

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 911442

VETERAN

Paul Menago

RANK

PT

SERVICE

Co B 34 USC Vol Inf

CAN NO.

18733

BUNDLE NO.

29

INVALID. (Series

911442

Cen. No.

Name, *Paul Mengo*
 Rank, *Priv.*; Service, *Co. B. 34th M.I.*
Vol. Inf.

Original Roll: *Mayville*Agency, *Trans'd*, 18, to.

" " 18, to.

Issued

Mailed

Rate and Period, \$

July 2, 1891
11 9, 1892
Co. from Feb. 26, 1892

Deductions:

Disability: *Partial inability to earn support by manual labor.*

Issued

Mailed

Rate and Period, \$

18
18
from

Deductions:

Disability:

Issue. Class

Entered

Issued, 18
 Mailed 18
 Rate and Period, \$ from 18

Deductions:

Disability:

Issued 18
 Mailed 18
 Rate and Period, \$ from 18

Deductions:

Disability:

Issue. Class

Entered

INDORSEMENTS.

Arch. 2188. Indorsement - family data. M.H.P.

DROPPED

Dec 21 1900

Indorsement claim

J. M. C.

B. J. FITCH.

[3-216 a.]

Ex'r.

No. 11889/14

Act of June 27, 1890.

Paul Manago
P.O. #6 Mcintosh Alley,
Charleston, S.C.
Service: Port B-34A S.C. Exp.

Enlisted: , 18
Discharged: , 18
Application filed: May 2, 1892
Alleges: 10/27

Any other Claim filed: No. 1/2
5/27/92
Numerical No. 11889/14

Attorney: C. H. Fitzgerald
P. O. Indianapolis,
Ind.

Recognized. Contract.
Cert. of Dis. Searched for (4476-50,000), 18

Nov 5-31-92-11
from 7/92 A.G. serve
Md. 1892 sub. serv. order by.
VA. 1892-1893 at Charleston S.C.
W. Hall in ally for original and
cyprus barbers of shell wound
of head Apr 25-1898

N. C. S. C. Fla. Ga. Ala. Miss. La. Tex. Ky. Tenn. Mo. Ark. D. C. U.S.C.T.
Any Fitzgerald and
claimant notified
of rejection Feb. 21
1894. W.F.
Nov. 9/95 atty. J.S. Hurty
Ex. B.D. at Charleston S.C.
J.C.W.

No. _____

Not. Mar. 22/95; L.D.

Oct. 31/96. To be put for correct
VA. spelling of name. H.E.W.
W. VA.

[3-216 a.]

Warner Ex'r.

Exm. Orgl. No. 1108914,

Act of June 27, 1890.

Paul Manago,
P.O. 28 Vernon St., Charleston
Charleston Co., S. C.,
Service: H. 34" U. S. C., Inf.
Enlisted: Apr. 15, 1863.
Discharged: Feb. 28, 1866.
Application filed: Feb. 26, 1895.
Alleges:
Any other Claim filed: Exm. Orgl. 1108914,
Numerical No.

N. C.
S. C.
FLA.
GA.
ALA.
MISS.
LA.
TEX.
KY.
TENN.
MO.
ARK.
D. C.
U. S. C. T.

Attorney: J. S. Lantz,
P.O. Lantz,
Recognized. Contract.
Cert. of Dis. Searched for _____, 189 .
(9373-12,000)

No. _____

Under Act of June 27. 1890.

(3-217.)

INCREASE.

Claim to.....

No. 911442.....

Paul Manago.....

P. O., 110 Smith-St., Charleston.....

County, Charleston.....

State, S. C.

Application filed, March 10, 1897.....

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

Disability,

Att. filed Attorney, Geo P. McClay.....

P. O., Charleston.....

County,, State, S. C.

(Order 10 — 100 M.)

R



INCREASE.

Claim to

No. 911.442

Paul Mawago

P. O., 282 Rutledge Ave

County, Charleston

State, S.C. Co.

Application filed, Nov. 23, 1896

State Service, Pr. B. 34 U.S.

P. Inf.

Ex through Atty. Kurtz

at Charleston, S.C. Dec

29 96

16

April 17. To Atty. Kurtz that don't fail to

Report for med. exam. S.E.W.

April 30. Same as above to chit show Hon.

Asst Sec'y. S.E.W.

Disability.

Attorneys J. S. Kurtz

P. O., City

County, State,



March 7, 1896,
Atty. Genl., Claim and Pledge
to capture, W. H. P.,

1671
225

Act of June 27 1890.

3-405.

PENSIONER DROPPED.

U. S. Pension Agency,

Knoxville, Tenn.

DEC 31 1900¹⁹⁰

Jim
Certificate No. 911442 (OK)

Class **INVALID.**

Pensioner **Paul Manago**

Soldier

Service **pri 60 B 34 USC Vol Inf**

Hon. Commissioner of Pensions

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 6 , to 4 May , 1897
has been dropped because of **Failure**
to claim

Date

Very respectfully,

J. T. Wilder.
Pension Agent.

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

12745b50m12-99

M. P.

No Madoira claim.

CERTIFICATE DIV.
JAN 7 1901
- RECEIVED -

1061
JAN 7 1901
RECEIVED

PENSION
U. S.
JAN 7 1901
OFFICE

LAW DIVISION.

Department of the Interior,
Bureau of Pensions,

Washington, D. C.,

June 11, 1901.

No.

I. Ct. 911.442

Paul Manggo,

Company B.

34th Mass. I.

The attached certificate was handed to Special Examiner W. L. Harris by Mr. Bennett on June 8, 1901, of the firm of Lawrence & Bennett, of Charleston, S. C., Mr. Bennett stating that he found the same among the effects of his father, who died in 1889.

Very respectfully,

J. W. Cuddy

Chief of Law Division.

To all whom it may Concern.



Know ye, That Paul Manegon a
 of Captain W. H. Barnes
 Company, (3.) W. H. Regiment of Col S Colored Infantry
 VOLUNTEERS who was enrolled on the sixteenth day of April
one thousand eight hundred and sixty three to serve three years or
 during the war, is hereby **Discharged** from the service of the United States,
 this eight day of February, 1866, at Rock Hill
South Carolina by reason of his services being no longer required
 (No objection to his being re-enlisted is known to exist.)

Said Paul Manegon was born in Rock Hill
 in the State of South Carolina, is thirty years of age,
five feet eight inches high, Black complexion, Black eyes,
Black hair, and by occupation, when enrolled, a Barber

Given at Rock Hill South Carolina this eight day of
February 1866.

* This sentence will be erased should there be anything
 in the conduct or physical condition of the soldier
 rendering him unfit for the Army.

[A. G. O. No 99]

W. H. Barnes
 Col 34th W. S. C. I.
 Commanding Regt.

Capt. W. S. C. I.
 Commanding the Regt.

Mustering Officer

Received 24/9/60
 139/81/18/1867

Paul Mannings
Rev D.
34 days

OATH OF IDENTITY.

of the town of _____ in the State of _____
County of _____
On this _____ day of _____ in the year
one thousand _____ personally appeared
before me, the undersigned, a Justice of the Peace for the county
and _____ above mentioned,
who, being duly sworn according to law, declares that he is the
identical _____ who was
a _____ in the company commanded by
Captain _____ in the regiment
_____ commanded by _____ day of _____
that he enlisted on the _____ and was discharged
for the term of _____ on the _____ day
at _____ by reason of _____
of _____



Sworn and subscribed to before me the day and year above written.

I certify that _____ before
whom the above affidavit purports to have been made, is a Justice of
the Peace duly authorized to administer oaths, and that the above is
his signature.

In witness whereof, I have hereunto set my hand and affixed my
official seal, this _____ day of _____
_____ L. S. _____
_____ in the year _____
_____ at _____ in the State of _____

Clerk of the _____

Wm. H. H.

Rating of
Declaration for Invalid Pension.

Act of June 27, 1890.

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

State of *South Carolina*, County of *Charleston*, ss:

ON THIS *26th* day of *February* A. D. one thousand, eight hundred and ninety *seven*
personally appeared before me, a *Notary Public*

within and for the County and State aforesaid, *Paul Manago*

aged *78* years, a resident of the *City* of *Charleston*

County of *Charleston*, State of *South Car*, who, being

duly sworn according to law, declares that he is the identical *Paul Manago*

who was ENROLLED on the *15th* day of *April*, 18*68*, in *Co. B.*

34th U.S.C.T.
and regiment, if in the Army, or vessel, if in the Navy

in the service of the United States in the war of the rebellion, and served at least ninety
days, and was HONORABLY DISCHARGED at *Jacksonville Fla*, on the *28th* day of

February, 18*66*. That he is *wholly* unable to earn a support by manual

labor by reason of *disabilities for which I was pensioned*
Here name the disease or injuries from which disabled.

and old age. And I claim that the rate of pension allowed me was not fully commensurate with the existing degree of disabilities and that I have been wholly unable to perform manual labor during the whole time since my claim has been filed

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

That he has _____ applied for pension under application No. _____ That he is a pensioner

under Certificate No. *911,442*

If a pensioner, the certificate number only need be given. If not, give the number of the former application

if one was made.

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

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. *act March 6th 96* He hereby appoints

Geo. P. In. Clay of *Charleston S.C.*

his true and lawful Attorney, to prosecute his claim, and he directs that the sum of *Ten Dollars* be paid to said Attorney.

That his Post Office address is *110 Smith St*

County of *Charleston*, State of *South Car*

Scipio Johnson *Paul Manago*
Paul Blount

Two witnesses who can write, sign here

Also personally appeared

Paul Blunt *Charleston S.C.* residing at
110 Smith Street and *Scipio Johnson*
residing at *110 Smith St. Charleston S.C.* 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

Paul Manago

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

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

with him for *over thirty* years and *over thirty* 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.

Paul Blunt
Scipio Johnson

Signatures of Witnesses.

Sworn to and subscribed before me this *26th* day of *February*, A. D. 189*7*

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

applicant and witnesses before swearing, including the words

~~erased~~, and the words

added;

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

Solomon M. Brown

Official Signature.

Notary Public

Official Character.

[L. S.]

I, _____, Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the

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

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

that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 189*7*

[L. S.]

Clerk of the _____

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.

Soldier's Application

Act of June 27, 1890.

Name

Paul Manago

Service

Co. B. 34th U.S.

Address

110 Smith St.

Charleston S.C.

FILED BY

Geo. P. Gray

110 Smith St.

Charleston S.C.

Declaration for Increase of Pension

Under the Act of June 27, 1890.

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

State of South Car, County of Charleston, ss:

ON THIS 19th day of November, A. D., one thousand eight hundred and 96

personally appeared before me, a Notary Public within and for the County and State aforesaid Paul Manago aged 77 years, a resident of

Charleston County of Charleston State of

S. Carolina, who, being duly sworn according to law, declares he is a pensioner of the

United States, enrolled at the Knoxville Pension Agency at the rate of six

dollars per month, Certificate No. 911442, by reason of disability from partial in-
(Here name the disability for which pension was granted.)

ability to earn a support by manual
labor

That he was a private in Co. B 34 Reg't US 42 Inf. Vols.
(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with the extent of his present disability. and age He therefore requests that he be favored with another medi-

cal examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890.

And also on account of my age I am now
over seventy seven years of age and claim
the full rate under act of June 27 -
1890. on account thereof

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

He hereby appoints, with full power of substitution and revocation J. S. Kirtz
of Washington, D. C., his true and lawful attorney, to prosecute his claim.

His Post-office address is 282 Rutledge ave

William Spruell

Paul Manago
(Signature of Claimant.)

J. L. Johnson
(Two witnesses who write sign here.)

FILED

Also personally appeared

William Spruell

residing at

#8 Bull St-Charleston, and
10 Smith, St-Charleston,

and *Scipio Johnson*, residing at

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

Paul Manago

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

William Spruell

Scipio Johnson

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

Sworn to and subscribed before me this *19th* day of *November*, A. D. 189*0*

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

erased, and the words

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

Geo. P. McCloy

(Official Signature.)

Notary Public

(Official Character.)

[L. S.]

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

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

[L. S.]

Clerk of the

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

Surv. Ct. 911,442

Soldier's Application

FOR

Wm INCREASE

Under the Act of June 27, 1890.

Paul Manago, Applicant.

Co. *B* Reg't

Vol. 6 Vols.

Pension Certificate No. *911442*



FILED BY

18 KURTZ,

PENSION ATTORNEY

Washington, D. C.

RECORD DIV.

NOV 28 1896

Printed and For Sale by Jones, Sherry & Co., Claim Blank
Printer, 23 1/2 Street, N. W., Washington, D. C.



State of South Carolina
County of Charleston Paul Manago

Es. B. 34th U. S. C. T. Cert. # 911, 442

On this 11th day of November 1896
personally Appeared before me a
Notary Public within and for the
State and County Aforesaid Paul
Manago age 77 Years a Citizen of
Charleston S. C. who being duly sworn
I am in receipt of Departmental letter dated
Oct-31st-1896 calling my attention to an
apparent Error in certificate for Pension
Issued to me under date of July 2nd 1896
wherein my name appears to wit- Paul
Manago while I have signed my name
Paul Manago in declaration for pension
and also other papers connected therewith
I deem ^{to state} that my name is Paul Manago
I do not know how it may be spelled by
The officers who have and those who
are now representing the government.
but my correct name is "Paul Manago"
I made my oral statements to Geo. F.
McClay at Charleston S. C. who pre-
pared affidavit in my presence and
I did not use nor was I aided or
prompted by any written or printed
statements or verbal prop and on
disclaimer by any other person and
not attached as an exhibit to this testimony

My Post Office Address

So. E. Corner Cannonst and Rutledge

are —

Signature of Affiant-

1. J. L. Johnson Paul ^{his} X Manago
2. January Mitchell ^{mark}

Sworn to and subscribed before me
this 11th day of November 1896 by
above named Affiant - to whom affi-
davit was fully made known and
who is personally known to me is
a credible person entitled to belief
and certifying that I have no interest
in this claim.

Esq. P. M. Clay
Notary Public



State of South Carolina
County of Charleston Claim of Paul Manago C.B.
34th W. 8. C. T. City 9/11/442
On this 1st day of April 1897 personally appeared
Paul Blunt a citizen of Charleston S.C. who being duly
sworn declare, that I can and do state that
Paul Manago is totally and permanently unable
to perform any manual labor whatever, by reason
of age, he being more than 75 years old and also by
reason of disabilities for which he has been pensioned
he have been so disabled during the whole of
the five or more years last past, and is now
a physical wreck not able to do any kind of
work whatever. My oral statements are made to go to wit
at Charleston S.C. April 1st 1897. who prepared affi-
davit in my presence and I did not use nor was
I aided or prompted by any written or printed
statements or recitals prepared or dictated by
any other person and not attached as an ex-
hibit to this testimony, my P.O. address is 110
Smith street. And I have no interest nor concern
in this case.

Signature of Affiant-
S. L. [Signature]

Seen to and subscribed before me this 1st
day of April 1897 at Charleston S.C. by above named
affiant to whom affidavit was fully made known
~~who is personally known to me~~ is a credible
person entitled to belief, and I further certify that
I have no interest nor concern in this case.

W. A. Good
666 N. 3rd St.



Claim of Paul Howard
vs. Thos. B. & Co. U.S.C. T.
conty N 911,440

Applicant of Paul
Howard - Secretary



Filed by Geo. P. Mottley
110 Smith Street
Charlotte, N.C.



State of South Carolina
County of Charleston

Claim of Padd Manago. CO B. 34th

U.S.C.T. Cert. # 911.442. On this 1st day of April 1897
personally appeared before me a ~~U.S.C.T.~~ U.S. Dist. S.C.,
Scipio Johnson age 57 years a citizen of Charleston S.C.,
who being duly sworn declare, that from my long and
intimate communication with Padd Manago, the Claimant-
I can and do state that he is a man over seventy
five years old, complaining and suffering much
by reason of said old age and disabilities for
which he has been persecuted, and that his said
disabilities and age render him wholly unable to per-
form any manual labor whatever and he has been
so incapacitated for more than six years last-
past, he is a confirmed invalid not able to do any
kind of work, my oral statements are made to me personally
at Charleston S.C., April 1897 who prepared affidavit
in my presence and I did not use nor was I aided
or prompted by any written or printed statements or
recital prepared or dictated by any other person
and not attached as an exhibit to this testimony.
my P.O. Address 110 Smith St. And I declare
that I have no interest whatever in this claim.

Signature of Affiant-
Scipio Johnson

Sworn to and subscribed before me this 1st day
of April 1897 at Charleston S.C., by above named
Affiant to whom affidavit was fully made known
who is a credible person entitled to believe, and I
certify that I have no interest nor concern in this
case



Official Signature

W. A. Good

466 Mt 401 56



Clare Paul Manago
Co. A 4th U. S. T. I.
No. 911448

Residing
Affidavit Dep't
Johnson

Filed by Groffmeyer
110 South St
Charleston S.C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

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

State of *South Car*, County of *Charleston*, ss:

In the Pension Claim No. *911,442*

of *Paul Inanago* late of
Co. B. 34th U.S.C.T.

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

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

State *Geo. W. Thompson* a citizen of *Charleston S.C.*

whose Post Office address is *Charleston S.C.*

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about *2* years, and that

he has this day examined into the physical

Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted un-

condition of said soldier and finds the effects

less the magistrate certifies in his jurat that they were made before executing the paper.

of a skull wound in head. The wound extends from the junction of of the frontal with parietal bones back to occiput. The eyesight is generally bad but very likely due to age as the cataract senilis is very pronounced.

There is also rheumatism. The left arm cannot be raised upward at all and only leaves the body sufficiently to describe a very acute angle. The right side of body is also affected but not to the extent of left side.

There is also an affection of lungs and claimant has a chronic cough, the sputa usually mixed with blood.

Claimant is about 7/8 disabled for the performance of manual labor.

These statements are in handwriting of affiant.

NOTES.

The Physician's Affidavit must show the following facts:

1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether *total*, or *partial*, or *intermittent*, as the case may be, by reason of the disabilities alleged from

the date on which his claim was filed; or if incurred after that date, then from the time of incurrence to

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.

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

John M. Thompson M.D.
Affiant's signature—give rank and service if in the army.

Sworn to and subscribed before me this 24th day of March, A. D., 1897,

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

erased, and the words

added,

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

Solomon M. Brown
Official Signature.

Official Character.

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 1897.

[L. S.]

Clerk of the _____

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. If certificate on file, so state.

Perating
PHYSICIAN'S EVIDENCE.

Act of June 27, 1890.

AFFIDAVIT OF

John M. Thompson

Nature of Claim *Pension*

Soldier *Paul Manago*

Co. *B*, *34th* Regt.

U. S. C. T. Vols.

No. *9 Pension 42*

U. S. MAR 26 1897

OFFICED BY

Geo. F. McCloy

110 Smith Street

Charleston S. C.

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

received
Circular Call No. 7.
(3-100.)

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Nov 29 1896

Mr. Carl Mearns
late 1st

Co. 18 84 Regiment 11th

an applicant for Increase
Invalid Pension, No 9112142

on account of disability from service

*See letter to Mr. Mearns
11th Regt (Ind)*

has been directed to report himself to you.
Very respectfully,

D. T. MURPHY,
Commissioner

Dr. E. J. Carter
Chambers
Co. 18 84

CLAIMANT'S POST-OFFICE ADDRESS :

See name of Mr. Carter
on Chambers 18 84

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

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.

ACT OF JUNE 27, 1890.

INVALID PENSION. 1108914

Claimant, Paul Menago

P. O., 28 Vernon St.

County, Charleston

State, S.C.

Rate, \$16, per month, commencing

Rank, Private

Company, B

Regiment, 34 U.S.C. Vol Inf

Feb 46. 1895

Disabled by

Smile debility

DROPPED

RECOGNIZED ATTORNEY.

Name, J. S. Kurtz

Fee, \$10 Agent to pay.

P. O., Washington D.C.

Articles filed, 189

APPROVALS.

Submitted for Regt June 19, 1896

H. G. Warner, Examiner.

Approved for age

Approved for selection of disability

Smile debility \$6.00 77 June 25, 96

under Act June 27, 1895

No other notable disability

pendant of disability, as such here

shown since Dec 26, 1895 77.

H. S. Bur. M. R. 77

June 23, 1896

Legal Reviewer.

Medical Referee.

now pensioned under other laws. Last paid to 18, at \$

Pensioned from 18, at \$, for

SERVICE SHOWN BY RECORD.

Enlisted April 15, 1863 honorably discharged July 28, 1866

Re-enlisted 18, honorably discharged 18

Declaration filed July 26, 1895, alleges permanent disability, not due to vicious habits,

from age, impaired eyesight, cramps in hands
result of age, rheumatism in back and
shoulders and arms and shell wound in head,

N.M.C.

signs by X

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

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

State of Gola, County of Charleston, ss:

On this 21 day of Feb, A. D. one thousand eight hundred and ninety-

five, personally appeared before me H. B. Jones

a Noty Pub. within and for the County and State aforesaid,

Paul. Manago, aged 70 years, a resident of the

Charleston County of Charleston,

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

the identical Person, who was ENROLLED on the 15

day of April, 1863, in Co B. 34 Reg US

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

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

Jacksonville Fla., on the 28 day of Feb., 1866.

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

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

That he is now unable to earn a support by manual labor by reason of Age -

(Here name the disease or

impairment. Eight Cramps in Hands. the result

injuries from which disabled.)

of age and Rheumatism in back and shoulders

Arms and a Skull wound in the head

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

applied for pension under application No. 110 8914. 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,

I. S. Kurtz,

of

Washington, D. C.

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

his POST-OFFICE ADDRESS is 28. Vernon St Charleston, County of

Charleston, State of Gola

Paul. Manago

(Claimant's Signature.)

1 J. B. Jones

2 M. C. Jones

(Two witnesses who write sign here.)

ATTY FILED.

Also personally appeared John Gillard, residing at Charleston, and Francis Brown, residing at Charleston, 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 Paul Manago, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 30 years and 50 years respectively, that he is the identical person he represents himself to be; and they have no interest in the prosecution of this claim.

J. B. Fowler
W. C. Fowler

John Gillard
Francis Brown
(Signatures of Witnesses)

Sworn to and subscribed before me this 21 day of Feb, A. D. 1895

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

X erased, and the words X added; and that

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

[L. S.]

H. A. Fowler
(Signature.)
Notary Public
(Official character.)

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

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

12 H. J.
1108914
Act of June 27, 1890.

SOLDIER'S APPLICATION.

Name Paul Manago

Service Ap. 13 34 No. S. 4th

Address 28 Vernon St.

Charleston S. C.

FILED BY

I. S. Kurtz,
Attorney for Claimants,
Washington, D. C.

Date of Execution
Printed and for sale by J. F. Steery, Claim Blank Printer,
623 D Street, Washington, D. C.



Act of June 27, 1890.

S.

INVALID PENSION.

1108914

Claimant, Paul Manago ✓
 No. 6 McIntosh Alley ✓
 P.O., Charleston ✓ Rank, Private ✓
 County, Charleston ✓ Company, B. ✓
 State, South Carolina ✓ Regiment, 34. U.S.C. Vol Inf ✓
 Rate, \$ _____, per month, commencing _____

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY.

Name, P. H. Fitzgerald ✓ Fee, \$ _____ Agent to pay.
 P.O., Indianapolis Ind. ✓ Articles filed, _____, 189 .

APPROVALS.

Submitted for rejection, Nov 10, 1893 John H. Jamison Examiner. ✓
 Approved for Rejection no pensionable approved for Rejection no
disability under act of June 27th notable disability under Act
from alleged shell wound of of June 27th 1890.
head and resulting dizziness
and general debility as per
action of the Medical Referee
Legislative Clemens Thos. Foster
Legal Reviewer Medical Referee
Feb 15, 1894 Jan 22, 1894

Not now pensioned under other laws. Last paid to _____, 189 , at \$ _____
 Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted April 15, 1863 ✓ honorably discharged Feb. 28, 1866 ✓
 Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____
 Declaration filed May 2, 1892 alleges permanent disability, not due to vicious habits,
 from shell wound of head and resulting
dizziness and general debility. ✓

cannot write ✓

DECLARATION FOR INVALID PENSION.

(Act of June 27, 1890.)

State of South Carolina County of Charleston SS:On this 26 day of April A. D. 1892, personally appeared before me, a Clark Cant of the County and State aforesaid Paul Manago aged 66 years, a resident of City of Charleston, County of Charleston State of S. Carolina being duly sworn according to law,declares that he is the identical Paul Manago who enlisted on the 15th day of April 1863, in Co. B, 34th Regt. U.S.P. Inf Vol., in the war of the Rebellion, and served at least 90 days and was honorably discharged on the 28th day of Feb. 1866;that he is unable to earn a support by reason of the following disability "Shell wound of head, and resulting dizziness and general debility."
Said disabilities are not due to his vicious habits, and are, as he believes, permanent.Have you ever applied for a pension? No if so give No. If you are a pensioner state how much you draw and give number of Certificate

He makes this declaration for a pension under Act of June 27, 1890.

He hereby appoints P. H. FITZGERALD, of Indianapolis, Ind., his true and lawful attorney to prosecute this claim.

His P. O. Address is #6 Mc Intosh Alley - Charleston S.C.

Attest:

Nancy HollinsPaul Manago
(Claimant's Signature.)Also personally appeared Nancy Hollins residing at 46 Rutledge Avenue Charleston S.C. and J. F. Winkler residing at 46 Rutledge Avenue Charleston S.C. persons whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw Paul Manago the claimant, sign his name (or mark); that they have every reason to believe from their acquaintance that he is the person he represents himself to be, and they have no interest in the prosecution of this claim.

Attest to mark.

Identifying witnesses.

2 Nancy Hollins
2 J. F. WinklerSworn to and subscribed before me this 26 day of April A. D. 1892; and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased, and the words

L. S.

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

Wm. Mitchell
(Signature.)
Clark Cant
(Official character.)

SOLDIER'S APPLICATION

Act June 27, 1890.

Claimant Paul Manago

Soldier

Service Co. B 34th U.S.P. Inf

ADDRESS,

#6 Mc Intosh Alley
Charleston
S.C.P. H. FITZGERALD,
ATTORNEY,
INDIANAPOLIS, IND.

Date of execution

Wm. Mitchell, Printer, Greenfield, Ind.

10-247

This Blank is Prepared for the Exclusive Use of P. H. FITZGERALD, U. S. Claim Agency, Indianapolis, Ind.



James Affidavit
GENERAL AFFIDAVIT.

State of *So. Car.*, County of *Charleston*, ss.

In the matter of *Cave Manigo, late of do.*

B 34 W 816 Inf.

ON THIS *7* day of *Feb*, A. D. 189*6*, personally appeared before me

A J. P. Public in and for the aforesaid County duly authorized to administer oaths *Paul Manigo* aged *70* years, a resident of *Charleston*

in the County of *Charleston* and State of *So. Car.*

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

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

Has not lived in either the military or naval service prior to April 1863, or subsequent to 1866 in Co. B 34 Regt. Inf.

The errors contained in the affidavit were written by H. P. T. Jones, given by oral statement and he did not use any written or printed statement or receipt or signed or directed by any person other than

H Post-office address is *17 Cromwell ally Charleston SC*

further declare that *no interest in said case and* not concerned

in its prosecution.

H. P. T. Jones

Paul Manigo
(Signature of Affiant.)

W. H. Taylor

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

STATE OF South Carolina, COUNTY OF Charleston, ss:

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

erased, and the words

added, and acquainted him

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

[L. S.]

J. H. B. Doolittle
(Official Signature.)
Notary Public
(Official Character.)

I _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing

_____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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

[L. S.]

Clerk of the _____

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

Env. Orig 1108914

ADDITIONAL EVIDENCE.

CLAIM OF

Paul Manago
Co. B 94 Regt.

AFFIDAVIT OF

Claimant



FILED BY

I. S. Kurtz

Pension Attorney

Washington, D. C.

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant, while under observation. Describe as fully and as clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit, and fully explain the matter to them. The affiants should, if practicable, write out the statement; they should also state how they came to know the facts to which they testify.

General Affidavit for Any Purpose.

SEE FOOT NOTE.

STATE OF South Carolina

ss:

COUNTY OF Charleston

Personally appeared

and 176 Bayning St. Charleston

of Charleston

P. O., County of Charleston

State of South Carolina, who, being duly sworn upon his oath declare as follows:

That he was late a
member of Co "B" 34th U. S. Col
& was honorably discharged
July 28 "1866" & he has not
been employed in the military or
naval service since said date.

~~and further say that knowledge of the above facts is obtained from the following sources, viz:~~

~~and that he has no interest or concern in the matter.~~

{ If the person making affidavit signs by mark, have two witnesses sign here. }

Norman E. Turner

Nancy Hollins

Paul J. Allamigo
mark

Subscribed and sworn to before me, this 14 day of May 1892, and I certify that the party whose name appears signed to the foregoing affidavit is the person he represent himself to be and is a good and credible person, and that the contents of the foregoing affidavit were duly read and fully known to affiant before making oath to the same, and that I have no interest in the matter.

Official Signature.)

Thos G. Roag
Notary Public

THIS SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of the Peace or Notary Public, MUST HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY of such J. P. or N. P. in all cases.

When completed, return to

FITZGERALD & VAJEN,
INDIANAPOLIS, IND.



34
100

Southern Division

Invalid Claim

No. 1108.914

Paul Adams
Co. B "34" 1st S.R. Regt

Act June 27, 90.

Filed By

A. H. Fitzgerald

Indianapolis

Indiana

624292



The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant, while under observation. Describe as fully and as clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom the affidavit is taken should carefully read over, to each party, the contents of the affidavit, and fully explain the matter to them. The affiants should, if practicable, write out the statement; they should also state how they came to know the facts to which they testify.

General Affidavit for Any Purpose.

SEE FOOT NOTE.

STATE OF South Carolina }
COUNTY OF Charleston } ss:
Personally appeared Paul Manago
and
of Charleston P. O., County of Charleston
State of Charleston —, who, being duly sworn upon his oath
declare as follows:

That he was late a member
of Co. B. 34th U.S. Col., and that he
incurred shell wound of head at Morris
Island, putting up the big gun ^{on about} the day of June in the year
of 1864. under the following
circumstances —

That it occurred at
Morris Island, when he was engaged in putting
up the big gun to shell the City of Charleston — and
the shell came from Sullivan's Island, Battery
Moultrie and burst where & when he was working
and he was picked up & carried to the Hospital on
Morris Island — & was sent from there to Florida

and he further say that his knowledge of the above facts is obtained
from the following sources, viz:

and that he has no interest or concern in the matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

Nancy Collins
F. J. G. W. S.

Paul Manago
No 6 Mc Intosh Alley

Subscribed and sworn to before me, this 13th day of June 1893, and I certify
that the party whose name appears signed to the foregoing affidavit is the person
he represent himself to be and is a good and credible witness, and that
the contents of the foregoing affidavit were duly read and fully known to affiant before mak-
ing oath to the same, and that I have no interest in the matter.

(Official Signature.)

Paul Manago
Notary Public

THIS SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of the Peace or Notary Public,
MUST HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY of such J. P. or N. P. in all
cases. When completed return to

FITZGERALD & VAJEN,

U. S. CLAIM ATTORNEYS,

INDIANAPOLIS, INDIANA.

34
The South
Ohio

Evans

Paul Manago.

1/188, 914

G. P. 34 W. S. C.



FILED BY
P. H. FITZGERALD,
JUN 16 1893
INDIANAPOLIS, IND.

Write nothing above this line.

(3-060.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 7th, 1892

Sir:

It is alleged that Paul Manago enlisted April 15th, 1883
and served as a private in Co. B, 84 Reg't U. S. C. Inf
also as a _____ in Co. _____, Reg't _____

and was discharged at _____, Feb 28th, 1886

It is also alleged that while on duty at _____
on or about _____, 1884, he was disabled by shell wound of head

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

Please give personal description

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

Very respectfully,

Green Braun

Commissioner.

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

Orig. No. 11089/4

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner
of Pensions.

Paul Managie
Co. B, 34th Reg't. (U. S. C. Inf.),
was enrolled April 15, 1863,
and McCutcheon, Feb. 28, 1866,
was borne as Paul Managie.

Write nothing to the left of this line.

From Jan. 1, 1864, to Dec. 31, 1864,
he held the rank of Pvt.,

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

Age 31 yrs.

The medical records show him treated as
follows: No Paul Managie;
Capt. C. B. 34th U. S. C. I.
Aug. 6 to 17, 64, Mal
fever returned to
duty Aug. 17, 64.
Nothing special found.



By authority of the Secretary of War:

John A. ...
Colonel Captain and Asst. Surgeon, U. S. Army.

Per M.

Date JUN 8 1892
(COMMISSIONER OF PENSIONS.)



The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant, while under observation. Describe as fully and as clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom the affidavit is taken should carefully read over, to each party, the contents of the affidavit, and fully explain the matter to them. The affiants should, if practicable, write out the statement; they should also state how they came to know the facts to which they testify.

General Affidavit for Any Purpose.

SEE FOOT NOTE.

STATE OF South Carolina

COUNTY OF Charleston

SS:

Personally appeared Henry Alexander
and Nancy Tollins
of Charleston P. O., County of Charleston
State of South Carolina, who, being duly sworn upon their oath
declare as follows:

That He Henry Alexander swears
that he saw Paul Manago, sometime after he was
wounded in the head that he came back to the
City. & was not entirely well - he was not in the
same Co with Manago, but knew him very well
& saw his condition - Manago said that he had
come from Morris Island & told him that he
had been wounded there - that he got the wound
in the head at Morris Island Battery -

Nancy Tollins says that she was acquainted
with Paul Manago before he went into the service
and he lived right next door to this Deponent -
I know that his company & regiment were stationed
on Morris Island, I saw him when he came
home on a visit & had the wound in his head then, he
had come up from Beaufort. that one lived right next door
to each other, only fence between the premises -

and further say that knowledge of the above facts is obtained
from the following sources, viz:

and that he has no interest or concern in the matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

LEJMOG

Sarah X Daly

Henry Alexander
Nancy Tollins

Subscribed and sworn to before me, this 13 day of June 1893, and I certify
that the party whose name appear & signed to the foregoing affidavit the person
he represent to be and good and credible witness, and that
the contents of the foregoing affidavit were duly read and fully known to affiant before making
oath to the same, and that I have no interest in the matter.

(Official Signature)

THIS SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of the Peace or Notary Public,
MUST HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY of such J. P. or N. P. in all
cases. When completed return to

FITZGERALD & VAJEN,

U. S. CLAIM ATTORNEYS,
INDIANAPOLIS, INDIANA.

There is no other party
that could be got for a witness
except Sarah Daly

Jacob M. Vajen Notary Public



South Lin

erals

Paul Manago.

1108, 914

Co. B 3X "W.S.C."



FILED BY
H. FITZGERALD,
JUN 16 1893
INDIANAPOLIS, IND.

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant, while under observation. Describe as fully and as clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit, and fully explain the matter to them. The affiants should, if practicable, write out the statement; they should also state how they came to know the facts to which they testify.

General Affidavit for Any Purpose.

SEE FOOT NOTE.

STATE OF South Carolina

SS:

COUNTY OF Charleston

Personally appeared Richard Collins 670 Intosh Alley
and Rebecca Ann Bly 68 Morris St.
of Charleston P. O., County of Charleston,
State of South Carolina, who, being duly sworn upon their oath
declare as follows:

That they are well
acquainted with Paul Mangus
& know that he is now disabled
by shell wound of head & resulting
dizziness & general debility.

That said disabilities are
not due to any bad or vicious
habits that are such as to
prevent his performance from
manual labor about one half.

and they further say that their knowledge of the above facts is obtained
from the following sources, viz: _____

and that they have no interest or concern in the matter. his Collins
{ If the person making affidavit signs by
mark, have two witnesses sign here. }

Woman & Emma
Nancy Collins

Richard Mangus
Paul Mangus
Rebecca Ann Bly

Subscribed and sworn to before me, this _____ day of _____ 18____, and I certify
that the part _____ whose name _____ appear _____ signed to the foregoing affidavit _____ the person

he represent _____ to be and _____ good and credible witness _____, and that
the contents of the foregoing affidavit were duly read a _____ fully known to affiant, _____ before mak-
ing oath to the same, and that I have no interest in the matter. Paul Mangus's name was
inadvertently signed to this affidavit.

Official Signature. W. G. Boyd
Notary Public
THIS SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of the Peace or Notary Public,
MUST HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY OF such J. P. or N. P. in all
cases. When completed, return to

FITZGERALD & VAJEN,
INDIANAPOLIS, IND.



34
100

Southern Division

Invalid claim

No. 1108.914

Paul Mangano

D"34" A.S.P. Inf.

Act June. 22. 90.



Filed By

P.H. Fitzgerald

Indianapolis

Indiana

6-K-92

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
[State above whether for original, increase, or restoration.]

Pension Claim No. *1108914*

Name and rank of claimant.

Paul Manago.

, Rank,

Private

Company *B, 3d* Reg't

Charleston S.C.

State,

Claimant's post-office address.

Charleston S.C.

[Post-office address of the Board.]

July 6th

[Date of examination.]

, 189*2*

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: *Shell wound of head, resulting dizziness of head and general debility.*

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

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

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

[Original, increase, restoration, &c.]

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

pension and states that while on Morris Island he was assisting in pulling a "gun" on the seashore, he was struck with a shell from Fort Moultrie. That he was treated in the company hospital for a few days and was transferred from there to the hospital at Braufort.

Upon examination we find the following objective conditions: Pulse rate, *80*; respiration, *20*; temperature, *98.1*; height, *5* feet *7* inches; weight, *140* pounds; age, *65* years.

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

The soldier has a shell wound of the left side of the head near the union of the frontal and left parietal bones. The scar is on the frontal bone. The scar is large and is indented. The bone was injured and necrosed. The scar is tender but gives no pain. The soldier complains of dizziness. The soldier has no general debility.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *8/18* rating for the disability caused by *shell wound of head*, for that caused by _____, and _____ for that caused by _____

, Pres.

, Sec'y.

, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Paul Munago
Co. *B*, 3rd Reg't *U.S.C.*

Applicant for *Original*

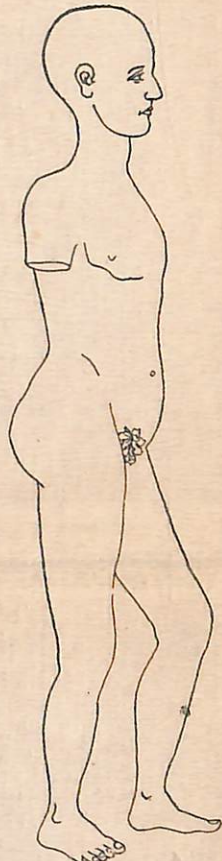
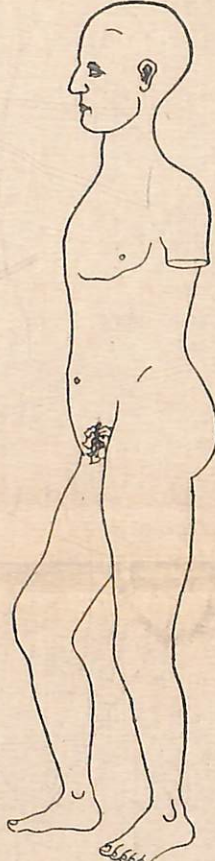
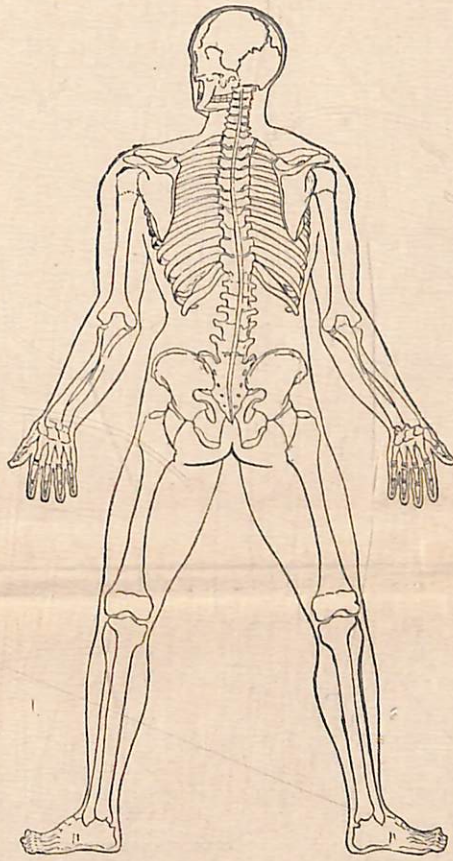
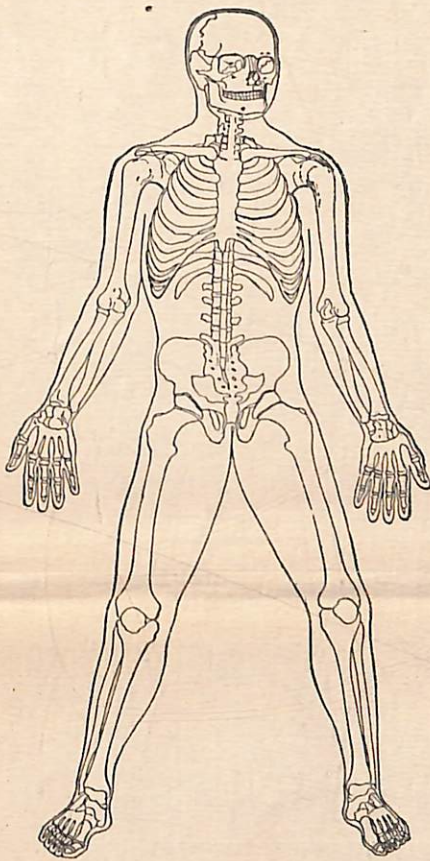
No. *1108914*
DATE OF EXAMINATION:
July 6, 189*2*

Wm. C. Munago, Pres.,
Wm. C. Munago, Sec'y,
Wm. C. Munago, Treas.,
Wm. C. Munago, Board,

Post office, *Charleston*
County, *Charleston*
State, *South Carolina*

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

Wm



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.

[State above whether for original, increase, or restoration.]

Pension Claim No.

Name and rank of claimant.

Rank,

Company

Reg't

[Post-office address of the Board.]

State,

Claimant's post-office address.

[Date of examination.]

189

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

Cause of disability.

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

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

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

[Original, increase, restoration, &c.]

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

Complain of a skull wound, of impaired eyesight & rheumatism.

Upon examination we find the following objective conditions: Pulse rate, 82 ; respiration, 18 ; temperature, _____; height, 5 feet 8 inches; weight, 135 pounds; age, 75 years.

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

He presents all the signs of advanced age - Arcus senilis present. No evidence of any wound of skull now exists. No signs of Rheumatism, Joints normal. There are Ptosis on both eyes, at internal & external canthi but as they do not encroach on cornea they do not impair the sight. The refractive media & fundus are normal having been examined with dilated pupil Ophthalmoscopically. Except as above all signs are normal & no signs of any vicious habits exist. For disability due to old age & scars therefore recommended a $3/16$ rating. For that due to impaired sight a $2/16$ rating.

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.

J. N. Robert, Pres. Edward J. Parker, Sec'y. A. B. Baker, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Paul L. Manago
Co. *B 34*, Reg't *1000*

Applicant for *Original*

No. *108914*

DATE OF EXAMINATION:

Dec. 18, 189*5*.

L. W. Roberts, Pres.,
J. F. Quinn, Sec'y,
Chamberlain, Treas., } BOARD.

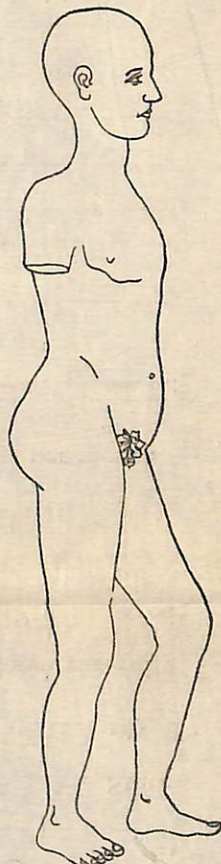
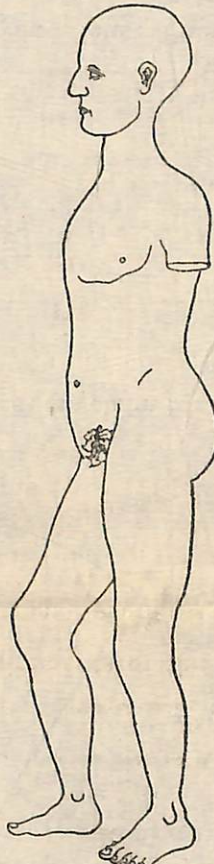
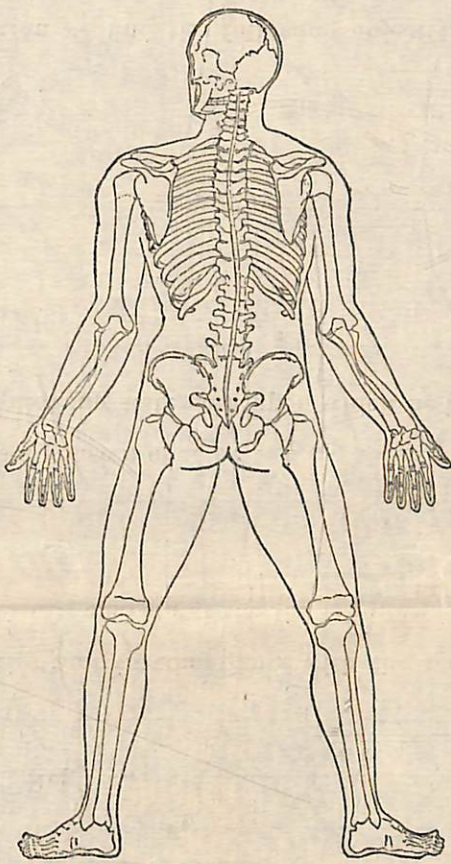
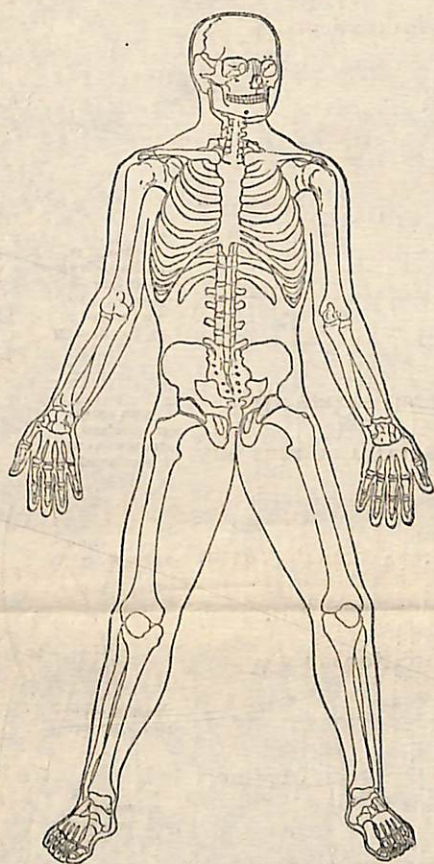
Post office, *Chamberlain*

County, *N*

State, *N.D.*

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

Recome



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

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