside of this circular before exam-
ining a claimant.

(EXAMINING SURGEON'S VOUCHER.)

3-100.

TO THE EXAMINING SURGEON.

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

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

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned, and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

DE

7-8-10

CAM

July 13, 1910.

The Auditor

for the War Department.

Sir:-

In response to your call of the 6th, received the 7th instant (DAC. 326-152,237), relative to the case of William Augustus, late of Co. H, 88" U.S.C. Inf., Cert. #926,734, you are advised that said pensioner's post-office address in September, 1908, was Opelousas, Saint Landry Parish, La.

Very respectfully,

Commissioner.

Southern

LMB Exp.
m

Self no 926.734,

William Augustus
to H. 88 USb Val. Inf
and to H. 80" USb Val. Inf

Sept 22, 1908.

Opelousas.
Saint Landry.
Louisiana.

Net

Form 1. Par. 9 1/2

Increase claim Feb. 6, 1907, filed Aug 4, 1908

Alleges 71 years of age

Pensioned under Feb. 6, 1907 at 1/2-

Alen. 24/94. Wm. Lonsick for
prior claim. J.

Cameron [3-216 a.]

No. 925245

Act of June 27, 1890.

William Augustus
P.O. Opelousas

Service: ~~1896~~ 1896
1896 1896
1896 1896

Enlisted: 1865

Discharged: 1866

Application filed: 23 aug, 1890

Alleges:

Any other Claim filed: no

Numerical No. 348646

Attorney: David A. Rogers
P.O. Potter City

Recognized. Contract.

Cert. of Dis. Searched for 18

Md. ay. may 3/7/90
Va. Atty Sub Ser. W
Ex Va. New Orleans La

For 1896-1896 Med ex
N.C. Winston La
S.C. July 9/96. A. G. for mil
FLA. no hint. W. A. M.

GA. 1896 1896

ALA. 7-244 Myers not recognized

MISS. O. M. L.

LA. Accg. 17, 1896 Ex

TEX. Phil. Opelousas

KY. La Dec. 10. To Atty. Lonsick.

TENN. for off. claimant in his just off

Mo. by rheumatism not within other

ARK. was the result of various habits.

D.C. from date of filing to date of Med.

U.S.C.T. Examination. B. D.O.C.

Reports of examining surgeon
Inspected by Atty. Goussick

Dec 15/96

tel 4/97.
Mrs. Houghton notified.
not aty in case. D.C.C.

July 13, 1910 Status to
 for War Dept. per request on-
 20

Act June 27, 1892 (3-230.)
 INVALID. (Series 1)
 Cert. No. **926734**
 Name William Augustus
 Rank Pvt; Service with 88th Co 1st Div
and Sgt Co 780th S.C. by memo.
 Original Roll: Knappville Mo
 Agency: Transf'd , 18 , to
 , 18 , to
 Issued Feb 24, 18
 Mailed Mar 11, 18
 Rate and Period, \$ 6, from Aug 23, 13
 Deductions:
 Disability: Partial inability to earn a support by manual labor.
 Issued Apr 24, 19
 Mailed " 29, 19
 Rate and Period, \$ 8, from Aug 22, 19
 Act of June 27, 1892
DEAD
 Deductions:
 Disability: Partial inability to earn a support by manual labor.

Issued, Jan 17, 19
 Mailed JAN 18, 18
 Rate and Period, \$ 12, from Feb 5, 18
 Deductions: 0
 Disability: 0
 Issued May 5-1913, 18
 Mailed MAY 6, 1913
 Rate and Period, \$ 18, from June 24, 18
& \$ 24 Aug 22-1914
& \$ 30 Aug 22-1914
 Deductions: 0
 Disability: ACT OF MAY 11, 1912
 INDORSEMENTS
Jan 27/14 by Granger
for War Dept memo
DROPPED
DEC 23 1919 NE

40. Aug. 4. 1919

DEC 16 1919

To the Chief, Finance Division:

You are hereby notified that check # 5248015 for \$ 120⁰⁰

dated NOV 4 - 1919 in favor of WILLIAM AUGUSTUS,
post-office OPELOUSAS, LA.
Certificate # 926734 ACT MAY

Class ACT MAY 11, 1912

Section 4 has been returned to this office by the Postmaster

with the information that the pensioner died ✓

and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,
Disbursing Clerk.

(D-3)

Plate Destroyed.

Check

3-1661

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
OFFICE OF THE DISBURSING CLERK,
WASHINGTON, D. C.
RETURN IF NOT DELIVERED IN TEN DAYS.

CK# 5248015



DEAD
CARRIER NO.



TO THE POSTMASTER:

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the pensioner has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.



NEW ORLEANS
LA.
DEC 11 5 PM
1919

DISBURSING OFFICE
★ DEC 15 1919 ★
BUREAU OF REVENUE

RECEIVED
★ DEC 15 1919 ★
DISBURSING OFFICE

3-463.

BUREAU OF PENSIONS

January 15, 1908

No. 926734

Soldier, *Mr. Augustus*
Co. *H*, 88 Reg't *U.S.C. & Inf*

When Certificate is issued, return
papers to *Southern*

Division for action on *letter*
of Rejection on claim
to be 70 years of age,
E. C. Brown
Reviewer

Chief of

**ALTON,
CHIEF BOARD OF REVIEW
Division.**

Not for out of town
Act of February 6, 1907.
3-1089.

Roll No.

Name:

(2) (1)
Augustus, William

Certificate No.

D. H. 926734

Disability:

Rank, Co., and Regiment:

Ag

Rate and commencement of Pension

H. 55. & H. 50. R. S. G. P.
\$5. at first
\$12. now

Class of Certificate:

Reissue

Date of Certificate:

Remarks:

D. H. 17 Jan 1908

P. O. Address:

Opelousas, La.

Last paid to—

St. Landry Co.

I CERTIFY THAT I HAVE THIS DAY
PERSONALLY INTERVIEWED THE ABOVE NAMED
PENSIONER, AND I AM SATISFIED THAT HE
IS A SODDIER AND PENSIONER THAT HE
REPRESENTS HIMSELF TO BE
B. G. D. Catt
Sept 11 1864
Examiner

Where born *East Baton Rouge, La.*
Age at enlistment *21*
Name under which served *William Augustus*
Date of enlistment *Aug. 22, 1863*
Date of discharge *Sept. 23, 1864*
Any prior or sub. service *no*
Any Confederate service *no*
Battles. *no* Hospital *no*
Name of Captain, Lieut and Sgt *Capt. Genl. Lt. 1st Sgt. Chas. Jackson*
Name of wife. *Catharine* Undivorced
Any prior marriage *Aug. 1st wife dead*
Name comrades *Chas. Jackson, Geo. Spear & Anthony Brown*
Personal description *5 ft. 2 in tall, complex fair eyes black*
Signature *William Augustus* *Arthur Simon*

Under Act of June 27, 1890.

(3-217a.)

INCREASE.

Claim to

No.

926.734

P. O.,

Opelousas

County,

St Landry

State,

La.

Application filed,

Feb 14, 1898

State Service,

H. 80 " H. 88 "

U. S. C. Insp. H. 17 "

C. S. A. Insp.

Jan 6, 99. ~~At the~~

~~at Opelousas, La.~~

Atty. Gourick notified; also P. O. add.

of Club sent to C. & M. S. Div. C. & P.

May 23-1900. ~~Atty to Mr. Gourick for~~

~~Atty for open address with what~~

~~and number.~~

Wanted

July 30, 1900. ~~He at Opelousas St~~

~~Landry to La Atty Gourick~~

Disability, notified - M. R.

Attorney, David A. Gourick

P. O., City

County, , State,

(9-100m.)

SOUTHERN DIVISION
FEB 19 1898
CHIEF OF FBI

RECORD DIVISION.

Department of the Interior,
BUREAU OF PENSIONS.

Briefed by

A.H.S.

Claim No.

925245

Certificate No.

Claimant

Soldier

William Augustus

Service

Co 80 U.S.C. Inf.

Additional Service

Co 88 U.S.C. Inf.

Co 17 La. Cav. Inf.

No. Claim, New Records

Co 88 U.S.C. Inf.

" " " " Co 17 La. Cav. Inf.

No. Claim, Old Records

REMARKS:

Records corrected.

B. B. Alberh

12/95

3-1647.

Act of Feb. 6, 1907.

11/149 3/112

Cert. 926734

Name, William Augustus

Application filed March 5, 1907

Service, Geo H. 88. US 6 Inst

H 80 use Inf

H 17 for CD ad Inf

Nov. 8, 07. Colnd. J. J. of bullet.
A. G. E.

July 22 letter caption for



11

me

2

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

DEC 23 1919, 191

Certificate No. 926 734

Class ACT OF MAY 11, 1912.

Pensioner

William Augustus

Soldier

Service

H 88" & USC 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 \$ 40, to Aug 4, 1919
has this day been dropped from the roll be-
cause of death. M. unable
to obtain date

Very respectfully,

W. H. S. Puller

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

His Post Office address is

WITNESSES:

1

A. V. Lastropes

2

Allen T. Sandy

(Two witnesses who write must sign here.)

Also personally appeared

Leonard Smith

residing at near Opelousas,

Louisiana

and Louis Gordon

residing at

Opelousas, Louisiana,

persons whom I certify to be respectable and

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

William

Augustus

the claimant, sign his name (or make his mark) to the foregoing; that they have

every reason to believe from the appearance of said claimant, and their acquaintance with him for

33

years and 34

years, respectively, that he is the identical person he represents himself to be, and

that they have no interest in the prosecution of this claim.

WITNESSES:

1

A. V. Lastropes

2

Allen T. Sandy

(If either witness signs by mark, two witnesses who write must sign here.)

1

his Leonard Smith

2

Louis Gordon

(Affiant witnesses must sign here.)

Witnesses who can write, sign here.

GENERAL AFFIDAVIT.

State of Louisiana, ^{Parish} ~~County~~ of St. Landry, ss:

In the matter of William Augustus, Co. H. 17 Rgt., U.S.C.
(Here state name of claimant and of soldier and his military service)
Vol. Inf., Orig. Inv. No. 925,245.

On this 28th day of December, A.D. 1896, personally appeared before me,

a Notary Public within and for the ^{Parish} ~~County~~ and State aforesaid, duly authorized

to administer oaths, George W. Hawkins, aged 31 years, a resident of

near Opelousas, in the ^{Parish} ~~County~~ of St. Landry, and State of

Louisiana, whose Post Office address is Opelousas

La., and Van B. Bryant, aged 32

years, a resident of near Opelousas, in the ^{Parish} ~~County~~ of St. Landry,

and State of Louisiana, whose Post Office address is Opelou-

as, La., well known to be reputable and entitled to credit,

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

NOTE.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

We have been well

Act of June 27 1890.

3-402.



Certificate No. 226734 Department of the Interior,
Name: William Augustus BUREAU OF PENSIONS.

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McClay Brand

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes. Wifes name Katharine Augustus, born Allen.

Second. When, where, and by whom were you married?

Answer. Married 1885, at Paillet's Place near Opelousas, by Robert Anderson, Methodist preacher.

Third. What record of marriage exists?

Answer. Legal license, return and bond in Clerk's Office St. Landry.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Yes. To Phillis King, who died about 17 years ago near Opelousas.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes. Two by first wife. Names—Hettie Augustus, girl, about 22 years of age; Edward Augustus, boy, about 18 years of age.

Date of reply, Aug. 14, 1898.

Opelousas, La.

William ^{his} Augustus

(Signature.)

mark 5301b780m1-98

9-8

Witness to mark.

St. Landry.

Respectfully returned to the

Commissioner of Pensions.

William Augustus

Co. H, 17 Reg't Inf C. & A.

was enrolled Aug 22, 1863,

and M. O. Oct 8, 1866.

to date Sep 23 '66 as of Co. H

80th U. S. Col.

to which transfer Apr 56

from Co. H 17th Inf C. & A. which

he came to Co. H 88th U. S. Inf

Apr 56

From Enl, 1863, to M. O., 1866,

he held the rank of Musician & pot

carpl. Sgt. Cpl & pot

and during that period the rolls show him present

except as follows.

Age at Enl 18 yrs

further personal

description is not

of record.

Write nothing to the left of this line.

The medical

Co. H

Co. H

29.65

1.65

Aug

66, 18

Mich

As Mil

on, 18

As Mil

on, 18

Metd

August

The medical records show him treated as follows :

As W. Augustus, rank -
Co. H. 80 U.S.C.T., Sept. 27 to
29.65, Bruised Hand : Oct.
1.65, Wound : As W.
Augustus, Corp. oc, Mch. 13
66, Bubbles & slight ch. :
Mch. 15 to Apl. 20.66, Sick :
As William Augustus, rank -
oc, Aug. 1.66, (No diagnosis) :
As William Augustus, Co.
oc, Aug. 1 to 7.66, Reent. fever,
ret'd. to duty : As William
Augustus, rank - oc, Aug.
26 & Sept. 6 to 10.66, (No diagnosis),
ret'd. to duty -