Midgett, Riley WC 864-132

[1 of 2]

3—049.

Ex. B. F. W. MAILS & SUPPLIES DIVISION Div.

Department of the Interior,

BUREAU OF PENSIONS,

WASHINGTON, D. C., Dec. 7, 1917

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit, and return to this Bureau.

No. of claim, 115-499

Name of soldier, Riley Midgett

P. O. address of claimant, Elizabeth City North Carolina

Company H

Regiment 36

State where enlisted Portsmouth Virginia

If unable to furnish company and regiment give names of commanding officers.

Riley Midgett
314 Eage St

Return attached letter with reply.

J. McCartzgabe

Commissioner.

—2469

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 # 6649824

U. S. PENSION OFFICE
MAY 7 1918

WASHINGTON, D.C.
MAY 3
6-PM
1918

OFFICIAL BUSINESS
BUREAU OF PENSIONS
GOVERNMENT BONDS
3RD LIBERTY
FOR PRIVATE USE $300

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.

Left after June 27-18

Baker

1—812

REIMBURSEMENT.

Certificate No. 864.132

Pensioner Clarissa Midgett

Class WIDOW

Date of Death Nov 18 1920

Claimant Hamil Bellamy

Post Office Norfolk Va. R.F.D. 3
c/o Harrisons Store Va.

Received Apl. 13. 1921, 191

April 22. 1921. Chk. 1 26 R. JHB

6—5472

No. 130,978

Claim of Riley Midget

Pvt Co., F Reg't, 36 U.S.C.T.

Late of F. S. & T. Co

Post Office: Norfolk

County: Norfolk

State: Va

Referred by J P C

TO MEDICAL DIVISION

On this 16 day of Jany, 1872

Returned to

On this ___ day of _____, 187 .

ACTION:

3/4.

J R Hood

Chief of Division.

391406

3—049.

Ex. M K Div. Mail

Department of the Interior,

BUREAU OF PENSIONS,

WASHINGTON, D. C., 5/31, 1921

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit, and return to this Bureau.

✓ No. of claim, Certificate No. 864132

✓ Name of soldier, Clarissa Midgett widow of Riley Midgett

✓ P. O. address of claimant, Bucle Va.

✓ Company Co. F

✓ Regiment 36

✓ State where enlisted

✓ If unable to furnish company and regiment give names of commanding officers.

Return attached letter with reply.

Washington Gardner

Commissioner.

PENSION BUREAU JUN 4 1921 OFFICE

—2469

3-1661

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

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.

Clp #8203911

WASHINGTON, D.C.
FEB 3
6-PM
1921

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300

DISBURSING OFFICE
FEB 16 1921
BUREAU OF PENSIONS

DISBURSING OFFICE
FEB 15 1921
BUREAU OF PENSIONS

P.T. 6-10-1902.

THE NATIONAL ARCHIVES

CERT. NO. 864132

PENSIONER: Clarissa

Widow OF

VETERAN: Riley Midgett

C

I.A. NO. 62011

Feby 5 1918.
Clmt notified date & cause of rejection. clm for increase of pnsn gen'l law, filed Oct 5 '15 [illegible]

Mch. 11 1918 - Blank & pamphlet - with full suggestions - see Carbon. W.R.Mc.

April 11, 1918 Clmt notified of Rej. of Claim filed Mar 18, 1918 [illegible]

DROPPED
PAIGE
MAR 14 1916
FINANCE

Duplicate Ticket

INVALID

Cert. No. 115.499

Name, Riley Midgett

Rank, Pvt ; Service, Co F 36 U.S.C. Vol Inf

DEAD

Original Roll: Knoxville

Agency: Transf'd , 1 , to Ga 2
" , 1 , to

Issue. Class Inc Fee, $10

Issued April 24 1890
Mailed May 1 1890
Rate and period, $ 17 , from Mar 5 18

Deductions:

Entered 4 Disability: G.S.W. of left arm & side

Issue. Class Reis Fee, $

Issued Mar. 27 - 1913
Mailed MAR 28 1913
Rate and Period, $ 18 , from June 6 - 1912
Incl $24 " Aug. 24 - 1913
Incl $30 " Aug. 24 - 1920

Deductions: 0

Entered 5 Disability:

ACT OF MAY 11, 1912

Issue. Class Fee, $

Issued
Mailed
Rate and period, $, from

47

Accrued Pension,
ACT OF MARCH 2, 1895.
Accrued Pension Order
Issued Mch 13 1919
Payable to widow
Sent
to Finance Division.

Deductions:

Entered Disability:

Issue. Class Fee, $

Issued
Mailed
Rate and Period, $, from

Deductions:

Entered Disability:

See Vol Clm. 864.132

INDORSEMENTS.

Reminder

1913 Sept 9 Clmt advised that he has no claim pending for increase under general law hence no med examination can be given him E.D.G.

Dec. 22 1917 - Pensions - that claim for renewal & incr. requires med. evidence called for by letter to his attys. Dec. 29 1915 - See Carbon Copy letter. W.R.Mc.

No. 2. (3—210.) No. 2.

INCREASE OF PENSION.

(FOR A BOARD.)

Claim No. 115.499

Name of claimant, Riley Midget

Rank, Private

Company, F

Regiment, 36 U.S.C.T.

Post-office address, Elizabeth City Pasquotank Co. N.C.

ADDRESS OF THE BOARD

Post office, Nat Soldiers Home

County, Elizabeth City

State, Virginia

Date of examination, Dec 9, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law * we have carefully examined this applicant, who states that he is now pensioned at a Total disability on account of Wound in left arm & side

Degree now paid and for what disability.

Reason for claiming increase and degree claimed.

and that he claims an increased rating for the reason that disability has increased and that he is now disabled to ..... degree for earning his subsistence by manual labor.

His pulse-rate per minute is 72; his respiration 18; his temperature .....; his height is 5 feet and 9 inches; he weighs 155 pounds, and he states that he is about 43 years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement: That the left handfels cold most of the time and the handfels numb & weak - and often very painful, especially when cold. That it often breaks out & discharges at the large scar on outside of left arm. That the left hand has grown very much weaker than formerly - cannot now hold a tool in it with which to work. That the left shoulder is also very painful - & that he has much pain and tenderness along on chest under the nipple.

Here give the claimant's statement of his reasons for claiming an increased rating as fully and as compactly as possible.

SUBJECTIVE SYMPTOMS.

Upon examining this applicant we find the following objective conditions which, in our judgment, do ..... entitle him to an increased rating: Ball entered on outer aspect of left arm about 3 inches below the top of shoulder, passed through inwards & forwards & emerged about 2 inches below axilla, entered chest about 3 inches external to nipple, where it was removed - the scar being 2 by 3/4 inch not adherent. Also a scar horizontally directly beneath left nipple, 2 1/2 inches long, adherent to rib, and apparently very sensitive to the touch. Scar of exit in arm also tender, but not firmly adherent - some induration. On external surface of left arm the cicatrix of entrance is 6 inches long, & from one inch to 2 1/2 inches wide, firmly adherent to bone two thirds of the length of scar & sensitive to touch. The humerus is at least one inch shortened, and all along the scar the bone is left enlarged and uneven. Middle of left arm 1 1/2 inches smaller than right - Left forearm 1/2 inch smaller than right - Left hand around palm 3/4 inch smaller than right - cannot carry left arm quite up to horizontal - Left deltoid very small & flabby. Left shoulder joint crackles on motion - & moves very slowly & jubly, Grasp of left hand is very weak.

Here give a full description of the which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 16/18 3d grade rating for the disability caused by Wound in left arm & side for that caused by ....., and ..... caused by .....,

Rate for each cause of disability, and state the aggregate.

the sum of which aggregates 16/18 3d grade

By bending his head as far forwards as he can he can get his left hand up to the lower part of back of head. Grasp of left hand extremely weak - not more than 1/6 that of right.

*See the back.

Geo. Gelden, Pres.,
S. K. Towle, Sec'y,
J. H. Bontelle, Treas.,
BOARD.

2 2

SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

Riley Midget

Co. F, 36 Reg't U.S.C.T.

Application for Increase.

No. 115,499

Date of examination Dec 9, 1885

Thos Feldman

S. K. Towle

Examining Surgeon.

J. P. Bartelle

Post office Nat'l Soldiers Home

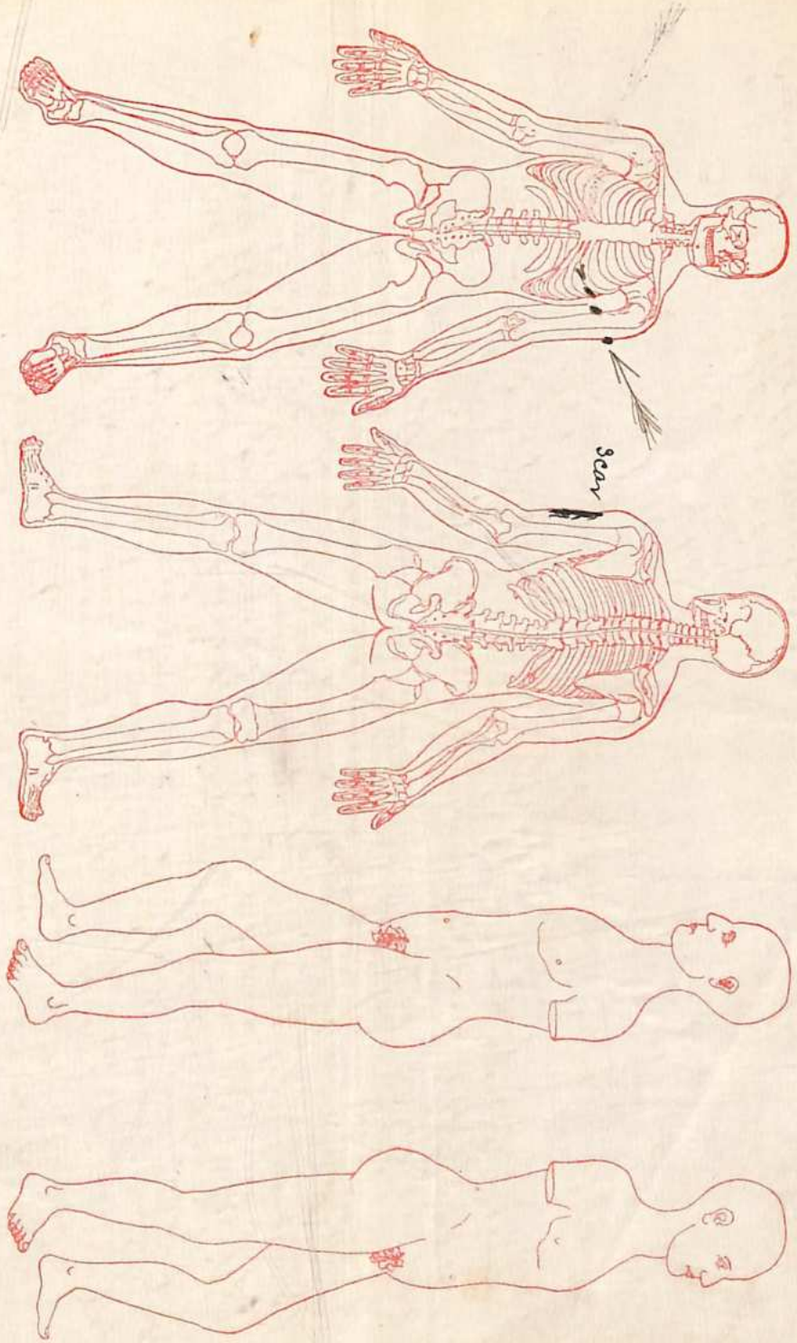
County Elizabeth City

State Virginia

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

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

(455—100 M.)



EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. 2

Name of claimant, Riley Midgett

Rank, Private

Company, H.

Regiment, 46th "

State, W. S. C. I.

EXAMINING SURGEON'S ADDRESS:

Post office, Washington

County, Beaufort

State, N. C.

Date of examination, Dec 19th, 1882

Present rating.

The applicant states that he is now paid at the agency for a ..... disability, on account of ....., and that he applies for increase on the ground that the rating is too low & there has been an increase in disability

That the present rating is unjustly low, or that there has been actual increase of the disability.

Particular description.

He states that he is 40 years of age, that he weighs 160 pounds, and that he is 5 feet 7 inches in height.

His pulse-rate per minute is 72, his respiration 16, and his temperature Normal

The surgeon should not recommend increase excepting for one of two reasons—that the present rating is unjustly low, or that the disability has really increased. In either case the reasons for changing the present rating should be clearly set forth, and should include a full statement of the physical and rational signs.

The examination reveals the following conditions:

A Gun Shot Wound in the upper 1/3 of left arm, also a wound just under the left breast, ~~the~~ the breast wound is shallow Cicatrix hard, & gives no trouble. The cicatrix is tender & there is a tendency to Suppuration. ~~& the arm~~ in the wound of the arm & the arm cannot be of much use to him at present. he is just out of an attack of Typho-Malarial Fever. during said fever the arm had to be lanced 12 doz times. So he states. It shows some evidence of it.

I think it will probably improve as he regains his health

There is no ulceration or discharge at the present, but swollen & edematous in the region of the wound.

Judging from the condition and history of the claimant, it is my opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

I find the disability as above described to entitle him to a 1/3rd grade rating.

S. S. Nicholson M.D.

Examining Surgeon.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

2 2

SURGEON'S CERTIFICATE

CT 115-499

IN CASE OF

Riley Midgett

Co. H., 36th Reg't U. S. C. T.

Application for Increase.

No. 2

Date of Examination: 19th

Decr. 1882

S. T. Nicholson

Examining Surgeon.

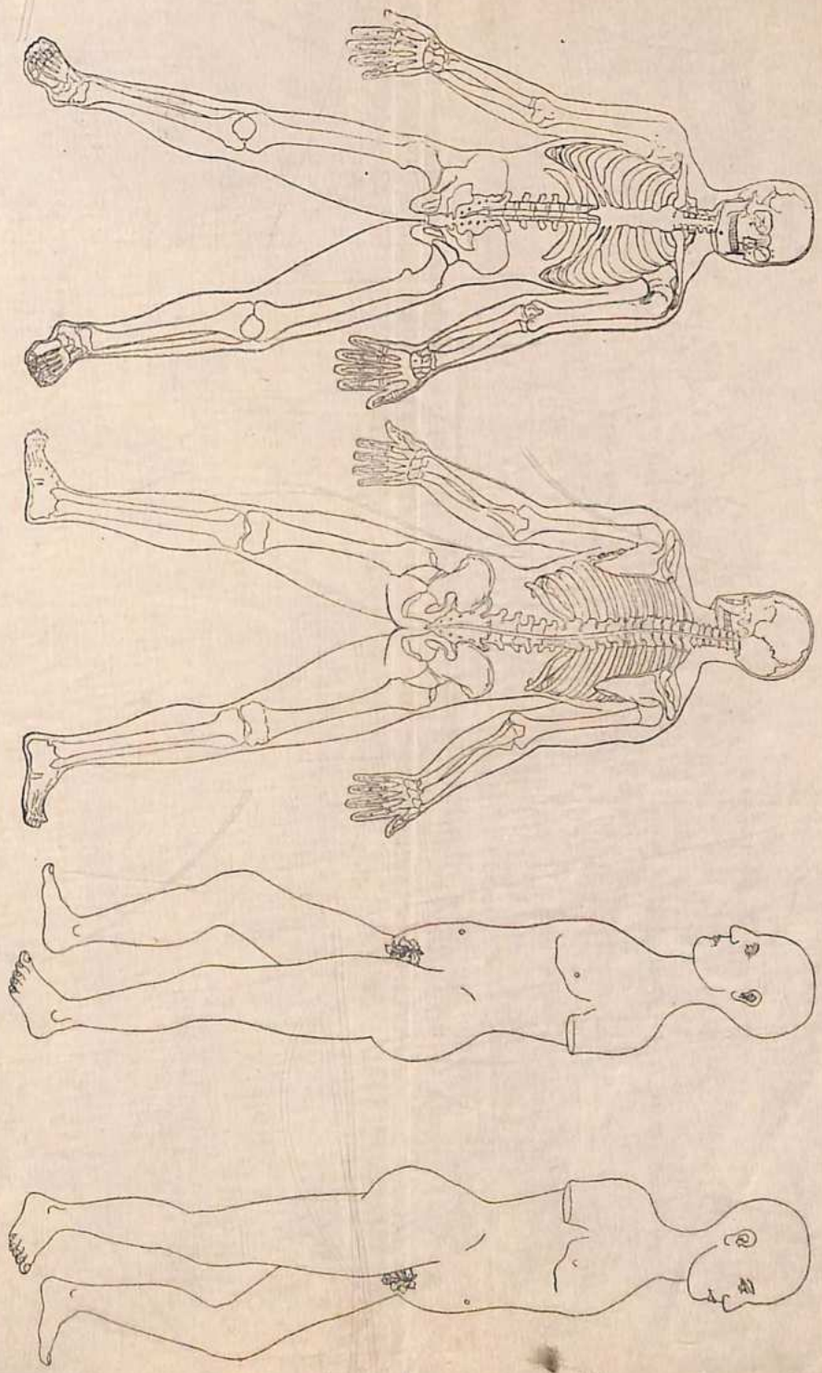
Post Office, Washington

County, Beaufort

State, N. C.

P. S.—Write your Post Office address plain and in full.

[10,002—150 M.] ELECTRO'S.



(3—110.)

3 **EXAMINING SURGEON'S CERTIFICATE** 3

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 115,499

State: Virginia County: Elizabeth City

Post Office: Hampton Mch 16, 1881.

It is hereby certified That Riley Midgett formerly a Private of Captain Field's? Company, in the 36 Regiment of U. S. C. T., in the war of 1861 who is now paid at Knoxville Tenn. Agency at the rate of 6 dollars per month, on account, as he states, of G. S. W. left side and arm

while in the line of duty in the military service of the United States, on or about the 29 day of Sept., 1864, at a place called Deep Bottom, in the State or Territory of Virginia

Here specify the particular disease or injury.

is still suffering in consequence of said Gun Shot Wound of left side and arm

The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:

Height, 5 ft. 6 in.; weight, 165; complexion, Negro age, 40; respiration, 22; pulse, 70

Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also, state whether the disability is *permanent* in its present degree, and whether it has been in any degree caused or protracted by vicious habits.

Gun Shot wound below left nipple fracturing 6th rib. The ball has not been extracted according to his statement. A large cicatrix adherent to ribs. During the past year he states that there has been a discharge from this wound; at present it is well healed but somewhat tender. He states that he has pain below cicatrix & occasional attacks of hæmoptysis. There is slight dullness just above cicatrix, & Broncho vesicular respiration.

Gun Shot wound of left upper arm, fracturing upper 3rd of humerus badly. Ball passed through from outer side inward and lodged in muscles of left chest from which it has been extracted. Cicatrix of arm healed, adherent to bone. Considerable dead bone has been removed at times. The upper 3rd of humerus has lost about 1/3 of its diameter. We find his disability, as described above, to be equal to, and entitling him to $10.00 per month

We rate wound of arm at 1/3 3rd Grade = 6.00
" " " " side " 1/2 total = 4.00
10.00

Thos Jelcs
J. T. Boutelle
Examining Surgeon.
Ex J Mannassas

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

3 SURGEON'S CERTIFICATE 3

IN CASE OF

Riley Midgett

Co. F, 36 Reg't, U. S. C. T.

APPLICATION FOR INCREASE.

No. 115,499

Date of Examination: March 16 1881

Phil Jelleff

P. T. Bontelle

Examining Surgeon.

Geo Massman

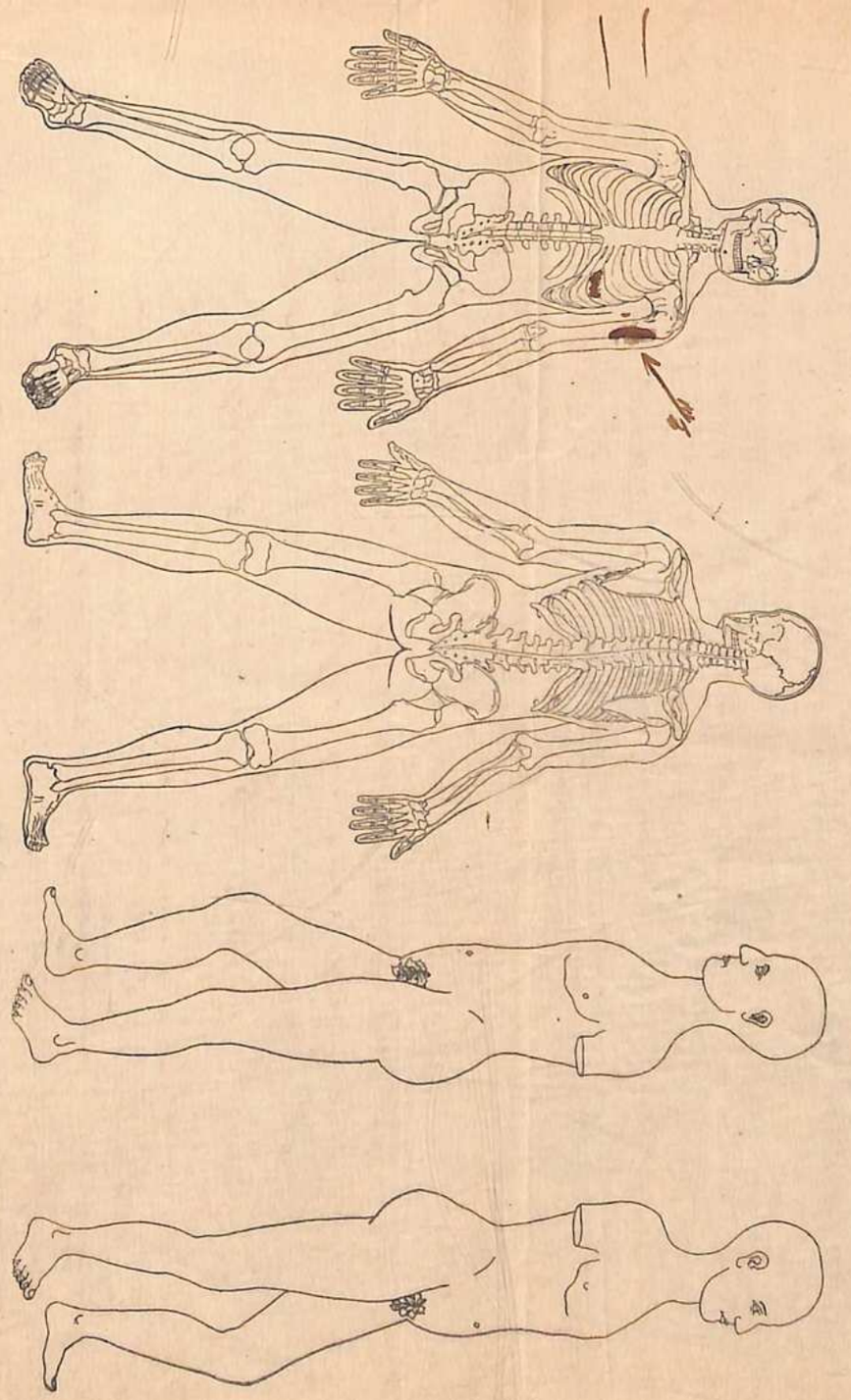
Post Office, Hampton

County, Elizabeth City

State, Virginia

P. S.—Write your Post Office address plain and in full.

Admit



R R

CERTIFICATE

OF

~~PERIODIC~~AL EXAMINATION BY CITIZEN SURGEONS.

THIS CERTIFICATE is to enable a pensioner who is subject to biennial examination under the existing law to secure payment. It requires that the examination shall be made by *two physicians*, each of whom must give their post-office address. In filling the blank for the description of the disability, it should be the object to give not only *the name of the disease* or the *kind of injury* which causes it, but the *physical* and *rational signs* of the disease; the *structural changes;* the *site of injury*, and *how the pensioner is affected*. The degree of disability for obtaining a subsistence by manual labor should be expressed as one-fourth, one-half, three-fourths, or total, as the case may be. If the disability be *equivalent to the loss of a hand or foot;* if the pensioner be disabled *for the performance of any manual labor*, or if he *require the regular aid and attendance of another person*, the fact, in each case, should be set forth in *so many words*—the precise words used above. THE EXAMINATION MUST BE CONFINED TO THE INJURY OR DISEASE FOR WHICH PENSION WAS GRANTED. None other should be considered or described. ~~The fees for the examination must be paid by the pensioner.~~

STATE OF North Carolina, COUNTY OF Pasquotank, *ss:*

The subscribers, practicing physicians or surgeons in the town of Elizabeth city do hereby certify that we have carefully examined Riley Midget, who states that he is to be paid an invalid pension at the agency in Knoxville, in the State of Tennessee.

Age About 28 or 29 yrs; height, 5 ft 8 inches; weight, 155; pulse, 80 pr min; respiration, 20 pr min;

Particular description. Gun shot wound of upper third of humerus - Atrophy of all the muscles in that region with fusion & adhesion of them so as to be almost useless, cicatrix subject to frequent formation of abscess & discharge of spicular of bone - At present there is no discharge - Both of us have attended the applicant when suffering & removed the pieces of bone

and that his present disability for obtaining subsistence by manual labor amounts to three fourths

Dated at Elizabeth City, 3rd day of Dec, 1877. } R H McIntosh, M.D. W. J. Lumsden, M.D.

Sworn to and subscribed before me; and I hereby certify that I am personally acquainted with the above-named Doctors R H McIntosh & Wm J Lumsden and know their reputation for skill and integrity is good.

Wm W Kennedy, J.P.

STATE OF _____, COUNTY OF _____, *ss:*

I, _____, Clerk of the _____ Court of the County and State aforesaid, do hereby certify that _____ is _____, duly commissioned and qualified; that his commission was dated on the _____ day of _____, 18 , and will expire on the _____ day of _____, 18 ; and that his signature above written is genuine.

GIVEN under my hand and seal of said County this _____ day of _____, 187 .

_____, *Clerk.*

Mr VanMeter

Off by Civil Surgn.

Med. Ref.
Increase
115,499.
Riley Midget.

alleges disability from gun shot wound of left arm.

The Surgeons making to give a full certificate and a rating in accordance with the degree in which it interferes with manual labor.

Their accounts to be rendered, with this, for One Dollar each, all that can be allowed under the law, direct to this Office.

4 SURGEON'S CERTIFICATE 4

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Virginia County: Norfolk

Post Office: Portsmouth Va Sept, 1873.

Pensioner's service.

I hereby Certify, That I have carefully examined Riley Midget, who was a private Co F 36th USCT in the war of 1861

Be particular to give Certificate No.

and was granted an Invalid Pension under Certificate No. 115499

Agency where to be paid.

to be paid now at the Agency in Richmond Va

by reason of alleged disability resulting from Gun shot wound, which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at $6 per month 6

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5 ft 7 in; weight, 158; complexion, negro; Age, 30; respiration, 20; pulse, 80

Gun shot wound left arm, ball passing through arm just at the point of the deltoid muscle, causing a compound fracture of the arm since last biennial examination the wound has been open and several pieces of the bone removed — at present it is closed, but there are indications of further exfoliation of the bone — At present he is totally disabled

D B Kemp

Examining Surgeon.

Bennett

4 SURGEON'S CERTIFICATE 4

OF

PERIODICAL EXAMINATION

IN CASE OF

Riley Medger

Co. F, 36th Reg't, Ark T

No. 115 497

DATE OF EXAMINATION,

9th Sept 1873

S B Kenny

Examining Surgeon.

DUPLICATE.

SURGEON'S CERTIFICATE

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Virginia County: Norfolk

Post Office: Portsmouth 4th Feb, 1875.

Pensioner's service.

I hereby certify, That I have carefully examined Riley Midgett, who was a private in 36th Regt USCT in the war 1861 and was

Be particular to give Certificate No.

granted an Invalid Pension under Certificate No. 115-499, to be paid now

Agency where to be paid.

at the Agency in Norfolk Va, by reason of alleged disability resulting from Gun shot wounds which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at 6 6/10 for month 24th each

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5 feet; weight, 160; complexion, negro; age, about 30; respiration, 20; pulse, 72.

Gun shot wound left arm and side - bullet entering outside of arm near the point of the deltoid muscle passing through covering a compound fracture of the humerus and entering the side fracturing the 4th rib on the curve. The flexor muscles of the arm were nearly destroyed. The cicatrix extending from the deltoid muscle to near the elbow. The wound has recently been open and bones exfoliated. The wound in the side causes no disability.

B B Kinney

Examining Surgeon.

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Riley Medgel

Co. H, 86 Reg't, USCT

No. 115499

DATE OF EXAMINATION,

14th Sept 1875

J B Kenney

Examining Surgeon.

DUPLICATE.

4

Surgeon's Certificate

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Virginia County: Elizabeth City

Post Office: Hampton Sept 11th 1877.

Pensioner's service.

We **hereby certify** That we have carefully examined Riley Midget, who was a pri Co F 36th US C T in the war 1861 and was

Be particular to give Certificate No.

granted an Invalid Pension under Certificate No. 115499, to be paid now

Agency where to be paid.

at the Agency in Knoxville Tenn, by reason of alleged disability resulting from GSW left arm which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In our opinion the said Pensioner's disability, from the cause aforesaid, continues at $6.00 3/4 rate

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5.5; weight, 158; complexion, negro; age, ott 84; respiration, 18; pulse, 74.

GSW left arm ball passing through the left arm and lodging under the skin in which position it can be plainly felt. The humerus was fractured and about two inches removed rendering the arm shorter by that much than the right. The humerus is evidently diseased. The cicatrix extends from head of humerus to elbow showing extensive destruction of the muscles

The present rate is two dollars

M M Wright
S B Kenney
Chas Geldes

Examining Surgeon.

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

Periodical Examination

IN CASE OF

Riley Midget

Co. F, 3d Reg't, Cav'l T

No. 115499

DATE OF EXAMINATION:

11th Sept 1927

W M Wright

C B Kenney

Chas Felder

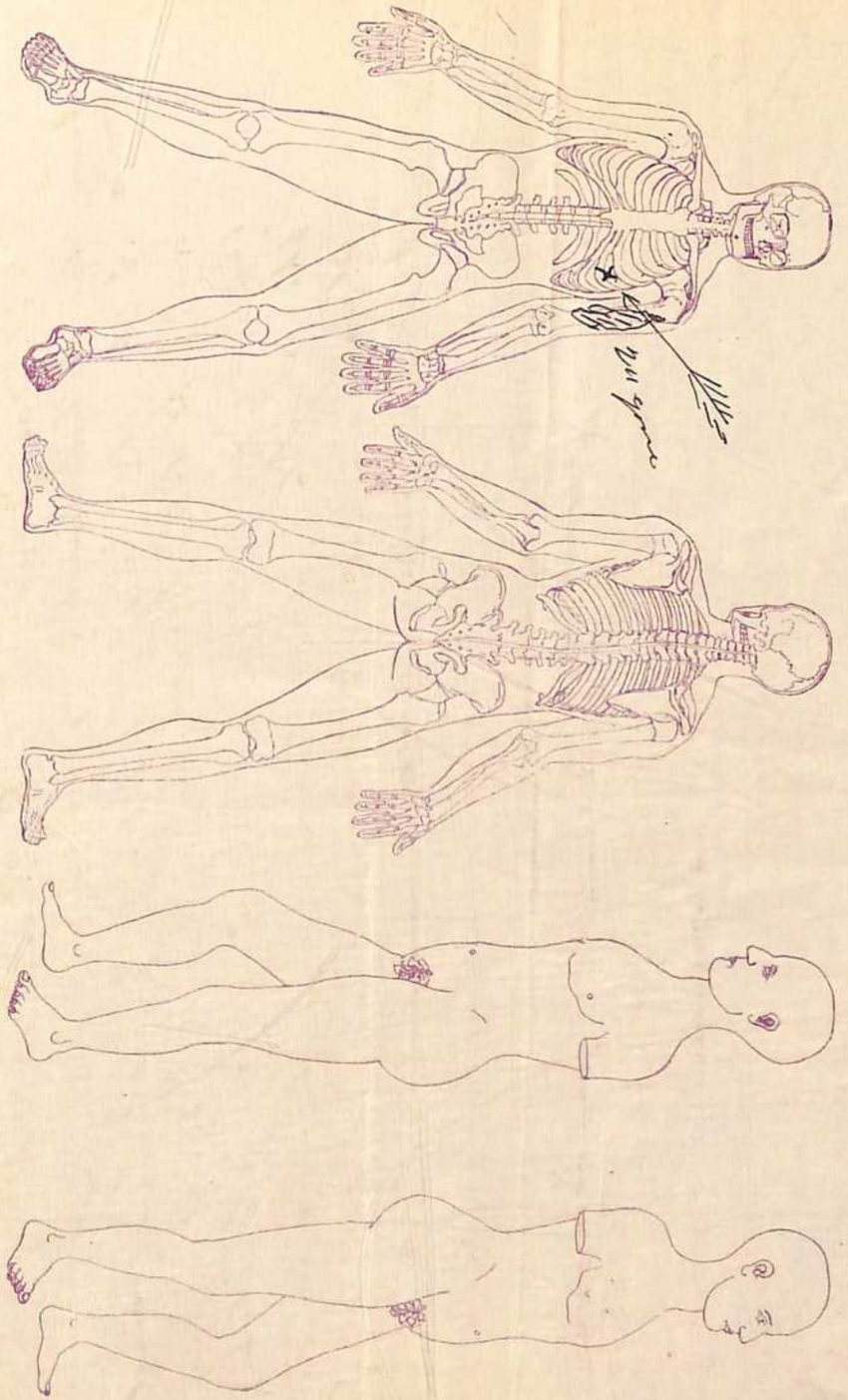
Examining Surgeon.

Post Office, Hampton

County, Elizabeth City

State, Virginia

P. S.—Write Post Office address plain and in full.



Examining Surgeon's Certificate

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 130,978

State: Virginia County: Norfolk

Post Office Portsmouth 7th Oct, 1871.

I hereby Certify, That I have carefully examined Riley Midget, late a private

Applicant's service. Co. F, 36th Reg't, U.S.C. Troops

in the service of the United States, who is an APPLICANT for an invalid pension, by reason of alleged disability resulting from left arm & leg left side

Degree of disability. In my opinion the said Riley Midget is three fourths incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin. Judging from his present condition, and from the evidence before me, it is my belief that the said disability did ____ originate in the service aforesaid in the line of duty.

Probable duration. The disability is probably permanent

A more particular description of the applicant's condition is subjoined:

Particular description. Height, 5 7/12; weight, 160; complexion, negro. Age, 25; pulse, normal; respiration, normal.

Musket ball left side fracturing the fifth rib ~~causing slight deformity~~ no disability

Musket ball left arm, causing a compound fracture of the humerus. The cicatrix is very large, showing extensive suppuration, loss of tissue and contractions, injuring the use of the arm and producing a disability equal to 3/4th rule. At present the wound is open showing a denude of the bone —

D B Nesmer

Examining Surgeon

W

1 SURGEON'S CERTIFICATE 1

IN CASE OF

Riley Midget

Co. F, 36th Reg't, USCT

APPLICATION FOR PENSION.

No. 130,978

DATE OF EXAMINATION,

7th Oct 1871

J B Kenney

Examining Surgeon.

Examining Surgeon's Certificate.

Portsmouth Va August 6th 1868.

I hereby certify, That I have carefully examined Riley Midget, late a Private, Co: "F" 36th Regmt: U. S. Cold: Troops

Applicant's service.

in the service of the United States, who was discharged at San Diego, Texas, on the 24th day of August, 1866, and is an applicant for an invalid pension, by reason of alleged disability resulting from Gun Shot Wound

In my opinion the said Riley Midgett

Degree of disability.

is One Third (1/3) incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Judging from his present condition, and from the evidence before me, it is my belief that the said disability Was incurred

Origin.

in the service aforesaid in the line of duty.

Probable duration.

The disability is Permanent.

A more particular description of the applicant's condition is subjoined:

Particular description.

This person recd a wound from a Minnie Ball, passing through and fracturing upper third of Left Humerus, producing ~~[illegible]~~ an "exostosis" of that bone and thereby impairing use of left Arm so as to disable him one third —.

No: 130.978.

James Williamson M.D.
Examining Surgeon.

Mid

No. 130.978

Kellogg

MEDICAL AFFIDAVIT.

This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible, be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of North Carolina, County of Pasquotank ss:

In the Pension Claim, No. Cf. 115.499

of Riley Midgett

Late a private in Co. F of the 36 Reg't. of Vols.
(Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.)

Personally came before me, a. Clerk Superior Court in and for the aforesaid County and State C. W. Sawyer M.D. a citizen of Elizabeth City, N.C. whose Post-office address is Elizabeth City County Pasquotank State N.C. well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows;

That he is a practicing physician; and that he has been acquainted with said soldier for about 6 years, and that he is afflicted with left foot Frostbitten, his eyes are very much impaired, by old age, Presbiopia, he has 2 scars under the left breast he says it was produced by a Bullet while in the war, also he has a very bad scar on the left arm between the shoulder + elbowe which he says several pieces of bone have come out off and the wound was caused by a bullet while in service in the war of 1861 to 65, now it seems to be very tender and he says it pains and aches, and that he can't scarcely use it, that he has to do the most of his work with his right hand - I have attended him in a case of Pneumonia several years ago. he has recovered of that long ago, he has a not in his forehead over the left eye, it is soft + is large as an egg, it he says gives him some trouble - I think he is about 2/3 disabled from performing manual labor -
(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.)

NOTES.

The physician, in order to cover the required points should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough; that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated solder since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. Affiant should take especial care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor whether ¼, ⅓, ½, ⅔, ¾, or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

He further dsclares that he has practiced medicine ....17.... years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

C. W. Sawyer M.D.
(Affiant's signature. Give rank and service, if in the Army.)

Sworn to and subscribed before me this ..18th.. day of ..February.., A. D., ~~189~~ 1903.., and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words ..... erased, and the words ..... added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

W. H. Jennings
(Official Signature.)

[L. S.] Clerk Superior Court
(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 .....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

MEDICAL EVIDENCE.

CLAIM OF Robert Hildgett

Late Private in Co. H 36 Reg't Ind. Vol.

FOR Dependent

No. 11549

AFFIDAVIT OF C. W. Sawyer

FILED BY

SOUTHERN BY
FEB 17 1903
RECEIVED

WASHINGTON ATTORNEY
Washington D C

Printed and for sale by W. P. Canaday & Co., 712 10th St., N. W., Washington, D. C.

3—364

Reissue

ACT OF MAY 11, 1912.

Cert. No. 115499

Amended by act March 4, 1913

Claimant, Riley Midgett

P. O., Elizabeth City | Rank, Private

County, Pasquotank | Service, F. 36 N. S. C. Inf.

State, North Carolina

Rate, $ 18 per month, commencing June 6, 1912.

$24 commencing August 24, 1915

$30 commencing August 24, 1920

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, | Fee, $; Agent to pay.

P. O., | Articles filed, 19

APPROVAL.

Submitted for Adm., Feb. 13, 1913, J. Asch, Examiner.

Approved for Admission Rate $ 18. per month; age 66 years.

Reissue from General law

Date of birth August 24, 1845

Length of pensionable service: 2 years, 11 months, 27 days.

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

on account of

March 24, 1913, H. S. Smith, Legal Reviewer. March 25, 1913, L. J. Stanton, Re-Reviewer.

Enlisted August 24, 1863; honorably discharged August 24, 1866

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 2 years, 11 months, 27 days.

Pensioned at $ 17 per month, under General Law.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 6, 1912

Age shown by evidence 66 years; date of birth ~~alleged~~ August 24, 1845

Claimant does — write.

Hon. Jno. H. Small, M. C.

6—3317

Removal Division.

Surgeons Office 36th U.S.C.T.
Brazos Santiago Tex. Sept. 1st 1866

I certify that Riley Midyett Private Co. F 36th U.S.C.T. was wounded through the left arm and side dangerously at the battle of New Market Heights Va, while doing his duty. September 29th 1864.

J. Clark Gorton
Surgeon 36th U.S.C.T.

WAR DEPARTMENT,

Surgeon General's Office,

Record and Pension Division,

Washington, D. C., June 10, 1869.

Respectfully returned to the Commissioner of Pensions.

It appears from the records of this Office that J. Clark Stockton was Surgeon of the 3 Reg't Ohio V. ~~Vols~~., at the date specified in the enclosed Statement, and the signature thereto appears to be genuine.

BY ORDER OF THE SURGEON GENERAL:

J. J. Woodward

Bvt. Lt. Col. and Asst. Surgeon, U. S. A.

(54)

R. of A. Vol. ..... No .....

3278
28

RECORD & PENSION OFFICE
JAN 27 2127651 1902
WAR DEPARTMENT

3—059.
(Old No. 3—464.)

SOUTHERN. Div. Wd. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Jan 25 1901

Respectfully returned to Chief of Record and Pension Office War Department for personal discription and name of former owner.

PENSION U. S. JAN 27 1902 OFFICE.

No other report on file.
Cert #115,499.
Riley Midgett
H-36-U.S.C. Inf.

M. Clay Crouse
Commissioner.

SOUTH DIV. JAN 28 1902 RECEIVED.

0-4

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, JAN 27 1902

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Riley Midget, Also found as Riley Midgett Co. F, 36 U. S. Colored Inf., the records show personal description as follows: Age 18 years; 5 ft. 6 in.; blk. eyes; blk hair; blk complexion; born in Currituck, N. C.; fisherman.

Name of owner not found.

PENSION U. S. JAN 27 1902 OFFICE.

BY AUTHORITY OF THE SECRETARY OF WAR.

F. Crawford
Chief, Record and Pension Office.

Per Jm.

(323)

State of Virginia }
City of Norfolk } ss

On this 22nd day of June 1871 personally appeared before me a Notary Public in and for said City aforesaid Riley Midgett, Co "H" 36th Va Regt. to me well known who being duly sworn deposes and says that his Post Office address to which he desires the certificate of his Pension and all other communications addressed is Freedmens Savings Bank, Norfolk, Virginia: that he has not been in the military or naval service of the United States since Aug 24th 1866: deponent further sweats that he has been treated for his wound in New Orleans La, by a physician on his return from ~~muster~~ his regiment when he was discharged in Texas: that ~~the~~ he was afterwards treated in Richmond Va, on his return ~~home~~ from the army before reaching home and also in Plymouth N. C. where he was treated by a physician for two years at least, but the physician in Plymouth N. Carolina has since moved to parts unknown to deponent, and the physicians in N. Orleans and Richmond, Va he was only treated once

by each and it is impossible for him now to recollect their names or the street on which their office was located, being a stranger in the places: that in consequence of these facts it is impossible for him to furnish the affidavit of ~~the~~ his physician as to the fact, time, and duration of all the treatment administered for his wounds from discharge to the present time

Riley his X mark Midgett

attest,
R. S. Smack
Lew Thorry

Sworn to and subscribed before me the day and year above stated, and I certify that the above affidavit was carefully read and explained to affiant before signing, and that I have no interest in this claim.

Edward Spalding
N.P.

No. 130.978

State of Virginia }
City of Norfolk } ss

On the 29th day of July 1870 personally appeared before me a Notary Public in and for said City Riley Midgett believed by me a credible person who being duly sworn deposes and says he was a Pvt in Co "F" 36th Regt U.S. Col. Troops and the injury for which he was treated was a Gun Shot Wound in the left side and breaking his left arm ——— and the Hospital was the U.S. General Hospital at Fortress Monroe Virginia and he was wounded at Chaffins Farm Va. 29th Sept 1864 and sent almost immediately to the Hospital. and he was under the immediate attendance of Naval Surgeon Dr. Blake. and since his discharge he has had to apply liniments arnica &c to his wounds and at the present time his wound is unhealed.

Witnesses
H. C. Percy
T. O. Wise

Riley his X mark Midgett

Sworn to and subscribed before me this 29th of July 1870 and I certify that the above was carefully read and explained to affiant ~~and~~ before executing and that I have no in-

trust in this claim.

Edward Spalding
N.P.

Declaration for the Increase of an Invalid Pension.

State of North Carolina, County of Pasquotank, SS:

ON THIS 27th day of November A. D. one thousand nine hundred and eight personally appeared before me a Clerk Superior Court within and for the County and State aforesaid, Riley Midgett age 64 years, 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 17 dollars per month, Certificate No. 115.499.

This pension being for gun shot wound of left arm and breast
(Here name the disability as it is on your certificate.)

incurred in the military service of the United States, while serving as a Private, Co. F, of the 36 Regt U. S. C. T. Vol.

That he believes himself entitled to an increase of pension on account of increased disability from pensioned cause since date of his last medical examination

That he hereby appoints, with full power of substitution and revocation, **E. H. REEVES & CO., Washington, D. C.,** his true and lawful attorneys, to prosecute his claim.

His Post Office Address is Elizabeth City, N. C.

Chas. Riff
T. F. Wilson
(Two witnesses who can write sign here.)

Riley Midgett
(Signature of claimant.)

Also personally appeared (1) Chas Reid.

whose Post Office Address is Elizabeth City, N.C.

and (2) T. B. Wilson

whose Post Office Address is Elizabeth City, N.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 Riley Midgett

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.

(1) Chas Reid

(2) T B Wilson

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

(Signatures of above-named two affiants.)

Sworn to and subscribed before me this 27th day of November A. D. 1908

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

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

Declaration valid.
Power of Attorney valid.
S. A. Cuddy,
Chief, Law Division.
per SWM

W H Jennings
(Official signature.)

[L S]

Clerk Superior Court
(Official character.)

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 clerk's certificate must be attached.

11/30 bk

INVALID

CLAIM FOR INCREASE

Riley Midgett

Co. F 36th Reg't, N.C. Vols.

Pension Cert. No. 115499

SOUTH DIVISION DEC 2 1908 RECEIVED

LAW DIVISION DEC 1 1908 RECEIVED

FILED BY

E. H. Reeves & Co.,

ATTORNEYS.

Washington, D. C.

[No. 3.]

Declaration for the Increase of an Invalid Pension.

State of North Carolina County of Pasquotank, ss:

ON THIS 28th day of March A. D. one thousand 9 hundred and six, personally appeared before me, a Clerk Superior Court within and for the County and State aforesaid, Riley Midgett, aged 65 years, a resident of Elizabeth City, County of Pasquotank of the United States, enrolled at the ~~Pension Agency at the rate of~~ dollars per month, under Certificate No. 115499, by reason of disability from Gun shot wound, left arm broken, ball in left breast, fractured bone of arm & pain in wound (Here name the disability or disabilities for which now pensioned.)

incurred in the Military service of the United States, while serving as a Private (Military or Navy.) (Here state rank, company and regiment, if in the Army; or rating and name of vessel, if in the Navy.) Company F, 2 Regiment - 36th U. S. C. T.,

That he believes himself to be entitled to an increase of pension on account of That said disabilities have been and are now progressive in a great extent and have increased (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names of the disease should be stated.) since last examination, that the arm and muscles there are in almost a complete state of atrophy and utterly useless for the performance of manual labor that the arm has been & is so impaired that Rheumatism is left there - in as a result, that a rating commensurate to the degree of disability is asked.

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

C. F. Cordin. N. H. Q. P. S. Virginia

his true and lawful attorney, to prosecute this claim.

His Post Office address is Elizabeth City, N. C. 514 Edge St.

R. H. Roper

J. T. Spence (If who write, sign here.)

Riley Midgett (Signature of Claimant.)

PENSION BUREAU MAR 31 1906 OFFICE

ATT'Y FILED.

Also personally appeared R H Raper (Name of one witness.), residing at ....., and J. T. Spence (Name of other witness.), 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 Riley Midgett (Name of soldier.), 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 8 years and 5 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

ATTEST:

1 R H Raper

2 J. T. Spence

(If affiants sign by mark two witnesses who write sign here.) (Signatures of witnesses—FULL names.)

Sworn to and subscribed before me this 28th day of March, A. D. 1906 and I do hereby certify that the contents of the foregoing declaration and affidavit were fully made known and explained to the applicant and witnesses before swearing, including the words L. ..... (Insert any words erased.) y erased, and the words almost (Insert any words added.) l added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W H Jennings (Official Signature.)

[L. S.] Clerk Superior Court (Official Character.)

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

Declaration and power of attorney valid. S. A. Cuddy, Chief, Law Division, per R. N. M.

INVALID.

CLAIM FOR INCREASE.

Riley Midgett

Co. G, 36 Va Reg't, Vols.

Pension Certificate No. 115499

LAW DIVISION RECEIVED APR 2 1906

FILED BY

C. W. CORDIN PENSION ATTORNEY NAT'L SOLDIERS HOME, VA

LAW DIVISION RECORD APR 3 1906

Printed and for sale by John F. Shelry, Claim Blank Printer, 413-415 Ninth Street, N. W., Washington, D. C.

NOSM

No. 3.

FOR AN INCREASE OF INVALID PENSION.

STATE OF North Carolina
COUNTY OF Pasquotank } SS:

On this 24th day of October, A. D., ~~190~~ 1902, personally appeared before me Clerk Superior Court within and for the County and State aforesaid Riley Midgett (Claimant's name should be written here.) aged 64 years, a resident of the County of Pasquotank State of N. C. who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Knoxvill pension agency, at the rate 17 dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company F of the 36 Regiment of U.S.C. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for wound in left arm and side

[State here the disability or disabilities for which you are pensioned, just as they are written in your pension Certificate.]

That my disability has resulted in

[If your disability has resulted in any other disability, please write the same here.]

That since I last applied for an increase of my pension my disability has increased

[If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."]

It is with full power of substitution that I hereby appoint J. S. Kurtz of Washington, D. C. my true and lawful Attorney, to prosecute my claim. My Postoffice address is Elizabeth City County of State of N. Carolina, and the number of my Certificate is. 115,499

Attest two witnesses. { W. A. Holmes, J. C. Spence } Riley Midgett [Claimant's Signature.]

Also personally appeared W. A. Holmes & J. C. Spence residing at Eliz City. N.C. persons whom I certify to be respectable and entitled to credit, and who, being duly sworn say that they were present and saw Riley Midgett the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { W. A. Holmes, J. C. Spence }

Sworn to and Subscribed before me this 24th day of October A. D., 1902 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 added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Jennings [Signature.]
Clerk Superior Court [Official Character.]

[L. S.]

ATT'Y FILED

PENSION C. OCT 27 1902 U. S. OFFICE.

K

No. 1,115,499 C

INVALID CLAIM

FOR

PENSION

INCREASE.

Riley Midgett Applicant.

Co. H 36 Reg't.

W. Va. C. T. Volunteers.

Certificate No. 1154499

FILED BY

I S KURTZ,

PENSION ATTORNEY

Washington D C

Printed and for sale by J. E. Smith, Room 55, Atlantic Bld'g, Wash., D.C.

EJM

No. 3.

FOR AN INCREASE OF INVALID PENSION.

STATE OF North Carolina
COUNTY OF Pasquotank } SS:

On this 18th day of June A. D., 1901, personally appeared before me, W H Jennings, Clerk Superior Court within and for the County and State aforesaid Riley Midgett
(Claimant's name should be written here.)
aged 59 years, a resident of the County of Pasquotank State of N. Carolina who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Knoxville, Tenn. pension agency, at the rate 17 dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company F of the 36 Regiment of U.S.C. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Gunshot wound of left arm and side

[State here the disability or disabilities for which you are pensioned, just as they are written in your pension Certificate.]

That my disability has resulted in Rheumatism caused from the effects of the wounded arm, When my arm troubles me it effects my whole body and renders me unable to do any work.

[If your disability has resulted in any other disability, please write the same here.]

That since I last applied for an increase of my pension my disability

PENSION OFFICE. JUN 21 1901 U. S.

[If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."]

It is with full power of substitution that I hereby appoint C. S. Kirby of Washington, D. C. my true and lawful Attorney, to prosecute my claim. My Postoffice address is Elizabeth City County of Pasquotank State of North Carolina, and the number of my Certificate is. 115499

Attest two witnesses. { P. W. McMullan / Chas Reid

Riley Midgett [Claimant's Signature]

Also personally appeared P. W. McMullan, Chas Reid residing at Elizabeth City N.C. persons whom I certify to be respectable and entitled to credit, and who, being duly sworn say that they were present and saw Riley Midgett the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { P. W. McMullan / Chas Reid

Sworn to and Subscribed before me this 18th day of June A. D., 1901. 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 ——— added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W H Jennings [Signature.]
Clerk Superior Court [Official Character.]

[L. S.]

PASQUOTANK COUNTY NORTH CAROLINA

ATT'Y FILED

C

No.....

INVALID CLAIM

FOR

PENSION

INCREASE.

Riley Midgett ..... Applicant.

F ..... Co. 36 ..... Reg't.

W S C T. ..... Volunteers.

Certificate No. 115499

FILED BY

S KURTZ,

PENSION ATTORNEY

Washington D C

Printed and for sale by J. E. Smith, Room 55, Atlantic Bld'g, Wash., D.C.

HHZ

No. 3.

FOR AN INCREASE OF INVALID PENSION.

STATE OF North Carolina
COUNTY OF Pasquotank } SS:

On this 4 day of April A. D., 190", personally appeared before me a U S Commr within and for the County and State aforesaid Riley Midgett (Claimant's name should be written here.) of Elizabeth City aged 55 years, a resident of the County of Pasquotank State of N. Carolina who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate 17 dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company H of the 36 Regiment of U.S.C. Inf. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Gun Shot wound in left arm & Breast

[State here the disability or disabilities for which you are pensioned, just as they are written in your pension Certificate.]

That my disability has resulted in

[If your disability has resulted in any other disability, please write the same here.]

That since I last applied for an increase of my pension my disability has increased so that I can hardly use my arm & suffer with it all the time

[If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."]

It is with full power of substitution that I hereby appoint C. S. Kurtz of Washington, D. C. my true and lawful Attorney, to prosecute my claim. My Postoffice address is Elizabeth City County of State of N. Carolina, and the number of my Certificate is. 115499.

Attest two witnesses. { W. H. Keaton / J. A. Morton

Riley Midgett
[Claimant's Signature.]

Also personally appeared W. H. Keaton & J. A. Morton residing at E. City, N.C. persons whom I certify to be respectable and entitled to credit, and who, being duly sworn say that they were present and saw Riley Midgett the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be; and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { W. H. Keaton / J. A. Morton

Sworn to and Subscribed before me this 4 day of April A. D., 1900 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words . erased, and the words J. A. Morton added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. R. Campbell
[Signature]
U S Commr
[Official Character.]

[L. S.]

ATT'Y FILED

PENSION APR 6 1900 U. S. OFFICE.

No. 115499

INVALID CLAIM

FOR

PENSION

INCREASE.

Riley Midgett ... Applicant.

Co. F 36 ... Reg't.

U. S. C. Inf ... Volunteers.

Certificate No. 115499

FILED BY

J. S. KURTZ,

PENSION ATTORNEY

Washington D. C.

Printed and for sale by J. E. Smith, Room 55, Atlantic Bld'g, Wash., D.C.

449

For an Increase of Invalid Pension.

State of North Carolina County of Pasquotank, ss:

On this 17 day of Oct A. D., 189 8, personally appeared before me a W. L. Commander within and for the County and State aforesaid Riley Midgett (Claimant's name should be written here.) aged 55 years, a resident of the County of Pasquotank State of N. C who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate of 17 00 dollars per month, Certificate No. 115499, by reason of disability incurred in the military service of the United States, while a member of Company H of the 36th Regiment of U.S.C Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for 2 Gunshot wounds in left arm & left side (State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.)

That my disability has resulted in my losing the use of my arm (If your disability has resulted in any other disability, please write the same here.)

That since I last applied for an increase of my pension my disability has greatly increased (If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability")

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT **M. V. TIERNEY**, OF WASHINGTON, D. C., my true and lawful attorney, to prosecute my claim. My Postoffice address is 716 Queen St. ~~County of~~ Portsmouth ~~State of~~ Va. E. City N.C.

Riley Midgett (Claimant's Signature.)

(If claimant signs by mark, two witnesses who can write sign here.)

Also personally appeared Robert Fearing residing at Elizabeth City N.C. and W. T. Johnson residing at Eliz City N.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 Riley Midgett the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of witnesses. { Robert Fearing / W. T. Johnson

Sworn to and subscribed before me this 17 day of Oct A D. 189 8 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 Va. 716 Queen St Portsmouth Va erased, and the words E. City N.C. added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. L. Commander (Signature.)

Clerk (Official Character.)

ATT'Y FILED

PENSION B OCT 20 1898 U. S. OFFICE

INVALID CLAIM

FOR

INCREASE OF PENSION.

Riley Midgett, Applicant.

Co. "H", 36 Reg't.

N. J. Ill. Volunteers.

Certificate No. 115,499.

FILED BY,

M. V. TIERNEY,

Attorney-at-Law,

WASHINGTON, D. C.

BYRON S. ADAMS, PRINTER.

RESULTING DISABILITIES.

CHRONIC DIARRHŒA may result in disease of kidneys, rheumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

RHEUMATISM may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

SUNSTROKE may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

MEASLES may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhœa.

MALARIAL POISONING may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

ASTHMA may result in disease of lungs, loss of voice, emphysema, dilatation of right side of heart and dropsy.

TYPHOID FEVER may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhœa and derangement of nervous system.

GUN-SHOT WOUNDS may result in various disabilities, the character of which depends upon the location of the wound, etc.

INJURY OF ABDOMEN may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

INTERMITTENT FEVER may result in disease of lungs, rheumatism, debility and heart disease.

DISEASE OF HEART may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.

TYPHOID-MALARIAL FEVER may result in affection of head, affection of stomach and debility.

FEVER may result in debility, chronic diarrhœa, rheumatism, ulcers of leg and deafness.

DEAFNESS may result in disease of brain and spinal irritation.

SMALL-POX may result in disease of leg and disease of eyes, suppurative otitis, deafness—partial or complete.

CATARRH may result in bronchitis, disease of stomach, disease of middle ear, deafness and cerebal abscess.

TYPHUS FEVER may result in dyspepsia and hepatitis.

MALARIAL FEVER may result in indigestion, debility, nervous prostration and chronic dysentery.

INJURY OF SPINE may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.

VACCINATION may result in loss of use of arm and blood poisoning.

DIPHTHERIA may result in paralysis and disease of throat.

N. B.—The paralysis of diphtheria is usually *transient*.

VARICOSE VEINS may result in ulcers.

SCURVY may result in varicose veins and ulcers.

SCIATICA may result in injury of back and hip.

DISEASE OF ABDOMINAL VISCERA may result in disease of rectum.

GUN-SHOT WOUND OF HEAD may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.

GUN-SHOT WOUND OF LEG may result in varicose veins, rheumatism and paralysis.

INJURY OF HEAD may result in deafness, epilepsy, paralysis and insanity.

DISEASE OF LIVER may result in rheumatism, jaundice; often results in pleurisy of right lung.

JAUNDICE may result in debility, disease of liver and dropsy.

FEVER AND AGUE may result in disease of spleen.

BRAIN FEVER may result in epilepsy.

CONCUSSION may result in deafness, disease of brain and spinal irritation.

TYPHOID-PNEUMONIA may result in disease of lungs and disease of throat.

ABSCESS may result in varicose veins.

INJURY TO BACK may result in curvature of spine, paralysis and disease of kidneys.

INJURY OF CHEST may result in disease of lungs.

PLEURISY may result in pleuritic adhesions, displacement of heart and phthisis.

MALARIA may result in intermittent fever.

LOSS OF ONE EYE may result in affection of the other.

DISEASE OF LUNGS may result in disease of heart.

B 3–011. B

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF North Carolina
COUNTY OF Pasquotank } ss:

On this 14 day of March, A. D. one thousand eight hundred and ninety-Eight personally appeared before me, a U. S. Court within and for the county and State aforesaid, Riley Midgett, aged 56 years, a resident of Elizabeth City, County of Pasquotank State of N. C, 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 17 dollars per month, by reason of disability from Gun Shot wound (Here name the disability for which pensioned.) left side & Broken left Arm

incurred in the Military (Military or naval.) service of the United States while a Private (Here state rank, and company and regiment, if in the army, or vessel if in the navy.) in Company F. 36th Regt U. S. C. T.

That he believes himself to be entitled to an increase of pension on account of Rheumatism (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the nature and location of the wound or injury, or the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The date of treatment should be given as nearly as possible.) in right arm, back, & Nervous accrued from my arm that was broken

That he hereby appoints

of , his true and lawful attorney, to prosecute his claim. That the number of his pension certificate is 115.499

That his post-office address is Elizabeth City

County of Pasquotank, State of N. C.

Riley Midgett (Claimant's signature.)

ATTEST: (1) Rooks Turner Jr.
(2) W H Keaton

PENSION BUREAU MAR 15 1898 U. S. OFFICE.

3934b6m-8-97

Also personally appeared Jacob Spellman, residing at Elizabeth City N.C. and Henry Owens, residing at Elizabeth City, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Midgett, 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 20 years and 14 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Witness
Rooks Turner Jr.
W H Keeton

Jacob his x mark Spellman
Henry Owens
(Signatures of witnesses)

SWORN to and subscribed before me this 14 day of March, A. D. 1898

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

[L. S.]

M. B. Crosby
(Signature)
U. S. Commr
(Official character.)

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

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

B 3—011. B

INVALID.

CLAIM FOR INCREASE.

Claimant: Riley Midgett
Service: Cert. 176 N.C. Inf.
Inf. Co. H 115 Reg. 0

PENSION CERTIFICATE NOT REQUIRED.

FILED BY

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer, must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of North Carolina, **County of** Pasquotank **ss:**

ON THIS 7 day of April A. D. one thousand eight hundred and 97 personally appeared before me, a Clerk Superior Court within and for the County and State aforesaid, Riley Midgett aged 55 years, a resident of Elizabeth City County of Pasquotank State of North Carolina, who, being duly sworn according to law, delares that he is a pensioner of the United States, enrolled at the Louisville Pension Agency at the rate of 17 dollars per month, Certificate No 115499; by reason of disability from
(Here name the disability for which pension was granted.)

Gunshot wounds in left arm and left side

incurred in the Military service of the United States, while serving as a private
(Military or Naval) (Here state rank company, and regiment, if in the army; vessel if in navy.)
in Co F 36. Regt U. S. C. Vol Infty

That he believes himself to be entitled to an increase of pension on account of Gun shot wounds as above stated in left arm and left side, which wounds grow worse
[Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury the name of the disease, and the time, place and circumstance in their effects upon the body and health of applicant. Also he believes himself entitled to increase of pension on account of frost bite contracted in left foot while on the same occasion, and on account of weak eyes, which lost disability has come on since since his discharge
of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.]
from service

that he hereby appoints, with full power of substitution and revocation, his true and lawful attorneys, to prosecute his claim. R. S. Kurtz, of Washington, D. C.

His Post Office address is.

J. C. Spence
Leon Simpson
[Two witnesses who can write, sign here.]

Riley Midgett
(Signature of Claimant.)

Also personally appeared J. C. Spence residing at Elizabeth City, N.C. and Leon Bemberry residing at Elizabeth City 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 Riley Midgett, the claimant sign his name [make his mark] to the foregoing declaration; that they have every reason to believe from the appeareance 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.

J. C. Spence
Leon Bemberry

[If affiants sign by mark, two persons who can write, sign here.] [Signature of Affiants.]

Sworn to and subscribed before me this 7th day of April A. D. 1897

and I hereby certify that 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.

J. C. Overman
(Official Signature.)
Clerk Superior Court
[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 ....., 18.....

[L. S.] Clerk of the .....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Pension Certificate No. 1,275,499

FILED BY

PENSION ATTORNEY
Washington D. C.

INVALID.

CLAIM FOR INCREASE.

Riley Midgett
Co. F, 36 Reg't. Vols
Co. of Co. Reg

Ans. Oct. 1/13-499

Printed and for sale by W. P. Canaday & Co., 712 10th Street, N. W. Washington, D. C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of North Carolina
County of Pasquotank } ss:

On this 12 day of April, A. D. one thousand eight hundred and ninety one, personally appeared before me M. B. Culpepper a U. S. Commissioner within and for the County and State aforesaid Riley Midgett aged 45 years, a resident of Elizabeth City County of Pasquotank, State of N. C., who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Knoxville Pension Agency, at the rate of Seventeen (17) dollars per month, by certificate No. 115499, for disability due to "Broken left arm and broken left rib."
(State the disability just as it is written in your pension certificate.)

incurred in the service of the United States while serving as a Pvt "F." 36" U S C T.
(Give rank, company and regiment, or other organization if in the Army; and rank and vessel, if in the Navy.)

and he believes himself entitled to an increase of pension upon the ground that his present rating is incommensurate with the degree of incapacity resultant from the disabilities named in his Pension Certificate, and that there has been a material increase of disability since his last medical examination by U. S. Examining Surgeons

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

GEORGE E. LEMON,

of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim.

That his Postoffice address is Elizabeth City, N. C.
(Give Town, County and State.)

Riley Midgett
(Claimant's signature.)

Two witnesses to claimant's signature sign here:

(1) J. P. Overman
(2) John B. Culpepper

Also personally appeared J. P. Overman, residing at Elizabeth City N. C. and J. B. Culpepper, residing at Elizabeth City N. C., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Midgett, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

M. B. Culpepper
J. P. Overman
(Signatures of witnesses to identity of Applicant.)

Two attesting witnesses to signatures by X mark:

(1)
(2)

INVALID.

CLAIM FOR PENSION.

INCREASE.

Riley Midgett Applicant,

Pvt Co., F 36th Reg't,

Wis. Cord Vols.

No. of Pension Certificate 1152499

1891

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

Offices 615 Fifteenth St. N. W.,

P. O. DRAWER 325. WASHINGTON, D. C.

☞ As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA,
WASHINGTON, D. C., June 12, 1890.

It gives me pleasure to recommend GEORGE E. LEMON, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.

Respectfully, JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER,
WASHINGTON, D. C.

GEORGE E. LEMON, Esq., Washington, D. C.

MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.

Very truly, yours, CHARLES F. MANDERSON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 12, 1890.

I take pleasure in recommending GEORGE E. LEMON, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession. Very truly, G. C. MOODY, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 16, 1890.

I regard GEORGE E. LEMON as one of the most thoroughly reliable and competent attorneys in Washington. GILBERT A. PIERCE, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney, and entirely responsible for all his contracts.

Respectfully, S. M. CULLOM, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney.

C. K. DAVIS, U. S. S.
PHILETUS SAWYER, U. S. S.
A. S. PADDOCK, U. S. S.
W. D. WASHBURN, U. S. S.
J. G. CARLISLE, U. S. S.
WATSON C. SQUIRE, U. S. S.
H. M. TELLER, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.

L. E. ATKINSON, M. C., 18th Pa. District.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence. GEO. W. E. DORSEY, 3d Dist., Neb.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney, and worthy of all confidence. J. C. BURROWS, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims entrusted to him, and have never yet heard one complaint from his clients. I also personally know of him doing many acts of kindness for soldiers without charge.

Very respectfully, D. B. HENDERSON, 3d Dist. Iowa.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients. JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending GEO. E. LEMON, of this city, as a reliable attorney.

WM. MCKINLEY, Jr., 18th Dist., O.
E. N. MORRILL, 1st Dist., Kan.
S. L. MILLIKEN, 3d Dist., Me.
P. S. POST, 16th Dist., Ill.
L. E. PAYSON, 9th Dist., Ill.
THOS. J. HENDERSON, 7th Dist., Ill.
WM. E. MASON, 3d Dist., Ill.
FRANK LAWLER, 2d Dist., Ill.
W. G. LAIDLAW, 34th Dist., N. Y.
J. B. STRUBLE, 11th Dist., Iowa.
W. G. SPAHLNECKER, 14th Dist., N. Y.
J. M. WILEY, 33d Dist., N. Y.
JOHN F. LACEY, 6th Dist., Iowa.
SERENO E. PAYNE, 27th Dist., N. Y.
J. H. MCCARTHY, 8th Dist., N. Y.
W. E. OWEN, 16th Dist., Ind.
J. B. CHEADLE, 9th Dist., Ind.
GEO. E. SENEY, 5th Dist., Ohio.
J. J. PUGSLEY, 12th Dist., Ohio.
HENRY H. BINGHAM, 1st Dist., Pa.
JOSEPH D. TAYLOR, 17th Dist., O.
H. J. SPOONER, 1st Dist., R. I.
EDWARD P. ALLEN, 2d Dist., Mich.
J. LOGAN CHIPMAN, 1st Dist., Mich.
E. H. FUNSTON, 2d Dist., Kan.
D. W. PERKINS, 2d Dist., Kan.
J. H. KETCHAM, 16th Dist., N. Y.
JNO. G. SAWYER, 31st Dist., N. Y.
CHAS. S. BAKER, 5th Dist., N. Y.
H. TOWNSEND, 1st Dist., Colo.
FREDERICK MILES, 4th Dist., Conn.
WM. W. MORROW, 4th Dist., Cal.
JOSEPH R. REED, 5th Dist., Iowa.
C. A. HILL, 5th Dist., Ill.
J. H. SWINEY, 4th Dist., Iowa.
AGNER TAYLOR, 1st Dist., Ill.
G. W. ATKINSON, 1st Dist., W. Va.
CHAS. O'NEILL, 2d Dist., Pa.
O. S. GIFFORD, Rep.-at-large, S. D.
BENJ. BUTTERWORTH, 1st Dist., O.
E. H. CONGER, 7th Dist., Iowa
and others.

☞ Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

Congress has passed a law which does away with the necessity of compelling the applicant to go to the County seat to have this paper executed, and it may be sworn to BEFORE ANY OFFICER authorized to administer oaths for general purposes. If such officer has no seal, then a certificate of a Clerk of a Court of Record, County Clerk, or other proper officer, attesting both the signature and official character of the officer before whom the application is executed, must be attached, UNLESS SUCH OFFICER HAS A GENERAL CERTIFICATE, covering his official acts, ON FILE in the proper Departments, IN WHICH CASE NO CLERK'S CERTIFICATE IS NECESSARY.

SWORN TO AND SUBSCRIBED before me this 13 day of April A. D. 189/, 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 ..... (If any words have been erased in the application, enter them here.) ....., erased, and the words ..... (If any words have been added in place of any erased, enter them here.) ....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Wm. Cushing
Signature

Wm. Cushing
(Official character.)

NOTE.—THIS DECLARATION MAY BE MADE BEFORE A NOTARY OR JUSTICE OF THE PEACE.

FOR INCREASE OF INVALID PENSION.

STATE OF North Carolina
COUNTY OF Pasquotank SS.

On this 31st day of December A. D. 18 89 personally appeared before me, a Clerk Superior Court, within and for the County and State aforesaid, Riley Midgett

aged 45 years, a resident of the County of Pasquotank State of North Carolina
State age at last birthday.
who, being duly sworn according to law, deposeth as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Knoxville Tenn Pension Agency at the rate of Twelve Dollars per month, by reason of disability incurred in the military service of the United States while a member of Company "F"; 36 Reg't of U S Col Vols., and my present physical condition is such that I believe I am entitled to receive an increase pension. I am now disabled in the following manner, to-wit:

Wound of left arm and side which cannot continue to grow worse in their effects upon my ability to do manual labor

I claim pension for all effects of the above.

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT H. D. McKNIGHT, OF IRONTON, OHIO, my true and lawful attorney to prosecute my claim.

My Post-office address is Elizabeth City County of Pasquotank State of North Carolina, and the number of my certificate is 115,499

Claimant's Signature. Riley Midgett

Also personally appeared M B. Culpepper residing at Elizabeth City NC and W D. Williams residing at Elizabeth City NC persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw Riley Midgett, the claimant, sign his name, (or make his mark)
Claimant's name here.
to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant, their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest, direct or indirect, in the prosecution of his claim.

M. B. Culpepper
W D Williams
Signature of Witnesses

Sworn to and subscribed before me this 31st day of December A. D. 18 89

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.

J. P. Overman
Official Signature.
Clerk Superior Court
Official Character
of Pasquotank County NC

✓

INVALID.

CLAIM FOR PENSION.

INCREASE.

Riley Midgett
APPLICANT.

Co. F, 36th Reg't.

N. S. C. T. Volunteers.

Certificate No. 116.499

— FILED BY —

H. D. McKNIGHT,

CLAIMANT'S ATTORNEY.

IRONTON, OHIO.

Declaration for Increase of an Invalid Pension.

State of North Carolina, County of Pasquotank, ss:

ON THIS 8 day of March A. D. one thousand eight hundred and eighty nine personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Riley Midgett
Pensioner's full name.

aged 45 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 12 dollars per month, under Pension Certificate No. 115499 by reason of disability resulting from wound of left arm and side
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a private in Company F of the 36th Regiment of U. S. Colored Volunteers.

That he believes himself entitled to an increase of pension for the following reasons:

On account of an increased disability and his rate, above named, being unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated

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

J. M. CURTIS, of Washington, D. C.,

his true and lawful attorney, to prosecute his claim.

His Post Office address is Elizabeth City County of Pasquotank, State of N. C.

R. P. Wilcox
John B. Culpepper
Two persons who can write sign here.

Riley Midgett
Signature of claimant.

Also personally appeared T. P. Wilcox *residing at* Elizabeth City N.C., *and* J. B. Culpepper, *residing at* Elizabeth City N.C., *persons whom I certify to be respectable and entitled to credit, 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 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.*

T. P. Wilcox

John B. Culpepper

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

Signatures of witnesses.

Sworn to and subscribed before me, this 8th *day of* March, *A. D.* 1889; *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.*

M. B. Culpepper

Signature.

[*L. S.*]

M. B. Commissioner

Official character.

NOTE.—If increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be **Executed** before an **Officer** of a **Court of Record** having custody of its seal; otherwise, it may be executed before any officer authorized to administer oaths for general purposes.

Certificate No. 115499.

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

Riley Mudgal

Co. F, 36 Reg't, N.C.T. Vols.

FILED BY

M. CURTIS,

(Formerly Principal Examiner and Late Assistant Chief of Division in the U. S. Pension Bureau.)

Attorney at Law,

WASHINGTON, D. C.

Re-Rating Arrears and Increase of Pension.

STATE OF N. Carolina, COUNTY OF Pasquotank SS.

On this 4 day of Feby A. D., 1888, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Riley Midgett (The claimant's name here.) aged ..... years, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the rate of ..... dollars per month, under Pension Certificate No. 115799 by reason of a disability from wound of left arm and side, (Here state the disability for which your pension was allowed.) incurred in the service of the United States while a Private in Co. F, of the 3 Regiment of N.C. Vols. That he believes himself to be entitled to an increase of pension on the account of his rate being unjustly low and disproportionate to his degree of disability.

He claims that during the time from his discharge to this date his rate has not been in accordance with his disability, nor in proportion to the rate allowed to others for similar and equivalent disabilities, and therefore he asks that his rating be corrected and he be RE-RATED from his discharge to date in accordance with law.

That he appoints P. J. Lockwood, of Washington, D. C., his attorney to prosecute this claim; that his P. O. is Elizabeth City County of Pasquotank State of N.C.

Claimant Sign here, Riley Midgett

Also personally appeared Henry Martin residing at Eliz City N.C. and Reuben R. Lamb residing at Camden Co. N.C. whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw Riley Midgett (Claimant's name here.), the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant, and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Henry Martin
Reuben R. Lamb
(Two witnesses sign here.)

SWORN TO and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration &c., were fully made known and explained to applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

M. D. Culpepper
(Signature)
U. S. Commissioner
(Official Character.)

L. S.

B B

INVALID,

Re-Rating & Increase

Riley Midget Applicant,

Co. F-3 Regiment of

US. Cav. Volunteers.

No. 154499

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C.

Declaration for the Increase of an Invalid Pension.

State of North Carolina County of Pasquotank ss.

ON THIS 6th day of July, A. D. one thousand eight hundred and eighty five personally appeared before me, a U. S. Commr within and for the County and State aforesaid, Riley Midgett, aged 40 years a resident of Elizabeth City County Pasquotank State N. C., 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 $8.00 dollars per month, Certificate No. 115,499 [Insert No. of certificate.] by reason of disability from Gun Shot of left arm and side. [Here name the disability for which pension was granted.]

incurred in the Military [Military or Naval.] service of the United States, while serving as a Private [Here state rank, company and regiment, if in the army; vessel, if in the Navy.] Co. F. 36th Regt U. S. C. T.

That he believes himself to be entitled to an increase of pension on account of **increased disability resulting from the disability for which pension was granted.**

x The severe injury has resulted in Rheumatism which greatly increases the disability.

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

SOULÉ & CO., Attorneys, and Solicitors of Claims, Washington, D. C.

his true and lawful attorneys, to prosecute his claim.

His Post Office address is Elizabeth City, N. C.

Joseph Burke
P. C. Nixon
[Two witnesses who can write sign here.]

Riley Midgett
[Signature of Claimant.]

Also personally appeared Joseph Burke, residing at Elizabeth City N. C, and P. C. Nixon residing at Elizabeth City N 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 Riley Midgett, 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.

Joseph Burke
P. C. Nixon
[Signature of Witnesses.]

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

Sworn to and subscribed before me this 6th day of July A. D. 188 5

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.

M. B. Cuseppert
[Official Signature.]

[L. S.]

M. S. Commr
[Official Character.]

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who hath 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 _____, 188

[L. S.] Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

INVALID.

CLAIM FOR INCREASE.

Riley Widgett, Applicant.

Co. G, 36 Reg't.

U. S. C. T. Vols.

Pension Certificate No. 227479

JUL 14 1885 OFFICE

FILED BY

SOULE & CO.,

Attorneys & Solicitors of Patents & Claims,

P. O. BOX 16,

Washington, " " D. C.

[C—011.]

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION. B

State of North Carolina County of Pasquotank, SS.

On this 15 day of Oct, A. D. one thousand eight hundred and eighty-three personally appeared before me, a US Commissioner within and for the county and State aforesaid, Riley Midgett, aged 37 years, a resident of the Town of Elizabeth City, county of Pasquotank State of North Carolina, who, being 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 $8 dollars per month, by reason of disability from Gunshot wound [Here name the disability for which pension was granted.] in my left arm incurred in the military service of the United States while [Military or Naval.] Co K 36 [Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.] U S C T

That he believes himself to be entitled to an increase of pension on account of Wound in [Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the *time, place,* and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.] left arm which disables me more as I grow older on account of Crippling Every Summer and has to be saved and more long & makes me lame

that he appoints J P Gallé, of Washington ~~county of~~ , State of D C, his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Elizabeth City county of Pasquotank, State of North Carolina

Claimant's Signature: Riley Midgett

Attest: W W Graves

D M Pope

Also personally appeared W W Graves, residing at Elizabeth City and D M Parr, residing at Eliz City, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Midgett, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

W W Graves

D M Parr

Signatures of Witnesses.

SWORN to and subscribed before me this 15 day of Oct, A. D. 188 3,

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.

[L. S.]

M D Cuthbert

(Signature.)

U S Commr

(Official character.)

B INVALID. B

CLAIM FOR INCREASE.

Riley Midgett, Applicant,

Co., Regt., 1st-86-14

U S Commr

Vols.

(Pension Certificate No. 115,499

FILED BY

A B Gill

Washington D.C.

Printed and Sold by W. H. Moore, 511 Eleventh street, Washington, D. C.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

State of North Carolina } S.S.
Pasquotank County }

On this the 14th day of November AD 1882 personally appeared before me, J. Heywood Sawyer Clerk of the Superior Court of said County, the same being a court of Record within and for the County and State aforesaid Riley Midgett, aged about 40 years, a resident of Elizabeth City, County of Pasquotank, State of North Carolina, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Knoxville, Tennessee, Agency of Pensions at the rate of Eight Dollars per month, by reason of disability incurred in the infantry service of the United States while in the 36 Reg. Co. F. U.S.C.T.; That his present physical condition is such that he believes himself entitled to receive an increased pension and that he herewith returns his present pension certificate.

He further declares that he is disabled in the following manner, to wit: Since the 1st of September he has been down with his arm which was injured during the war by a gun shot wound and has just been able to get out. That he has lost the use of his left arm on account of said injury received as aforesaid and is unable to perform manual labor for the support of himself and family. That he appoints Isaac

Ehringhaus his true and lawful attorney to prosecute his claim, that his residence is Elizabeth City, Pasquotank County, North Carolina, and his post office address is the same.

Witness,

Riley Mitchell

J. Heywood Dowell

Isaac Ehringhaus

Sworn to and subscribed before me November 14. 1882

J. Heywood Dowell,
Clerk Superior Court,
Pasquotank County,
N. C.

State of North Carolina }
Pasquotank County }

On this 2nd day of February AD. One Thousand, Eight hundred and Eighty One personally appeared before me M.B. Cuthpher. US Commissioner the same being a Court of Record. Riley Midgett aged 35 years. a resident of Pasquotank County. State of North Carolina who being duly sworn according to law declares that he is a pensioner of the United States duly enrolled at the Knoxville Pension Agency at the rate of Six dollars per month, by reason of disability incurred in the Military Service of the United States in Co F. 36 Regt. U.S. Col'd Troops that his present physical condition is such that he be-lieves himself entitled to receive an increased pension; and that he here-with returns his present pension certificate He further declares that he is disabled in the following manner to-wit: His left arm being broken and wound in the left side which incapacitates him for work & labor. That he appoints Isaac Chumphans his true and lawful Attorney to prosecute his claim. That his residence is Elizabeth City N.C.

County of Pasquotank & State of North Carolina. Post Office address E. City N.C.

Riley Midgett

Attest.

D.W. Williams

Witness S.D. Benbury

Also personally D.W. Williams and S.D. Benbury persons whom I certify to be respectable & entitled to credit and who being by me duly sworn say that they were present and saw Riley Midgett the Claimant his name, to the forgoing declaration that they have every reason to believe from the appearance of said claimant and 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.

D.W. Williams

Witness S.D. Benbury

Sworn to and subscribed before me this 2nd day of February AD 1881. and I hereby certify that the contents of

the above declaration &c were fully made known and explained to the applicants & witnesses before swearing and that I have no interest direct or indirect in this claim

M. D. Culpepper
N. A. Commissioner

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION. B

State of North Carolina } SS.
County of Pasquotank }

On this 20th day of November, A. D. one thousand eight hundred and seventy-seven, personally appeared before me. Clk Superior Court the same being a court of record within and for the County and State aforesaid, Riley Midgett aged 38 years, a resident of Elizabeth City County of Pasquotank State of North Carolina, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Knoxville Tenn Pension Agency at the rate of Dis dollars per month, by reason of disability incurred in the Army service of the United States while (1) Aprentice in Co "F", "36" Reg U.S. Colored Volunteers, that his present physical condition is such that he believes himself entitled to receive an increased pension; and that he herewith returns his present pension certificate.

He further declares that he is disabled in the following manner, to wit: (2) by a gun shot wound of the left arm, entirely disabling and unfitting him for obtaining a subsistence by manual labor. Disability is much greater than when he was originally pensioned, and is still increasing

that he appoints Wm. Carlyle Shelley, his true and lawful attorney to prosecute his claim; that his residence is No. ....., in ..... street, of Elizabeth City County of Pasquotank, and State of N. C.; and his post office address is Elizabeth City

(Attest,)—Two witnesses who can write:

Miles Commander
W Chilsey

Riley Midgett
(Claimant's signature.)

Also personally appeared William A. Thomas, residing at Elizabeth City N.C. and Richard Blount, residing at Elizabeth City N.C., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Midgett, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Witnesses { Miles Commander
W Chilsey

William A. his X mark Thomas
Richard his X mark Blount
(Signatures of Witnesses.)

Sworn to and subscribed before me this twentieth day of November, A. D. 1877, 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.

[SEAL.]

Miles Commander
(Signature.)
Clk Superior Court Pasquotank Co. N.C.
(Official character.)

1. Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.

B

INVALID.

CLAIM FOR PENSION.

INCREASE.

Riley Midgard, Applicant.

Pinnacles Co., Regt.

Vols.

No. of Pension Certificate. 116.499

FILED BY

W. Darlington Attorney

Washington, D.C.

Printed and Sold by W. H. Moore, 511 11th st., Washington, D. C.

All the blanks in this form should be carefully filled and the requirements of the NOTES strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses unless other evidence is specified.

The statements of claimants, unless duly corroborated, are not accepted as evidence.

Testimony, in support of allegations made in a declaration, may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Persons desiring to complete claims pending at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension certificate must be returned, or explanation of its absence must be given under oath.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION. B

STATE OF North Carolina, COUNTY OF Pasquotank, ss:

On this Eighth day of September, A. D. one thousand eight hundred and seventy-Seven personally appeared before me Rufus K. Speed the same being a court of record within and for the county and State aforesaid, Riley Midgett aged 33 years, a resident of Elizabeth City, county of Pasquotank State of North Carolina, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Richmond Pension Agency at the rate of Six dollars per month, by reason of disability incurred in the Military service of the United States while [1] H 36 Regiment United States Colored Troops that his present physical condition is such that he believes himself entitled to receive an increased pension; and that he herewith returns his present pension certificate.

He further declares that he is disabled in the following manner, to wit: [2] The worms went in the Army in the left arm from which part of the arm bone was taken and very frequently & then the arm is useless for month, it was so bad in 1876 that two physicians had to attend me on a month & it usually rises in the full & at each rise bone and matter comes out of the mouth

that he appoints — — — his true and lawful attorney, to prosecute his claim; that his residence is No. number in street, of Elizabeth City county of Pasquotank, and State of North Carolina; and his post office address is Elizabeth City Pasquotank County North Carolina

(Attest.)

Rufus K Speed JP

Riley Midgett
(Claimant's signature.)

Also personally appeared Charles Griffin, residing at Eliz. City NC and Bryant King, residing at Eliz City NC, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Midgett, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

C. Griffin
Bryant E. King
(Signatures of witnesses.)

SWORN to and subscribed before me this Eighth day of September, A. D. 187 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.

[L. S.]

Rufus K Speed
(Signature.)
Justice of the Peace
(Official character.)

[1] Company and regiment, if in the army; and vessel, &c., if in the navy.
[2] Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.

State of North Carolina
Pasquotank County } J. Miles Commander
Clerk of the Superior Court of Pasquotank County
State aforesaid, do certify that R. K. Speed
is an acting Justice of the Peace duly qualified
& Commissioned and that his signature to
the within is genuine.
Witness my hand & official seal —
At office in Elizabeth City — September
5th AD 1887.

J. Miles Commander
Clk Superior Court

B

B

INVALID
CLAIM FOR PENSION.
INCREASE.

..... Applicant.
..... Regt.
..... Co., ...
..... Vols.

No. of Pension Certificate .....

FILED BY

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses, unless other evidence is specified.

The statements of claimants, unless duly corroborated, are not accepted as evidence.

Testimony in support of allegations made in a declaration, may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Persons desiring to complete claims pending at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension certificate must be returned, or explanation of its absence must be given under oath.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

APPLICATION FOR THE INCREASE OF AN
INVALID PENSION

Under the 1st section of the supplementary Pension Act of June 6, 1866.

State of Virginia
City
COUNTY OF Norfolk } SS.

On this ____ day of April, A. D. 18 73, personally appeared before me, ____ in and for the County of Norfolk, in the State of Virginia, Riley Midget, aged 29 years, a resident of ____ the County of Pasquotank, and State of North Carolina, and whose Post Office address is Box 466 in the ~~County~~ City and State aforesaid, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Richmond Va Pension Agency, at the rate of $ 6 per month, by reason of disability incurred in the military service of the United States in Company "F", 36" Regiment of U.S. Colored Troops

and that his present physical condition is such that he believes himself entitled to receive an increased pension of the ____ grade provided for in the first section of the supplemental pension act approved June 6, 1866. And he herewith surrenders his Certificate of Pension. He further declares that he is disabled in the following manner to wit:

Gun shot wound left arm lower third also G.S. Wound left breast

I hereby constitute and appoint Edward Spaulding of Norfolk Va my true and lawful attorney, to prosecute this my claim, with full power of substitution and revocation, hereby revoking and countermanding all other authority that may have been given, and to obtain the Pension Certificate that may be issued, and to do all other lawful acts which I might do if personally present.

Witness
Saml D Campbell

Signature of Claimant, Riley his x mark Midget

Also personally appeared before me, at the time and place aforesaid, Eli his x mark Pitts, of Norfolk city Va, and Elijah his x mark Banks, of Norfolk city Va, whom I certify to be credible persons, who, being duly sworn according to law, declare, each for himself, that they well know Riley Midget, who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they, or either of them, have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.

Witness
Saml D Campbell

Signatures of Witnesses. { Eli Pitts
Elijah his x mark Banks

Sworn to and subscribed before me this 1st day of April, A. D. 18 73; and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.

(Signature of judge or other officer.)

Thos. W. Pierce
Clerk of the Corporation Court
of the City of Norfolk Va.
By Westwood A. Todd D.C.

INSTRUCTIONS.

This declaration must be made before a Court of Record, or some officer of such a court duly authorized to administer oaths, and having custody of its seal, which must be attached.

If the applicant or either of the identifying witnesses sign by mark, the officer before whom the affidavit is made should certify that the contents was made known and fully understood by affiant. And there should be two attesting witnesses who can write their names to all signatures made by mark, and the officer administering the oath cannot be one of the attesting witnesses.

APPLICATION FOR THE INCREASE OF AN INVALID PENSION, UNDER THE FIRST SECTION OF THE SUPPLEMENTARY PENSION ACT OF JUNE 6, 1866.

DEPARTMENT OF THE INTERIOR
APR 5 1873
CLAIM OF

Riley Mordaf
Co. H. 36th U.S.C.T.

FILED BY
Edward Spalding
Rufus H. Da

Printed and Sold by W. H. Moore, 484 11th st., Washington, D.C.

1st. All persons who, while in the military and naval service of the United States, and in the line of duty, shall have lost the sight of *both eyes*, or who shall have lost *both hands*, or been permanently and totally disabled in the same, or who are in any other way so permanently and totally disabled as to render them *utterly helpless*, or so nearly so as to require the *constant* personal aid and attendance of another person, are entitled to $25 per month.

2d. All persons who, under like circumstances, shall have lost *both feet*, or *one hand* and *one foot*, or been totally and permanently disabled in the same, or who are in any other way so disabled as to be incapacitated for performing *any manual* labor, *but not so much so* as to require constant personal aid and attention, are entitled to twenty dollars per month.

3d. All persons who shall have lost *one hand or one foot*, or been totally and permanently disabled in the same, or who are in any *other way* so disabled as to render their inability to perform *manual* labor equivalent to the loss of *a hand or a foot*, are entitled to fifteen dollars per month.

4th. Section 1 of the act relating to pensions, approved March 3d, 1865, has been repealed, so that now invalid pensioners can draw a pension and at the same time hold a civil appointment under the government.

5th. All persons who have applied for an *invalid pension* and who have died since March the 4th, 1861, or who shall hereafter die, while an application for such pension is pending, and after the proof has been completed, leaving no widow, and no minor children under sixteen years of age, then, in such case, *his heirs* or legal representatives are entitled to the *accrued pension* to which the soldier would have been entitled had the certificate issued before his death.

6th. In all cases where a commission has regularly issued to any person in the military or naval service, who shall have died or been disabled while in the line of duty, *after* the date of such commission and *before* being mustered, such officer or other person shall receive a pension corresponding to his rank as determined by such commission, the same as if he had been mustered.

7th. Officers on sick leave, and enlisted men absent on sick furlough, will be regarded in the administration of the pension laws in the same manner as if they were in the field or hospital.

8th. All *enlisted* men employed as teamsters, wagoners, artificers, hospital stewards, farriers, saddlers, and all *other enlisted* men, are entitled to pensions, and are to be regarded in the administration of the law as non-commissioned officers or privates.

9th. Soldiers who shall have died of wounds or disease contracted in the service, leaving a widow, and a child or children under the age of sixteen years, and it shall be shown that such widow has abandoned the care of such child, or children, or is an unsuitable person, by reason of immoral conduct, to have the custody of the child, or children, then no pension shall be granted to such widow *until* said minor child or children shall have become sixteen years of age, and the minor child or children shall be pensioned in the same manner as if no widow had survived.

10th. The act of July 4, 1862, is amended so as to grant pensions to an *orphan brother*, or *brothers*, and also to the *father* of a deceased officer or soldier, dependent upon him for support in whole or in part.

11th. In every case where a claim for a pension is filed *three years* after the *discharge or decease* of the party on whose account the claim is made, the pension, if allowed, will commence from the date of filing the *last paper*. If the claim is filed *within three* years after the discharge or decease of the party on whose account the claim is made, then the pension, if allowed, will commence from the *date* of discharge or decease.

12th. Widows and children of Colored Soldiers and Sailors are entitled to pensions provided by law without other proof than that the parties had habitually recognized each other as man and wife, and lived together as such: *Provided, however*, When the usual proof of marriage can be furnished, it will be required as in other cases.

D&S Freedmen 497

WAR OF 1861.

ACT JULY 14, 1862.

Brief of Claim to Original INVALID PENSION

in the case of Riley Midget, a Private

of Company H, 36 Regiment U.S.C.T.

POST OFFICE ADDRESS.

Care of Freedmans Saving Bank, Norfolk, Norfolk Co. Va

Enlisted August 24, 1863. Discharged August 24, 1866.

Served afterward from ....., 18 , to ....., 18 ,

in No subsequent service. Filed Oct 9, 1871

Declaration and identification in due form, filed January 20, 1868.

ALLEGES DISABILITY FROM G.S.W. left arm and left side received in action at New Market Heights Sept 29, 1864

A.G. reports him from organization to Aug 31, 1864, Present for duty.. From Sept 1864 to Dec 31, 1864, "Wounded in action Sept 29, 1864 and in Genl Hosp. Jany 1866 to June 1866. Present for duty. Mustered out with Co. Aug 24, 1866

S.G. says he received a G.S. wound of arm Sept 29 or 30 1864 at New Market Heights, Va. Entered G.H. Ft Monroe as Riley Midge Oct 8, 1864, from the field with G.S.W. left arm and side received at Chapins Bluff Sept 30, 1864, and was returned to duty Dec 11, 1865. Upon another record of G.H. Ft Monroe, it appears that Riley Midget, pvt H, 36 U.S.C.T. was admitted Oct 17, 1864, diagnosis not stated and was transferred North Nov 8, 1865.

J. Clark Stockton, Surg. 36 U.S.C.T., certifies that he was wounded through the left arm and side dangerously at the battle of New Market Heights, Va. while doing his duty, Sept 29, 1864. Verified by S.G. Filed Jany 20, 1866

Aug 6, 1868. Ex. Surg. James Williamson, certifies G.S.W. left arm. Disability, on this

Oct 7, 18[illegible] Ex. Surg. [illegible]

Knoxville
Raleigh

Reissue to allow additional disability

Increase

2.

INVALID PENSION.

Claimant, Riley Midget

P. O., Elizabeth City | Rank, Private

County, Pasquabank | Company, F

State, N. C. | Regiment, 36th U. S. C. Troops.

Attorney, Isaac Ehringhaus. Elizabeth City, N.C. Fee, $10 Aug 1866 pay

Rate, $ 8 per month, commencing August 25-1866

5 ed. all payments

Disabled by G. S. Wd of left arm & side

Submitted Mch 25, 1881, by Strait, Examiner.

Approved for G S W of left arm & side
Later a new dis & pension
Commences Aug 25, 1866
[illegible]
Mch 25, 1881. Reviewer.

Approved for gunshot wound left arm & side. Loss of arm 3/4, loss of hand 1/4 [illegible]
Mch 25, 1881, [illegible] Med. Referee.

Discharged Aug 24, 1866. Certificate surrendered , 18 .

Original application filed Jany 20, 1868. Last paid at $ 6, to , 18 .

Increase application filed Feby 5, 1881.

Pensioned , 18 ; from Aug 25, 1866; at $ 6 per month

for G. S. Wd of left arm,

Wd of side alleged in original declaration,

Claims as above,

[10,474—50 M.]

[3—1.]
ELECTRO-3.

Increase. **INVALID PENSION.**

Claimant, Riley Midgett

P. O., Elizabeth City | Rank, Pvt.

County, Pasquotank | Company, F.

State, N. C. | Regiment, 36th U. S. Colored Troops.

Attorney, Isaac Cherringham Elizabeth City N. C. Fee, $

Rate, $ per month, commencing

Disabled by Gun shot wound of left arm and side

Submitted Jany 8th, 1883, by R. Scroggy, Examiner.

Approved for rejection:
It does not appear that the rate should be increased

Jany 8, 1883. Austin Reviewer.

Approved for

, 18 , Med. Referee.

Discharged Aug. 24th, 1866

Original application filed Sept. 20, 1868.

Increase application filed Feb. 17, 1882

~~Certificate surrendered~~ , 18 .

Last paid at $ 8, to , 18 .

Pensioned Feby. 2nd, 1872; from Aug. 25th, 1866; at $ 6 per month

for Gun shot wound of left arm and side.
Inc'd. to $8 from Aug. 25th 1866.
Inc. rejected Dec. 2nd 1877.

Claims Increase of original disability.

115499
Knoxville
Raleigh

Reissue to correct name and show increase

(3-145.)

Increase

INVALID PENSION.

Claimant, Riley Midgett.

P. O., Elizabeth City. | Rank, Pri.

County, Pasquotank. | Company, F.

State, N. C. | Regiment, 36, U. S. C. Troops.

Attorney, J. B. Coalle, Washington, D. C. Fee, $ 10.

Rate, $ 12 per month, commencing December 9, 1885

Disabled by G. S. Wd. of left arm and side.

Submitted Jan. 9", 1886, by M. D. Miller, Examiner.

Approved for G. S. W. left arm and side.

Jan. 14, 1886, J. H. Macauley Reviewer.

Approved for ~~Increase~~ G. s. w. of left arm and side 1/7/18 from Dec. 9. 1885.

E. A. Balcoch M. Rev. Jany 17/86.

L. Pinner

Jany 18th, 1886, John Campbell Med. Referee.

Discharged Aug. 24", 1866

Original application filed Jan. 20", 1868.

Increase application filed { Oct. 22", 1883 / July 14", 1885. }

Certificate surrendered , 18 .

Last paid at $ 8, , to , 18 .

Pensioned Feb. 2", 1872, from Aug. 25", 1866, at $ 6, per month

for G. S. W. of left arm and side.

Inc. rejected Dec. 2, "1872.

Reissued Apr. 5/81 to change rate to $8. from Aug. 25, "1866. Inc. rejected Jan. 10, "1883.

Claims Increase of original disabilities & resulting rheumatism.

(4217—50 M.)

115499
Knox (Raleigh)

(3—145.)

Increase INVALID PENSION.

Claimant, Riley Midyett

P. O., Elizabeth City — Rank, Pvt

County, Pasquotank — Company, F

State, N C — Regiment, 36 U S C Vol Inf

Rate, $ 17, per month, commencing March 5, 1890.

Disabled by G S W left arm and side

RECOGNIZED ATTORNEY:

Name, J M Curtis — Fee $ 10, Agent — to pay.

P. O., Wash D C — Articles filed none, 18

APPROVALS:

Submitted for Mar 26, 1890 — G B Wright Examiner.

Approved for G. S. W of left arm and side — Approved for Gsw of left arm and side 17/18 from Mar 5 1890

Mch 27, 1890 Zumbrun, Legal Reviewer. — Stapleton for Apl 7, 1890 Thos D Dugan, Medical Referee.

Discharged Aug 24, 1866 Last paid to, at $ 12

Pensioned from 25, 1866 at $ 6, for as above

Original declaration filed Jan 20, 1868 alleged same

Inc Ref Dec 2/77 Reissued Apr 5/81 to change date to 18 from Aug 25/66
Inc Ref Jan 10/83 Inc to $12 Dec 9/85

Arrears allowed from, 18, to, 18, at $

PRESENT CLAIM:

Declaration filed Mar 23/89 Jan 4, 1890 Orig

19258 b—50 m

(3-145.)

Increase INVALID PENSION.

Claimant, Riley Midgett

P.O., Elizabeth City. Rank, Pvt.

County, Pasquotank. Company, F.

State, N. C. Regiment, 36th U.S.C. Vol. Inf.

Rate, $ ..... per month, commencing .....

REJECTED.

Disabled by .....

RECOGNIZED ATTORNEY:

Name, Geo. E. Lemon Fee $ 2. Agent ..... to pay.

P.O., City. Articles filed None, 18 .

APPROVALS:

Submitted for Dec. 4, 1897. M. D. Miller, Examiner.

Approved for Gunshot wound left arm and side, Approved for gun shot wound of left arm and side 17/80 Increase.

Dec 26, 1891, Williams, Legal Reviewer. Jan. 8, 1892, Thos. D. Ingram, Medical Referee. Upham. Coleman

Discharged Aug. 24, 1866. Last paid to ....., at $17.

Pensioned from " 25 ", 1866, at $6, ..., for G.S.W. left arm & side.

Original declaration filed Jan. 20, 1868, alleged G.S.W. left arm & side. Inc. Rej. Dec. 2/77

Reissue to change rate to $8. from Aug. 25/66

Inc. Rej. Jan. 10, 1883.

Inc. to $12. from Dec. 9/85

" " $17. " Mar. 5/90

Arrears allowed from ....., 18 , to ....., 18 , at $.....

PRESENT CLAIM.

Declaration filed Apr. 16, 1891. Orig.

Clt. writes. Ns M. C.

6—221

3995 b—50 m

3—146.

S.

INVALID PENSION.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Riley Midgett. Cf. 1115.499.

P. O., Elizabeth City. | Rank, Private.

County, Pasquotank. | Company, F.

State, North Carolina. | Regiment, 36 U. S. C. T. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for .....

REJECTED January 16, 1899.

RECOGNIZED ATTORNEY.

Name, J. L. Kurtz. | Fee, $ 2 ; Agent ..... to pay.

P. O., Washington, D. C. | Articles filed ....., 18....

APPROVALS.

old (resulting rheumatism right arm and back) new

Approved for Gunshot wound left arm & side, & Left foot frosted.

Submitted Rejection November 16, 1898; Raynor, E. R., Examiner.

Approved for gunshot wound of left arm and side (old) Increase pending. Alleged resulting Rheumatism right arm back, & misery, referred to Medical Referee. Reject frost bite to left foot. No ratable disability since filing claim, subject to action of Medical Referee. (See slip.) ....., Legal ~~Reviewer~~.

Dec. 18, 1898. W. W. Curry, Re-Reviewer.

Approved for gunshot wound of left arm and side 17/18. No increase. Alleged rheumatism of right arm, back & misery not accepted as resulting. Reject alleged frost bite of left foot, No pensionable disability therefrom shown since filing claim.

H. J. Hunt, M., Med. Ex'r, Davis, Med. Reviewer.

Dec. 19th, 1898. E. J. Whitney, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted August 24, 1863

Discharged August 24, 1866 | Last paid to ....., at $ 17.

Pensioned from August 25, 1866, at $ 6.00, for gunshot wound of left arm & side. Increase rejected December 2, 1877. Reissue to change rate to $8.00 from August 25, 1866. Increase rejected January 19, 1883. Increased to $12 from December 4, 1885. Increased to $17.00 from March 5, 1890. Increase rejected January 8, 1892.

Original declaration filed January 30, 1868; alleged Gunshot wound of left arm & side.

" April 5, 1873 " " " " "

" September 22, 1877 " " " " "

" December 10, 1877 " " " " "

Declaration filed February 5, 1881; alleged " " " " "

" November 17, 1882 " " " " "

" July 22, 1883 " " " " "

" July 14, 1885 " " " " resulting rheumatism.

~~Arrears allowed from~~ " March 19, 1887 ....., 18...., to ....., 18...., at $.....

" January 5, 1889 " " " " "

" April 16, 1890 " " " " "

PRESENT CLAIM.

Declaration filed April 5, 1897; Increase from Gunshot wound of left arm & side & left foot pathologic fracture.

" March 15 1898 Gunshot wound left arm & side & resulting rheumatism right arm.

" October 20 1898 " " "

4404b20m10-97

Waite. Rosser.

—428.

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C. Aug 8 1898

No. Claim, 115,499

Claimant, Roby Midgett

Soldier,

Co. F, 36 Reg't Ark Inf

Respectfully returned to Chief

B. O. Rev

A suitable disability non-claim date of filing claim from alleged Joint Rib & Left-Foot.

Medical Examiner.

Approved:

J. L.

J. F. Rank

Medical Referee.

0-4

536.

Board of Rev. Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, Dec 7, 1898

Claimant, Riley Midgett No. 1157499

Soldier, 4

Co. H, 36 Reg't. M.S.C.T.

Respectfully referred to the **MEDICAL REFEREE** with the request that he state whether there has been a pensionable disability from frostbite of left foot since filing claim, April 8, 1897?

Not legally established. A record of "Incised wound of foot", not in the claim.

W. W. Curry
Rev.

A. Johnson
Chief Board Review.

Chief of Division

0-12

So much of claim as refers to frost-bitten left foot - is submitted for rejection on the ground that no pensionable disability exists from cause alleged. The ctf of exam. shows —
"A knotty nail on great toe of left foot. No callus. only trouble in nail."

3—367.
(Old No. 3—127.)

HISTORY OF CLAIM.

Pensioner, Riley Midgett, Certificate No. 115499
1st service, F. House S; enlisted, Aug 24, 1863; discharged, Aug 24, 1866
2nd service, ; enlisted, , 18 ; discharged, , 18

Pensioned from Aug. 25, 1866, at $ 6, per month for gsw. left arm and side. Resumed at #8 from Aug. 25-1866
From Dec. 9-1885 at #12, and 17 from Mar. 5-1890.

Original declaration, Act of July 14, 1862, filed Jan. 30-1868
alleged gsw. left arm and side, adm.
Decl. filed April 5-1873, gsw. left arm & side
" " Sept. 22-1877 " " " "
" " Dec. 10-1877 " " " "
" " Feb. 5-1881 " " " " Adm. at 8#
" " Nov. 17-1882 " " " " Rej.
" " Oct 22 1883 " " " " res. rheumatism
" " July 14-1885 " " " " Adm. @ 14#
Feb. 10-1888 " " " " Rej.
March 23-1889 " " " " Adm @ 17#
Jan. 4-1890 " " " "
April 16-1891 " " " " Rej.
April 8-1897 " " " " left foot frost bitten
March 15 1898 alleged orig. & res. rheumatism r. arm back
Decl. filed Oct. 20/1898, gsw. left arm & side Rej.

3—355.
(Old No. 3—145.)

Certificate No. 1154999

Increase INVALID PENSION.

Claimant, Riley Midgett

P. O., Elizabeth City
County, Pasquotank
State, North Carolina

Rank, Private
Company, F
Regiment, 36 U.S.C.V. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for .....

REJECTED June 8, 1901.

SOUTHERN.

RECOGNIZED ATTORNEY.

Name, J. S. Kurtz
P. O., City

Fee, $ 5 ; Agent to pay.
Articles filed ....., 1

APPROVALS.

Submitted for May 27, 1901, G. F. Cain, Examiner.

Approved for Gunshot wound of left arm and side.

Approved for gunshot wound of left arm and side. 17/18 No increase.

May 29, 1901, J. D. Pearson, Legal Reviewer.

Wm. R. Bell, Medical Examiner.

Medical Reviewer.

June 1st, 1901, J. L. Rankin, Medical Referee.

..... , 190..., ... Re-Reviewer.

Enlisted Aug. 24, 1863 Discharged Aug. 24, 1866 Last paid to ....., 1

Pensioned at $ 17 per month for G.S.W. left arm & side

PRESENT CLAIM.

Declaration filed Apr. 6, 1900, alleges original-increase

Claimant does ..... write.

No, ..., M. C.

16682b40m12-1900 0-4

No N. L. Rec.

3-355.
(Old No. 3—145.)

Certificate No. 115,499

Increase

INVALID PENSION.

Claimant, Riley Midgett,

P. O., Elizabeth City,
County, Pasquotank
State, North Carolina

Rank, Private,
Company, F
Regiment, 36 U.S.C.Vol. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for .....

SOUTHERN.

RECOGNIZED ATTORNEY.

Name, I. S. Kurtz,
P. O., City.

Fee, 2.00; Agent to pay.
Articles filed ....., 1

REJECTED July 17/02

APPROVALS.

Submitted for June 25, 1902 Dodge N. J., Examiner.

Approved for Gun Shot wound of left arm, and side, Alleged resulting rheumatism. Referred to Med. Referee,

Approved for gunshot wound of left arm and side 17/8 no memo

Rheumatism cannot be accepted as a result.

July 3, 1902 B. W. Lisson
Legal Reviewer.

Clarke, Medical Examiner.

J. L. Ross
Medical Reviewer.

....., 190...,
Re-Reviewer.

July 7, 1902 J. T. Rau
Medical Referee.

Enlisted Aug. 24, 1863 Discharged Aug. 24, 1866 Last paid to ....., 1

Pensioned at $ 17.00 per month for G. S. W. left arm and side.

PRESENT CLAIM.

Declaration filed June 21, 1901. Alleges increase of pensioned disabilities and resulting rheumatism.

Claimant does ..... write.

No, M. C.

0-4

3—355. ificate No. 1154991

er

Increase INVALID PENSION.

Claimant, Riley Midgett

P. O., Elizabeth City
County, Pasquotank
State, North Carolina.

Rank, Private
Company, F
Regiment, 36 U. S. C. T.

Rate, $ ..... per month, commencing .....

Pensioned for .....

RECOGNIZED ATTORNEY.

Name, E. H. Rivers and Co.
P. O., Washington D. C.
Referred for mod. Exp. December 14. 1908.

Fee, $ 2 ; Agent to pay March 10, 1909 J.B.G.
Articles filed Notice mailed

REJECTED

APPROVALS.

Submitted for ~~[illegible]~~ February 1st ~~[illegible]~~, 1909.
Resubmitted February 2nd 1909
Approved for gun shot wound of left arm and side.

Gallenne JB, Examiner.
Approved for Gunshot wound left arm and side 17/18'
No increase.

Feby 2, 1909. J. Morrison
Legal Reviewer.

, 190..
Re-Reviewer.

Medical Examiner.

Feby 24, 1909.

Medical Reviewer.

C. P. Whitney
Medical Referee.

Enlisted August 24, 1863 Discharged August 24, 1866 Last paid to .....
Pensioned at $ 17 per month for Gunshot wound of left arm and side from March 5, 1890

PRESENT CLAIM.

Declaration filed October 27, 1902, claimed increase of pensioned causes.
Declaration filed March 1, 1906, claimed increase as above
Declaration filed November 30, 1908 claimed increase of pensioned disabilities

Claimant does ..... write.

No, M. C.

0-4

SOUTHERN

Declaration For An Increase of Pension.

STATE OF North Carolina COUNTY OF Pasquotank SS:

On this 12 day of Oct A. D., 1865, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Riley Midgett (The claimant's name here.) aged 72 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the rate of 18 dollars per month under Pension Certificate No. 115499 by reason of a disability from wound left arm & side (Here state the disability for which your pension was allowed.) incurred in the service of the United States while a Private in Co. F, of the 36 Regiment of USCT Vols. That he believes himself to be entitled to an increase of pension on account of his rate being unjustly low and disproportionate to his degree of disability.

That he appoints P. J. Lockwood, of Washington, D. C., his attorney to prosecute this claim; that his P. O. is Elizabeth City County of Pasquotank State of N C

Claimant's signature Riley Midgett

Also personally appeared W A Holmes residing at Elizabeth City NC and Josiah Simmons residing at Elizabeth City NC whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw Riley Midgett (Claimant's name here.), the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant, and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

W A Holmes
Josiah Simmons (Two witnesses sign here.)

SWORN TO and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration &c., were fully made known and explained to applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

W. B. Culpepper (Signature.)
Notary Public (Official Character.)

L. S.

Declaration accepted as a claim under the general law. Power of attorney valid as to execution.

Chief, Law Division

Per

2

B INVALID. 14111 E

CLAIM FOR INCREASE

Riley Medgett Applicant

Co. F 36 Regiment of

USC Inf Volunteers.

No. 1154499

FILED BY

P.J. LOCKWOOD & Co. WASHINGTON D.C.

3—355

Renewal & Increase — Ctf No. 115,499

INVALID PENSION.

to

Class, { Army, Navy, General Law,

Claimant, Riley Midgett, Private

P. O., Elizabeth City, Pasquotank County North Carolina,

Rank, Private

Service, Co. F 36 United States Colored Inf.

Rate, $ per month, commencing

Pensioned for

Feb 5/18 REJECTED

Attorney, None.

Fee, $ —; agent to pay.

P. O.,

Articles filed , 1

Submitted Jany 22, 1918, for Med Examn, through Bd of Rev.

N. A. Brown, Examiner.

Approved for gunshot wound of left arm and side (old).

Increase pending.

Renewal from Act of May 11, 1912.

No medical examination had under pending claim.

Jany 24, 1918, R. B. Baker, Reviewer.

Jany 25, 1918, M. Ketchum, Rereviewer.

Approved for rejection.

A medical examination is not warranted, as the evidence fails to describe a degree of disability due to the pensioned cause which would incapacitate for the performance of any manual labor, or show total disability of the left arm or hand.

Whitney, Medical Examiner.

Jan 29, 1918, H Helton, Medical Reviewer.

Foster, Medical Referee.

Pensioned at $ 24 per month for ACT OF MAY 11, 1912.

Was " " 17. G. S. W. left arm and side,

Enlisted Aug 24, 1863 Other service from , 1 to , 1

Discharged Aug. 24, 1866 in

not in service since , 1

PRESENT CLAIM.

Declaration filed October 5, 1915, alleged increase pensioned cause.

Claimant does ✓ write. 6—1681 No. , M. C.

DR E. L. HOFFLER
507 E. FEARING STREET
ELIZABETH CITY, N. C.

OFFICE HOURS
8 TO 10 A. M.
2 TO 4 P. M.
7:30 TO 9 P. M.
SUNDAYS:
9 TO 10 A. M.
TO 7 P. M.

Civil War Division
Inv. ctf. 115-499
Riley Midgett
Co. F. 36 U.S.C. Inf.

This is to certify that I have examined Riley Midgett and find that his arm which was wounded by gunshot in civil war is so affected as to prevent him from doing manual labor.

E. L. Hoffler M.D.

March 16/18

Ad Div
1
MW

Elizabeth City, N.C.
Feb 19 1918

Hon Commissioner of Pension
Washington D.C.

Dear Sir your letter of Feb. 5 1918
to hand will say that at the time
of filing my Claim Oct. 5. 1915
i was able to do some light work
but since that time i have become
totally incapacitated so that i can't
use my left arm at all and i
would like very much to go before
you and let you see my condition
there is no kind of work that i
am able to do that would turn me
out any wages were i to try to get
work no one would hire me in
my condition that is why i appeared
to you i am continuing under the
Dr. now Sir please give my
appeal your earnest consideration
and let me hear from you
at once

yours Respectfully

Riley Midgett Co F 36 U.S.C. inf
313 Edge St

GENERAL LAW.

DECLARATION FOR THE Renewal and INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF North Carolina
COUNTY OF Pasquotank } ss:

On this 15 day of March, A. D. one thousand nine hundred and Eighteen personally appeared before me, a Notary Public within and for the county and State aforesaid, Riley Medgett aged 74 years, a resident of Elizabeth City, County of Pasquotank State of N.C., who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Washington Pension Agency at the rate of 24 dollars per month, by reason of disability from Gun Shot Wound in left side & Arm (Here name the disability for which pensioned.)

incurred in the Military service of the United States while a Private in Company H, 36 Regt U.S.C. Inf (Military or naval.) (Here state rank, and company, and regiment, if in the Army, or vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Gun Shot Wounds (Here state the reason for applying for increase.)

That he was not employed in the military or naval service prior to ,1
That he has not been employed in the military or naval service since Aug 1866

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

That the number of his pension certificate is 1154499
That his post-office address is (street and number 314 Eddy St, R. F. D., City or town), Elizabeth City County of Pasquotank State of N.C.

Riley Medgett (Claimant's signature.)

ATTEST: (1) J. E. Jones
(2) Jos. H. Perkins.

Also personally appeared J. E. Jones, residing at Elizabeth City N.C. and Jos H Perkins, residing at Elizabeth City N.C., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Riley Medgett, 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 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.

J. E. Jones
Jos. H. Perkins.
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 15 day of March, A. D. 1918 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 ....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. B. Culpepper
(Signature.)
Notary Public
(Official character.)

PENSION BUREAU MAR 18 1918 OFFICE

6—836

Declaration accepted as a claim under the general law. for increase
Chief Law Division.

IMPORTANT NOTICE.

This form should only be used in making claim for increase of pension on account of disabilities incurred in the military or naval service of the United States and in line of duty.

SECTION 4698½, REVISED STATUTES OF THE UNITED STATES.

Except in cases of permanent specific disabilities, no increase of pension shall be allowed to commence prior to the date of the examining surgeon's certificate establishing the same, made under the pending claim for increase, and in this, as well as all other cases, the certificate of an examining surgeon, or of a board of examining surgeons, shall be subject to the approval of the Commissioner of Pensions.

ORDER NO. 74. (modified by later legislation and practice.)
(Approved October 21, 1903.)

To the end that applications for increase of pension may be more promptly considered, the claims of those entitled to increase adjudicated without delay, and those pensioners who it is apparent are not entitled to an increased rate may be spared the unnecessary expense of undergoing another medical examination, the following rules will hereafter be carefully observed in the adjudication of such claims:

1. All applications for increase of pension will be taken up for consideration and action at the earliest practicable date after their receipt in the Bureau, and orders for medical examinations issued at once—unless, from the nature of the disability in any particular claim and the history of the case as shown by previous medical examinations, a reasonable presumption obtains that there has been no material increase in pensioner's disability since the date of his last examination. In such case the pensioner will be advised that the propriety of at once ordering a medical examination will be considered if he shall furnish competent medical evidence showing definitely his physical condition from all causes for which he is pensioned, if under the General Law, or showing the extent to which he is incapacitated for earning his support by manual labor from all causes combined, if under the Act of June 27, 1890, and not otherwise.

2. An order for a medical examination will not be issued where the claimant is in receipt of the maximum rate under the law and the rulings of the Department for the pensioned disability, such as "loss of sight of one eye," "total deafness of one ear," "hernia," "loss of limb," and all other specific and minor specific disabilities for which a rate is fixed by law or departmental ruling and where no complications are alleged or shown. Claimant will be notified that he is receiving the maximum rate of pension for the pensioned disability.

3. If a pension under the General Law has been terminated to allow pension at a higher rate under the Act of June 27, 1890, a medical examination will not be ordered in an application for renewal and increase under the General Law, except as provided in Rule 1. If, however, it can reasonably be presumed, from the nature of the disability and the history of the case, that the claimant is entitled to a higher rate under the General Law than the rate received under the Act of June 27, 1890, a medical examination may be ordered without medical testimony.

4. If an application for increase shall be filed before a prior application for increase has been disposed of, but subsequent to the medical examination held thereunder, an order for a medical examination will not be issued without medical testimony, as in Rule 1, and pensioner will be so advised.

5. As a general rule an order for a medical examination should not be issued without medical evidence showing material increase in pensioned disabilities, if pensioner is in receipt of $17 per month, and he should be advised as under Rule 1. There will, of course, be exceptions to this rule, and each case should be carefully considered on its own merits before action is taken therein.

6. Upon receipt of the medical testimony which may be furnished in response to the rules above noted, the same will be carefully considered to determine the question of its sufficiency. If such testimony is immaterial and does not indicate an increased disability, the claimant will be advised that an order for a medical examination is not now warranted, and be given the reasons for such action. If, however, no testimony shall be filed in response to the communication from this Bureau within one year from the date thereof, the case will be forwarded to the Admitted Files and carried on the records of the adjudicating division as an "abandoned increase."

These rules are intended to prevent the indiscriminate orders for medical examinations in increase claims where it is self-evident, from the history of the cases, that such examinations will be of no benefit either to the pensioners or to the Government.

The present practice will be observed in those cases where the claimants are in receipt of a pension of $24 per month or over.

---

3 Jacob Adel

3—003.

INVALID.

CLAIM FOR Renewal and INCREASE.

GENERAL LAW.

Certificate No. .....

Claimant: .....

Service: .....

PENSION CERTIFICATE NOT REQUIRED.

INSTRUCTIONS.

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.

6—836

No. 115499

Renewal and increase INVALID PENSION.

to

Class, { Army, ~~Navy,~~

Claimant, Riley Midgett

P. O., Elizabeth City. (314. Edge Street) Pasquotank County North Carolina

Rank, Private

Service, Co. F. 36. U.S.C. Inft.

Rate, $ per month, commencing

Pensioned for

REJECTED

April 11, 1918

Attorney, none

P. O.,

Fee, $; agent to pay.

Articles filed , 1

Submitted Mar 27, 1918, for med ex through the Bd of Review

F Tyers, Examiner.

Approved for gun shot wound of left arm and side

increase pensionable

Reissue from Act May 11. 1912

No medical examination had under pensionable claim

March 29, 1918, F H Daft Reviewer.

March 29, 1918, J H Dalton Rereviewer.

Approved for rejection.

A medical examination is not warranted, as the evidence fails to describe a degree of disability due to the pensioned cause which would incapacitate for the performance of any manual labor or cause total disability of the left arm or hand. Condition due in part to senility.

Whitney, Medical Examiner.

E. Foster Medical Reviewer.

March 30, 1918, Ind. Fitz Medical Referee.

Pensioned at $ 24 per month from under the Act of May 11, 1912

Formerly pensioned under the general law at $17. per month

Enlisted Aug 24, 1863

Discharged Aug 24, 1866

Other service from none, 1 to , 1

in

not in service since , 1

PRESENT CLAIM.

Declaration filed Mar. 18. 1918. alleging increase disability from former pensioned cause gun shot wound of left arm and side.

Claimant does ——— write. 6—1681

no, M. C.

3—852

E.M.J.

Notified May 9 C, 1918

Kitty Bell - Sold Death - M. Wife, li. div. cohab.

JUL 16 1918 O.C.B.

Ex'r. ✓ DEPENDENT.

Fr. 36. No. 1119659

Act of Act of April 19, 1908 amended by Act. Sept. 8, 1916.

Clarissa Midgett Buell

Virginia

widow

Riley Midgett

Service Fr 36 U. S. C. Inf

Died Apr 20. 1918.

No other claim than

I. C. 115499

May 9, 1918 EDS Clerk.

Application filed: Apr 27. 1918

Attorney: Adam W. Bell

P. O. Elizabeth City

400. Shepard St, N. Car.

Cert. of Dis. Searched for ....., 19

Jan. 14, 1919 - Clmt. for sol. ✓ comt name JB

CIVIL WAR MAY 10 1918

6—1359

House of Representatives U. S.

Washington, D. C.

June 5th, 1912.

Hon. J. L. Davenport, Commissioner,

Bureau of Pensions,

City.

Dear Sir:-

I beg to enclose herein declaration for increase of pension under Act of May 11, 1912, of Riley Midgett, of Elizabeth City, N. C. He is at present drawing a pension under certificate No.115499. Please acknowledge and kindly expedite the consideration of this claim.

Yours very truly,

Jno. H. Small

M. C.

Enc.

S.C. 115,499

Riley Midgett

v.

Remand & Fund

OK

J

Dec 30, 1915

3—810

W. C. No. 864132

REIMBURSEMENT.

Claimant Mamie Bellamy
Care of Morrison's Store
Street and No. R. D. 3 - Berkley St.
P. O. Norfolk,
State Virginia

Pensioner Clarissa Midgett
Class Widow
Law May 1, 1920
Agency Group 2

Rate, $30 Last paid to Nov 4 1920 at $30

Last illness commenced Nov. 9, 1920 Date of death Nov 18 1920 Accrued pension $15.00

Amounts claimed.		Charges approved.		Deductions.	
Physicians' bills	$30	$30		State aid	$
Medicine	20	20		Assets	
Board				Insurance	
Nursing and care				Amount waived	
Rent					
Living expenses for pensioner					
Undertaker's bill	164	164			
Livery					
Cemetery charges				Total	
Other expenses.				Summary.	
				Charges approved	$
				Deductions	
				Amount approved	
Totals	214	214			

Approved for $15.00

Oct 12, 1921 [illegible] Examiner.

OCT 14 1921 A. D. Prall Reviewer.

6—2138

FEB 17 1921

To the Chief, Finance Division: You are hereby notified that check # 8203911, for $ 90 00/100 dated FEB 4 1921

in favor of CLARISSA MIDGETT
post-office BUELL VA
Certificate # 864132 ACT APR

Class MAY WIDOW

Section 5 has been returned to me by POSTMASTER with the information that the pensioner died Jan 27 1921 and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.

(D-1)

FEB 17 1921 19

DROPPED because of death, which occurred on

Last paid at $30, to Nov 4 1920

W. N. CAMPBELL

Chief, Finance Division.

OFFICE HOURS:
[illegible]00 A. M. TO 11:00 A. M.
[illegible]:00 P. M. TO 8:30 P. M.

PHONE CONNECTION

NORFOLK, VA. Dec 1 1920

Mammie Bellamy for Clarissa Midgett
So Hill

TO DR. G. HAMILTON-FRANCIS, DR.

929 LIBERTY STREET

TO PROFESSIONAL SERVICES 30.00

Paid
12/1/21
C. H. Francis M.D.

ITEMIZED STATEMENT MAY BE SEEN AT OFFICE

HAMILTON FRANCIS, M. D., PRES. R. G. L. PAIGE, VICE-PRES. A. B. GREEN, M. D., SECRETARY
L. S. PENDLETON, TREASURER F. G. RUSSELL, BUSINESS MGR.

Berkley-Norfolk, Va., Dec 1 1921

M Maurice B Blanc for Clarence Midgett

To **Progressive Drug Company, Inc.** Dr.

Drugs and Sundries

'PHONE CONNECTION 1103 LIBERTY STREET

Nov 9	Rx	4	00	
10	Merchandise	3	00	
12	"	2	50	
13	Rx	3	50	
15	Merchandise	2	00	
16	Merchandise	3	50	
17	Rx	1	50	
	Total	20	00	

Paid

4/1/21

Progressive Drug Co
By [illegible] Pres.

Remit
1 El

MF 14
(808)

The pension accruing from date of last payment to date of pensioner's death in this case is — and no greater sum is available for reimbursement.

REIMBURSEMENT.

I hereby certify that I hold Mamie Bullamy responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of Clarina Midgett late a pensioner by his certificate number 864.132.

(This need not be sworn to.)

C. R. Trotman
R. R. D #3 Box 155
Berkley Sta. Norfolk Va

Norfolk Va

BERKLEY, VA., 1920

Mrs. Mammie Bellamy for Clarissa Midgett

TO C. N. TROTMAN, DR.

UNDERTAKER AND FUNERAL DIRECTOR

OFFICE AND RESIDENCE: McKINLEY ST., SO. HILL
BERKLEY, STA., NORFOLK, VA.

Paid 60.00 Due 104.00

PHONE 416 W BERKLEY

ADDRESS:
R. F. D. 3, BOX 155, BERKLEY STA.
NORFOLK, VA.

	Casket & Bot	105.00	
	Embalming	15.00	
	Dress	20.00	
	Hears	10.00	
	Carriages	14.00	
		164.00	
	C. N. Trotman		

IN REPLY REFER TO

Wid. Div. R. S.
Wid. Ctf. 864132
Clarissa Midgett
Riley Midgett
F, 36 U.S.C. Inf.

3—1865

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

April 22, 1921.

PENDING FILES
JUN 6 1921
RECEIVED

Mrs. Mamie Bellamy
c/o Morrison's Store
R. D. 3, Berkley
Norfolk, Virginia

Madam:

Relative to your claim for reimbursement in the above-cited case, you are advised that the enclosed certificate should be signed by C. N. Trotman, undertaker, and returned to this Bureau.

Very respectfully,

Washington Gardner

Commissioner.

JGB:mwp

PENSION BUREAU U. S. JUN 4 1921 OFFICE.

Gentlemen,

I am also returning this last letter I received from you April 22, 1921, as it may further give you information.

3—1129

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

Under an act of Congress approved by the President May 1, 1920, your pension from that date is increased to $30 per month. THIS SLIP SHOULD BE SECURELY ATTACHED TO YOUR PENSION CERTIFICATE.

PENSION APR 13 1921 U. S. OFFICE

Commissioner of Pensions.

6—6150

Secretary of the Interior.

Act of April 19, 1908, amended by
Act of September 8, 1916.

No. 864,132 Original

United States of America

BUREAU OF PENSIONS

It is hereby certified *That in conformity with the laws of the United States* Clarissa Midgett, *Widow of* Riley Midgett, *who was a* Private, Co. F, 36th Regiment United States Colored Infantry *is entitled to a pension at the rate of* Twenty-five *dollars per month, to commence* April 27, 1918 *and to continue during her widowhood.*

Given at the Department of the Interior *this* thirteenth *day of* March *one thousand nine hundred and* nineteen *and of the Independence of the United States of America the one hundred and* forty-third.

Franklin K. Lane

Secretary of the Interior.

Countersigned,

E. C. Tieman

Acting Commissioner of Pensions.

G7

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

"SEC. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 864,132

PENSION CERTIFICATE OF

Clarissa Midgett

PAYABLE QUARTERLY

BY THE

DISBURSING CLERK,

BUREAU OF PENSIONS.

Group 2

6—4107

LAW

Clerk.

18

3—437.

CLAIM NO. .....

Examiners are required to keep the unimportant papers in this wrapper.

PAPERS NOT BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

....., *Examiner.*

6—2089

DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

902 Hill St.
Berkley Wd.
Norfolk Va.
Dec. 19, 1931.

Pensions Bureau -
Gentlemen,
I am writing for information. I have recent informed that the Government was or is now pensioning all of the children of the Civil war veterans. Is this true? Please let me know as I am a child of a Civil war veteran. I sure need help for I dont even know where I shall get food to eat on tomorrow. Not having one cent in this world and

about to loose my
home because of my
payments, I would like
to put my claim in at
once if the statement
is true.

Please let me
hear from you or please
send me blanks.

Yours in Obledge
Mrs. Mamie Bellamy

902 Hill St
Berkley Ward
Norfolk Va
Jan. 20, 1932

Veteran's Administration
Room 2218 Interior Wash.
Gentlemen, —

Some time ago I wrote you about my claim as I am the daughter of Riley Midgett a soldier in the Civil War Co A. 36 Regiment. I received a return blank (along with my letter) which I filled out the same and returned it back to you. I filled it out as

I knew it. Having failed to hear from you I have been wondering as to whether you received it or not

Hoping to hear from you at an early date

I am Sirs
Respectfully,

Mrs Mamie Bellamy

VETERANS' [redacted]NISTRATION

MB

Ex. BHT Div. Pension Files Sub-Division

Room 2218, **Department of the Interior** Bldg.

~~BUREAU OF PENSIONS~~

WASHINGTON, D. C., DEC 24 1931, 19

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit and return to this Bureau.

No. of claim W.C. 864 132

Name of soldier Riley Midgett

P. O. address of claimant 9092 Hill St, Berkley, Va.

Company Co. F.

Regiment 36 USC Inf

State where enlisted

Date of enlistment

Date of discharge

If unable to furnish company and regiment give names of commanding officers.

Return attached letter with reply.

W. E. Black
Chief Clerk
~~Commissioner.~~

(Over)

(bht)

RECEIVED DEC 30 1931 PENSION FILES SUB-DIVISION

RECEIVED JAN 8 1932 FILES SECTION PENSION FILES SUB-DIVISION

6—2469
GOVERNMENT PRINTING OFFICE

Father's address was
Riley Meggs
Elizabeth City
NC
before he died.

NO. 54

INQUIRY SLIP.

FROM

A. W. Bell atty.

TO THE

PENSION BUREAU.

Clarissa Midgett

Application No. 1119659

Certificate No.

NAME OF SOLDIER:

Riley Midgett

Co. H., 36 Reg't U. S. C. Inf.

INFORMATION DESIRED:

Hon. Commissioner of Pensions your Hon. please pardon me for calling up this claim as it is a very serious claim you will please consider it at your erlist convinent opportunity as this widow is completely helpless cant do any thing she has to have a nurse she has had a stroke some time ago thanking you for past faviors!

Very Respectfully
A. W. Bell

3-202

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

Washington, D. C., Dec. 21, 1918

W.O

No. Claim, 1119 659

Cert. No.

Claimant, Clarissa

Soldier, Riley Midgett

Co. F, 36 Reg't, U. S. C. Inf.

Respectfully, returned to the Chief Civil War Division.

The copy of death record shows soldier's name as Riley W. Midgett and the marriage record as William R. Midgett.

Claimant should state the soldier's correct name & competent testimony should be furnished in corroboration.

J. W. Lumsden
Reviewer.

Chief, Board of Review.

6—720

Gmt 4326

Form 2992.
Ed. Jan. 9-09—3,000.

329681

In answering this letter address "Auditor for the War Department," and refer to above number.

REQUESTING ABSTRACT OF EVIDENCE.

Treasury Department,

OFFICE OF AUDITOR FOR THE WAR DEPARTMENT,

Washington, D. C., May 3, 1909

Hon. Commissioner of Pensions,

Sir:

Please transmit an abstract of any evidence on file in your Office ~~in the case of~~ identifying Riley Midgett as Jr Co. F 36th U.S. Colored Inf

~~*tending to show the marriage and death of said soldier, and the nature and origin of the disability by reason of which he was discharged; also forward his discharge certificate, if on file.*~~

Claimant, Riley Midgett

Post-office address, Elizabeth City N. C.

No. of pension certificate, 115499

Respectfully,

O. F. Harper.

Auditor.

By [illegible]

2—217

5-5

Morrison & Sons
R F D 3
Berkley Va.
Feb. 5 1921

Bureau of Pensions,
Gentlemen

My mother (Clarissa Midgett) was dead and buried a few days befor her check reached here. Her burial expenses have not been settled and the undertaker wishes to hold the check for the same.

I am writing for information as to whether or not her check can be held and cashed for her burial expenses as we have no other [illegible]

by which to settle the account.

What ever you say will be promptly done.

Waiting your answer, In the mean time I shall hold the check until then.

Respectfully
Mrs. Mamie Bellamy.

State of Virginia }
City of Norfolk } ss

On this 7th day of Octo 1871 personally appeared before me a Notary Public in and for said city aforesaid Riley Midgett who being duly sworn on oath says he was a Pvt in Co "F" 36th Va. Vol. Cavl and an applicant for an Invalid Pension and his Post Office Address to which he desires his Pension certificate and other communications addressed is Freedmen's Savings Bank Norfolk Virginia

Witness
Edwd Spaldwin
his X Mark

Riley his X mark Midgett

Sworn to and subscribed before me the day and year above stated and I certify that the above affidavit was carefully read and explained to affiant before signing and I have no interest in this claim

Edward Spaldwin
N. P.

DC

Cam

5-5-09

May 12, 1909.

The Auditor

for the War Department.

Sir:-

In response to your call of the 3rd, received the 5th instant (GMH.326-329,681), relative to the case of Riley Midgett, of Elizabeth City, N. C., late of Co. F, 36" U.S.C.Inf., Cert. #115,499, you are advised as follows:

Jacob Spellman and Henry Owens, of Elizabeth City, N. C. testified, March 14, 1898, that they have known Riley Midgett for 20 and 14 years, respectively, and that they believe him to be the identical person he represents himself to be.

D. W. Williams and S. W. Benburg, of Elizabeth City, N. C., testified, February 2, 1881, that they were present and saw Riley Midgett sign his name to his declaration of said date, and that affiants believe him to be the identical person he holds himself out to be.

Similar testimony is given by S. W. McMullin and Charles Reed, of Elizabeth City, N. C., in their affidavit of June 18,1901.

Very respectfully,

Commissioner.

With any reply
refer to HPW/mep

Law Division

April 19, 1919.

Mrs. Lizzie E. Bell,

Elizabeth City, N.C.

Madam:

Referring to the case of Clarissa Midgett, widow of Riley Midgett, Co.F, 36th U.S.C. Inf., Wid.Cert.No.864,132, you are advised that the check for $10, drawn to the order of Adam W. Bell, now deceased, in payment of attorney fee on the issue of March 13, 1919, has been forwarded to the Auditor for the Interior Department, Treasury Department, Washington, D.C., to whom all correspondence concerning its payment should be addressed.

Respectfully,

G. M. SALTZGABER.
Commissioner.

(Copy)

CCK-HRC 6

April 8" 1919.

Auditor for Interior Department,

Washington, D. C.

Dear Sir:

Herewith find check #1086760 drawn April 3" 1919 for $10.00 to the order of Adam W. Bell, in payment of attorney fee in case of Clarissa Midgett, certificate #864132, Act of April 19" 1908, as the payee died December 15" 1918 and the widow - Lizzie E. Bell, of Elizabeth City, N. C. - requests that the check be made payable to her.

Very respectfully,

Guy O Taylor

Disbursing Clerk.

FB*SER

Civil War Division
Wid. Orig. 1119659
Clarissa Midgett
Riley Midgett
Co. F, 36 U.S.C. Inf.

January 14, 1919.

Mrs. Clarissa Midgett,

Buell, Virginia.

Madam:

In your above entitled claimffor pension, you should furnish your statement showing the soldier's full and correct Christian name, it appearing in the case as Riley, Riley W. and William R. , also the testimony of persons who knew him in early life, showing his correct name.

No affidavit can be considered satisfactory that fails to state the age and postoffice address of the witness and his means of knowing the facts stated; and the name and service of the soldier and the number of the claim should be noted on each paper filed.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

JHH-WNC
Civil War Div.,
Section H-
Inv.Ctf.#115,499,
Riley Midgett,
F, 36 U.S.C. Inf.

April 11, 1918.

Mr. Riley Midgett,
314 Edge Street,
Elizabeth City, N. C.

Sir:

Your claim for renewal and increase of pension under the general law, filed March 18, 1918, is rejected on the ground that a medical examination is not warranted, as the evidence on file fails to describe such a degree of disability due to former pensioned causes, exclusively, gunshot wound of left arm and side, which would incapacitate you for the performance of manual labor, or cause total disability of left arm or hand.

Your condition is due, in part, to infirmities of age.

Very respectfully,

E. C. TIEMAN

Acting Commissioner.

Civil War Division,
Inv.Ctf.,115,499,
Riley Midgett,
Co.F,36 U.S.Cl.Inf.

Mis'l.Sec.,MRMcC.

March 11, 1918.

Mr. Riley Midgett,
Elizabeth City,
North Carolina .

Sir:-

In response to your letter of the 19th ultimo, you are advised that if your disability due, exclusively, to gunshot wound of left arm and left side, (for which you were formerly pensioned under the general law,) has so increased that you are now totally disqualified for the performance of manual labor, - or if the condition of your left arm, due exclusively to said wound, has now resulted in a total disability of said arm (or in the total disability of your left hand) you are at liberty to execute and file in this Bureau the inclosed application for renewal and increase of your pension under the general law, alleging the facts as they now exist; and you are further advised that you should accompany said application by competent medical testimonycorroborating your allegations and fully describing your physical condition and degree of your disability due to said wounds, independent of any other cause or causes.

Very respectfully,

W. M. SALTSGAVER.
Commissioner.

HHB-WNC
Civil war Div.,
Section H-
Inv.Ctf.#115,499,
Riley Midgett,
F, 36 U. S. C. Inf.

February 5, 1918.

Mr. Riley Midgett,

Elizabeth City, N. C.

Sir:

Your claim for renewal and increase of pension under the general law, filed October 5, 1915, is rejected on the ground that a medical examination is not warranted, for the reason that the testimony on file fails to describe a degree of disability due, exclusively, to former pensioned causes, gunshot wound of left arm and side, as would totally incapacitate you for the performance of manual labor, or cause total disability of the left arm or hand.

Very respectfully,

G. W. SALTZGABER

Commissioner.

Civil War Div.
I.Ctf.115,499.
Riley Midgett,
F,36 U.S.C.Inf.

EPC

Sec.E-EPC-J/GWL

December 29,1915.

P. J. Lockwood & Co. Attys.,
Washington, D. C.

Sirs:

The above cited claim for renewal and increase of pension under the general law requires medical testimony showing the extent to which the claimant is disabled for manual labor by reason of the disabilities for which pensioned, gunshot wound of left arm and side.

Very respectfully,
E. G. TIEMAN
Acting Commissioner.

Civil War Division,
Inv.Ctf.,115,499,
Riley Midgett,
Co. F, 36 U.S.C.Inf.

Misc'l.Sec.,HRMcC.

December 22, 1917.

Mr. Riley Midgett,
Elizabeth City,
North Carolina.

Sir:-

In response to your communication of the 7" instant, you are advised that your claim for renewal and increase of pension under the general law, filed October 5, 1915, requires medical testimony showing the extent to which you were disabled for manual labor by reason of disability due, exclusively, to gunshot wound of left arm and side, (on account of which you were formerly pensioned under the general law) at date of filing said claim and continuously to the present time.

The above-mentioned evidence was requested by letter from this Bureau addressed to P. J. Lockwood & Co., your attorneys of record, December 29, 1915, to which letter no response has been received.

Very respectfully,

E. M. SALTZGABER

Commissioner.

January 21, 1932.

MBAB
W.C. 864132 Riley Midgett

Mrs. Mamie Bellamy,
902 Hill St.,
Berkley Wd.,
Norfolk, Va.

Dear Madam:

This is in response to your communication of December 19, 1931, relative to your title to pension as child of the soldier.

As you were over the age of 16 years at the time of the soldier's death, you could have no title to pension based on his service.

Respectfully,

E. W. Morgan
Director of Pensions.

BP-cjh
BP.

Wid. Div. R. S.
Wid. Ctf. 864132
Clarissa Midgett
Riley Midgett
F, 36 U.S.C. Inf.

April 22, 1921.

Mrs. Mamie Bellamy
c/o Morrison's Store
R. D. 3, Berkley
Norfolk, Virginia

Madam:

Relative to your claim for reimbursement in the above-cited case, you are advised that the enclosed certificate should be signed by C. N. Trotman, undertaker, and returned to this Bureau.

Very respectfully,

Commissioner.

JGB:mwp

MSG-MLB--5

Copy

February 9,1921.

Mrs. Mamie Bellamy,
C/o Morrison & Sons,
R.F.D. # 3,
Berkley, Va.

Dear Madam:

In reply to your letter of February 5, reporting the death of your mother, Clarissa Midgett, and in regard to her check for February 4, I have to advise you that the check should not have been delivered, the pensioner having died before it was dated, and I will thank you to return it at once.

The law, an abstract of which appears on the envelope in which the check was enclosed, prohibits the delivery of that letter to any person, if the addressee has died, or removed, or being a widow, is believed to have remarried, and requires its return forthwith in any such case, with a statement of the reasons for so doing, and if on account of death, remarriage or re-enlistment, the date thereof if known.

I enclose herewith Circular Letter No. 2a for your information and call your attention to paragraph marked.

Very respectfully,

Guy O. Taylor

Disbursing Clerk.

Midgett, Riley WC 864-132

[2 of 2]

J. Morrison & Son
R.F.D. 3
Berkley Va.

Disbursing Clerk,—
Washington D.C.

Gentlemen,—

After having received your answer to my letter of February 5 concerning check for my mother Clarissa Midgett as to what I should do I hereby inclose check unsealed which I hope you will receive.

Sorry it could not be used for the settlement of her death as there was but a few days difference in the date of her death and the date of the check she having

died the 27 of January.

Hoping you will receive the check

Respectfully

Mrs. Maurice Bedaing.

Of Monison & Sons
R.F.D. 3
Berkley Va.
May 28, 1921

Commissioner of Pensions
Dear Sir—

About a month ago I received your last blank sent me (April 22) and had it signed by C. H. Trotman, the mistaken and sent back to you at once. Since then I have not heard anything more relative to my claim for reimbursement. Thinking you may have sent me information in some way and that it may not have reached my address; I thought it best to write you for information concerning same. Hoping to hear from you as to whether any letter or blank have been sent me since April 22 and thanking you for same

I am,
Respectfully,
Mrs. Minnie Bellamy.

3—049. Mid 3

VLA Record

Ex. B Div. ✓

Department of the Interior,

BUREAU OF PENSIONS.

WASHINGTON, D. C., June 13, 1921

RECEIVED JUN 30 1921 CENTRAL FILES

C 864137

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit, and return to this Bureau. without.

No. of claim, Certificate No. 113499

Name of soldier, Riley Midgett

P. O. address of claimant, Elizabeth City N.C.

Company F

Regiment 36

State where enlisted Dont know

Date of enlistment Dont know

Date of discharge Dont know

If unable to furnish company and regiment give names of commanding officers.

I dont know anything more to put on this blank

Return attached letter with reply.

Washington — Gardner

6—2469

RECEIVED JUN 9 1921 DIVISION

U. S. PENSION JUN 4

RECEIVED JUN 28 1921 DIVISION

PENDING FILES
JUN 17 1921
RECEIVED

U. S.
PENSION
JUN 17
1921
OFFICE.

PENDING FILES
JUN 30 1921
RECEIVED

U. S.
PENSION
JUN 4
1921
OFFICE.

RECORD
JUN 28 1921
DIVISION

RECORD
JUN 9 1921
DIVISION

J. Morison & Sons,
R.F.D. 3
Berkley Va

June 16, 1921.

PENDING FILES
JUN 30 1921
RECEIVED

Bureau of Pensions,
Gentlemen,

This makes the second time you have returned my letter with a blank attached stating that it did not furnish sufficient data to give information of the reimbursement blank which was sent to me so I am now writing you full information about it. My mother Clarissa Midgett (the widow of my father Riley Midgett Co. F. 36 Regiment U.S. soldier) was a pensioner of the U.S. by certificate No. 864132 until the time of her death Nov. 18, 1920. After her death her check came in Feb. 1921 and the undertaker wished to hold the check for her burial. I held the check and wrote the commissioner of pensions for information. His advice to me was to return the check as it could not be held and he would send me a reimbursement blank which when properly filled would bring the money due. That blank has come & be-

fore a notary Republic properly filled and sworn to and sent back to the Bureau of Pensions with the pension certificate and itemized bills of all expenses, one from the undertaker C.N. Trotman, one from the Dr., Dr H Francis and one from progressive drug Co. These bills and blank were all sent to you about the last of March or the first of April. I forget the exact date. I hope this letter will explain things to you as the undertaker is very impatient with me. I also returned the blank you sent me April the twenty first about that time, for undertaker to sign. He did so and the blank was sent back to you. I shall fill this blank and sent it as I did before as I don't know of anything more to put on it. Hope this letter will help you to understand me. and also hope to hear from you at an early date

Respectfully

Mrs Mary Bellamy.

400 Shepard St.
Eliza beth City, N.C.
July 30 — 1913.

Hon. commissioners of pensions
Gentleman I have an application from a pensioner by the name of Riley Midgett late of Co. F. 36 Regt. N. S. C. Vols. Inf. Who was shot under left arm in the brest at 10 oclock and at 3 oclock the same day was shot in the left arm and lost some of the Bones and the same arm rises every two or three years he was shot the 28 day of Sept. 1864. at deep Bottom he was discharged at his Regt. is why that his discharge dont show his wounds but they can be found at the hospille at Hampton Va he dont think that the Honorble commissioners know of him being a wounded man or he would recive a greater pension and he ask that you would send a special Examiner to Examine him or would you allow him to come before your Board at Washington D. C. please inform me at an earley date

Verry Respectfully
Adam W. Bell Atty.

Elizabeth City, N.C.
June 18—1918.

Hon. Commissioner of pensions
I am Requested to inform you that
Clarrisa Midgett wid. of Riley Midgett
Co. F. 36 Regt. U.S. Inf. cirlificate no. 1119659
is an Invalid and was at the time
She made her application but we
failed to State it at the time we
made the application She has to
have a nurse at all times your
honor please consider this matter
at your convienances

Very Respectfully
A. W. Bell atty.
400 Shepard St.

CIVIL WAR DIVISION
WID.ORIG.1119,659.
Clarissa Midgett
Riley Midgett
F.36 USC.Inf.

ICS/GWL
(137)

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D.C.,
JULY 17,1918.

I.6.8.
6W
N23
ack.

ADAM W. BELL, ATTY.,

ELIZABETH CITY,

NORTH CAROLINA.

SIR:

In this claim, the evidence indicated in paragraph No S-1-4-5-6- should be furnished:

1. Death. A verified copy of the public record, or if no such record exists, the sworn statement of the attending physician, showing the date _____ of the soldier's death.

If such evidence can not be obtained, the sworn statement of witnesses having personal knowledge of the facts should be furnished, showing the fact and date of the soldier's death.

2. Marriage. A verified copy of the public or church record of the claimant's marriage to the soldier; or, if no such record exists, the sworn statement of the person who performed the ceremony; or, if that can not be obtained, the sworn statement of two persons who were present at the marriage, showing the date thereof.

If the evidence of marriage above indicated can not be obtained, there should be furnished the sworn statement of two persons showing whether the claimant and soldier lived together as husband and wife and were so recognized, and showing where and how long within the affiants' knowledge they so lived together.

3. The claimant's sworn statement showing whether either she or the soldier had been married prior to their marriage to each other; and, if so, the number of times, the name of each former husband or wife, the date of each former marriage, and the date and manner of dissolution of each former marriage.

4. If the claimant had been previously married, the fact and date of death or divorce of each former husband should be proved: in case of death, by a verified copy of the public record, or, if no such record exists, by the sworn statement of witnesses; in case of divorce, by a certified copy of the decree of court. If there was no prior marriage of claimant, the fact should be shown by the sworn statement of witnesses who have known her from the time she became of marriageable age.

3—438

Cert. 115.499

Act May 11. 1913

cac G2

ACCRUED PENSION

Class: Invalid

Pensioner Riley Midgett

Date of death April 20 (20), 1918 Certificate was not filed.

Claimant Clarissa Midgett, widow
Buell
Norfolk County
Virginia

Attorney None

Address

The fee of None allowed on issue of

to

of to be paid when payment is made on accrued.

Submitted For Adm. Nov. 30, 1918 Re Sub — March 8 1919 R.L. Rymer M.R. Agnew, Examiner.

Approved for Admission

Pay to widow as above.

F.W. Lipscomb, Reviewer, March 11, 1919

F.K. Mott, Rereviewer, March 11, 1919

M. C. No. Claimant does not writes.

0 6—541

Reynolds 10-25-98

SOUTH DIV.
NOV 10 1898
RECEIVED.

SOUTHERN DIVISION. 3—493. Ex'r.

C. No. 15,499.
Riley Midgett.
Co. F, 56 Reg't U. S. C. T.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct. 26, 1898.

Sir:

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

Very respectfully,

J. L. Davenport
Acting Commissioner.

Riley Midgett.
Elizabeth City,
N. C.

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

Answer. Elizabeth City N C

Second. Where did you live from 1866 until you moved to your present place of residence, and what were the dates of the various changes? If in a city, state name of street and number of house.

Answer. Roanoke Island N C Dare Co.

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

Answer. Eliz City N C.

Fourth. What has been your occupation since 1866.

Answer. Laborer.

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

Answer. No

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

Answer. No

Date of reply, Nov 5, 1898

Riley Midgett
(Claimant's signature.)

5821b10m2-98 0-2

N REPLY REFER TO

Civil War Division
Wid. Orig. 1119659
Clarissa Midgett
Riley Midgett
Co. F, 36 U.S.C. Inf.

3-1865

FB*SER

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON January 14, 1919.

Mrs. Clarissa Midgett,

Buell, Virginia.

Madam:

In your above entitled claim for pension, you should furnish your statement showing the soldier's full and correct Christian name, it appearing in the case as Riley, Riley W. and William R. , also the testimony of persons who knew him in early life, showing his correct name.

No affidavit can be considered satisfactory that fails to state the age and postoffice address of the witness and his means of knowing the facts stated; and the name and service of the soldier and the number of the claim should be noted on each paper filed.

Very respectfully,

Commissioner.

PENSION D FEB 7 1919 U. S. OFFICE.

Elizabeth City N.C.
February 5th 1919

I.T.B.Wilson will say that I knew Riley Midgett the above named person and know that his name was Riley Midgett and never knew of him being call Willian R of Riley W.Midgett.

He was known as Riley Midgett and nothing else.

Deputy Collector of Customs

Elizabeth City, N. C.

Civil war division,
Inv. Ctf. 115-499.
Riley Midgett
Co. F. 36 U.S.C. Inf.

DR E. L. HOFFLER
507 E. FEARING STREET
ELIZABETH CITY, N.C.

OFFICE HOURS

8 TO 10 A. M.	SUNDAYS:
2 TO 4 P. M.	9 TO 10 A. M.
7:30 TO 8 P. M.	5 TO 7 P. M.

This is to certify that I saw and examined the left arm of Mr Riley Midgett on Nov. 9-17 and found a cellulitis involving the greater portion of the arm and on Nov. 18-17. I found an abscess that had formed from the bone and by the feel of the probe the bone showed Necrosis.

I am very certain that the condition of the shaft of the Humerus is such that a continual inflamation will result.

He is also affected by a gun shot wound of left side which he informed me he received while in action in Co. F, 36 U.S.C. Inf.

In my opinion he will be practically disabled for manual labor.

Very Truly
E. L. Hoffler

3—464 aa.

To. Div. ERR, Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Oct. 26, 1898.

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

No other report on file.

Ctf. No. 1115499.

Name, Riley Midgett,

Co. F, 36 *Reg't* U.S.C.T.

J. L. Davenport
Acting *Commissioner.*

0-4

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

Record and Pension Office,

WAR DEPARTMENT,

NOV 14 1898

Washington,

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Riley Midget (borne also Midgett) Prior. the Mil records furnish the following in addition to prior report herewith:—
On Co rolls from M.D. (Oct 28/63) to Aug. 31/64, Present.
This Organization was M.D. as Co. F. 2 Regt. N.C. Colrd Inf.—Desig.n was changed in Jan or Feb. 1864 to Co. F. 36 Regt. U.S.C. Inf.

Medical Records that have been indexed (or discovered) since the report of Aug. 12/72

was made show the following additional information: Treated as Riley Midget, navk—, Co. F. 2 N.C. Colrd Inf., Feby 7-5/18 (4, Rhodiacuris), returd to duty: As R. Midget, Pr. Co. F. 36 U.S.C.T., Apl. 8/64, Mumps: As Riley Midget, &c, June 26 to 30/66, Hydrocellitis: July 26 to 31/66, Incised ext. foot: Aug. 1/66, Incised ext. foot, returd to duty. Nothing additional found.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth
Colonel, U. S. Army, Chief of Office.

Per N

(595a)

5. If the soldier had been previously married, the fact and date of death or divorce of each former wife should be proved: in case of death, by a verified copy of the public record, or, if no such record exists, by the sworn statement of witnesses; in case of divorce, by a certified copy of the decree of a court. If there was no prior marriage of soldier, the fact should be shown by the sworn statement of witnesses who knew him from the time he became of marriageable age.

6. The sworn statement of witnesses having knowledge of the facts, showing whether claimant and soldier were ever divorced, and whether they lived together as husband and wife up to the date of the soldier's death.

7. If the claimant has not remarried since the soldier's death, the fact should be shown by the sworn statement of witnesses having knowledge thereof. If she has remarried, the date of remarriage should be shown by evidence of the kind indicated above in paragraph 2.

8. If claimant had been previously married, her sworn statement showing whether any former husband served in the Army or Navy of the United States; and, if so, the designation of such service, and whether any application for pension has been made by herself or any other person based on such service.

9. Births. Date of birth of each child claimed for should be shown by evidence in the following order: By a duly verified copy of the public record or the church record of baptism; or by the sworn statement of the physician who attended the mother; or, by the sworn statement of a person who was present at the birth, who should state how she is able to fix the date.

10. The sworn statement of two witnesses showing whether the child claimed for (naming them) _____ living; if any has died, proof of the date of death should be furnished.

11. The claimant's sworn statement naming the places of her residence ever since the death of the soldier, giving dates.

A sworn statement may be made before any officer authorized to administer oaths for general purposes.

No affidavit can be considered satisfactory that fails to state affiant's age, post-office address and means of knowledge of the facts stated.

Do not fail to inscribe on every paper filed the name and service of the soldier or sailor and the number of the claim to which it relates.

Very respectfully,

G. M. SALTZGABER,
Commissioner.

Department of the Interior,
Bureau of Pensions,
Office of the Disbursing Clerk,
Washington D.C.

3—367

No. 1119.659

ACT OF APRIL 19, 1908.
AMENDED BY ACT OF SEPTEMBER 8, 1916.

WIDOW'S PENSION.

cancel 864132 Gr2

Claimant, Clarissa Midgett

P. O., Buell

County, Norfolk; State, Virginia

Soldier, Riley Midgett

Rank, Private; Co. F.

Regiment, 36 U.S.C. Inf.

Rate, $~~12~~ 25 per month, commencing April 27, 1918, and $..... commencing ....., 19 .....
and $2 additional for each child, as stated below.

All pension to terminate ....., 1....., date of .....
Payments on all former certificates covering any portion of same time to be deducted.

None

RECOGNIZED ATTORNEY.

Name, Adam W. Bell

P. O., Elizabeth City, N. C.

Fee, $10; Bureau to pay.

APPROVALS.

Submitted for Adjn. November 30, 1918; Rev. March 8th 1919 R. C. Rigney M. O. Agnew, Examiner.

Approved for Admission under Act of April 19, 1908, as amended by Act of September 8, 1916.

March 11, 1919, C. W. Linnell Reviewer.

March 11, 1919 F. L. Orth Reviewer.

The soldier was ..... pensioned at $24 per month under Act of May 11, 1913.

Enlisted, August 24, 1863.

..... honorably disch'd, August 24, 1866.

Reenlisted, No other service, 1.....

..... honorably disch'd, ..., 1.....

Died, April 20, 1918.

Declaration filed, April 27, 1918.

Soldier's application filed January 20, 1878.

Clt's app'n under other laws, No., 1.....

Former marriage of Neither, 1.....

Death / Divorce of former —, 1.....

Clt's marriage to soldier, September 4, 1870.

Clt's ~~not~~ remarried, ..., 1.....

Clt's ~~not~~ divorced, ..., 1.....

Claimant does not write.

6—2240

No., M. C.

[No. 24.]

POWER OF ATTORNEY.

Know all Men by these Presents, That I, Riley Midgett, late of Co. A. Regt. 36 U.S.C.T.

of Elizabeth City, in the County of Pasquotank, and State of N. Carolina have made, constituted, and appointed, and by these presents do make, constitute, and appoint I. S. Kurtz, 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 on file at the Bureau of Pensions # 115.499

ATT'Y 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 substitute, may, or shall lawfully do or cause to be done by virtue hereof.

My Post Office address is Elizabeth City, N.C.

In Testimony Whereof, I have hereunto set my hand and seal, this 26 day of March, eighteen hundred and Ninety Seven.

I. H. Hellrick

Geo. G. Sutton

Two witnesses who can write sign here

Riley Midgett (Signature of Claimant) [L. S.]

State of North Carolina, County of Pasquotank, ss:

BE IT KNOWN, That on this 26th day of March, in the year eighteen hundred and Ninety Seven, before me, the undersigned, a U. S. Commissioner in and for the said County and State, personally appeared Riley Midgett to me well known to be the identical person who executed the foregoing Letter of Attorney, and the same having been first fully read over to him and the contents thereof duly explained, acknowledged the same to be his 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.

M. B. Culpepper
(Official Signature.)

[L. S.]

U. S. Commr
(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 ....., 18.....

.....

[L. S.] Clerk of the .....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

POWER OF ATTORNEY.

No. 154499

CLAIM OF

Riley Midgett

Ch. 36 Wd 8 Cert

FOR

FILED BY

KURTZ,

PENSION ATTORNEY

Washington D. C.

U. S. LAW. S. PENSION OFFICE. MAR 30 1897 RECEIVED

Printed and For Sale by J. F. Shelry, Claim Blank Printer, No. 623 D Street, N. W., Washington, D. C.

IN YOUR REPLY PLEASE REFER TO
DATE, INITIAL, AND NUMBER
SECTION 4

3—1860

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

OFFICE OF THE DISBURSING CLERK

WASHINGTON

MAY 3 1918

DISBURSING CLERK RECEIVED MAY 7 1918 BUREAU OF PENSIONS

Postmaster,

Elizabeth City, N. C.

Sir:

On or about May 4, 1918 a letter containing a pension check will reach your office addressed to

Riley Midgett, 314 Edge St.

Please return it to me immediately upon its receipt as this office is informed that pensioner is dead.

Endorse date of death, if obtainable, in space provided below, and return this letter with said check.

Very respectfully,

GUY O. TAYLOR,
Disbursing Clerk.

Ctf.# 115499

Pensioner died April 20, 1918. (94272)

(D-B)

IN RE: Claim No. 1119659.

David Mitchell Being duly sworn, says:

That he is 71 years of age and resides at Eliz. City, N. C. on 5-4 Martin Street. That he knew Riley Midgett, a private of Co. F, 36th Regiment, U. S. C. Infantry because he lived near him in Elizabeth City, N. C. and he came in contact with him daily. That the name of said Riley Midgett's wife is Clarissa Midgette. David Mitchell

Sworn to and subscribed before me
this 5th day of February 1919.

T. H. Wilson
NOTARY PUBLIC
My commission expires January 31st 1920

IN RE: Claim No. 1119659.

Riley Lee Being duly sworn, says:

That he is 77 years of age and resides at Eliz. City, N. C. on 707 Southern Ave ~~Street.~~ That he knew Riley Midgett, a private of Co. F, 36th Regiment, U. S. C. Infantry because he lived near him in Elizabeth City, N. C. and he came in contact with him daily. That the name of said Riley Midgett's wife is Clarissa Midgette.

Riley Lee

Sworn to and subscribed before me
this 5th day of February 1919.

T. W. Wilson

NOTARY PUBLIC
My commission expires January 31st 1920

General Law.

3—1089.

Roll No.

Name:

Midgett, Riley

Certificate No.

115499

Disability:

Rank, Co., and Regiment:

Private F. 36 U. S. C. Inf.

Pensioned since 1868 or 1869

Rate and commencement of Pension:

certificate shown

Class of Certificate:

Date of Certificate:

24 Apr. 1890

Remarks:

P. O. Address:

Elizabeth City, N. C.

314 Ridge St.

Knoxville, Tenn.

6—293

Where born North Carolina

Age at enlistment 16

Name under which served Riley Midgett

Date of enlistment Aug. 24, 1864

Date of discharge Aug. 1866

Any prior or sub. service no

Any Confederate service no

Battles, yes. Hospital, yes, Hampton, Va, wounded at Deep Bottom

Name of Captain, Lieut and Sgt: Wall: Tipkins: Henry Johnson

Name of wife. Undivorced, yes. Clara Owens

Any prior marriage no

Name comrades Martin Mann: Leon Bembery: Nixon Keaton

Personal description, Height 5'-9", Black, Hair black, Eyes black.

Signature Riley Midgett

I CERTIFY THAT I HAVE THIS D
PERSONALLY INTERVIEWED THE ABOVE NAM
PETITIONER, AND I AM SATISFIED THAT H
IS THE SOLDIER AND PETITIONER THAT HE
REPRESENTS HIMSELF TO BE.

Robert M. Weedin
Special Examiner.

April 21, 1911

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

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

Insert character† and number of claim. — Increase Pension Claim No. 115.499

Name and rank of claimant. — Riley Midgett, Rank, Pt.

Company 7, 36 Reg't U. S. C. T. 907 N. Y. AVE., CITY. State,

Claimant's post office address. — Elizabeth City N. C. (Post office address of the Board.) March 5, 1890. (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 in the service, viz:

Cause of disability. — G. S. W. left arm & side.

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of 12 dollars per month.

Pulse rate per minute, 90; respiration, 20; temperature, norm.; height, 5 feet 6 inches; weight, 155 pounds; age, 40 years.

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

Here give the claimant's statement as briefly and as compactly as possible. — My left arm is almost useless to me. Cannot do much with it. Pains me all the time.

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

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: We can best explain the course of the ball by reference to the diagrams. The ball entered at "a". broke the humerus, emerged in axilla, struck the chest at "b" glanced and made the scar "c". The scar at "a" is a 5" long, irregular, adherent, dragging & tender. The axillary scar is small, say ½" adherent. Scar at "b" also small. That at "c" is 2½" long, depressed adherent & tender. The wound at "d" was made by a second ball & is 2½" long - adherent to ribs & tender. There is roughening of the rib beneath this. The arm is cued. Grasp weakened. Muscles wasted. The union of humerus is excellent. Meas. Palm R 9½ L 8½. Wrist R 6¾ L 6½. Forearm R 11½ L 11. Biceps R 10¾ L 10¼. Shoulder R 15 L 14. These wounds are severe and the present rating is insufficient. We recommend 17/18.

Thoracic viscera normal.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 17/18 rating for the disability caused by G. S. W. left arm, & side. for that caused by ....., and ..... caused by .....

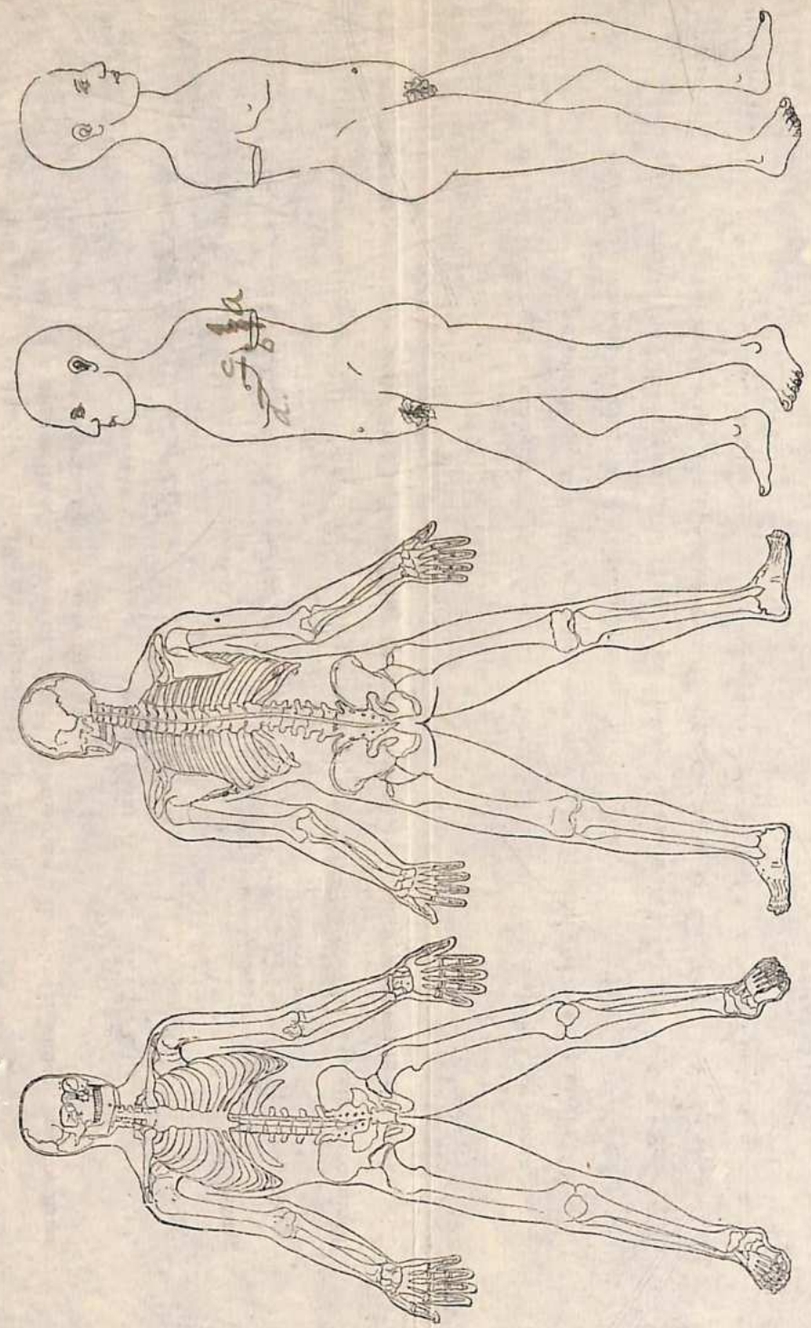
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

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

[illegible], Pres. C. A. Bassett, Sec'y. [illegible], Treas.

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

(15762—100,000.) 6—427



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

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. 7, 36 Reg't U. S. C. T.

Applicant for Increase.

No. 115.499

DATE OF EXAMINATION:

March 5, 1890.

[illegible], Pres.,
C. A. Bullock, Sec'y, } BOARD.
[illegible], Treas.,

Post office,

County,

State,

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

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

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid Pension Claim No. 115,499

Name of claimant. Riley Midgett

Company F 36 Reg't C. S. C. S.

Claimant's post-office address. Elizabeth City N. C.

Address of Board. Elizabeth City P. O. N. C. State.

February 12, 1902. [Date of examination]

Cause of disability. G. S. wd of left arm & side - Claims rheumatism as a result.

He receives a pension of 17 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Was shot in left arm & side in an engagement. Confined to hospital about 12 months. Arm been useless since. Has rheumatism 15 or 20 yrs. getting worse gradually.

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

Birthplace, Dare Co N C; age about 60 years; height, 5-9; weight, 142 pounds; complexion, Dark; color of eyes, Blk; color of hair, Blk; occupation, Fisherman; permanent marks and scars other than those described below, None

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

Pulse rate, 75-80-85 [Sitting, standing, after exercise.]; respiration, 18-20-22 [Sitting, standing, after exercise.]; temperature, 98.8;

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

Distinct Crepitus in both shoulders. Ds Motion stiffness 3/4 loss of motion in left probably due to wound. Girth larger than right. Crepitus & stiffness motion in hips. Measurements. No loss of motion. Crepitus only in knees. No other joints affected. Acute muscular of back lumbar & atrophied 10/18 for rheumatism

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.

Point of area of apex impulse normal under palpation only. Area of dullness not increased. Rhythm irregular. Sounds normal. No murmurs. Dilatation. Hypertrophy, ordinary. Cyanosis or dyspnoea. No Rating

Has a cicatrix on left arm commencing 4 inches below shoulder joint 2 x 6 inches. Tender & adherent destroying deltoid muscle. On in rear side just below axilla is a tender & adherent cicatrix 1 x 2 inches. Has a cicatrix on mid-axillary line left breast 1 x 2 inches not adherent or tender. A cicatrix just under left nipple 1/2 x 2 1/2 in. Chest adherent & tender. Left arm is 2 inches smaller than right. 3/4 loss of motion shoulder joint. Nearly complete anchylosis. Has some use of arm from elbow down. Hand not disable. Arm at wrist. Crepitus in left shoulder probably due to wound 17/18 for wounds

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

No evidence of vicious habits & no other disability found

W. W. Briggs, Pres. J. E. Wood, Sec'y. W. J. Saunders, 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 (Old No. 3—111 g.) 3—156. properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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. W. W. Wright, Dr. W. J. Lunsford, and Dr. J. E. Wood, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 19 day of February, 1902."

(*Signature.*) J. E. Wood, Sec'y

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

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

(*Signature.*) .....

SOUTH DIV. MAR 8 1902 RECEIVED.

PENSION U FEB 24 1902 C OFFICE.

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. F, 36 Reg't U.S.C.I.

APPLICANT FOR Increase

No. 1165499

DATE OF EXAMINATION: February 19, 1902

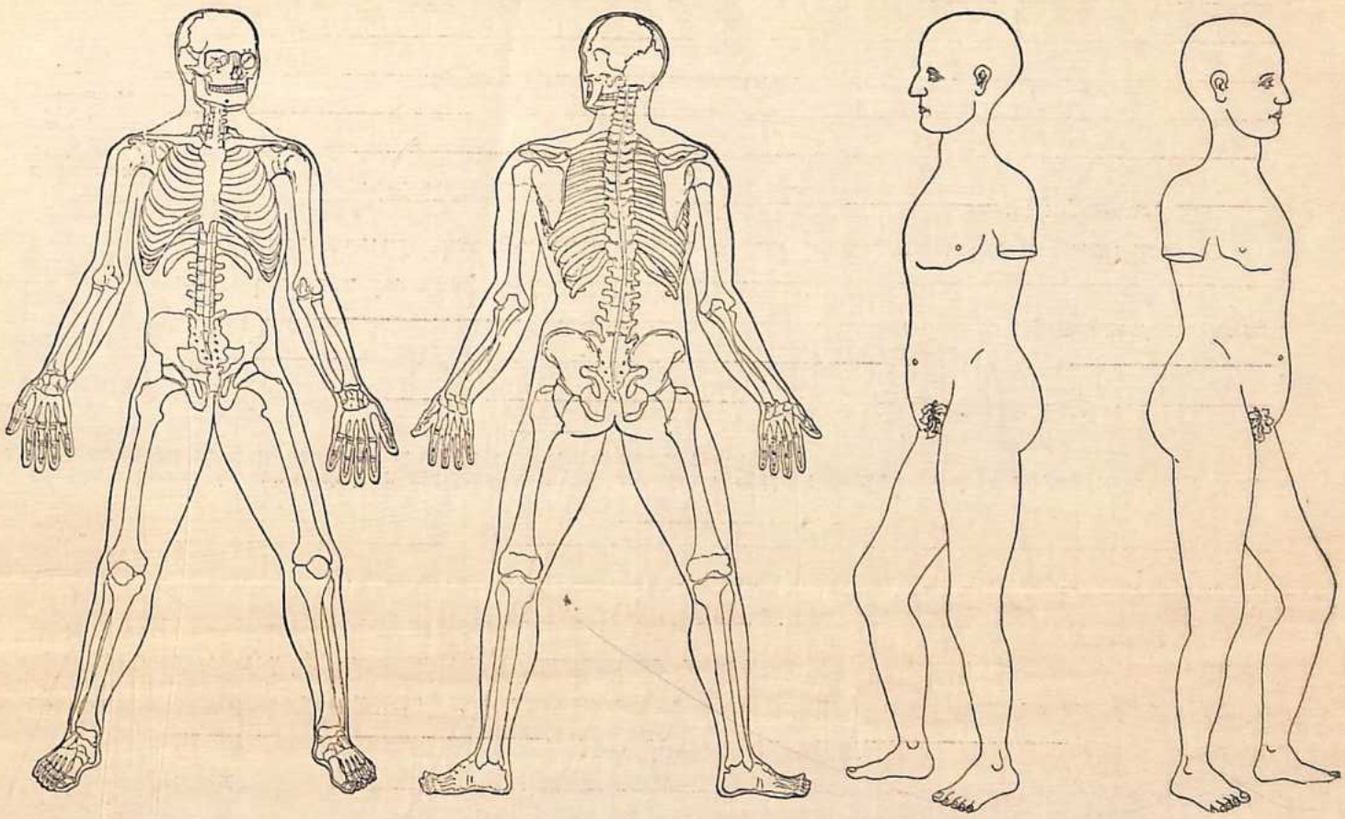
W. W. Wright, Pres., J. E. Wood, Sec'y, W. J. Lunsford, Treas., BOARD.

Post office, Elizabeth City

County, Pasquotank

State, N. C.

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



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

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

6—552

H. J. O. 9A 14

MEDICAL DIVISION.

3—151.
(Old No. 3—516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Dr.

Washington, D. C., Nov 24, 1900

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

Wound left arm: Please give comparative measurements of forearm and hand. State condition of hand and fingers.
Heart: Describe heart in full as directed in P90. See P79 (6).
By mistake red order was stamped as an Act of June 27, 1890 claim, as claim is under old law every disability should be rated in accordance with PP114 and 116
So claimant disabled for performing manual labor to extent equal to loss of hand or foot, if so, please comply with paragraph 123 See also P122.
Rheumatism: If there is any restricted motion as a result of rheumatism, state to what extent in every joint so affected.
Also state in connection with wound left arm, all structures certainly or probably injured.

(over)

J. F. RAUB,
Medical Referee.

0-2

titled to."

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

W W Wiggs, Pres. J. E. Wood, Sec'y. W. J. Lauderdale, 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.

6—552

Elizabeth City N. C. Dec 19 1900

The forearm is 2 inches smaller than right - hands & fingers not injured - weakness entirely from arm
Point & area of apex impulse is normal, evident to palpation & inspection - area of dullness not increased - rhythm irregular - sounds normal - no murmurs dilatation - hypertrophy - oedema, cyanosis or dyspnoea - no difference in measurements of legs & thighs & no actual loss of motion in any joints except as stated. The disability is not equal to the loss of a hand - as he can use it some, as the disability is due entirely to arm

J. E. Wood, Surg.

claim. Increase Pension Claim No. 115,499

Name of claimant. Riley Midgett

Rank: Pvt Company L, 36 Reg't U.S.C.T.

Claimant's post-office address. Elizabeth City N.C.

Address of Board. Elizabeth City P. O. N.C. State.

Nov 7, 1900 [Date of examination.]

Cause of disability. G.S.W. left arm & side (chest) resulting rheumatism first bite left foot weak eyes

. He receives a pension of 17 dollars per month.

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

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, etc.]

Left arm wounded in an engagement is painful & weak at same time was wounded in left side. Had rheumatism about 5 yrs - getting worse. Feet were frozen in the service. Sight - been failing gradually for several yrs.

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

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

Pulse rate, 60-60-62 [Sitting, standing, after exercise.], respiration, 17-17-17 [Sitting, standing, after exercise.], temperature, 98.5°, height, 5 feet 8½ inches; actual weight, 150 pounds; age, 55 years.

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

Has a cicatrix on left arm 2 x 6 inches commencing 2 inches below shoulder joint involving deltoid muscle which is destroyed - tender & adherent. On inner side just below axilla is a cicatrix (Ex'd) 1 x 1 adherent & tender - Has a cicatrix on nipple line left chest 1 x 2 not adherent tender. A cicatrix just under nipple (left) ½ x 2½ adherent & tender - left arm is 2 inches smaller than right. 3/4 loss of motion - shoulder joint nearly complete anchylosis

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.

distinct crepitus in right shoulder on deep pressure painful & stiffness - not enlarged. Crepitus only in right wrist. No crepitus in hips but motion stiffness. Crepitus only in knee joints. The recti muscles back & lower attachments tender - Only evidence of first bite is deformed nails on left foot. No apparent disease of eyes - Vision = 6/60 in each.

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

We find the aggregate permanent disability for earning a support by manual labor is due to wounded left arm & rheumatism & not to vicious habits & warrants a rating of $12.00. No other disability found.

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

M M Higgs, Pres. J. E. Moore, Sec'y. W. J. Saunders, 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.

6—552

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. W. W. Griggs, Dr. W. J. Lincoln, and Dr. J. E. Ford, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 7 day of Nov, 1900."

(*Signature.*) J. E. Ford Sec'y

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

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

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. L, 3d Reg't U. S. C. H.

APPLICANT FOR Increase

No. 442,472

DATE OF EXAMINATION: Nov 7, 1900

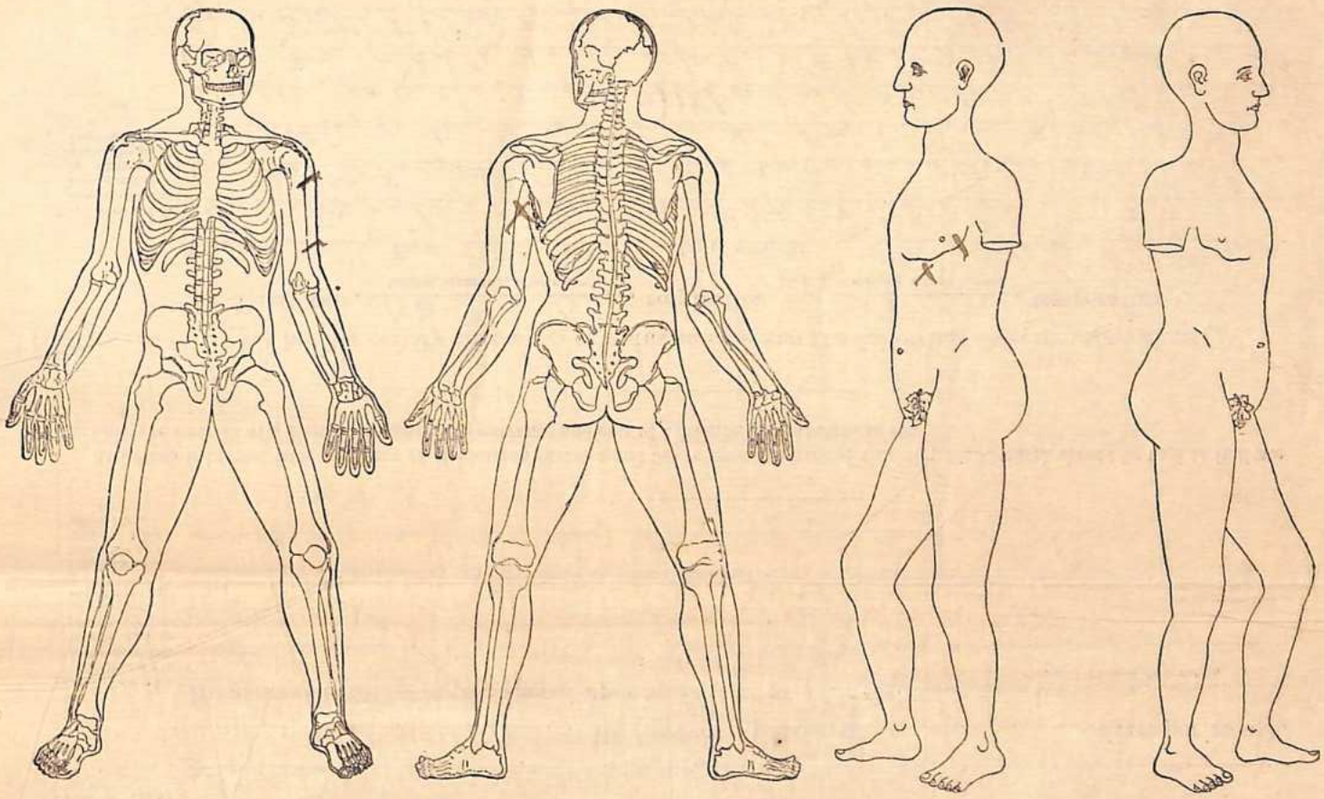
W. W. Griggs, Pres.,
J. E. Ford, Sec'y,
W. J. Lincoln, Treas.,
} BOARD.

Post office, Elizabeth City

County, Pasquotank

State, N. C.

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the 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 Section 4, Act of Congress approved July 25, 1882.*]

6—552

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

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

Insert character and number of claim. Increase Pension Claim No. 1154 99
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Riley Blackgett, Rank, Priv.

Company F, 30 Reg't U. S. C. I. Eliz. City N. C. State,

Claimant's post-office address. Eliz. City N. C. [Post-office address of the Board.] June 30, 1897.
[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 in the service, viz: Gun Shot wound of left arm & side post bilo of feet. Rheumatism & dis' of eyes.

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Seventeen dollars per month.

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. was shot in Miss in an engagement in left arm & side. Confined to hospital about 8 months - never was able to do any more duty. Arm has been painful ever since & very weak - was first bitten in the army. Been suffering with rheumatism about 2 yrs. getting worse all the time. Sight has been failing since for several yrs -

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 99; height, 5 feet 8 inches; weight, 157 pounds; age, 55 years. Left humerus was fractured about 3 inches below shoulder joint, where ball entered passing back & out just below axilla ~~[illegible]~~ cicatrix 6 inches long x 2 wide - adherent the whole length, tender - humerus very rough showing that he has lost a good part of it - not able to raise arm to head - lost 1/4 of it. just below left nipple is a cicatrix 2 inches long & tender - & 2 inches to left of it is another a linear cicatrix 2 inches long - both tender & adherent to ribs.

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

15/18 for G. S. wounds.

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.

Evidence of post bite is shown by thickening & a hardy nail on great toe of left foot. Right foot injured. No Cachet only trouble in nail -

5/18 for post bitten foot.

No evidence of rheumatism. No crepitus in any joints & no atrophy of muscles - Heart normal in position & action -

No Rating.

No evidence of any defects of eyes - vision in either = 20/20 -

No Rating

No evidence of any vicious habits & no other disability found.

Wm W. Riggs Pres. J. E. Wood, Sec'y. W. J. Lumsden, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

6—552

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

"I hereby certify that Dr. W. W. Briggs, Dr. W. J. Lunsden, and Dr. J. E. Ward, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on the 30 day of June, 1897."

(Signature.) J. E. Ward Sec'y.

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

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

(Signature.) .....

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. F, 30 Reg't U.S.C.I.

Applicant for Increase

No. 1157422

DATE OF EXAMINATION:

June 30, 1897.

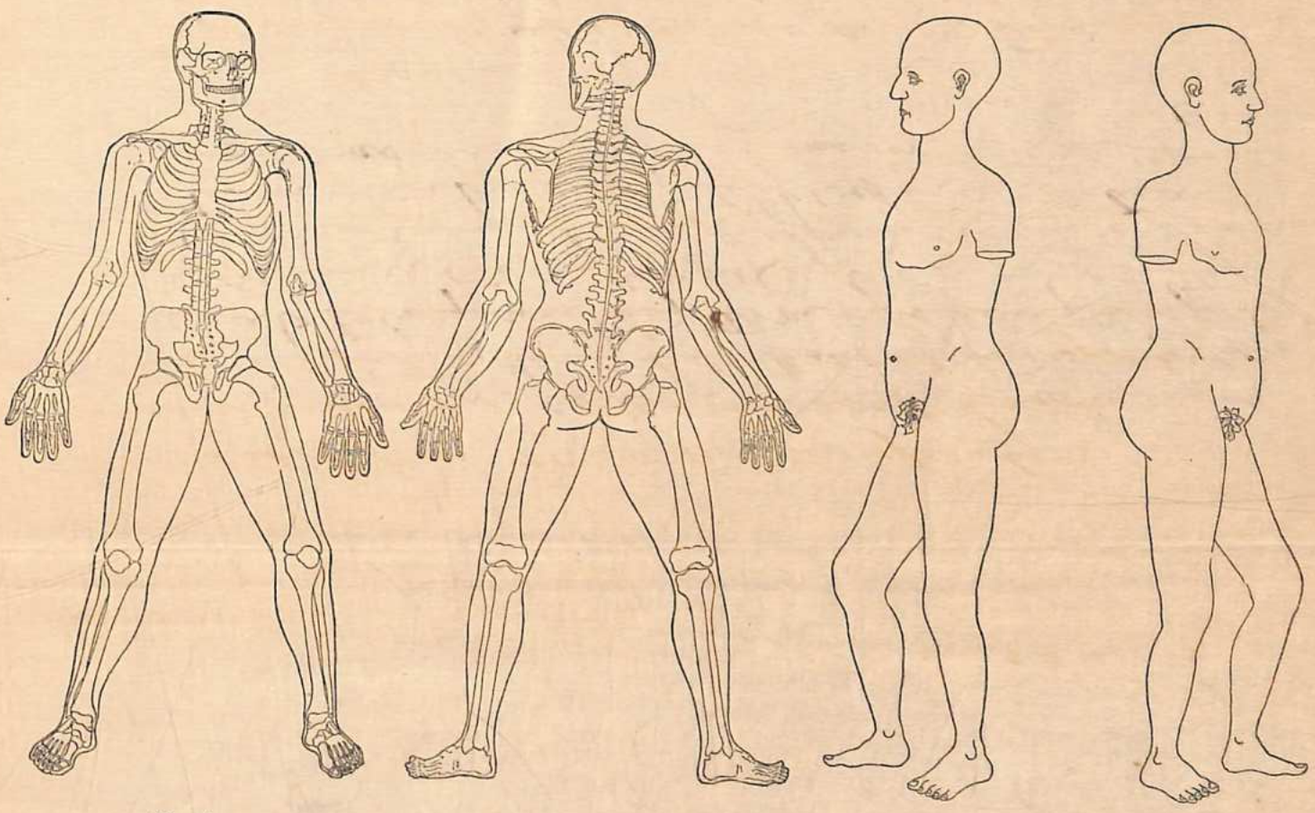
W. W. Briggs, Pres.,
J. E. Ward, Sec'y,
W. J. Lunsden, Treas.,
} BOARD.

Post office, Eli'z City

County, Pasquotank

State, N. C.

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



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.*]

6—552

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

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

Insert character and number of claim.

Increase Pension Claim No. 115 499
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Riley Midgett, Rank, Private

Company F, 36 Reg't Ill. Vol. Inf. Elizabethtown Ill State,
[Post-office address of the Board.]

Claimant's post-office address.

Eliz Q Elizabethtown Ill July 29, 1891.
[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 in the service, viz:

Cause of disability.

G. S. Wound of left arm & side & broken left rib

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

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

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]

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

Gun shot - Was shot in the left arm & side in 1864 in an engagement. has pain in the arm nearly all the time & the arm is very weak - also wounded just under the left nipple - rib was broken at the same time

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98.6; height, 5 feet 8 inches; weight, 153 pounds; age, 48 years. Cicatrix on left arm 7 inches long - extending from the insertion of Deltoid & muscles 2 inches above the elbow joint - adherent from fracture of humerus about upper & middle 3rds

Ball entered on outer side of humerus & passing directly through - causing a severe fracture of bone. fracture extending for 3 inches having an irregular Callus. There is almost entire loss of sensibility to the whole arm showing injury to the Brachial nerve. Wound inside. Ball entered near the Sternum about 2 inches below the nipple - passing transversely upwards for two inches - Cicatrix not tender or adherent.

There is no evidence now of a rib having been broken.

No other disability is found to exist

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

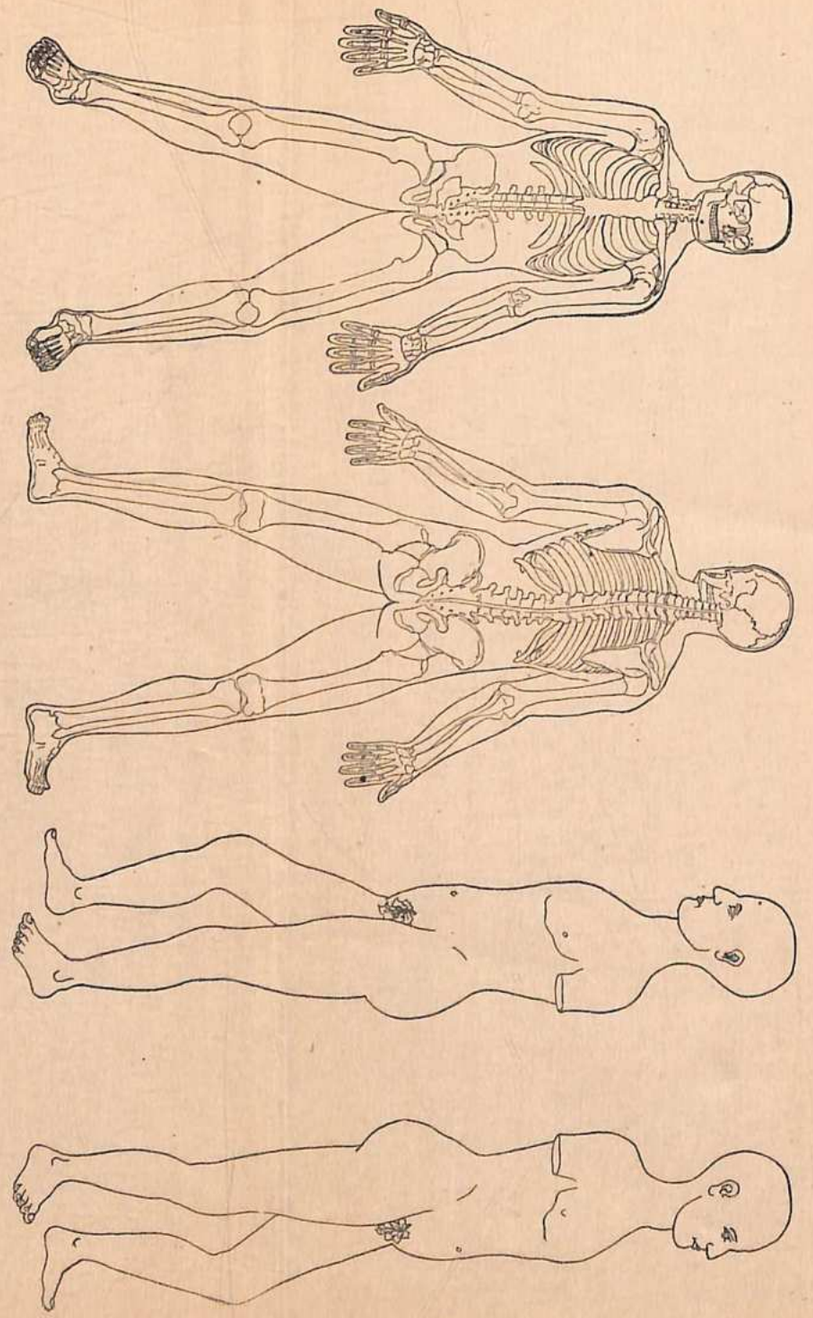
Rate for EACH cause of disability.

. He is, in our opinion, entitled to a 7/8 rating for the disability caused by G. S. W. of left arm, 7/8 for that caused by Wound of side, and 7/8 for that caused by Broken rib

W. W. Rigg, Pres. J. E. Wood, Sec'y. W. J. Lumsden, Treas.

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

(3504—300,000.) 6—552



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 the physical and rational signs and a statement of all the structural changes. [*Extract from Sec. 4, Act of Congress approved July 25, 1882.*]

6—652

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. H, 36 Reg't U. S. C. Inf

Applicant for Increase

No. 115499

DATE OF EXAMINATION:

July 29, 1891.

W. W. Rigby, Pres.,
J. E. Wood, Sec'y, } BOARD.
W. J. Lounsdin, Treas.,

Post office, Eliz City

County, Pasquotank

State, N. C.

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

Continue record of examination here.

713

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid Pension Claim No. 1115.499

Name of claimant. Riley Midgett

Company F, 36 Reg't U. S. C. I.

Claimant's post-office address. Elizabeth City, N.C.

Address of Board. Elizabeth City N.C. P. O. State.

Jan 6, 1909 [Date of examination.]

Names of disabilities. G.S. Wound left side + arm

He receives a pension of 17 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Wounded in an engagement in 1864 in arm & side — Confined to hospital about 12 months — Never able to perform any Military duties after —

Birthplace, N.C.; age, 65 years; height, 5-8½; weight, 150 pounds; complexion, dark; color of eyes, Blue; color of hair, Gray; 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, 68-72-82 [Sitting, standing, after exercise.]; respiration, 28-32-40 [Sitting, standing, after exercise.]; temperature, 98.8;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Ball entered about 2½ inches below left shoulder joint at insertion of deltoid muscle — out just in rear — passing through & injuring bone by Material — Cicatrix extends down 8 inches & wide — Callus extends down for whole extent. Cicatrix adhering to my under ¾ loss of motion in shoulder joint in any way — No interference with elbow joint — Arm has been opened several times by a member of Board, & last time bone thought to be dead bone after discharge — Arm totally disabled — Stay to be assistant in dressing wound in side situated 2 inches under left nipple 2 inches long ½ inch not adherent to lung — left arm above elbow 2 inches smaller than right —

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

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. Point of apex impulse normal, evident to palpation only — area of dullness not increased — rhythm regular — sounds normal — No murmurs — dilatation, hypertrophy — oedema or aneurism — decided dyspnoea after exercise — Pulmonic murmur heard distinct over both lungs — Ex at rest 35 full in 37½ full & 34 — Throat & nasal passages healthy —

Specs. 1020 Chem Acid — Amber Color — No albumen or sugar

Appears older than age given

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. No other disability found or mentioned of vicious habits

W. J. Lumsden, Pres. J. E. Wood, Sec'y. J. B. Grigg, Treas.

6—552a

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. W. J. Lunsden, Dr. J. B. Briggs, and Dr. J. E. Wood, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 6 day of Jan, 1909."

(Signature.) J. E. Wood Sec'y

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

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

Witnesses to mark. { _____ / _____ } (*Signature of Applicant.*)

U. S. PENSION JAN 11 1909

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. F, 36 Reg't Mo. S. C. Vol.

APPLICANT FOR Increase

No. 1154799.

DATE OF EXAMINATION: January 6, 1909

W. J. Lunsden Pres., J. E. Wood Sec'y, J. B. Briggs Treas., } BOARD.

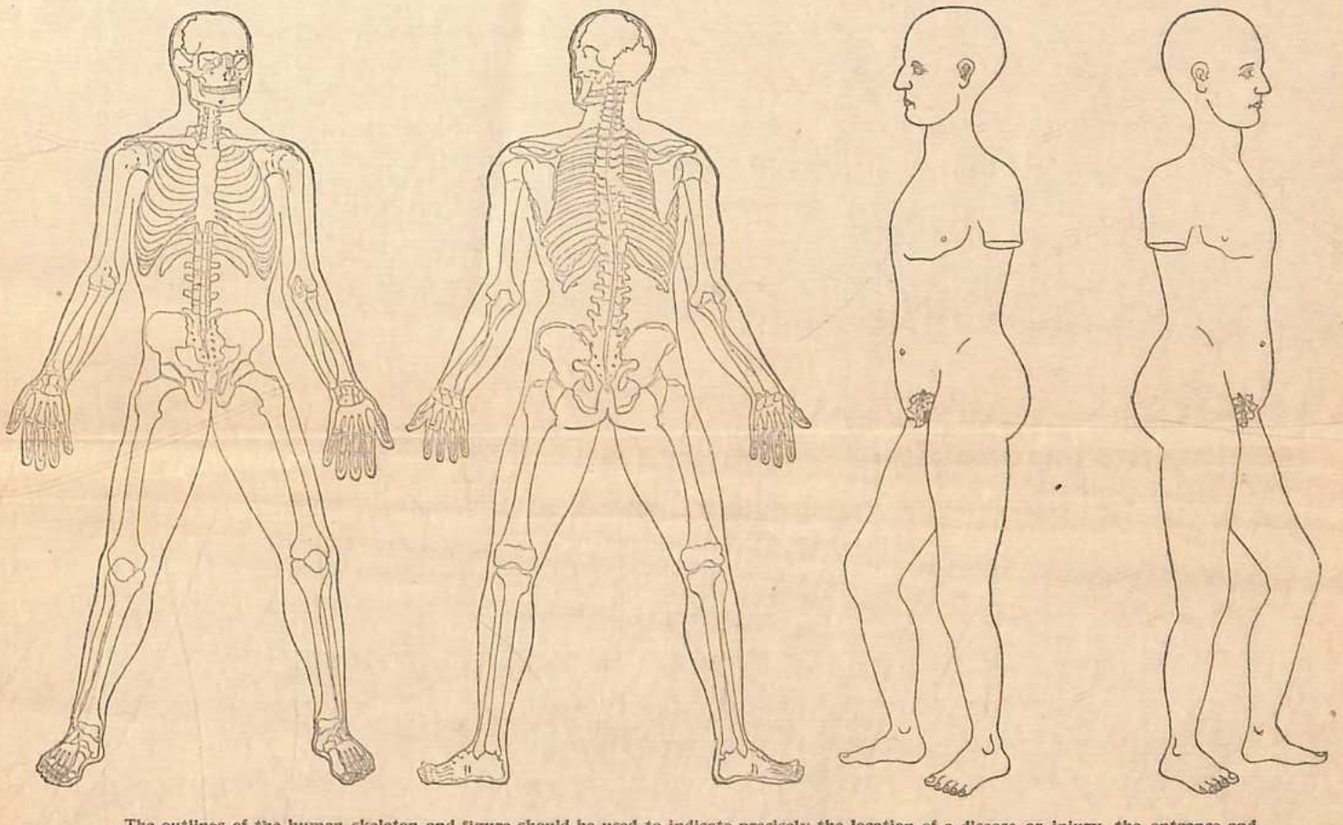
Post office, Elizabeth City

County, Pargatoire

State, Mo.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—502a.

U. S. PENSION JAN 20 1909 RECEIVED



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

(Paste continuation sheet, if used, here.)

45-186

6

3-2865.

Med. Div. 7

C.F.W.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., February 5, 1909.

Board of U. S. Examining Surgeons,

J. E. Wood, M. D., Secretary,

Elizabeth City, Pasquotank County, North Carolina.

Gentlemen:

In the case of Riley Midgett, Co. F, 36th U. S. C. Inf., Ctf. #115,499, whom you examined January 6, 1909, further information is desired.

Please state the condition of the left forearm and hand. Is the left hand useful for any purpose? Show condition of the thumb and each finger. Can he flex and extend the fingers voluntarily? Is there good grasping power in the left hand? Can the thumb and the fingers be approximated? Can he pick up small objects with the thumb and fingers of the left hand? Can he hold a knife or fork with this hand? In other words, show clearly why the left arm is totally disabled and why he must be assisted in dressing. If the limb is practically normal below the elbow, it can not be understood why it may not be of use in many ways.

Is there any other cause of disability of this arm? Is there any evidence of rheumatism?

Write your amendment on the accompanying blank and forward it promptly in the inclosed envelope, together with this letter. It should be dated and signed by each member who participated in the examination.

Claimant's postoffice address is Elizabeth City, North Carolina.

Very respectfully,

V. Warner.

Commissioner.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. Ctf. 115,499
Riley Midgett
F, Company 36, Reg't U.S.C.Inf.

Address of Board. Elizabeth City, Pasquotank Co., North Carolina.

Jan. 6, 1909.
[Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Amendment:

Left fore arm is only a superficial wound. It is 1½ in. less smaller than right. Muscles on fatty atrophied & soft. Can pronate & supinate arm. Thumb & fingers can be approximated. Can be flexed & extended. Not fully. Can only hold pitchfork in hand almost. Can pick up small objects slowly & gropingly. Can not dress himself, on account of wound in upper arm. Has hardly 1/3 motion in shoulder. No rheumatism found.

Eliz. City, N.C.
Feb. 1st 1909

Marginal entries must never be made.

W. J. Lumsden, Pres. J. E. Wood, Sec'y. J. B. Griggs, Treas.

6—115

Do not use the back of this blank for any purpose except as indicated.

45-186 6

PENSION M U. S. FEB 15 1909 OFFICE.

FEB 5 1909

Appl. Inc. 2-10-09

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. F, 36 Reg't U.S.C.Inf.

Applicant for Increase

No. 115,499

DATE OF EXAMINATION:

Jan. 6, 1909.

W. J. Lumsden, Pres.,
J. Ed. Wood, Sec'y, } BOARD.
J. B. Grigg, Treas.,

Post office, Elizabeth City,

County, Pasquotank,

State, North Carolina.

☞ Fill all blank spaces above.

6—745

SOUTH DIVISION FEB 17 1909 RECEIVED

FEB 16 1909

No. _____

NAME OF CLAIMANT,

_____

NAME OF SOLDIER,

_____

Co. _____, Reg't _____

o 6—190

(18351—50 M.)

Charles City Co. Va

General Law.

3 1638.

INCREASE

Cert. No. 115499

Riley Midgett

P. O.,

County,

State,

Application filed MAR 18 1918, 191

Service, F-36-U.S.C.I.

Attorney,

P. O.,

County, , State,

General Law

~~ABANDONED.~~

Clayton

Brooks

3-1638.

INCREASE

Cert. No. 115499

Riley Midgett

P. O., Elizabeth City

County, Pasquotank

State, N.C.

Application filed Oct 5, 1915

Service, F 36 usb Inf

Dec 18/15 M+S Stw for Marriage Cert & PC

Dec 29, 1915 R J Lockwood & Co for mid day & PC

" 22 1917 - Pensioner - for same -

See carbon copy. H. R. M.

Marriage Cert. OK

Attorney, R J Lockwood & Co

P. O., Washington

County, , State, DC

GENERAL LAW.

UNDER ACT OF JUNE 27, 1890

(3-1639.)

INCREASE.

Cert. No. 115499

REJECTED.

Riley Midgett

P. O., Elizabeth City

County,

State, N. C.

Application filed Nov. 30, 1908

Service, F 36 U S Cdef

DEC 15 1908

Ep Elizabeth City N.C.

atty Reeves & co notfd.

March 10, 1909 - Attys R. E. Reeves & Co. and claimant informed that claim for increase is rejected - J.B.G.

APPEALED.

Attorney, E. H. Reeves & Co.

P. O., City

County, , State,

(181—50m.)

Reynolds (3-217.)

INCREASE.

Claim to new disability

No. 115 4199

Riley Midgett

P. O., Elizabeth City

County, Pasquotank

State, N. C.

Application filed, Apr 8, 1897

State Service,

7 36 Pt. S. C. Inf

Ex through Att. Hunter to Elizabeth City Pasquotank Co. N. C. June 7 97 N. H. H.

Oct 26 98 A. Sent back for full military history. Tierney & Co. Thos they can't be recognized. C.K.R.

Not l. arm under 17/18 Lee, Ch. Hasson

Disability Left foot frozen

Attorney, J. L. Kurtz

P. O., City

County, , State,

(Order —100 M.)

ACCEPTED

M. L. W.

ABANDONED.

RESTORED.

3-1638.

REJECTED.

INCREASE.

Cert. No. 113-499

Riley Midgett

P. O., 314 Edge St

County, Elizabeth City

State, N. C.

Application filed Mar 31, 1906

Service, 736 U.S.C. Inf

April 11, 1906. Cordin:
Disability not shown to be progressive: examination not warranted. LJB

Attorney, C W. Cordin

P. O., N H D V S

County, Elizabeth City State, Va

(7-50,000)

Attorney Place

Mrr

Poverty

INVALID DIVISION.

No. 115499

Claim to Increase

Riley Midgett

P. O. Elizabeth City

County, Pasquotank

State, North Carolina

Disability for which pensioned, G S W of left-arm

Reduced to —

Present rate 6.

Respectfully referred to the Medical Referee:

With Examining Surgeons certificate enclosed

Dec 18" 1877

H G Burlingham
Chief Invalid Div.

G S W. left arm
No increase

W. Fishburn
Medical Referee

Dec 14/77

No. 130,978

ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page _____

Riley Midgett
Roanoke Island
Currituck Co. N.C.
Priv. F. 36 U.S. Colored Troops
Discharged Aug 24 1866.

7-3-4

Pd 6-29-19

per Market Heights Va Sept 29/64

2.4.68

Joseph H. Barrett

Commissioner.

Received, Jan. 20 1868.
Chas. C. Brown
OK Norfolk Va.

Attorney.

2 1

Inid

~~A. G. D Williamson~~

Feb 6 1868

Jan. 14, '69.

— Subsequent.

S.H.

1871 May 18 S.G. No 5. S.G. for Off dis

" " " atty treat since dis & Cir 13

" " " med Rep & see inside

" June 10 Atty for residence

" Aug 7 Reff'd to Dr Kenney

Jany. 16, 1899, Atty
J. S. Kurtz, informed
Riley Midgett advised
of rejection. Dun

Jany 8, 1902, Claimant & atty
Kurtz notified of rejection
held in abeyance. J.Q.H.

July 7, 1902. Claimant & Atty Kurtz informed
of rej. of inc. Q.S. — Lee.

Dec. 16, 1903 —
D & C. of rej. of claim (S. inc.)
rej. Jan. 16, 1899 to Attys. Tierney
& Lee, & that J. S. Kurtz, City was
Atty. of Rec. & inform. — M.A.

May 12, 1909 — Claim to Auditor for War Dept., per report on file.
DC

(3—230.)

INVALID. (Series 115.499)

9293

Cert. No. 115.499

Name, Riley Midgett

Rank, Priv.; Service, Co. F, 3d U.S. Vol. Inf.

Agency. { Original Roll: Raleigh
Transf'd Oct., 1877, to Knox
" ....., 18...., to .....

Issue. Class. Disease. Entered 1892.

Issued Jany 21, 18 99
Mailed " 26 " 18 99
Rate and Period, $ 12, from Dec. 9, 18 98

Deductions:

Disability: G.S.W. of left arm and side.

Issue. Class. Gun. Entered 1892.

Issued Apr 24, 18 99
Mailed May 1, 18 99
Rate and Period, $ 17, from Mar 5, 18 98

Deductions:

Disability: G.S.W. of left arm and side.

Issue. Class. Entered

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

Deductions:

Disability:

Issue. Entered

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

Deductions:

Disability:

INDORSEMENTS.

Jan 8, 99 - Atty McKnight of allowance of increase & that J. S. Kurtz was atty of record - M.
Jan. 15 '02. Claimant & Atty informed of rej. of inc. S.V. 2.M.
1890 P.J. Lockwood
2-26 not recognized
Claimant & Rec. P.M. Jan 1 notified & Decl. S.R.

11

Va.

Virginia N.G.

Name: Riley Midget

Rank: Private Comp'y F

Regt.: 36th U.S.C.T.

Richmond (Raleigh)
Knoxville } Agency.

RATE PER MONTH, AND DATE OF COMMENCEMENT.

1st Issue. $6.00 Comm'g Aug 25th 1866

2d Issue. 8 Comm'g Aug 25th 1866
dedt all paid

3d Issue. Comm'g

DATE OF CERTIFICATE, AND TO WHOM SENT.

1st Issue. Feb 5th 82 Sent to Pension Agt
Wm C. C. Bunn Norfolk Va.

2d Issue. Apl 5 1881 Sent to Apr 9 81

3d Issue. Sent to

Act 14th July, 1862. Bk. G., Vol. 9, Page 158
196.

Registering Clerk: Holmes

Disability. Joseph Maryland
Sick

June 18-73.

18 75. March 15th Transfd to 8th Cir.
Sy. Norfolk to Raleigh pr 4th Cir
75 — C. O.

Ex. ord Nov. 24th 77. Drs. W. J. Lumsden &
R. H. McIntosh
Claimt. advised. Elizabeth City
N. C.

Inc. ref. SC to Cl. - atty Notified
DSC - 2 of 77

Inc. Rep. b/h. Cl. Atty. Impl.
Dim. 10 Nov 1883.

3—732

Cert. No. 864132

Act of April 19, 1908, amended by Act of September 5, 1916

Clarissa
Widow
Riley Ridgett

Rank Pvt

Company

Regiment 36th U.S.C. Inf

Rate per Month $25

Commencing Apr 27 1918

Ending

Agency or Group No. Group 2

Issued Mch 13 1919, 191

6—3387

DEAD.

APR 1 9 1919 Legal Div. advised of disposition of fee check

DROPPED

FEB 21 1921 FINANCE DIVISION

" " " Reinst Bell

to M. Bellamy. Rec'd Fin.

REIMBURSEMENT Allowed OCT 14 1921

Jan. 21, 1932 - Mrs. M. Bellamy advised that she could have no title to pension as child of soldier. B.P. Wid. Subd.

GROUP 2

3-888

3—1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

24 5/4/15

MAY 1 1918, 191

Certificate No. 115499

Class ACT OF MAY 11, 1912.

Pensioner Riley Midgett

Soldier Pvt. F. 36th U.

Service S.C. Inf.

MAY 4 1918

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $24=, to FEB 4 1918 has this day been dropped from the roll because of death, April 20. 1918

Check No. 6649824

RILEY MIDGETT,
ELIZABETH CITY, N.C.
115499 ACT MAY
314 EDGE ST.

Very respectfully,

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

M.W.

PLATE DESTROYED

6649824

RECALL MAY 3 1918

SECTION FOUR
RECEIVED
MAY 2 1918
DISBURSING OFFICE

Finance Division,
MAY 11 1918
Bureau of Pensions.

Adjutant General's Office,

Washington, D. C.,

Feb. 10th, 1868

Sir:

~~I have the honor to acknowledge the receipt from your Office~~ of application for Pension No. _____, and to return it herewith, ~~with such information as is furnished by the files of this Office.~~ In reply to your inquiry of Feb. 6. 1868

It appears from the Rolls on file in this Office, that Riley Midget was enrolled on the 24th day of Aug., 1863, at Roanoke, Va. in Co. "F", 36th Regiment of U. S. C. Troops Volunteers, to serve Three years, or during the war, and mustered into service as a Private on the 28th day of Oct. 1863, at Portsmouth, Va., in Co. "F", 36th Regiment of U. S. C. T. Volunteers, to serve three years, or during the war. On the Muster Roll of Co. "F" of that Regiment, ~~for the months of~~ from organization to Aug. 31st 1864, he is reported "Present for duty." "On roll for Sept & Oct. 1864 and on subsequent rolls to Dec. 31. 1865" "Wounded in action Sept. 29. 1864 & in Gen'l Hospital." "Jan. & Feb. & Mch. & Apl. & May & June 1866" "Present for duty." "On roll for July & Aug. 1866" "Mustered out on expiration of term of service Aug. 24. 1866."

I am Sir very respectfully

Your obedient servant

Thomas M. Vincent

Assistant Adjutant General.

(2)

The Commissioner of Pensions

Washington, D. C.

Memoranda

Name of applicant _____

Address _____

F.D.M.

N.

WAR DEPARTMENT,

Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., Jany 12th, 1892

[TRANSCRIPT FROM RECORDS.]

It appears from the records filed in this Office, that Riley Widget Co F 36th U.S.C.T. received a G.S. wound of arm Sept 29 or 30th 1864 at New Market Heights Va.

Roley Medge Private Co F 36th Colds Troops entered G. H. Ft Monroe Va. Oct 3rd 1864 from the field with G.S.W. left arm and side received at Chapins Bluff Sept 30th 1864 and was returned to duty Dec 11th 1865

Upon another record of G.H. Ft Monroe Va it appears that Riley Medget Pvt Co F 36th U.S.C.T. was admitted Oct 17th 1864 diagnosis not stated and was transferred North Nov 8th 1865

By order of the Surgeon General:

J J Woodward

Brevt. Lieut. Col. and Asst. Surgeon, U. S. Army.

(108)

Vol. 28

No. 2313

(NOTE.—This transcript should not be detached from the accompanying papers. If additional information is desired relative to the case, the papers should accompany the application therefor.)

No. 144—2M 12-15-15

ACT OF APRIL 19, 1908.

DECLARATION FOR WIDOW'S 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 North Carolina, County of Pasquotank, ss:

On this 24 day of April, A. D. one thousand nine hundred and Eighteen, personally appeared before me, a Notary Public (Notary, Justice, or Clerk of Court.), within and for the County and State aforesaid, Clarissa Midgett (Insert name of applicant.), aged 65 years, a resident of Elizabeth City (Name of town or city.) County of Pasquotank, State of N C who, being duly sworn according to law, declares that she is the widow of Riley Midgett (Name of soldier), who enlisted under the name of Riley Midgett (Name under which soldier enlisted.), on the day of, A. D. 18 , as a Private (Here state rank.) in Company F. (Letter of Company.), in the 35th (No. of Regiment.) Regiment of N. C. Infy. (Name of State, and whether Infantry, Cavalry, Artillery or name of vessel if in Navy.) and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was HONORABLY DISCHARGED at Santiago Texas (Date of Discharge.), and died April 20—1918. (Date of death; cause need not be stated.) That he was not employed in the military or naval service otherwise than as stated above I dont know of any other Except above Stated (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he was never employed in the military or naval service of the United States after the day of (Date of soldier's last discharge.), 18 That she was married under the name of Clarrissa Owens to said Riley Midgett (Name of soldier.), on the 4 day of Sept. A. D. 1870 by Joshua Flemming J. P. at Elizabeth City N. C., there being no legal barrier to such marriage; that she had not been previously married; that her said husband had not been previously married. (4) that She Before Woman were married and the Soldier was never married (If either had been previously married, so state, and give date of death or divorce of former spouse.)

That she has not remarried since the death of the said Soldier (Name of soldier or sailor.)

That the names and dates of birth of all the children of the soldier, now living, and under sixteen years of age, are as follows:

——, born ——, 1 ——, born ——, 1 ——

——, born ——, 1 ——, born ——, 1 ——

——, born ——, 1 ——, born ——, 1 ——

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. That no (A or no.) prior application for pension has been filed by herself or the soldier. Non by her but the Soldier was Pensioned Certificat no. 1164499 (If prior application has been filed, either by soldier or widow, so state giving number assigned to it.)

That she makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provisions of the act of April 19, 1908. She hereby appoints, with full power of substitution and revocation,

Adam W. Bell of Elizabeth City N. C.

her true and lawful attorney to prosecute her claim, the fee to be TEN DOLLARS, payable as prescribed by law. That her POST-OFFICE ADDRESS is Buell (Name of post-office.), County of Norfolk, State of Virginia

ATTEST:

1. E. J. Berry

2. Vera E. Lowther (Two witnesses who write sign here.)

Clarissa Midgett (Claimant's Signature—FULL name.)

PENSION H APR 27 1918 U. S. OFFICE.

ATTORNEYS FROM LAW DIVISION MAY 10 1918

Also personally appeared E. J. Berry, residing at Elizabeth City N C (Name of one witness.) and Dora E Lowther, residing at Elizabeth City N C (Name of other witness.), persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw (Name of widow.) Clarissa Midgett, claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her of 35 years and 20 years respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

ATTEST:

1. E. J. Berry
2. Dora E. Lowther

(Signature of witnesses—FULL names.)

Sworn to and subscribed before me this 24 day of April, A. D. 1915 and I do hereby certify that the contents of the foregoing declaration and affidavit were fully made known and explained to the applicant and witness before swearing, including the words ..... erased, and the words (Insert any words erased.) ..... added; and that (Insert any words added.) I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] M. B. Culpepper (Signature.)
Notary Public (Official Character.)

Declaration accepted as a claim under act April 19, 1908, amended by act Sept. 8, 1916. Power of attorney valid as to execution.

Chief Law Division.

NOTE.—If claimant or identifying witnesses sign by mark (X) such signature must be *attested* by *two* persons *who can write*, of whom the magistrate may be one.

ACT OF APRIL 19, 1908.

To increase the pensions of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

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

SECTION 1. That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors, as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts inconsistent with the provisions of this Act are hereby repealed: *Provided, however*, That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war and who has been honorably discharged therefrom has died or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands if living would have a pensionable status under the joint resolutions of February fifteenth, eighteen hundred and ninety-five, and of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED APRIL 19, 1908

Finance Div. Notified of Death. APR 29 1918 mso K

861154 99

Act of April 19, 1908.

L. S. W.

WIDOW'S CLAIM.

Claimant: Clarey Midgett

Soldier: Riley Midgett

Service: Co. H. 75 Regt. U. S. C. Inf.

Address: Filed by A. W. Belle Att. 400 Shipyard St. Elizabeth City N. C.

CIVIL WAR DIVISION MAY 10 1918

LAW DIVISION APR 29 1918 RECEIVED

APR 30 1918 DIVISION

PRESS OF BYRON S. ADAMS, WASH., D. C.

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of North Carolina, County of Pasquotank, ss:

On this 1st 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, Riley Midgett who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Elizabeth City, county of Pasquotank, State of North Carolina; and that he is the identical person who was ENROLLED at Portsmouth Va, under the name of Riley Midgett, on the day of Aug, 1863, as a Private, in Company F. 36 Regiment U. S. Col Vol Inf.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED

(State name of war, Civil or Mexican.)

at Brazos, Santiago, Texas, on the 24 day of Aug, 1866

That he also served

(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 5 inches; complexion, Black; color of eyes, Black; color of hair, Black; that his occupation was Helping Laborer that he was born, 1845, at Organ Gulch near Warrenton County N.C.

That his several places of residence since leaving the service have been as follows: Elizabeth City N. C.

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 115499. 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.

That his post-office address is Elizabeth City, county of Pasquotank, State of N. C.

Attest: (1) Josiah Simmons
(2) W A Holmes

Riley Midgett
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 1st day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words interlined; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Validity accepted as to execution
S. A. Cuddy,
Chief, Law Division.
per IHJ

M. B. Culpepper
(Signature.)
Notary Public
(Official character.)

PENSION BUREAU JUN 6 1912 U. S. OFFICE.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3—014.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 1,154,477.

Name, Riley Wright

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.

ACT APPROVED MAY 11, 1912.

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, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen 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-three dollars per month; two and a half years, twenty-four 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-seven dollars per month; two 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-seventh, 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.

DECLARATION FOR AN INVALID PENSION.

This Invalid Pension Declaration must be executed before a Judge or Clerk of a Court of Record, and if before the Judge, the Clerk thereof will certify said Judge's official capacity and signature, and attest the same under the seal of the Court.

☞ A Justice of the Peace must not authenticate this paper. If he does, the work is utterly useless, and must be all done over again before a Judge or Clerk of a Court of Record, as above stated.

STATE OF Virginia
City ~~COUNTY~~ OF Norfolk } ss.

ON THIS 17th day of January A. D. one thousand eight hundred and sixty eight, personally appeared before me, (1) Clerk of the (2) Court of the Corporation, a Court of Record within and for the County and State aforesaid, Ruley Midgett, aged years, a resident of the (3) of Roanoke Island, in the State of North Carolina, who, being duly sworn according to law, declares that he is the identical Ruley Midgett who (4) enlisted in the service of the United States at Roanoke Island in the State of North Carolina, on or about the 21 day of August in the year 1863, as a Private in Company F commanded by Edwards in the 36 Regiment of (5) U S Col Troops commanded by Hartsol in the war of 1861, and was honorably discharged at Brazos Santiago in the State of Texas, on or about the 21 day of August, in the year one thousand eight hundred and sixty-6; that while in the service aforesaid, and in the line of his duty, (6) was wounded in battle at New Market Heights Va on the 29 Sept 1864 by Musketball in the left arm and left side fracturing bone of the arm & ball retained in the side and side weak unable at times to perform much manual labor

That since leaving the said service, this applicant has resided ~~in the~~ (3) on Roanoke Island, in the State of North Carolina and his occupation has been (7) laborer

That prior to his entry into the service above named, he was a man of good, sound physical health, being when enrolled, a (8) laborer

That now he is (9) half disabled from obtaining his subsistence from manual labor in consequence of his above named injuries, received in the service of the United States.

He makes this declaration for the purpose of being placed on the Invalid Pension Roll of the United States, by reason of the disabilities above stated, and revoking and countermanding all other authority that may have been given, he hereby constitutes and appoints, with full power of substitution and revocation, Lena Litt Green Claim Agt of (3) Norfolk Va, his true and lawful attorney, to prosecute his claim, and obtain the Pension Certificate that may be issued. That his Post Office is at Roanoke Island County of Currituck State of North Carolina

That his domicile or place of abode is (10) on the Island of Roanoke North Carolina

If applicant makes his mark, let two persons who write their names attest his signature. The Officer administering the oath cannot be one of the attesting parties.

ATTEST:

J Lee Hopper
F. S. Bailey

Ruley his ✗ mark Midgett
Applicant.

Sworn to, subscribed and acknowledged before me the day and year first above written, and also personally

appeared Leon V. Beaubier and Fields Mudget

residents of the (3) Roanoke & Norfolk in the State of Va.

, persons who ~~I certify~~ are represented to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Riley Mudget (11) make his (12) mark to the foregoing declaration; and they further swear that they have every reason to believe, from the appearance of the applicant and their acquaintance with him, that he is the identical person he represents himself to be, and they further swear that they reside as above stated, and that they have no interest in the prosecution of this claim.

If the witnesses, or either of them, make their mark, let two persons who can write their names attest the signatures. The Officer administering the oath cannot be one of the attesting parties.

ATTEST:

J. Lee Hopper

F. S. Barthey

TWO WITNESSES

Leon V. Beaubier his mark

Fields Mudget his mark

Sworn to and subscribed before me, this 17th day of January, A. D. 186[illegible], and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. I further certify that the foregoing declaration and joint affidavit were read over to and understood by the respective parties before they made their several signatures to the same.

Geo. E. Bowden Deputy Clk of the Court of the Corporation of the ~~Court~~ City of Norfolk Va

NOTE.—If the Clerk of the Court (Deputy will not answer) takes the declaration and affidavit instead of the Judge, he signs the foregoing certificate, and places the seal of the Court thereto, and the following certificate then goes unauthenticated; but if the Judge administers the oaths, he signs the said certificate, and then the Clerk himself authenticates the certificate hereto following:

☞This Certificate should be authenticated by the Clerk himself.

CLERK'S CERTIFICATE.

State of ..... } ss.
County of .....

I, ... Clerk of the ..... Court within and for the County and State aforesaid, do hereby certify that ..... before whom the foregoing Invalid Pension Declaration and joint affidavit were made, and who has thereunto signed his name, was, at the time of so doing, a Judge of the ..... Court in and for the County and State above-named, duly elected, qualified and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature, as it above appears, is genuine.

GIVEN under my hand and seal of ..... Court at office in ..... this ..... day ..... A. D. 186

..... CLERK

[L. S.] ..... COURT.

REMARKS.—In case the Deputy authenticates the Clerk's certificate, evidence may be required to show that the Deputy is duly appointed and authorized by law to sign the Clerk's name and use the seal of the Court—therefore, it is better to have the Clerk's own individual authentication at once, and thus save the trouble and expense of a general authentication certificate respecting the Deputy, which might be required if the papers were authenticated by him instead of the Clerk.

INSTRUCTIONS.

1. "Judge," or "Clerk." 2. "Name of the Court." 3. "City," "Town," "Corporation," or "County," as the case may be. 4. "Volunteered," or "Enlisted," as the case may be. 5. "Cavalry," "Infantry," or "Artillery." "Volunteers of ....."(here give State) naming the troops as indicated according to the corps to which they belong. If of the regular service, in place of foregoing, add: "United States Infantry," "Cavalry," or "Artillery," as the case may be. 6. Here give a particular and minute description of the wound or disability, stating when, where, and how it was incurred, and how it affects the applicant at this time. 7. "Compulsory idleness from physical incapacity to perform manual labor," if such be the fact; if not, then state what kind of labor he has performed, and whether of very light character or otherwise.

8. Here state the occupation, trade, or profession, which the applicant was engaged in.

9. Here insert "one-fourth," "one-third," "one-half," "two-thirds," "three-fourths," or "totally," as the case may be.

10. "House No. ..... on ..... street, between ..... and ..... streets, in the city of ..... in the County and State aforesaid," or if on the other hand, the applicant resides in the country instead of the city, in place of the foregoing, say: "on the wagon (or rail) road leading from ..... to ..... about ..... miles from ..... the County seat of ..... County, State above named."

11. "Sign," or "make." 12. "Name," or "mark," as the case may be.

DECLARATION FOR AN INVALID PENSION

ACT OF ..... A. D. 18

Late a ..... Applicant,

of the ..... Regiment of ..... Co.

FILED BY

Printed and sold by W. H. Moore, 484 11th St., Washington, D. C.

3—389

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., *January 2, 1915.*

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G. W. Davis
Commissioner.

RILEY MIDGETT,
ELIZABETH CITY, N.C.
115499
314 EDGE ST.,

PENSION U. S. APR 5 1915 OFFICE.

PENSION H U. S. MAY 11 1915 OFFICE.

FOLD HERE.

No. 1. Date and place of birth? *Answer.* Roanoke Island N.C

The name of organizations in which you served? *Answer.* Company F 36 U.S.C.T
Born in 1845 Either the last of July or the first of August

No. 2. What was your post office at enlistment? *Answer.* Roanoke Island N.C

No. 3. State your wife's full name and her maiden name. *Answer.* Clarissa Owens

No. 4. When, where, and by whom were you married? *Answer.* J. H. Flora
I was married in Elizabeth City N.C. Sept. 3. 1870

No. 5. Is there any official or church record of your marriage? Courthouse Record

If so, where? *Answer.* Elizabeth City N.C

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* no

FOLD HERE.

I was never married before I married the wife that I am living with now

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer.* I am her first husband
She never was married before

No. 8. Are you now living with your wife, or has there been a separation? *Answer.* living with her

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

Charlie Born 1876
Arthur " 1881
William 1883
Mary 1885
Lyrinia 1887
we had three twins to die they was the first children we had and we lost the date of birth

Date Jan 2 1915 (Signature) Riley Midgett

6—272

3–173.

SOUTH DIV. NOV 10 1898 RECEIVED.

Sol Div. Cl. Rec.

Ctf. No. 115,499, Riley Midgett, Co. F, 36 Reg't U. S. C. V.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct. 26, 1898.

SIR:

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

Very respectfully,

J. L. Davenport
Acting Commissioner.

Riley Midgett,
Elizabeth City
N. C.

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

No. 2. When, where, and by whom were you married? Answer: Oct. 1868
E. City NC. Rev Joshua Fleming

No. 3. What record of marriage exists? Answer:
Marriage Register, Reg of Deeds Office

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Charles born Dec. 26, 1875,
Arthur born Oct. 22, 1881,
William R. Jr. Feb. 28, 1883,
Mary born Aug. 3, 1884
Minnie born March 8, 1887.

Date of reply, Nov. 5, 189

Riley Midgett
(Signature.)

0-2

3—402.

Certificate No. 115499

Name, Riley Midgett

Department of the Interior,

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,

H. Clay Evans

Commissioner.

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

Answer. Yes. Clarissa Owens

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

Answer. Oct 7, 1870. Rev J. A. Fleming. Perry Co. N.C.

Third. What record of marriage exists?

Answer. County Record

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. No

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

Answer. Chas M. Dec 26/75. Arthur Oct 23/81 Wm R. July 28/83. Mary Aug 3/84. Minnie Feb 8/87

Riley Midgett
(Signature.)

Date of reply, May 4, 1898

0-8

5301b750m1-98

Copy of License of Clarrissa Midgett wid of Riley Midgett Co. H, 35 Regt. U.S. Colored Inf.

North Carolina,

Pasquotank County.)

I, J.W.Munden, Register of Deeds, in and for the County and state aforesaid, do hereby certify that Marriage License were issued to Wm R.Midgett and Clarrissa Owens on Sept 3,1870 and were Married by Joshua Fleming, J.P., Sept 4,1870, the same being duly filed and recorded in this office.

Witness my hand and official seal this the 23 day of April. 1918.

J.W. Munden
Register of Deeds.

Mar.

Evidence of
Clarrissa Midgett
Wid. of Riley Midgett
Co. F 35 Regt.
U. S. C. Infy.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Copy

PLACE OF DEATH

County: Pasquotank

Township: —

Town: —

City: Elizabeth City (No. 315 Edge St.; 4 Ward)

Registration District No. 70-2427

Certificate No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME: Riley K. Midgett

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
male	col	married

DATE OF BIRTH: — (Month) — (Day) 1853 (Year)

AGE: 65 yrs. — mos. — ds. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

EDUCATIONAL ATTAINMENTS: —

BIRTHPLACE: Roanoke Island NC

PARENTS
- NAME OF FATHER: Unknown
- BIRTHPLACE OF FATHER (State or Country):
- MAIDEN NAME OF MOTHER:
- BIRTHPLACE OF MOTHER (State or Country):

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Arthur Midgett

(Address): Eng City NC

Filed 4-26, 1918 [illegible] Registrar.

PENSION U. S. JUL 26 1918 OFFICE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 20 (Day), 1918 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1918 to Nov 20, 1918

that I last saw h— alive on Nov 17, 1918

and that death occurred on the date above stated, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) ____ yrs. ____ mos. 3 ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E. L. Hobbs, M. D.

Nov 26, 1918 (Address) Eng City NC

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eng City NC	4-22, 1918

UNDERTAKER	ADDRESS
S J Walker	Eng City NC

DIRECTIONS TO REGISTRAR FOR USE OF DEATH CERTIFICATE

EXAMINE YOUR CERTIFICATE AND SEE IF IT GIVES EVERY ITEM OF INFORMATION REQUIRED

The purpose and intention of the laws governing registration being to secure a *proper* record of each death that occurs—*which is only secured through a complete statement of the facts required*—each registrar should critically examine every certificate when presented for record, and should insist that it be made to meet the requirements before accepting it and issuing the usual burial or removal permit.

No obligation rests upon the registrar to accept an incomplete or unsatisfactory return; on the contrary, he is bound to see that it is entirely satisfactory in every respect.

It is not to be expected that all of the facts can be accurately stated in every case, but a strict observance of the practice specified will very largely reduce the number of cases incompletely reported, and, on the other hand, any laxity in this respect will surely be followed by increased carelessness in filling out the certificates.

The important statistical items that are most frequently omitted or neglected are those relating to conjugal condition, place of birth, birthplace of father and mother, and occupation. In addition to these, the cause of death is not stated so that it can be properly classified in much too large a proportion of cases. The first-mentioned items should be stated exactly as called for by the certificate.

Importance and use of the details required.—All of the personal and statistical particulars specified are extremely important, though they may serve different purposes. Where records are required for purposes of identification, it is obvious that the identification will not only be easiest, but will be most positive and accurate if every detail is properly stated.

Considering the data for statistical purposes, it should be remembered that the statistics of the *deaths* constitute only one factor in the computation of death rates, the other being the statistics of *population*, and that in order to compute the death rates the deaths must be reported in the same terms as the population. The primary classification of the population statistics is by color, general nativity and parent nativity, sex, age, conjugal condition, and occupation, with certain details under each head; and these and the sanitary conditions existing are the factors that exercise the greatest influence upon the mortality from different diseases. The compilation of uniform death rates for all states and cities, therefore, requires all of these details to be given for each place. If, for instance, the birthplace of father and mother is not given in the return of deaths for any city, it becomes not only impossible to determine the relative mortality of persons of native and of foreign parentage (a most important factor) in that city, in comparison with others, but also impossible to give any complete *summary* of the aggregate rates for these classes in the whole of the registration area.

So, too, if the conjugal condition of decedents is reported only as "single" or "married"—as is the case in a number of cities—death rates can not be computed with the population factor distinguished as single, married, *widowed*, and *divorced*.

These comments illustrate the necessity for a complete statement of all of the facts concerning deaths in any state or city. A more specific statement of the requirements is made under the items given below:

Name.—Give the name *in full*. If an unnamed infant, give the family name.

Color.—White, Black (Negro or Negro descent), Indian, Chinese, Japanese, etc. This term (color) includes *Race*, so far as the census takes note of racial distinctions. Each constitutes a certain distinct class for which certain tables will be compiled.

Sex.—Male, Female. The sex of each person should be positively stated and not left to be inferred from the name.

Date of Birth.—Give the *Year*, *Month*, and *Day* of month. This question is important as a check upon inaccurate statements of age.

Age.—Give *Years*, *Months*, and *Days*. When "Age" is called for without the exactness specified, the question might be construed as referring to age at *last* birthday, *next* birthday, or *nearest* birthday, or as a general inquiry to be answered in approximate terms, such as "10," "20," "30," etc. An exact statement of age is particularly important.

Conjugal Condition.—Single, Married, Widowed, Divorced. Many of the certificates now in use call only for "Single" and "Married." In such places the *Widowed* or *Divorced* may be entered, as "Single" or "Married," according to the point of view, and when so reported can not be separated. In computing rates showing the influence of conjugal condition upon the mortality from certain causes, the distinctions indicated are equally important and should be carefully maintained.

Birthplace (of deceased).—If born in the United States, give the name of the *State* or *Territory;* if of foreign birth, the name of the *country*. (See "Birthplace of Mother.")

Name of Father.—This is important for identification.

Birthplace of Father.—State in the same way as birthplace of deceased. (See "Birthplace of Mother.")

Maiden Name of Mother.—This is of great importance for purposes of accurate identification.

Birthplace of Mother.—State in the same way as birthplace of deceased. The birthplaces of parents are necessary in order to classify the deaths by parental nativity. The proportion of persons of foreign parentage in our population is so large, and the difference in the death rates so considerable, that this becomes a most important factor. The "Birthplace of Mother," in particular, is extensively used as best indicating the influence of race characteristics and inherited tendencies.

Occupation.—The effect of "Occupation" must necessarily be taken into consideration in any comprehensive mortality statistics, but this is one of the most difficult details to obtain in the same terms that they are given for the population, as the precise instructions given to the census enumerators as to the description and classification of occupations can not be as thoroughly applied to returns of deaths and their observance secured by the physicians, undertakers, and others who make these reports to the registration officers. Occupation should be reported for all persons who pursue some *gainful employment*. Married women and children living at home and not engaged in some remunerative employment should be returned as having "None." The general principle is to bear in mind what labor the deceased actually performed, without regard to the place or the person for whom he worked. Particular care should be taken to express the occupation in such a way as to prevent it from being confounded with other occupations. A few of the more important distinctions to be maintained are given as follows:

Civil, mechanical, and mining engineers, etc., should be distinguished from *locomotive* engineers, and the latter from those of stationary engines. Locomotive firemen should also be distinguished from those of stationary engines or members of the city fire departments.

Commercial travelers or salesmen should be distinguished from salesmen or clerks in stores.

Married women, female heads of families, or other women who are employed only in their own homes should not be reported as "housekeepers," "housewives," or "housework." These terms should be reserved for those who receive a monetary compensation.

Distinguish between *agricultural* laborers, *railroad* laborers, and other *day* laborers.

Mill or factory operatives should be distinguished according to the product of the mill—Woolen, Cotton, Carpet, Silk, Shoe, etc.

Miners should be distinguished as Coal, Iron, Lead, etc.

Educational Attainments.—Educational attainments should be stated as illiterate, able to read and write, common school education or equivalent, high school education or equivalent, college education or equivalent. If the deceased is less than fifteen years of age the educational attainments of the mother, if living, or of the father, if living, or of the guardian, in the order named, shall be given.

Date of Death.—Give the Month, Day, and Year. This and the physician's certificate of attendance are necessary to establish the fact and time of death.

Cause of Death.—The *disease causing death* should be definitely stated, or, if the death resulted from violence and not from disease, then the nature of the violence, and whether accidental, suicidal, or homicidal, should be given. Contributory causes, complications, or sequelæ of the disease causing death may be named, but mere symptoms should not be stated to the exclusion of the primary disease causing death. The duration should be stated for each cause given.

The lack of definiteness in the statement of causes of death is largely due to carelessness on the part of the physicians, who could undoubtedly make a much more satisfactory statement in many cases if their attention were called to the matter. It is the duty of the registrar accepting the certificate to see that this is invariably done when necessary.

The cause of death should be stated, in every case, so that it may be accurately classified under some *specific and definite* title of the classification. To this end it should be remembered that death is the result of disease or of external causes. If from disease, the nature of the disease, and if local, the particular organ or part of the body affected should be stated. Terms indicating mere symptoms of disease, or conditions resulting from disease, should not be accepted. Deaths from violence should be distinguished as accidental, homicidal, or suicidal, and in each case the kind of accident and nature of injury or manner of suicide should be stated.

It has been observed that, as a rule, causes of death certified by *coroners* are quite as unsatisfactory as those certified by physicians, more particularly in failing to define accidental deaths, or by reporting "heart failure" or "natural causes" in cases of deaths occurring suddenly.

In many places deaths of nonresidents are frequently registered which are not properly chargeable against the population of the places in which they occur. This is particularly true of deaths in hospitals and institutions to which persons resort for treatment for disease or injuries contracted or received elsewhere. In all such cases the information required under this heading should be supplied to permit a proper disposition of the case.

Every person, firm, or corporation selling a casket at retail, and not having charge of the disposition of the body, shall enclose within the casket a blank death certificate bearing instructions for recording the death.

READ LAW AND INSTRUCTIONS ON BACK
OF THIS BLANK BEFORE USING IT.

3—044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Virginia
COUNTY OF Norfolk } ss:

On this 11th day of April, A. D. one thousand nine hundred and Twenty one personally appeared before me, a Notary Public within and for the County and State aforesaid, Mamie Bellamy, aged Twenty Seven years, a resident of South Hill, County of Norfolk, State of Virginia, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Clarissa Midgett, who was a pensioner of the United States by certificate No. 864132 on account of the service of Riley Midgett (Name of soldier or sailor) in Co. F. 36 Reg. U.S. Colored Troops (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to Nov. 3rd, 19 20

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Clarissa Midgett

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow

3. If decedent was pensioned as an invalid soldier or sailor—

(a) Was he ever married? (Answer yes or no.) yes

(b) How many times, and to whom? Clarissa once

(c) If married, did his wife survive him? (Answer yes or no.) yes

(d) If so, is she still living? (Answer yes or no.) no

(e) If not living, give full names and dates of death of all wives Clarissa Midgett died Nov. 18th, 1920

(f) Was he ever divorced? (Answer yes or no.) no

(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no

5. Is any such child still living? (Answer yes or no.)

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid no

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no

8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written

9. Who was the beneficiary named in each policy? —

10. What was the relation of each beneficiary to the pensioner? —

11. Were the premiums paid by the deceased pensioner? —

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no

14. Did the deceased pensioner leave any money, real estate, or personal property? no ✓

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate? none

17. How was the pensioner's property disposed of?

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) no

19. What was your relation to the deceased pensioner? daughter

20. Are you married? (Answer yes or no.) yes

21. What was the cause of pensioner's death? general Paralysis

22. When did the pensioner's last sickness begin? Nov. 9th, 1920

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? Nov. 9th, 1920

24. Give the name and post-office address of each physician who attended the pensioner during last sickness
G. Hamilton Francis M.D., Liberty, Store
Berkley - Norfolk, Va.,

25. State the names of the persons by whom the pensioner was nursed during the last sickness
Mamie Bellamy

26. Where did the pensioner live during last sickness? Church St. South Hill Norfolk, Va R. 3

27. Where did the pensioner die? Church St. South Hill, Norfolk, Va. R.F.D. 3

28. When did the pensioner die? Nov. 18th 1920

29. Where was the pensioner buried? Elizabeth City, N.C.

30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) no

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

Names.	Nature of Expenses.	State Whether Paid or Unpaid.	Amount.
G. Hamilton Francis M.D.	Physician attendance	Paid	30 00 ✓
Bryant's Drug Store by Self	Medicine		20 00 ✓
	Nursing and care		none
C. N. Trotman	Undertaker	$60.00 Paid	$164 00 ✓
	Livery		
	Cemetery		
	Other expenses and their nature:		
	Total		

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner?** (Answer yes or no.) yes

That my post-office address is No. ____, on ____ street, town or city of Norfolk, Berkley, R.F.D. 3 Box 2 Morrisons Store, County of Norfolk, State of Virginia

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Mamie Bellamy
(Claimant's signature in full.)

6—1572

Also appeared ..... and .....

who, being duly sworn, say that they saw Mamie Bellamy, the claimant, sign ..... name (or make ..... mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? Widow, no child

2. When did the pensioner die? Nov. 18th 1920

3. Did pensioner leave any property? If so, state its character and value none

4. We knew pensioner two years. We believe above statements to be true because close and intimate neighbors

Name Queen Ashlew — Name George Russell

P. O. Address Berkley, Norfolk, Va. R.F.D. 3 — P. O. Address Berkley, Norfolk, Va R.F.D. 3

Subscribed and sworn to before me, this 11th day of April A. D. 1920; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is .....

Commission expires Jan. 13th 1924

Parke L. Pondexter
(Signature.)

Notary Public
(Official character.)

Cure of pneumonia stroke

Cure of pneumonia stroke

DECLARATION ACCEPTED AS CLAIM UNDER THE ACT OF MARCH 2, 1895.

CHIEF, LAW DIVISION

J14

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death November 18 1920

Give date of commencement of pensioner's last sickness Nov 9th 1920

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Nov 9 1920

During what period did you attend the pensioner? From Nov 9th to Nov 18th

State nature of disease from which pensioner died General Paralysis

Give name of each person who rendered service as nurse and who has made or will make a charge for such service Mammie Bellamy (Daughter)

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? Yes, Mammie Bellamy (Daughter)

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

April 11, 1921

G. Hamilton Francis M.D.,
Attending Physician.

....., 19

Attending Physician.

6—1572

APPLICATION FOR REIMBURSEMENT.

Cert. Certificate No. 864132

Claimant

Deceased Pensioner.

Riley Midgett

F 36 U.S.C. Civil

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or wilfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or wilfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

6—1572

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
   (*a*) *Bills of all expenses of last sickness and burial.* If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
   Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.
   All claims should be presented in the name of one person.
   Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
   (*b*) *The pension certificate which was issued in the name of the pensioner.* If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6—1572

Form 16 3M 4-17-18

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

STATE OF North Carolina, County of Pasquotank ss:

In the matter of Clarissa Midgett Wid of Riley Midgett Co. H. 36 Regt. U. S. Inf. Invid orig no. 1119,659.

ON THIS 24 day of July, A. D. 1918, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Riley Lee aged 77 years, a resident of Elizabeth City in the County of Pasquotank, and State of NC whose Post-office address is Elizabeth City NC. and David Wilson aged 70 years, a resident of Elizabeth City in the County of Pasquotank and State of NC, whose Post-office address is Elizabeth City NC

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows That they are well acquainted with Riley Midgett the deceased Soldier and Clarissa Midgett the claimant that they have known them early since they become of marriageable age. that they lived in the same vicinity and neither the deceased Soldier nor the claimant were never married untill they were married to each other. they also certify that they were never divorced from each other. and that lived together as man and wife from the date of their marriage to the date of the Soldiers death.

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

Woman's Affidavit

Postal card

PENSION U. S. JUL 26 1918 OFFICE.

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

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

Riley Lee

David Wilson

Signatures of Affiants.

STATE OF North Carolina COUNTY OF Pasquotank 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 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 are personally known to me and that they are credible persons.

[L. S.]

W. B. Cuthbertson
(Official Signature.)

Notary Public
(Official Character.)

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

Civil War Division
Clarissa Midgett Wid
of Riley Midgett late of
Co. H. 36 Regt. N. C. Inf.
Wid's orig. No. 1119,659.

ADDITIONAL EVIDENCE

CLAIM OF
Clarissa Midgett wid
of Riley Midgett late of
Co. H. 36 Regt. N. C. Inf.

AFFIDAVIT OF
Riley Lee and
David Mitchell
Elizabeth City, N. C.

FILED BY
A. W. Bell Atty.
400 Shepard St.
Elizabeth City
N. C.

SOLD BY BYRON S. ADAMS, WASHINGTON, D. C.

3—810

W. C. No. 864132

REIMBURSEMENT.

Claimant Mamie Bellamy
Care of Morrison's Store
Street and No. R. D. 3 - Berkley St.
P. O. Norfolk,
State Virginia

Pensioner Clarissa Midgett
Class Widow
Law May 1, 1920
Agency Group 2

Rate, $30 Last paid to Nov 4 1920 at $30

Last illness commenced Nov. 9, 1920 Date of death Nov 18 1920 Accrued pension $15.00

Amounts claimed.		Charges approved.		Deductions.	
Physicians' bills	$30	$30		State aid	$
Medicine	20	20		Assets	
Board				Insurance	
Nursing and care				Amount waived	
Rent					
Living expenses for pensioner					
Undertaker's bill	164	164			
Livery					
Cemetery charges				Total	
Other expenses.				Summary.	
				Charges approved	$
				Deductions	
				Amount approved	
Totals	214	214			

Approved for $15.00

Oct 12, 1921 [illegible] Examiner.

OCT 14 1921 A. D. Prall Reviewer.

6—2138

FEB 17 1921

To the Chief, Finance Division: You are hereby notified that check # 8203911, for $ 90 00/100 dated FEB 4 1921

in favor of CLARISSA MIDGETT
post-office BUELL VA
Certificate # 864132 ACT APR

Class MAY WIDOW

Section 5 has been returned to me by POSTMASTER with the information that the pensioner died Jan 27 1921 and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.

(D-1)

FEB 17 1921 19

DROPPED because of death, which occurred on

Last paid at $30, to Nov 4 1920

W. N. CAMPBELL

Chief, Finance Division.

OFFICE HOURS:
[illegible]00 A. M. TO 11:00 A. M.
[illegible]:00 P. M. TO 8:30 P. M.

PHONE CONNECTION

NORFOLK, VA. Dec 1 1920

Mammie Bellamy for Clarissa Midgett
So Hill

TO DR. G. HAMILTON-FRANCIS, DR.

929 LIBERTY STREET

TO PROFESSIONAL SERVICES 30.00

Paid
12/1/21
C. H. Francis M.D.

ITEMIZED STATEMENT MAY BE SEEN AT OFFICE

HAMILTON FRANCIS, M. D., PRES. R. G. L. PAIGE, VICE-PRES. A. B. GREEN, M. D., SECRETARY
L. S. PENDLETON, TREASURER F. G. RUSSELL, BUSINESS MGR.

Berkley-Norfolk, Va., Dec 1 1921

M Maurice B Blanc for Clarence Midgett

To **Progressive Drug Company, Inc.** Dr.

Drugs and Sundries

'PHONE CONNECTION 1103 LIBERTY STREET

Nov 9	Rx	4	00	
10	Merchandise	3	00	
12	"	2	50	
13	Rx	3	50	
15	Merchandise	2	00	
16	Merchandise	3	50	
17	Rx	1	50	
	Total	20	00	

Paid

4/1/21

Progressive Drug Co
By [illegible] Pres.

Remit
1 El

MF 14
(808)

The pension accruing from date of last payment to date of pensioner's death in this case is — and no greater sum is available for reimbursement.

REIMBURSEMENT.

I hereby certify that I hold Mamie Bullamy responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of Clarina Midgett late a pensioner by his certificate number 864.132.

(This need not be sworn to.)

C. R. Trotman
R. R. D #3 Box 155
Berkley Sta. Norfolk Va

Norfolk Va

BERKLEY, VA., 1920

Mrs. Mammie Bellamy for Clarissa Midgett

TO C. N. TROTMAN, DR.

UNDERTAKER AND FUNERAL DIRECTOR

OFFICE AND RESIDENCE: McKINLEY ST., SO. HILL
BERKLEY, STA., NORFOLK, VA.

Paid 60.00 Due 104.00

PHONE 416 W BERKLEY

ADDRESS:
R. F. D. 3, BOX 155, BERKLEY STA.
NORFOLK, VA.

	Casket & Bot	105.00	
	Embalming	15.00	
	Dress	20.00	
	Hears	10.00	
	Carriages	14.00	
		164.00	
	C. N. Trotman		

IN REPLY REFER TO

Wid. Div. R. S.
Wid. Ctf. 864132
Clarissa Midgett
Riley Midgett
F, 36 U.S.C. Inf.

3—1865

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

April 22, 1921.

PENDING FILES
JUN 6 1921
RECEIVED

Mrs. Mamie Bellamy
c/o Morrison's Store
R. D. 3, Berkley
Norfolk, Virginia

Madam:

Relative to your claim for reimbursement in the above-cited case, you are advised that the enclosed certificate should be signed by C. N. Trotman, undertaker, and returned to this Bureau.

Very respectfully,

Washington Gardner

Commissioner.

JGB:mwp

PENSION BUREAU U. S. JUN 4 1921 OFFICE.

Gentlemen,

I am also returning this last letter I received from you April 22, 1921, as it may further give you information.

3—1129

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

Under an act of Congress approved by the President May 1, 1920, your pension from that date is increased to $30 per month. THIS SLIP SHOULD BE SECURELY ATTACHED TO YOUR PENSION CERTIFICATE.

PENSION APR 13 1921 U. S. OFFICE

Commissioner of Pensions.

6—6150

Secretary of the Interior.

Act of April 19, 1908, amended by
Act of September 8, 1916.

No. 864,132 Original

United States of America

BUREAU OF PENSIONS

It is hereby certified *That in conformity with the laws of the United States* Clarissa Midgett, *Widow of* Riley Midgett, *who was a* Private, Co. F, 36th Regiment United States Colored Infantry *is entitled to a pension at the rate of* Twenty-five *dollars per month, to commence* April 27, 1918 *and to continue during her widowhood.*

Given at the Department of the Interior *this* thirteenth *day of* March *one thousand nine hundred and* nineteen *and of the Independence of the United States of America the one hundred and* forty-third.

Franklin K. Lane

Secretary of the Interior.

Countersigned,

E. C. Tieman

Acting Commissioner of Pensions.

G7

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

"SEC. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 864,132

PENSION CERTIFICATE OF

Clarissa Midgett

PAYABLE QUARTERLY

BY THE

DISBURSING CLERK,

BUREAU OF PENSIONS.

Group 2

6—4107

LAW

Clerk.

18

3—437.

CLAIM NO. .....

Examiners are required to keep the unimportant papers in this wrapper.

PAPERS NOT BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

....., *Examiner.*

6—2089

DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

902 Hill St.
Berkley Wd.
Norfolk Va.
Dec. 19, 1931.

Pensions Bureau -
Gentlemen,
I am writing for information. I have recent informed that the Government was or is now pensioning all of the children of the Civil war veterans. Is this true? Please let me know as I am a child of a Civil war veteran. I sure need help for I dont even know where I shall get food to eat on tomorrow. Not having one cent in this world and

about to loose my
home because of my
payments, I would like
to put my claim in at
once if the statement
is true.

Please let me
hear from you or please
send me blanks.

Yours in Obledge
Mrs. Mamie Bellamy

902 Hill St
Berkley Ward
Norfolk Va
Jan. 20, 1932

Veteran's Administration
Room 2218 Interior Wash.
Gentlemen, —

Some time ago I wrote you about my claim as I am the daughter of Riley Midgett a soldier in the Civil War Co A. 36 Regiment. I received a return blank (along with my letter) which I filled out the same and returned it back to you. I filled it out as

I knew it. Having failed to hear from you I have been wondering as to whether you received it or not

Hoping to hear from you at an early date

I am Sirs
Respectfully,

Mrs Mamie Bellamy

VETERANS' [redacted]NISTRATION

MB

Ex. BHT Div. Pension Files Sub-Division

Room 2218, **Department of the Interior** Bldg.

~~BUREAU OF PENSIONS~~

WASHINGTON, D. C., DEC 24 1931, 19

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit and return to this Bureau.

No. of claim W.C. 864 132

Name of soldier Riley Midgett

P. O. address of claimant 9092 Hill St, Berkley, Va.

Company Co. F.

Regiment 36 USC Inf

State where enlisted

Date of enlistment

Date of discharge

If unable to furnish company and regiment give names of commanding officers.

Return attached letter with reply.

W. E. Black
Chief Clerk
~~Commissioner.~~

(Over)

(bht)

RECEIVED DEC 30 1931 PENSION FILES SUB-DIVISION

RECEIVED JAN 8 1932 FILES SECTION PENSION FILES SUB-DIVISION

6—2469
GOVERNMENT PRINTING OFFICE

Father's address was
Riley Meggs
Elizabeth City
NC
before he died.

NO. 54

INQUIRY SLIP.

FROM

A. W. Bell atty.

TO THE

PENSION BUREAU.

Clarissa Midgett

Application No. 1119659

Certificate No.

NAME OF SOLDIER:

Riley Midgett

Co. H., 36 Reg't U. S. C. Inf.

INFORMATION DESIRED:

Hon. Commissioner of Pensions your Hon. please pardon me for calling up this claim as it is a very serious claim you will please consider it at your erlist convinent opportunity as this widow is completely helpless cant do any thing she has to have a nurse she has had a stroke some time ago thanking you for past faviors!

Very Respectfully
A. W. Bell

3-202

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

Washington, D. C., Dec. 21, 1918

W.O

No. Claim, 1119 659

Cert. No.

Claimant, Clarissa

Soldier, Riley Midgett

Co. F, 36 Reg't, U. S. C. Inf.

Respectfully, returned to the Chief Civil War Division.

The copy of death record shows soldier's name as Riley W. Midgett and the marriage record as William R. Midgett.

Claimant should state the soldier's correct name & competent testimony should be furnished in corroboration.

J. W. Lumsden
Reviewer.

Chief, Board of Review.

6—720

Gmt 4326

Form 2992.
Ed. Jan. 9-09—3,000.

329681

In answering this letter address "Auditor for the War Department," and refer to above number.

REQUESTING ABSTRACT OF EVIDENCE.

Treasury Department,

OFFICE OF AUDITOR FOR THE WAR DEPARTMENT,

Washington, D. C., May 3, 1909

Hon. Commissioner of Pensions,

Sir:

Please transmit an abstract of any evidence on file in your Office ~~in the case of~~ identifying Riley Midgett as Jr Co. F 36th U.S. Colored Inf

~~*tending to show the marriage and death of said soldier, and the nature and origin of the disability by reason of which he was discharged; also forward his discharge certificate, if on file.*~~

Claimant, Riley Midgett

Post-office address, Elizabeth City N. C.

No. of pension certificate, 115499

Respectfully,

O. F. Harper.

Auditor.

By [illegible]

2—217

5-5

Morrison & Sons
R F D 3
Berkley Va.
Feb. 5 1921

Bureau of Pensions,
Gentlemen

My mother (Clarissa Midgett) was dead and buried a few days befor her check reached here. Her burial expenses have not been settled and the undertaker wishes to hold the check for the same.

I am writing for information as to whether or not her check can be held and cashed for her burial expenses as we have no other [illegible]

by which to settle the account.

What ever you say will be promptly done.

Waiting your answer, In the mean time I shall hold the check until then.

Respectfully
Mrs. Mamie Bellamy.

State of Virginia }
City of Norfolk } ss

On this 7th day of Octo 1871 personally appeared before me a Notary Public in and for said city aforesaid Riley Midgett who being duly sworn on oath says he was a Pvt in Co "F" 36th Va. Vol. Cavl and an applicant for an Invalid Pension and his Post Office Address to which he desires his Pension certificate and other communications addressed is Freedmen's Savings Bank Norfolk Virginia

Witness
Edwd Spaldwin
his X Mark

Riley his X mark Midgett

Sworn to and subscribed before me the day and year above stated and I certify that the above affidavit was carefully read and explained to affiant before signing and I have no interest in this claim

Edward Spaldwin
N. P.

DC

Cam

5-5-09

May 12, 1909.

The Auditor

for the War Department.

Sir:-

In response to your call of the 3rd, received the 5th instant (GMH.326-329,681), relative to the case of Riley Midgett, of Elizabeth City, N. C., late of Co. F, 36" U.S.C.Inf., Cert. #115,499, you are advised as follows:

Jacob Spellman and Henry Owens, of Elizabeth City, N. C. testified, March 14, 1898, that they have known Riley Midgett for 20 and 14 years, respectively, and that they believe him to be the identical person he represents himself to be.

D. W. Williams and S. W. Benburg, of Elizabeth City, N. C., testified, February 2, 1881, that they were present and saw Riley Midgett sign his name to his declaration of said date, and that affiants believe him to be the identical person he holds himself out to be.

Similar testimony is given by S. W. McMullin and Charles Reed, of Elizabeth City, N. C., in their affidavit of June 18,1901.

Very respectfully,

Commissioner.

With any reply
refer to HPW/mep

Law Division

April 19, 1919.

Mrs. Lizzie E. Bell,

Elizabeth City, N.C.

Madam:

Referring to the case of Clarissa Midgett, widow of Riley Midgett, Co.F, 36th U.S.C. Inf., Wid.Cert.No.864,132, you are advised that the check for $10, drawn to the order of Adam W. Bell, now deceased, in payment of attorney fee on the issue of March 13, 1919, has been forwarded to the Auditor for the Interior Department, Treasury Department, Washington, D.C., to whom all correspondence concerning its payment should be addressed.

Respectfully,

G. M. SALTZGABER.
Commissioner.

(Copy)

CCK-HRC 6

April 8" 1919.

Auditor for Interior Department,

Washington, D. C.

Dear Sir:

Herewith find check #1086760 drawn April 3" 1919 for $10.00 to the order of Adam W. Bell, in payment of attorney fee in case of Clarissa Midgett, certificate #864132, Act of April 19" 1908, as the payee died December 15" 1918 and the widow - Lizzie E. Bell, of Elizabeth City, N. C. - requests that the check be made payable to her.

Very respectfully,

Guy O Taylor

Disbursing Clerk.

FB*SER

Civil War Division
Wid. Orig. 1119659
Clarissa Midgett
Riley Midgett
Co. F, 36 U.S.C. Inf.

January 14, 1919.

Mrs. Clarissa Midgett,

Buell, Virginia.

Madam:

In your above entitled claimffor pension, you should furnish your statement showing the soldier's full and correct Christian name, it appearing in the case as Riley, Riley W. and William R. , also the testimony of persons who knew him in early life, showing his correct name.

No affidavit can be considered satisfactory that fails to state the age and postoffice address of the witness and his means of knowing the facts stated; and the name and service of the soldier and the number of the claim should be noted on each paper filed.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

JHH-WNC
Civil War Div.,
Section H-
Inv.Ctf.#115,499,
Riley Midgett,
F, 36 U.S.C. Inf.

April 11, 1918.

Mr. Riley Midgett,
314 Edge Street,
Elizabeth City, N. C.

Sir:

Your claim for renewal and increase of pension under the general law, filed March 18, 1918, is rejected on the ground that a medical examination is not warranted, as the evidence on file fails to describe such a degree of disability due to former pensioned causes, exclusively, gunshot wound of left arm and side, which would incapacitate you for the performance of manual labor, or cause total disability of left arm or hand.

Your condition is due, in part, to infirmities of age.

Very respectfully,

E. C. TIEMAN

Acting Commissioner.

Civil War Division,
Inv.Ctf.,115,499,
Riley Midgett,
Co.F,36 U.S.Cl.Inf.

Mis'l.Sec.,MRMcC.

March 11, 1918.

Mr. Riley Midgett,
Elizabeth City,
North Carolina .

Sir:-

In response to your letter of the 19th ultimo, you are advised that if your disability due, exclusively, to gunshot wound of left arm and left side, (for which you were formerly pensioned under the general law,) has so increased that you are now totally disqualified for the performance of manual labor, - or if the condition of your left arm, due exclusively to said wound, has now resulted in a total disability of said arm (or in the total disability of your left hand) you are at liberty to execute and file in this Bureau the inclosed application for renewal and increase of your pension under the general law, alleging the facts as they now exist; and you are further advised that you should accompany said application by competent medical testimonycorroborating your allegations and fully describing your physical condition and degree of your disability due to said wounds, independent of any other cause or causes.

Very respectfully,

W. M. SALTSGAVER.
Commissioner.

HHB-WNC
Civil war Div.,
Section H-
Inv.Ctf.#115,499,
Riley Midgett,
F, 36 U. S. C. Inf.

February 5, 1918.

Mr. Riley Midgett,

Elizabeth City, N. C.

Sir:

Your claim for renewal and increase of pension under the general law, filed October 5, 1915, is rejected on the ground that a medical examination is not warranted, for the reason that the testimony on file fails to describe a degree of disability due, exclusively, to former pensioned causes, gunshot wound of left arm and side, as would totally incapacitate you for the performance of manual labor, or cause total disability of the left arm or hand.

Very respectfully,

G. W. SALTZGABER

Commissioner.

Civil War Div.
I.Ctf.115,499.
Riley Midgett,
F,36 U.S.C.Inf.

EPC

Sec.E-EPC-J/GWL

December 29,1915.

P. J. Lockwood & Co. Attys.,
Washington, D. C.

Sirs:

The above cited claim for renewal and increase of pension under the general law requires medical testimony showing the extent to which the claimant is disabled for manual labor by reason of the disabilities for which pensioned, gunshot wound of left arm and side.

Very respectfully,
E. G. TIEMAN
Acting Commissioner.

Civil War Division,
Inv.Ctf.,115,499,
Riley Midgett,
Co. F, 36 U.S.C.Inf.

Misc'l.Sec.,HRMcC.

December 22, 1917.

Mr. Riley Midgett,
Elizabeth City,
North Carolina.

Sir:-

In response to your communication of the 7" instant, you are advised that your claim for renewal and increase of pension under the general law, filed October 5, 1915, requires medical testimony showing the extent to which you were disabled for manual labor by reason of disability due, exclusively, to gunshot wound of left arm and side, (on account of which you were formerly pensioned under the general law) at date of filing said claim and continuously to the present time.

The above-mentioned evidence was requested by letter from this Bureau addressed to P. J. Lockwood & Co., your attorneys of record, December 29, 1915, to which letter no response has been received.

Very respectfully,

E. M. SALTZGABER

Commissioner.

January 21, 1932.

MBAB
W.C. 864132 Riley Midgett

Mrs. Mamie Bellamy,
902 Hill St.,
Berkley Wd.,
Norfolk, Va.

Dear Madam:

This is in response to your communication of December 19, 1931, relative to your title to pension as child of the soldier.

As you were over the age of 16 years at the time of the soldier's death, you could have no title to pension based on his service.

Respectfully,

E. W. Morgan
Director of Pensions.

BP-cjh
BP.

Wid. Div. R. S.
Wid. Ctf. 864132
Clarissa Midgett
Riley Midgett
F, 36 U.S.C. Inf.

April 22, 1921.

Mrs. Mamie Bellamy
c/o Morrison's Store
R. D. 3, Berkley
Norfolk, Virginia

Madam:

Relative to your claim for reimbursement in the above-cited case, you are advised that the enclosed certificate should be signed by C. N. Trotman, undertaker, and returned to this Bureau.

Very respectfully,

Commissioner.

JGB:mwp

MSG-MLB--5

Copy

February 9,1921.

Mrs. Mamie Bellamy,
C/o Morrison & Sons,
R.F.D. # 3,
Berkley, Va.

Dear Madam:

In reply to your letter of February 5, reporting the death of your mother, Clarissa Midgett, and in regard to her check for February 4, I have to advise you that the check should not have been delivered, the pensioner having died before it was dated, and I will thank you to return it at once.

The law, an abstract of which appears on the envelope in which the check was enclosed, prohibits the delivery of that letter to any person, if the addressee has died, or removed, or being a widow, is believed to have remarried, and requires its return forthwith in any such case, with a statement of the reasons for so doing, and if on account of death, remarriage or re-enlistment, the date thereof if known.

I enclose herewith Circular Letter No. 2a for your information and call your attention to paragraph marked.

Very respectfully,

Guy O. Taylor

Disbursing Clerk.

Midgett, Riley WC 864-132

[2 of 2]

J. Morrison & Son
R.F.D. 3
Berkley Va.

Disbursing Clerk,—
Washington D.C.

Gentlemen,—

After having received your answer to my letter of February 5 concerning check for my mother Clarissa Midgett as to what I should do I hereby inclose check unsealed which I hope you will receive.

Sorry it could not be used for the settlement of her death as there was but a few days difference in the date of her death and the date of the check she having

died the 27 of January.

Hoping you will receive the check

Respectfully

Mrs. Maurice Bedaing.

Of Monison & Sons
R.F.D. 3
Berkley Va.
May 28, 1921

Commissioner of Pensions
Dear Sir—

About a month ago I received your last blank sent me (April 22) and had it signed by C. H. Trotman, the mistaken and sent back to you at once. Since then I have not heard anything more relative to my claim for reimbursement. Thinking you may have sent me information in some way and that it may not have reached my address; I thought it best to write you for information concerning same. Hoping to hear from you as to whether any letter or blank have been sent me since April 22 and thanking you for same

I am,
Respectfully,
Mrs. Minnie Bellamy.

3—049. Mid 3

VLA Record

Ex. B Div. ✓

Department of the Interior,

BUREAU OF PENSIONS.

WASHINGTON, D. C., June 13, 1921

RECEIVED JUN 30 1921 CENTRAL FILES

C 864137

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained.

Please fill out such of the blank spaces below as the information in your possession will permit, and return to this Bureau. without.

No. of claim, Certificate No. 113499

Name of soldier, Riley Midgett

P. O. address of claimant, Elizabeth City N.C.

Company F

Regiment 36

State where enlisted Dont know

Date of enlistment Dont know

Date of discharge Dont know

If unable to furnish company and regiment give names of commanding officers.

I dont know anything more to put on this blank

Return attached letter with reply.

Washington — Gardner

6—2469

RECEIVED JUN 9 1921 DIVISION

U. S. PENSION JUN 4

RECEIVED JUN 28 1921 DIVISION

PENDING FILES
JUN 17 1921
RECEIVED

U. S.
PENSION
JUN 17
1921
OFFICE.

PENDING FILES
JUN 30 1921
RECEIVED

U. S.
PENSION
JUN 4
1921
OFFICE.

RECORD
JUN 28 1921
DIVISION

RECORD
JUN 9 1921
DIVISION

J. Morison & Sons,
R.F.D. 3
Berkley Va

June 16, 1921.

PENDING FILES
JUN 30 1921
RECEIVED

Bureau of Pensions,
Gentlemen,

This makes the second time you have returned my letter with a blank attached stating that it did not furnish sufficient data to give information of the reimbursement blank which was sent to me so I am now writing you full information about it. My mother Clarissa Midgett (the widow of my father Riley Midgett Co. F. 36 Regiment U.S. soldier) was a pensioner of the U.S. by certificate No. 864132 until the time of her death Nov. 18, 1920. After her death her check came in Feb. 1921 and the undertaker wished to hold the check for her burial. I held the check and wrote the commissioner of pensions for information. His advice to me was to return the check as it could not be held and he would send me a reimbursement blank which when properly filled would bring the money due. That blank has come & be-

fore a notary Republic properly filled and sworn to and sent back to the Bureau of Pensions with the pension certificate and itemized bills of all expenses, one from the undertaker C.N. Trotman, one from the Dr., Dr H Francis and one from progressive drug Co. These bills and blank were all sent to you about the last of March or the first of April. I forget the exact date. I hope this letter will explain things to you as the undertaker is very impatient with me. I also returned the blank you sent me April the twenty first about that time, for undertaker to sign. He did so and the blank was sent back to you. I shall fill this blank and sent it as I did before as I don't know of anything more to put on it. Hope this letter will help you to understand me. and also hope to hear from you at an early date

Respectfully

Mrs Mary Bellamy.

400 Shepard St.
Eliza beth City, N.C.
July 30 — 1913.

Hon. commissioners of pensions
Gentleman I have an application from a pensioner by the name of Riley Midgett late of Co. F. 36 Regt. N. S. C. Vols. Inf. Who was shot under left arm in the brest at 10 oclock and at 3 oclock the same day was shot in the left arm and lost some of the Bones and the same arm rises every two or three years he was shot the 28 day of Sept. 1864. at deep Bottom he was discharged at his Regt. is why that his discharge dont show his wounds but they can be found at the hospille at Hampton Va he dont think that the Honorble commissioners know of him being a wounded man or he would recive a greater pension and he ask that you would send a special Examiner to Examine him or would you allow him to come before your Board at Washington D. C. please inform me at an earley date

Verry Respectfully
Adam W. Bell Atty.

Elizabeth City, N.C.
June 18—1918.

Hon. Commissioner of pensions
I am Requested to inform you that
Clarrisa Midgett wid. of Riley Midgett
Co. F. 36 Regt. U.S. Inf. cirlificate no. 1119659
is an Invalid and was at the time
She made her application but we
failed to State it at the time we
made the application She has to
have a nurse at all times your
honor please consider this matter
at your convienances

Very Respectfully
A. W. Bell atty.
400 Shepard St.

CIVIL WAR DIVISION
WID.ORIG.1119,659.
Clarissa Midgett
Riley Midgett
F.36 USC.Inf.

ICS/GWL
(137)

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D.C.,
JULY 17,1918.

I.6.8.
6W
N23
ack.

ADAM W. BELL, ATTY.,

ELIZABETH CITY,

NORTH CAROLINA.

SIR:

In this claim, the evidence indicated in paragraph No S-1-4-5-6- should be furnished:

1. Death. A verified copy of the public record, or if no such record exists, the sworn statement of the attending physician, showing the date _____ of the soldier's death.

If such evidence can not be obtained, the sworn statement of witnesses having personal knowledge of the facts should be furnished, showing the fact and date of the soldier's death.

2. Marriage. A verified copy of the public or church record of the claimant's marriage to the soldier; or, if no such record exists, the sworn statement of the person who performed the ceremony; or, if that can not be obtained, the sworn statement of two persons who were present at the marriage, showing the date thereof.

If the evidence of marriage above indicated can not be obtained, there should be furnished the sworn statement of two persons showing whether the claimant and soldier lived together as husband and wife and were so recognized, and showing where and how long within the affiants' knowledge they so lived together.

3. The claimant's sworn statement showing whether either she or the soldier had been married prior to their marriage to each other; and, if so, the number of times, the name of each former husband or wife, the date of each former marriage, and the date and manner of dissolution of each former marriage.

4. If the claimant had been previously married, the fact and date of death or divorce of each former husband should be proved: in case of death, by a verified copy of the public record, or, if no such record exists, by the sworn statement of witnesses; in case of divorce, by a certified copy of the decree of court. If there was no prior marriage of claimant, the fact should be shown by the sworn statement of witnesses who have known her from the time she became of marriageable age.

3—438

Cert. 115.499

Act May 11. 1913

cac G2

ACCRUED PENSION

Class: Invalid

Pensioner Riley Midgett

Date of death April 20 (20), 1918 Certificate was not filed.

Claimant Clarissa Midgett, widow
Buell
Norfolk County
Virginia

Attorney None

Address

The fee of None allowed on issue of

to

of to be paid when payment is made on accrued.

Submitted For Adm. Nov. 30, 1918 Re Sub — March 8 1919 R.L. Rymer M.R. Agnew, Examiner.

Approved for Admission

Pay to widow as above.

F.W. Lipscomb, Reviewer, March 11, 1919

F.K. Mott, Rereviewer, March 11, 1919

M. C. No. Claimant does not writes.

0 6—541

Reynolds 10-25-98

SOUTH DIV.
NOV 10 1898
RECEIVED.

SOUTHERN DIVISION. 3—493. Ex'r.

C. No. 15,499.
Riley Midgett.
Co. F, 56 Reg't U. S. C. T.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct. 26, 1898.

Sir:

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

Very respectfully,

J. L. Davenport
Acting Commissioner.

Riley Midgett.
Elizabeth City,
N. C.

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

Answer. Elizabeth City N C

Second. Where did you live from 1866 until you moved to your present place of residence, and what were the dates of the various changes? If in a city, state name of street and number of house.

Answer. Roanoke Island N C Dare Co.

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

Answer. Eliz City N C.

Fourth. What has been your occupation since 1866.

Answer. Laborer.

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

Answer. No

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

Answer. No

Date of reply, Nov 5, 1898

Riley Midgett
(Claimant's signature.)

5821b10m2-98 0-2

N REPLY REFER TO

Civil War Division
Wid. Orig. 1119659
Clarissa Midgett
Riley Midgett
Co. F, 36 U.S.C. Inf.

3-1865

FB*SER

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON January 14, 1919.

Mrs. Clarissa Midgett,

Buell, Virginia.

Madam:

In your above entitled claim for pension, you should furnish your statement showing the soldier's full and correct Christian name, it appearing in the case as Riley, Riley W. and William R. , also the testimony of persons who knew him in early life, showing his correct name.

No affidavit can be considered satisfactory that fails to state the age and postoffice address of the witness and his means of knowing the facts stated; and the name and service of the soldier and the number of the claim should be noted on each paper filed.

Very respectfully,

Commissioner.

PENSION D FEB 7 1919 U. S. OFFICE.

Elizabeth City N.C.
February 5th 1919

I.T.B.Wilson will say that I knew Riley Midgett the above named person and know that his name was Riley Midgett and never knew of him being call Willian R of Riley W.Midgett.

He was known as Riley Midgett and nothing else.

Deputy Collector of Customs

Elizabeth City, N. C.

Civil war division,
Inv. Ctf. 115-499.
Riley Midgett
Co. F. 36 U.S.C. Inf.

DR E. L. HOFFLER
507 E. FEARING STREET
ELIZABETH CITY, N.C.

OFFICE HOURS

8 TO 10 A. M.	SUNDAYS:
2 TO 4 P. M.	9 TO 10 A. M.
7:30 TO 8 P. M.	5 TO 7 P. M.

This is to certify that I saw and examined the left arm of Mr Riley Midgett on Nov. 9-17 and found a cellulitis involving the greater portion of the arm and on Nov. 18-17. I found an abscess that had formed from the bone and by the feel of the probe the bone showed Necrosis.

I am very certain that the condition of the shaft of the Humerus is such that a continual inflamation will result.

He is also affected by a gun shot wound of left side which he informed me he received while in action in Co. F, 36 U.S.C. Inf.

In my opinion he will be practically disabled for manual labor.

Very Truly
E. L. Hoffler

3—464 aa.

To. Div. ERR, Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Oct. 26, 1898.

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

No other report on file.

Ctf. No. 1115499.

Name, Riley Midgett,

Co. F, 36 *Reg't* U.S.C.T.

J. L. Davenport
Acting *Commissioner.*

0-4

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

Record and Pension Office,

WAR DEPARTMENT,

NOV 14 1898

Washington,

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Riley Midget (borne also Midgett) Prior. the Mil records furnish the following in addition to prior report herewith:—
On Co rolls from M.D. (Oct 28/63) to Aug. 31/64, Present.
This Organization was M.D. as Co. F. 2 Regt. N.C. Colrd Inf.—Desig.n was changed in Jan or Feb. 1864 to Co. F. 36 Regt. U.S.C. Inf.

Medical Records that have been indexed (or discovered) since the report of Aug. 12/72

was made show the following additional information: Treated as Riley Midget, navk—, Co. F. 2 N.C. Colrd Inf., Feby 7-5/18 (4, Rhodiacuris), returd to duty: As R. Midget, Pr. Co. F. 36 U.S.C.T., Apl. 8/64, Mumps: As Riley Midget, &c, June 26 to 30/66, Hydrocellitis: July 26 to 31/66, Incised ext. foot: Aug. 1/66, Incised ext. foot, returd to duty. Nothing additional found.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth
Colonel, U. S. Army, Chief of Office.

Per N

(595a)

5. If the soldier had been previously married, the fact and date of death or divorce of each former wife should be proved: in case of death, by a verified copy of the public record, or, if no such record exists, by the sworn statement of witnesses; in case of divorce, by a certified copy of the decree of a court. If there was no prior marriage of soldier, the fact should be shown by the sworn statement of witnesses who knew him from the time he became of marriageable age.

6. The sworn statement of witnesses having knowledge of the facts, showing whether claimant and soldier were ever divorced, and whether they lived together as husband and wife up to the date of the soldier's death.

7. If the claimant has not remarried since the soldier's death, the fact should be shown by the sworn statement of witnesses having knowledge thereof. If she has remarried, the date of remarriage should be shown by evidence of the kind indicated above in paragraph 2.

8. If claimant had been previously married, her sworn statement showing whether any former husband served in the Army or Navy of the United States; and, if so, the designation of such service, and whether any application for pension has been made by herself or any other person based on such service.

9. Births. Date of birth of each child claimed for should be shown by evidence in the following order: By a duly verified copy of the public record or the church record of baptism; or by the sworn statement of the physician who attended the mother; or, by the sworn statement of a person who was present at the birth, who should state how she is able to fix the date.

10. The sworn statement of two witnesses showing whether the child claimed for (naming them) _____ living; if any has died, proof of the date of death should be furnished.

11. The claimant's sworn statement naming the places of her residence ever since the death of the soldier, giving dates.

A sworn statement may be made before any officer authorized to administer oaths for general purposes.

No affidavit can be considered satisfactory that fails to state affiant's age, post-office address and means of knowledge of the facts stated.

Do not fail to inscribe on every paper filed the name and service of the soldier or sailor and the number of the claim to which it relates.

Very respectfully,

G. M. SALTZGABER,
Commissioner.

Department of the Interior,
Bureau of Pensions,
Office of the Disbursing Clerk,
Washington D.C.

3—367

No. 1119.659

ACT OF APRIL 19, 1908.
AMENDED BY ACT OF SEPTEMBER 8, 1916.

WIDOW'S PENSION.

cancel 864132 Gr2

Claimant, Clarissa Midgett

P. O., Buell

County, Norfolk; State, Virginia

Soldier, Riley Midgett

Rank, Private; Co. F.

Regiment, 36 U.S.C. Inf.

Rate, $~~12~~ 25 per month, commencing April 27, 1918, and $..... commencing ....., 19 .....
and $2 additional for each child, as stated below.

All pension to terminate ....., 1....., date of .....
Payments on all former certificates covering any portion of same time to be deducted.

None

RECOGNIZED ATTORNEY.

Name, Adam W. Bell

P. O., Elizabeth City, N. C.

Fee, $10; Bureau to pay.

APPROVALS.

Submitted for Adjn. November 30, 1918; Rev. March 8th 1919 R. C. Rigney M. O. Agnew, Examiner.

Approved for Admission under Act of April 19, 1908, as amended by Act of September 8, 1916.

March 11, 1919, C. W. Linnell Reviewer.

March 11, 1919 F. L. Orth Reviewer.

The soldier was ..... pensioned at $24 per month under Act of May 11, 1913.

Enlisted, August 24, 1863.

..... honorably disch'd, August 24, 1866.

Reenlisted, No other service, 1.....

..... honorably disch'd, ..., 1.....

Died, April 20, 1918.

Declaration filed, April 27, 1918.

Soldier's application filed January 20, 1878.

Clt's app'n under other laws, No., 1.....

Former marriage of Neither, 1.....

Death / Divorce of former —, 1.....

Clt's marriage to soldier, September 4, 1870.

Clt's ~~not~~ remarried, ..., 1.....

Clt's ~~not~~ divorced, ..., 1.....

Claimant does not write.

6—2240

No., M. C.

[No. 24.]

POWER OF ATTORNEY.

Know all Men by these Presents, That I, Riley Midgett, late of Co. A. Regt. 36 U.S.C.T.

of Elizabeth City, in the County of Pasquotank, and State of N. Carolina have made, constituted, and appointed, and by these presents do make, constitute, and appoint I. S. Kurtz, 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 on file at the Bureau of Pensions # 115.499

ATT'Y 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 substitute, may, or shall lawfully do or cause to be done by virtue hereof.

My Post Office address is Elizabeth City, N.C.

In Testimony Whereof, I have hereunto set my hand and seal, this 26 day of March, eighteen hundred and Ninety Seven.

I. H. Hellrick

Geo. G. Sutton

Two witnesses who can write sign here

Riley Midgett (Signature of Claimant) [L. S.]

State of North Carolina, County of Pasquotank, ss:

BE IT KNOWN, That on this 26th day of March, in the year eighteen hundred and Ninety Seven, before me, the undersigned, a U. S. Commissioner in and for the said County and State, personally appeared Riley Midgett to me well known to be the identical person who executed the foregoing Letter of Attorney, and the same having been first fully read over to him and the contents thereof duly explained, acknowledged the same to be his 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.

M. B. Culpepper
(Official Signature.)

[L. S.]

U. S. Commr
(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 ....., 18.....

.....

[L. S.] Clerk of the .....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

POWER OF ATTORNEY.

No. 154499

CLAIM OF

Riley Midgett

Ch. 36 Wd 8 Cert

FOR

FILED BY

KURTZ,

PENSION ATTORNEY

Washington D. C.

U. S. LAW. S. PENSION OFFICE. MAR 30 1897 RECEIVED

Printed and For Sale by J. F. Shelry, Claim Blank Printer, No. 623 D Street, N. W., Washington, D. C.

IN YOUR REPLY PLEASE REFER TO
DATE, INITIAL, AND NUMBER
SECTION 4

3—1860

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

OFFICE OF THE DISBURSING CLERK

WASHINGTON

MAY 3 1918

DISBURSING CLERK RECEIVED MAY 7 1918 BUREAU OF PENSIONS

Postmaster,

Elizabeth City, N. C.

Sir:

On or about May 4, 1918 a letter containing a pension check will reach your office addressed to

Riley Midgett, 314 Edge St.

Please return it to me immediately upon its receipt as this office is informed that pensioner is dead.

Endorse date of death, if obtainable, in space provided below, and return this letter with said check.

Very respectfully,

GUY O. TAYLOR,
Disbursing Clerk.

Ctf.# 115499

Pensioner died April 20, 1918. (94272)

(D-B)

IN RE: Claim No. 1119659.

David Mitchell Being duly sworn, says:

That he is 71 years of age and resides at Eliz. City, N. C. on 5-4 Martin Street. That he knew Riley Midgett, a private of Co. F, 36th Regiment, U. S. C. Infantry because he lived near him in Elizabeth City, N. C. and he came in contact with him daily. That the name of said Riley Midgett's wife is Clarissa Midgette. David Mitchell

Sworn to and subscribed before me
this 5th day of February 1919.

T. H. Wilson
NOTARY PUBLIC
My commission expires January 31st 1920

IN RE: Claim No. 1119659.

Riley Lee Being duly sworn, says:

That he is 77 years of age and resides at Eliz. City, N. C. on 707 Southern Ave ~~Street.~~ That he knew Riley Midgett, a private of Co. F, 36th Regiment, U. S. C. Infantry because he lived near him in Elizabeth City, N. C. and he came in contact with him daily. That the name of said Riley Midgett's wife is Clarissa Midgette.

Riley Lee

Sworn to and subscribed before me
this 5th day of February 1919.

T. W. Wilson

NOTARY PUBLIC
My commission expires January 31st 1920

General Law.

3—1089.

Roll No.

Name:

Midgett, Riley

Certificate No.

115499

Disability:

Rank, Co., and Regiment:

Private F. 36 U. S. C. Inf.

Pensioned since 1868 or 1869

Rate and commencement of Pension:

certificate shown

Class of Certificate:

Date of Certificate:

24 Apr. 1890

Remarks:

P. O. Address:

Elizabeth City, N. C.

314 Ridge St.

Knoxville, Tenn.

6—293

Where born North Carolina

Age at enlistment 16

Name under which served Riley Midgett

Date of enlistment Aug. 24, 1864

Date of discharge Aug. 1866

Any prior or sub. service no

Any Confederate service no

Battles, yes. Hospital, yes, Hampton, Va, wounded at Deep Bottom

Name of Captain, Lieut and Sgt: Wall: Tipkins: Henry Johnson

Name of wife. Undivorced, yes. Clara Owens

Any prior marriage no

Name comrades Martin Mann: Leon Bembery: Nixon Keaton

Personal description, Height 5'-9", Black, Hair black, Eyes black.

Signature Riley Midgett

I CERTIFY THAT I HAVE THIS D
PERSONALLY INTERVIEWED THE ABOVE NAM
PETITIONER, AND I AM SATISFIED THAT H
IS THE SOLDIER AND PETITIONER THAT HE
REPRESENTS HIMSELF TO BE.

Robert M. Weedin
Special Examiner.

April 21, 1911

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

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

Insert character† and number of claim. — Increase Pension Claim No. 115.499

Name and rank of claimant. — Riley Midgett, Rank, Pt.

Company 7, 36 Reg't U. S. C. T. 907 N. Y. AVE., CITY. State,

Claimant's post office address. — Elizabeth City N. C. (Post office address of the Board.) March 5, 1890. (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 in the service, viz:

Cause of disability. — G. S. W. left arm & side.

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of 12 dollars per month.

Pulse rate per minute, 90; respiration, 20; temperature, norm.; height, 5 feet 6 inches; weight, 155 pounds; age, 40 years.

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

Here give the claimant's statement as briefly and as compactly as possible. — My left arm is almost useless to me. Cannot do much with it. Pains me all the time.

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

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: We can best explain the course of the ball by reference to the diagrams. The ball entered at "a". broke the humerus, emerged in axilla, struck the chest at "b" glanced and made the scar "c". The scar at "a" is a 5" long, irregular, adherent, dragging & tender. The axillary scar is small, say ½" adherent. Scar at "b" also small. That at "c" is 2½" long, depressed adherent & tender. The wound at "d" was made by a second ball & is 2½" long - adherent to ribs & tender. There is roughening of the rib beneath this. The arm is cued. Grasp weakened. Muscles wasted. The union of humerus is excellent. Meas. Palm R 9½ L 8½. Wrist R 6¾ L 6½. Forearm R 11½ L 11. Biceps R 10¾ L 10¼. Shoulder R 15 L 14. These wounds are severe and the present rating is insufficient. We recommend 17/18.

Thoracic viscera normal.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 17/18 rating for the disability caused by G. S. W. left arm, & side. for that caused by ....., and ..... caused by .....

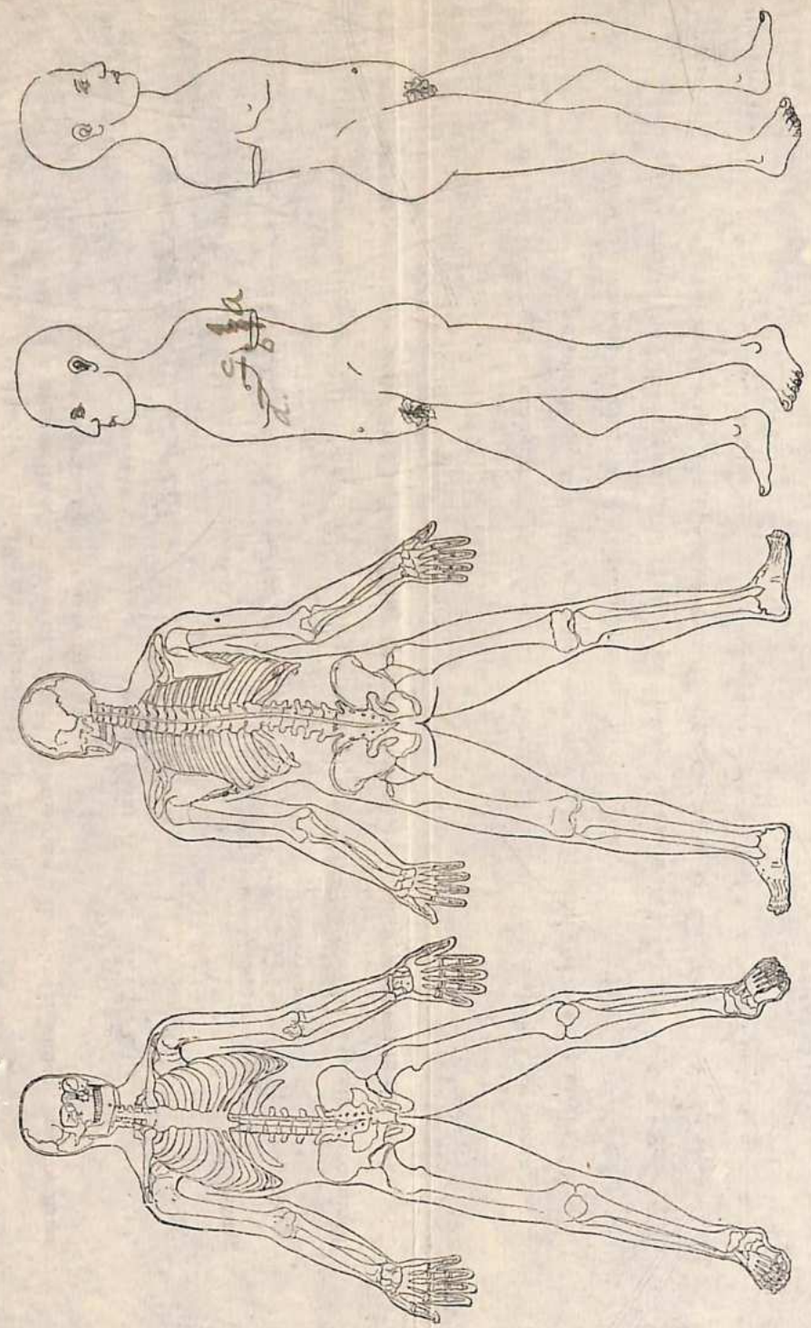
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

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

[illegible], Pres. C. A. Bassett, Sec'y. [illegible], Treas.

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

(15762—100,000.) 6—427



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

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. 7, 36 Reg't U. S. C. T.

Applicant for Increase.

No. 115.499

DATE OF EXAMINATION:

March 5, 1890.

[illegible], Pres.,
C. A. Bullock, Sec'y, } BOARD.
[illegible], Treas.,

Post office,

County,

State,

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

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

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid Pension Claim No. 115,499

Name of claimant. Riley Midgett

Company F 36 Reg't C. S. C. S.

Claimant's post-office address. Elizabeth City N. C.

Address of Board. Elizabeth City P. O. N. C. State.

February 12, 1902. [Date of examination]

Cause of disability. G. S. wd of left arm & side - Claims rheumatism as a result.

He receives a pension of 17 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Was shot in left arm & side in an engagement. Confined to hospital about 12 months. Arm been useless since. Has rheumatism 15 or 20 yrs. getting worse gradually.

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

Birthplace, Dare Co N C; age about 60 years; height, 5-9; weight, 142 pounds; complexion, Dark; color of eyes, Blk; color of hair, Blk; occupation, Fisherman; permanent marks and scars other than those described below, None

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

Pulse rate, 75-80-85 [Sitting, standing, after exercise.]; respiration, 18-20-22 [Sitting, standing, after exercise.]; temperature, 98.8;

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

Distinct Crepitus in both shoulders. Ds Motion stiffness 3/4 loss of motion in left probably due to wound. Girth larger than right. Crepitus & stiffness motion in hips. Measurements. No loss of motion. Crepitus only in knees. No other joints affected. Acute muscular of back lumbar & atrophied 10/18 for rheumatism

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.

Point of area of apex impulse normal under palpation only. Area of dullness not increased. Rhythm irregular. Sounds normal. No murmurs. Dilatation. Hypertrophy, ordinary. Cyanosis or dyspnoea. No Rating

Has a cicatrix on left arm commencing 4 inches below shoulder joint 2 x 6 inches. Tender & adherent destroying deltoid muscle. On in rear side just below axilla is a tender & adherent cicatrix 1 x 2 inches. Has a cicatrix on mid-axillary line left breast 1 x 2 inches not adherent or tender. A cicatrix just under left nipple 1/2 x 2 1/2 in. Chest adherent & tender. Left arm is 2 inches smaller than right. 3/4 loss of motion shoulder joint. Nearly complete anchylosis. Has some use of arm from elbow down. Hand not disable. Arm at wrist. Crepitus in left shoulder probably due to wound 17/18 for wounds

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

No evidence of vicious habits & no other disability found

W. W. Briggs, Pres. J. E. Wood, Sec'y. W. J. Saunders, 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 (Old No. 3—111 g.) 3—156. properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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. W. W. Wright, Dr. W. J. Lunsford, and Dr. J. E. Wood, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 19 day of February, 1902."

(*Signature.*) J. E. Wood, Sec'y

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

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

(*Signature.*) .....

SOUTH DIV. MAR 8 1902 RECEIVED.

PENSION U FEB 24 1902 C OFFICE.

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. F, 36 Reg't U.S.C.I.

APPLICANT FOR Increase

No. 1165499

DATE OF EXAMINATION: February 19, 1902

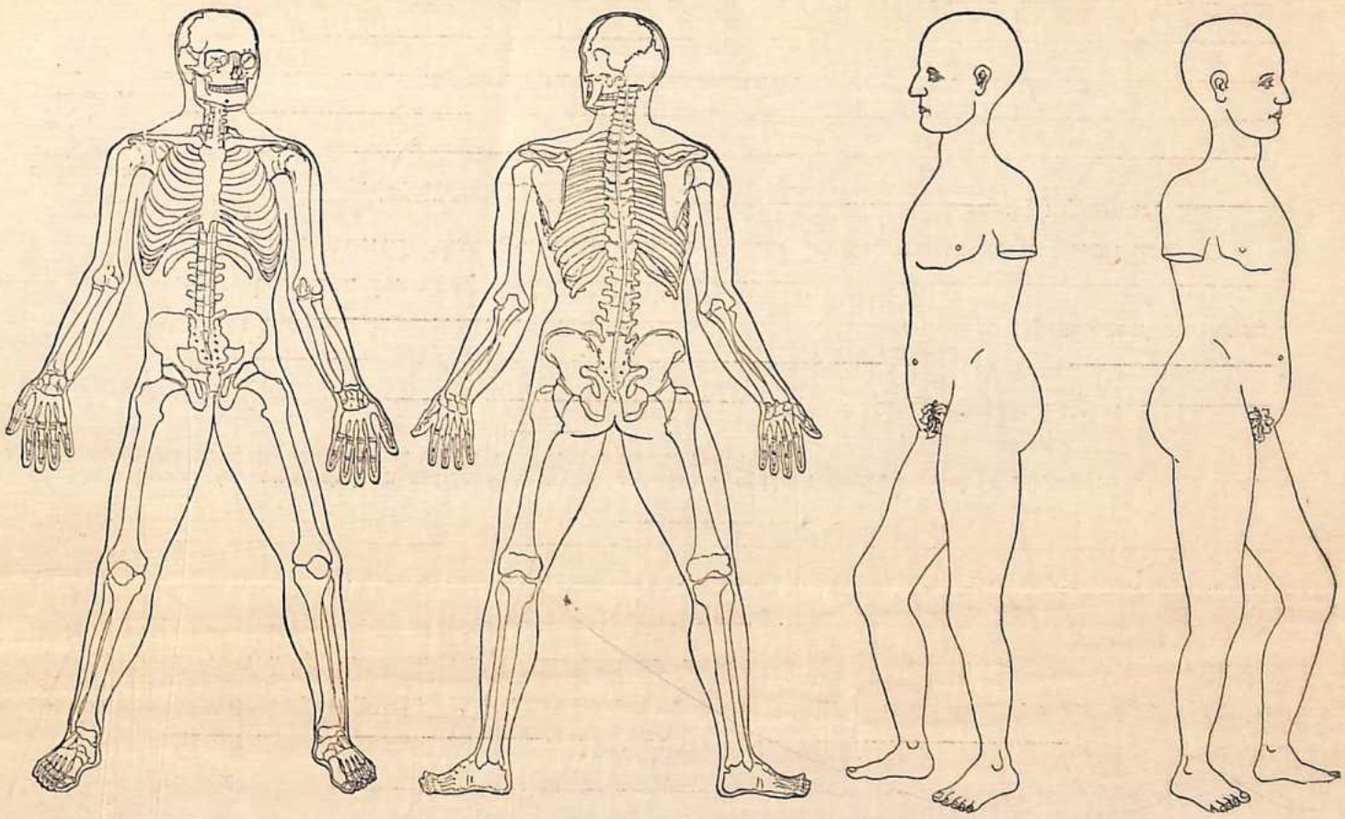
W. W. Wright, Pres., J. E. Wood, Sec'y, W. J. Lunsford, Treas., BOARD.

Post office, Elizabeth City

County, Pasquotank

State, N. C.

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



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

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

6—552

H. J. O. 9A 14

MEDICAL DIVISION.

3—151.
(Old No. 3—516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Dr.

Washington, D. C., Nov 24, 1900

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

Wound left arm: Please give comparative measurements of forearm and hand. State condition of hand and fingers.
Heart: Describe heart in full as directed in P90. See P79 (6).
By mistake red order was stamped as an Act of June 27, 1890 claim, as claim is under old law every disability should be rated in accordance with PP114 and 116
So claimant disabled for performing manual labor to extent equal to loss of hand or foot, if so, please comply with paragraph 123 See also P122.
Rheumatism: If there is any restricted motion as a result of rheumatism, state to what extent in every joint so affected.
Also state in connection with wound left arm, all structures certainly or probably injured.

(over)

J. F. RAUB,
Medical Referee.

0-2

titled to."

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

W W Wiggs, Pres. J. E. Wood, Sec'y. W. J. Lauderdale, 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.

6—552

Elizabeth City N. C. Dec 19 1900

The forearm is 2 inches smaller than right - hands & fingers not injured - weakness entirely from arm
Point & area of apex impulse is normal, evident to palpation & inspection - area of dullness not increased - rhythm irregular - sounds normal - no murmurs dilatation - hypertrophy - oedema, cyanosis or dyspnoea - no difference in measurements of legs & thighs & no actual loss of motion in any joints except as stated. The disability is not equal to the loss of a hand - as he can use it some, as the disability is due entirely to arm

J. E. Wood, Surg.

claim. Increase Pension Claim No. 115,499

Name of claimant. Riley Midgett

Rank: Pvt Company L, 36 Reg't U.S.C.T.

Claimant's post-office address. Elizabeth City N.C.

Address of Board. Elizabeth City P. O. N.C. State.

Nov 7, 1900 [Date of examination.]

Cause of disability. G.S.W. left arm & side (chest) resulting rheumatism first bite left foot weak eyes

. He receives a pension of 17 dollars per month.

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

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, etc.]

Left arm wounded in an engagement is painful & weak at same time was wounded in left side. Had rheumatism about 5 yrs - getting worse. Feet were frozen in the service. Sight - been failing gradually for several yrs.

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

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

Pulse rate, 60-60-62 [Sitting, standing, after exercise.], respiration, 17-17-17 [Sitting, standing, after exercise.], temperature, 98.5°, height, 5 feet 8½ inches; actual weight, 150 pounds; age, 55 years.

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

Has a cicatrix on left arm 2 x 6 inches commencing 2 inches below shoulder joint involving deltoid muscle which is destroyed - tender & adherent. On inner side just below axilla is a cicatrix (Ex'd) 1 x 1 adherent & tender - Has a cicatrix on nipple line left chest 1 x 2 not adherent tender. A cicatrix just under nipple (left) ½ x 2½ adherent & tender - left arm is 2 inches smaller than right. 3/4 loss of motion - shoulder joint nearly complete anchylosis

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.

distinct crepitus in right shoulder on deep pressure painful & stiffness - not enlarged. Crepitus only in right wrist. No crepitus in hips but motion stiffness. Crepitus only in knee joints. The recti muscles back & lower attachments tender - Only evidence of first bite is deformed nails on left foot. No apparent disease of eyes - Vision = 6/60 in each.

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

We find the aggregate permanent disability for earning a support by manual labor is due to wounded left arm & rheumatism & not to vicious habits & warrants a rating of $12.00. No other disability found.

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

M M Higgs, Pres. J. E. Moore, Sec'y. W. J. Saunders, 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.

6—552

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. W. W. Griggs, Dr. W. J. Lincoln, and Dr. J. E. Ford, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 7 day of Nov, 1900."

(*Signature.*) J. E. Ford Sec'y

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

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

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. L, 3d Reg't U. S. C. H.

APPLICANT FOR Increase

No. 442,472

DATE OF EXAMINATION: Nov 7, 1900

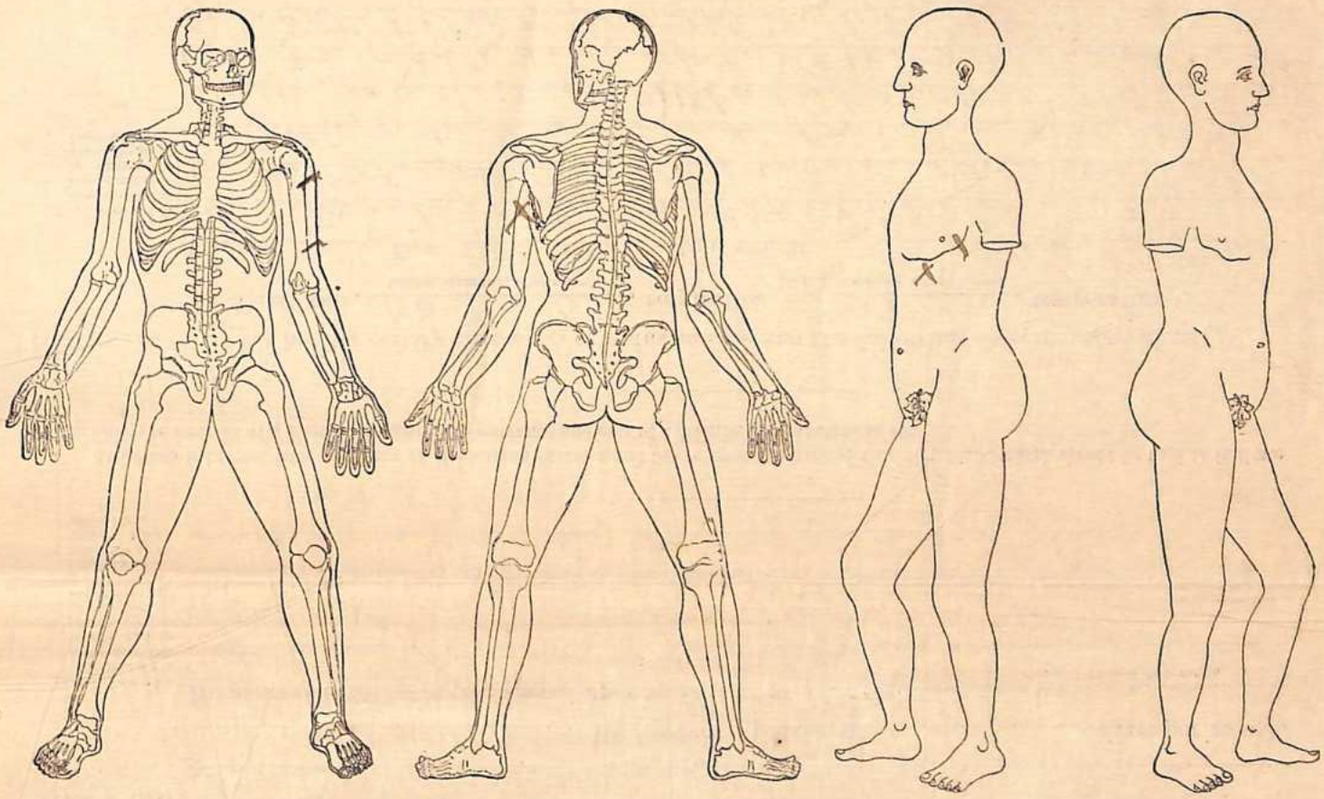
W. W. Griggs, Pres.,
J. E. Ford, Sec'y,
W. J. Lincoln, Treas.,
} BOARD.

Post office, Elizabeth City

County, Pasquotank

State, N. C.

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the 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 Section 4, Act of Congress approved July 25, 1882.*]

6—552

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

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

Insert character and number of claim. Increase Pension Claim No. 1154 99
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Riley Blackgett, Rank, Priv.

Company F, 30 Reg't U. S. C. I. Eliz. City N. C. State,

Claimant's post-office address. Eliz. City N. C. [Post-office address of the Board.] June 30, 1897.
[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 in the service, viz: Gun Shot wound of left arm & side post bilo of feet. Rheumatism & dis' of eyes.

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Seventeen dollars per month.

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. was shot in Miss in an engagement in left arm & side. Confined to hospital about 8 months - never was able to do any more duty. Arm has been painful ever since & very weak - was first bitten in the army. Been suffering with rheumatism about 2 yrs. getting worse all the time. Sight has been failing since for several yrs -

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 99; height, 5 feet 8 inches; weight, 157 pounds; age, 55 years. Left humerus was fractured about 3 inches below shoulder joint, where ball entered passing back & out just below axilla ~~[illegible]~~ cicatrix 6 inches long x 2 wide - adherent the whole length, tender - humerus very rough showing that he has lost a good part of it - not able to raise arm to head - lost 1/4 of it. just below left nipple is a cicatrix 2 inches long & tender - & 2 inches to left of it is another a linear cicatrix 2 inches long - both tender & adherent to ribs.

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

15/18 for G. S. wounds.

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.

Evidence of post bite is shown by thickening & a hardy nail on great toe of left foot. Right foot injured. No Cachet only trouble in nail -

5/18 for post bitten foot.

No evidence of rheumatism. No crepitus in any joints & no atrophy of muscles - Heart normal in position & action -

No Rating.

No evidence of any defects of eyes - vision in either = 20/20 -

No Rating

No evidence of any vicious habits & no other disability found.

Wm W. Riggs Pres. J. E. Wood, Sec'y. W. J. Lumsden, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

6—552

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

"I hereby certify that Dr. W. W. Briggs, Dr. W. J. Lunsden, and Dr. J. E. Ward, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on the 30 day of June, 1897."

(Signature.) J. E. Ward Sec'y.

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

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

(Signature.) .....

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. F, 30 Reg't U.S.C.I.

Applicant for Increase

No. 1157422

DATE OF EXAMINATION:

June 30, 1897.

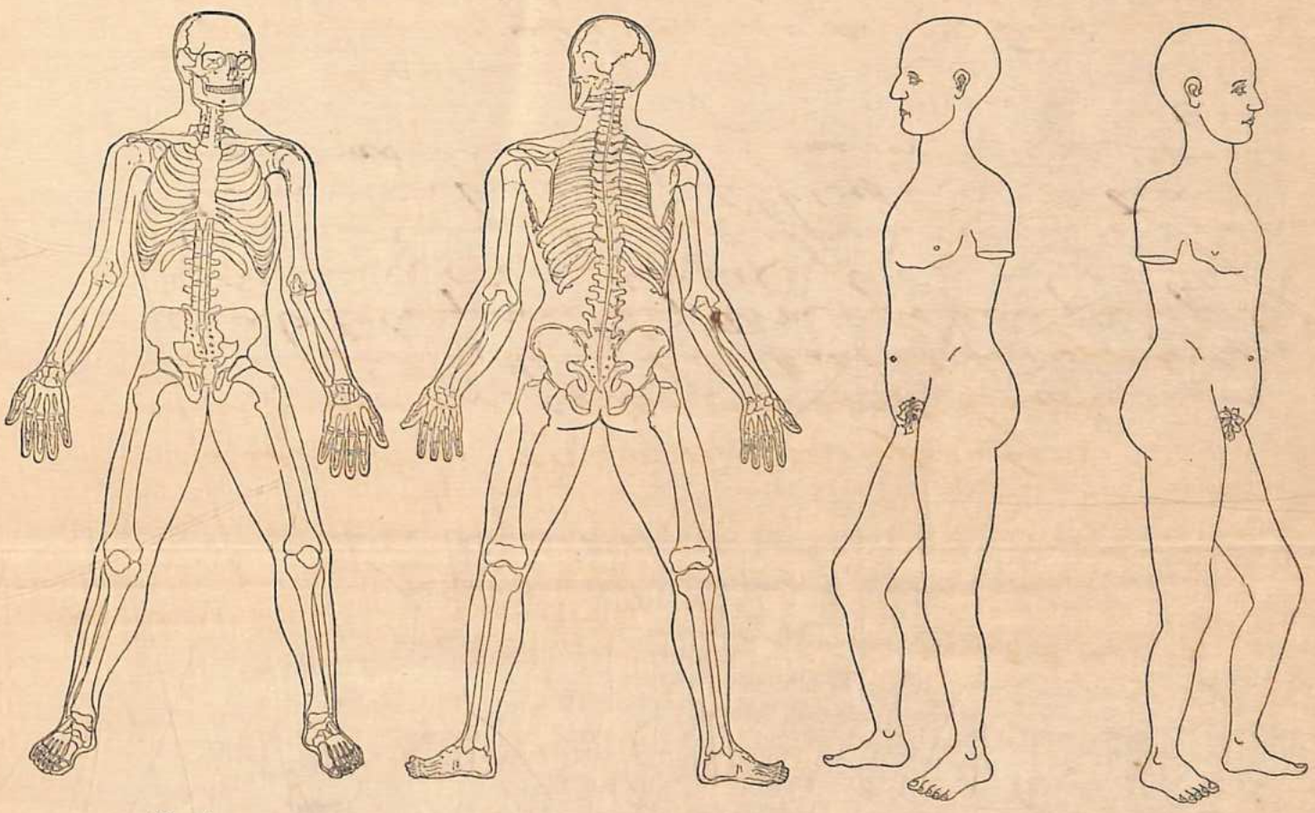
W. W. Briggs, Pres.,
J. E. Ward, Sec'y,
W. J. Lunsden, Treas.,
} BOARD.

Post office, Eli'z City

County, Pasquotank

State, N. C.

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



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.*]

6—552

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

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

Insert character and number of claim.

Increase Pension Claim No. 115 499
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Riley Midgett, Rank, Private

Company F, 36 Reg't Ill. Vol. Inf. Elizabethtown Ill State,
[Post-office address of the Board.]

Claimant's post-office address.

Eliz Q Elizabethtown Ill July 29, 1891.
[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 in the service, viz:

Cause of disability.

G. S. Wound of left arm & side & broken left rib

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

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

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]

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

Gun shot - Was shot in the left arm & side in 1864 in an engagement. has pain in the arm nearly all the time & the arm is very weak - also wounded just under the left nipple - rib was broken at the same time

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98.6; height, 5 feet 8 inches; weight, 153 pounds; age, 48 years. Cicatrix on left arm 7 inches long - extending from the insertion of Deltoid & muscles 2 inches above the elbow joint - adherent from fracture of humerus about upper & middle 3rds

Ball entered on outer side of humerus & passing directly through - causing a severe fracture of bone. fracture extending for 3 inches having an irregular Callus. There is almost entire loss of sensibility to the whole arm showing injury to the Brachial nerve. Wound inside. Ball entered near the Sternum about 2 inches below the nipple - passing transversely upwards for two inches - Cicatrix not tender or adherent.

There is no evidence now of a rib having been broken.

No other disability is found to exist

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

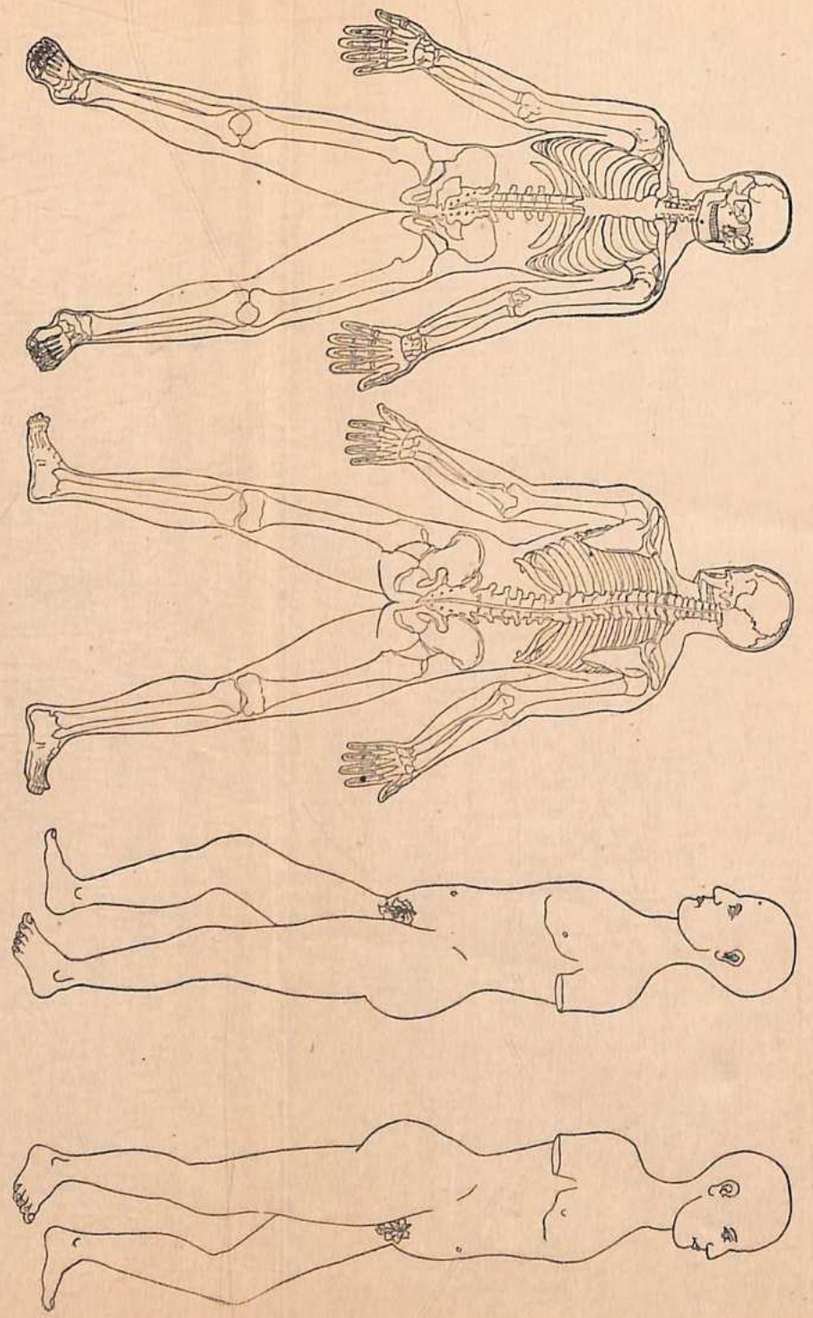
Rate for EACH cause of disability.

. He is, in our opinion, entitled to a 7/8 rating for the disability caused by G. S. W. of left arm, 7/8 for that caused by Wound of side, and 7/8 for that caused by Broken rib

W. W. Rigg, Pres. J. E. Wood, Sec'y. W. J. Lumsden, Treas.

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

(3504—300,000.) 6—552



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 the physical and rational signs and a statement of all the structural changes. [*Extract from Sec. 4, Act of Congress approved July 25, 1882.*]

6—652

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. H, 36 Reg't U. S. C. Inf

Applicant for Increase

No. 115499

DATE OF EXAMINATION:

July 29, 1891.

W. W. Rigby, Pres.,
J. E. Wood, Sec'y, } BOARD.
W. J. Lounsdin, Treas.,

Post office, Eliz City

County, Pasquotank

State, N. C.

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

Continue record of examination here.

713

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid Pension Claim No. 1115.499

Name of claimant. Riley Midgett

Company F, 36 Reg't U. S. C. I.

Claimant's post-office address. Elizabeth City, N.C.

Address of Board. Elizabeth City N.C. P. O. State.

Jan 6, 1909 [Date of examination.]

Names of disabilities. G.S. Wound left side + arm

He receives a pension of 17 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Wounded in an engagement in 1864 in arm & side — Confined to hospital about 12 months — Never able to perform any Military duties after —

Birthplace, N.C.; age, 65 years; height, 5-8½; weight, 150 pounds; complexion, dark; color of eyes, Blue; color of hair, Gray; 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, 68-72-82 [Sitting, standing, after exercise.]; respiration, 28-32-40 [Sitting, standing, after exercise.]; temperature, 98.8;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Ball entered about 2½ inches below left shoulder joint at insertion of deltoid muscle — out just in rear — passing through & injuring bone by Material — Cicatrix extends down 8 inches & wide — Callus extends down for whole extent. Cicatrix adhering to my under ¾ loss of motion in shoulder joint in any way — No interference with elbow joint — Arm has been opened several times by a member of Board, & last time bone thought to be dead bone after discharge — Arm totally disabled — Stay to be assistant in dressing wound in side situated 2 inches under left nipple 2 inches long ½ inch not adherent to lung — left arm above elbow 2 inches smaller than right —

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

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. Point of apex impulse normal, evident to palpation only — area of dullness not increased — rhythm regular — sounds normal — No murmurs — dilatation, hypertrophy — oedema or aneurism — decided dyspnoea after exercise — Pulmonic murmur heard distinct over both lungs — Ex at rest 35 full in 37½ full & 34 — Throat & nasal passages healthy —

Specs. 1020 Chem Acid — Amber Color — No albumen or sugar

Appears older than age given

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. No other disability found or mentioned of vicious habits

W. J. Lumsden, Pres. J. E. Wood, Sec'y. J. B. Grigg, Treas.

6—552a

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. W. J. Lunsden, Dr. J. B. Briggs, and Dr. J. E. Wood, were personally present and actually participated in the examination of Riley Midgett, the claimant in this case, on 6 day of Jan, 1909."

(Signature.) J. E. Wood Sec'y

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

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

Witnesses to mark. { _____ / _____ } (*Signature of Applicant.*)

U. S. PENSION JAN 11 1909

SURGEON'S CERTIFICATE

IN CASE OF Riley Midgett

Co. F, 36 Reg't Mo. S. C. Vol.

APPLICANT FOR Increase

No. 1154799.

DATE OF EXAMINATION: January 6, 1909

W. J. Lunsden Pres., J. E. Wood Sec'y, J. B. Briggs Treas., } BOARD.

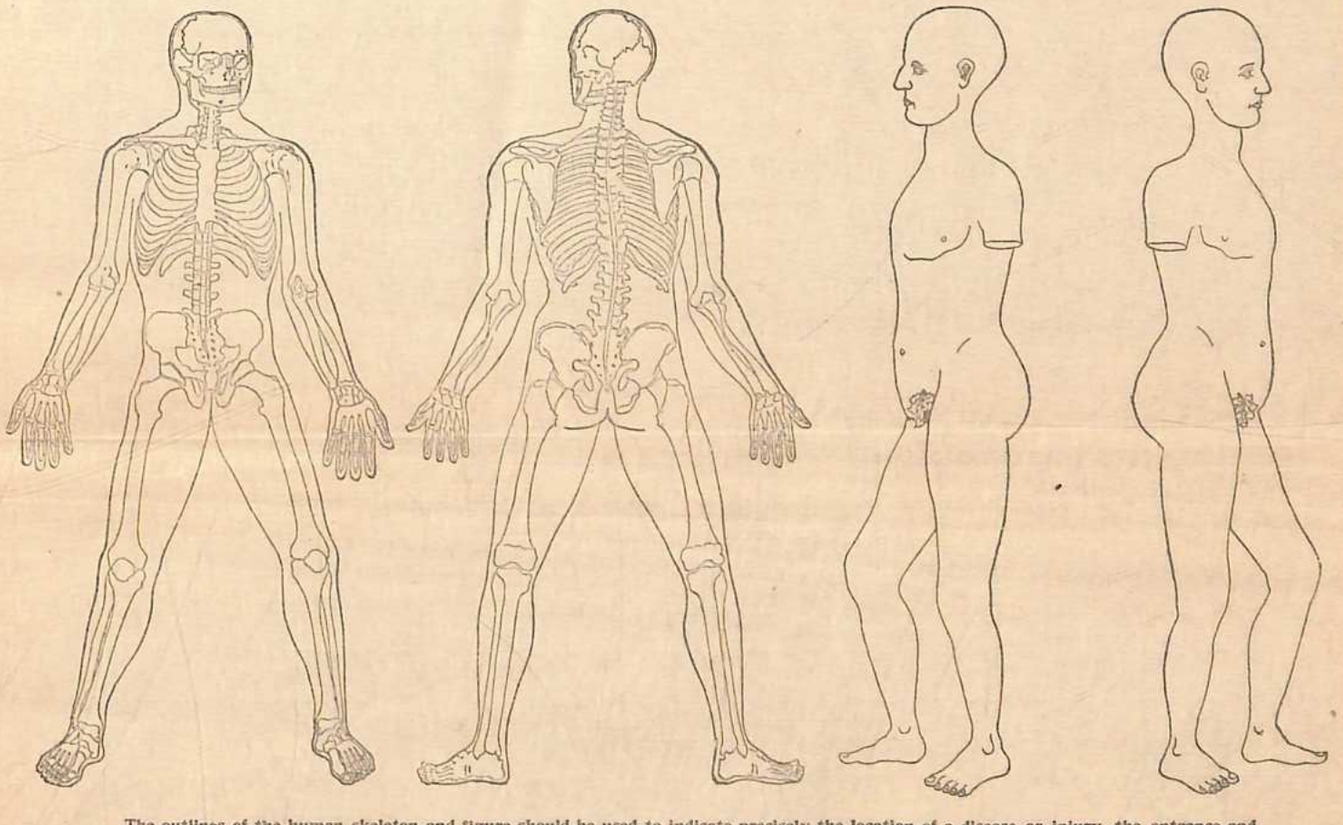
Post office, Elizabeth City

County, Pargatoire

State, Mo.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—502a.

U. S. PENSION JAN 20 1909 RECEIVED



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

(Paste continuation sheet, if used, here.)

45-186

6

3-2865.

Med. Div. 7

C.F.W.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., February 5, 1909.

Board of U. S. Examining Surgeons,

J. E. Wood, M. D., Secretary,

Elizabeth City, Pasquotank County, North Carolina.

Gentlemen:

In the case of Riley Midgett, Co. F, 36th U. S. C. Inf., Ctf. #115,499, whom you examined January 6, 1909, further information is desired.

Please state the condition of the left forearm and hand. Is the left hand useful for any purpose? Show condition of the thumb and each finger. Can he flex and extend the fingers voluntarily? Is there good grasping power in the left hand? Can the thumb and the fingers be approximated? Can he pick up small objects with the thumb and fingers of the left hand? Can he hold a knife or fork with this hand? In other words, show clearly why the left arm is totally disabled and why he must be assisted in dressing. If the limb is practically normal below the elbow, it can not be understood why it may not be of use in many ways.

Is there any other cause of disability of this arm? Is there any evidence of rheumatism?

Write your amendment on the accompanying blank and forward it promptly in the inclosed envelope, together with this letter. It should be dated and signed by each member who participated in the examination.

Claimant's postoffice address is Elizabeth City, North Carolina.

Very respectfully,

V. Warner.

Commissioner.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. Ctf. 115,499
Riley Midgett
F, Company 36, Reg't U.S.C.Inf.

Address of Board. Elizabeth City, Pasquotank Co., North Carolina.

Jan. 6, 1909.
[Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Amendment:

Left fore arm is only a superficial wound. It is 1½ in. less smaller than right. Muscles on fatty atrophied & soft. Can pronate & supinate arm. Thumb & fingers can be approximated. Can be flexed & extended. Not fully. Can only hold pitchfork in hand almost. Can pick up small objects slowly & gropingly. Can not dress himself, on account of wound in upper arm. Has hardly 1/3 motion in shoulder. No rheumatism found.

Eliz. City, N.C.
Feb. 1st 1909

Marginal entries must never be made.

W. J. Lumsden, Pres. J. E. Wood, Sec'y. J. B. Griggs, Treas.

6—115

Do not use the back of this blank for any purpose except as indicated.

45-186 6

PENSION M U. S. FEB 15 1909 OFFICE.

FEB 5 1909

Appl. Inc. 2-10-09

SURGEON'S CERTIFICATE

IN CASE OF

Riley Midgett

Co. F, 36 Reg't U.S.C.Inf.

Applicant for Increase

No. 115,499

DATE OF EXAMINATION:

Jan. 6, 1909.

W. J. Lumsden, Pres.,
J. Ed. Wood, Sec'y, } BOARD.
J. B. Grigg, Treas.,

Post office, Elizabeth City,

County, Pasquotank,

State, North Carolina.

☞ Fill all blank spaces above.

6—745

SOUTH DIVISION FEB 17 1909 RECEIVED

FEB 16 1909

No. _____

NAME OF CLAIMANT,

NAME OF SOLDIER,

Co. _____, Reg't _____

o 6—190

(18351—50 M.)

Elizabeth City N.C.

General Law.

3 1638.

INCREASE

Cert. No. 115499

Riley Midgett

P. O.,

County,

State,

Application filed MAR 18 1918, 191

Service, F-36-U.S.C.I.

Attorney,

P. O.,

County, , State,

General Law

~~ABANDONED.~~

Clayton

Brooks

3-1638.

INCREASE

Cert. No. 115499

Riley Midgett

P. O., Elizabeth City

County, Pasquotank

State, N.C.

Application filed Oct 5, 1915

Service, F 36 usb Inf

Dec 18/15 M+S Stw for Marriage Cert & PC

Dec 29, 1915 R J Lockwood & Co for mid day & PC

" 22 1917 - Pensioner - for same -

See carbon copy. H. R. M.

Marriage Cert. OK

Attorney, R J Lockwood & Co

P. O., Washington

County, , State, DC

GENERAL LAW.

UNDER ACT OF JUNE 27, 1890

(3-1639.)

INCREASE.

Cert. No. 115499

REJECTED.

Riley Midgett

P. O., Elizabeth City

County,

State, N. C.

Application filed Nov. 30, 1908

Service, F 36 U S Cdef

DEC 15 1908

Ep Elizabeth City N.C.

atty Reeves & co notfd.

March 10, 1909 - Attys R. E. Reeves & Co. and claimant informed that claim for increase is rejected - J.B.G.

APPEALED.

Attorney, E. H. Reeves & Co.

P. O., City

County, , State,

(181—50m.)

Reynolds (3-217.)

INCREASE.

Claim to new disability

No. 115 4199

Riley Midgett

P. O., Elizabeth City

County, Pasquotank

State, N. C.

Application filed, Apr 8, 1897

State Service,

7 36 Pt. S. C. Inf

Ex through Att. Hunter to Elizabeth City Pasquotank Co. N. C. June 7 97 N. H. H.

Oct 26 98 A. Sent back for full military history. Tierney & Co. Thos they can't be recognized. C.K.R.

Not l. arm under 17/18 Lee, Ch. Hasson

Disability Left foot frozen

Attorney, J. L. Kurtz

P. O., City

County, , State,

(Order —100 M.)

ACCEPTED

M. L. W.

ABANDONED.

RESTORED.

3-1638.

REJECTED.

INCREASE.

Cert. No. 113-499

Riley Midgett

P. O., 314 Edge St

County, Elizabeth City

State, N. C.

Application filed Mar 31, 1906

Service, 736 U.S.C. Inf

April 11, 1906. Cordin:
Disability not shown to be progressive: examination not warranted. LJB

Attorney, C W. Cordin

P. O., N H D V S

County, Elizabeth City State, Va

(7-50,000)

Attorney Place

Mrr

Poverty

INVALID DIVISION.

No. 115499

Claim to Increase

Riley Midgett

P. O. Elizabeth City

County, Pasquotank

State, North Carolina

Disability for which pensioned, G S W of left-arm

Reduced to —

Present rate 6.

Respectfully referred to the Medical Referee:

With Examining Surgeons certificate enclosed

Dec 18" 1877

H G Burlingham
Chief Invalid Div.

G S W. left arm
No increase

W. Fishburn
Medical Referee

Dec 14/77

No. 130,978

ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page _____

Riley Midgett
Roanoke Island
Currituck Co. N.C.
Priv. F. 36 U.S. Colored Troops
Discharged Aug 24 1866.

7-3-4

Pd 6-29-19

per Market Heights Va Sept 29/64

2.4.68

Joseph H. Barrett

Commissioner.

Received, Jan. 20 1868.
Chas. C. Brown
OK Norfolk Va.

Attorney.

2 1

Inid

~~A. G. D Williamson~~

Feb 6 1868

Jan. 14, '69.

— Subsequent.

S.H.

1871 May 18 S.G. No 5. S.G. for Off dis

" " " atty treat since dis & Cir 13

" " " med Rep & see inside

" June 10 Atty for residence

" Aug 7 Reff'd to Dr Kenney

Jany. 16, 1899, Atty
J. S. Kurtz, informed
Riley Midgett advised
of rejection. Dun

Jany 8, 1902, Claimant & atty
Kurtz notified of rejection
held in abeyance. J.Q.H.

July 7, 1902. Claimant & Atty Kurtz informed
of rej. of inc. Q.S. — Lee.

Dec. 16, 1903 —
D & C. of rej. of claim (S. inc.)
rej. Jan. 16, 1899 to Attys. Tierney
& Lee, & that J. S. Kurtz, City was
Atty. of Rec. & inform. — M.A.

May 12, 1909 — Claim to Auditor for War Dept., per report on file.
DC

(3—230.)

INVALID. (Series 115.499)

9293

Cert. No. 115.499

Name, Riley Midgett

Rank, Priv.; Service, Co. F, 3d U.S. Vol. Inf.

Agency. { Original Roll: Raleigh
Transf'd Oct., 1877, to Knox
" ....., 18...., to .....

Issue. Class. Disease. Entered 1892.

Issued Jany 21, 18 99
Mailed " 26 " 18 99
Rate and Period, $ 12, from Dec. 9, 18 98

Deductions:

Disability: G.S.W. of left arm and side.

Issue. Class. Gun. Entered 1892.

Issued Apr 24, 18 99
Mailed May 1, 18 99
Rate and Period, $ 17, from Mar 5, 18 98

Deductions:

Disability: G.S.W. of left arm and side.

Issue. Class. Entered

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

Deductions:

Disability:

Issue. Entered

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

Deductions:

Disability:

INDORSEMENTS.

Jan 8, 99 - Atty McKnight of allowance of increase & that J. S. Kurtz was atty of record - M.
Jan. 15 '02. Claimant & Atty informed of rej. of inc. S.V. 2.M.
1890 P.J. Lockwood
2-26 not recognized
Claimant & Rec. P.M. Jan 1 notified & Decl. S.R.

11

Va.

Virginia N.G.

Name: Riley Midget

Rank: Private Comp'y F

Regt.: 36th U.S.C.T.

Richmond (Raleigh)
Knoxville } Agency.

RATE PER MONTH, AND DATE OF COMMENCEMENT.

1st Issue. $6.00 Comm'g Aug 25th 1866

2d Issue. 8 Comm'g Aug 25th 1866
dedt all paid

3d Issue. Comm'g

DATE OF CERTIFICATE, AND TO WHOM SENT.

1st Issue. Feb 5th 82 Sent to Pension Agt
Wm C. C. Bunn Norfolk Va.

2d Issue. Apl 5 1881 Sent to Apr 9 81

3d Issue. Sent to

Act 14th July, 1862. Bk. G., Vol. 9, Page 158
196.

Registering Clerk: Holmes

Disability. Joseph Maryland
Sick

June 18-73.

18 75. March 15th Transfd to 8th Cir.
Sy. Norfolk to Raleigh pr 4th Cir
75 — C. O.

Ex. ord Nov. 24th 77. Drs. W. J. Lumsden &
R. H. McIntosh
Claimt. advised. Elizabeth City
N. C.

Inc. ref. SC to Cl. - atty Notified
DSC - 2 of 77

Inc. Rep. b/h. Cl. Atty. Impl.
Dim. 10 Nov 1883.

3—732

Cert. No. 864132

Act of April 19, 1908, amended by Act of September 5, 1916

Clarissa
Widow
Riley Ridgett

Rank Pvt

Company

Regiment 36th U.S.C. Inf

Rate per Month $25

Commencing Apr 27 1918

Ending

Agency or Group No. Group 2

Issued Mch 13 1919, 191

6—3387

DEAD.

APR 1 9 1919 Legal Div. advised of disposition of fee check

DROPPED

FEB 21 1921 FINANCE DIVISION

" " " Reinst Bell

to M. Bellamy. Rec'd Fin.

REIMBURSEMENT Allowed OCT 14 1921

Jan. 21, 1932 - Mrs. M. Bellamy advised that she could have no title to pension as child of soldier. B.P. Wid. Subd.

GROUP 2

3-888

3—1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

24 5/4/15

MAY 1 1918, 191

Certificate No. 115499

Class ACT OF MAY 11, 1912.

Pensioner Riley Midgett

Soldier Pvt. F. 36th U.

Service S.C. Inf.

MAY 4 1918

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $24=, to FEB 4 1918 has this day been dropped from the roll because of death, April 20. 1918

Check No. 6649824

RILEY MIDGETT,
ELIZABETH CITY, N.C.
115499 ACT MAY
314 EDGE ST.

Very respectfully,

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

M.W.

PLATE DESTROYED

6649824

RECALL MAY 3 1918

SECTION FOUR
RECEIVED
MAY 2 1918
DISBURSING OFFICE

Finance Division,
MAY 11 1918
Bureau of Pensions.

Adjutant General's Office,

Washington, D. C.,

Feb. 10th, 1868

Sir:

~~I have the honor to acknowledge the receipt from your Office~~ of application for Pension No. _____, and to return it herewith, ~~with such information as is furnished by the files of this Office.~~ In reply to your inquiry of Feb. 6. 1868

It appears from the Rolls on file in this Office, that Riley Midget was enrolled on the 24th day of Aug., 1863, at Roanoke, Va. in Co. "F", 36th Regiment of U. S. C. Troops Volunteers, to serve Three years, or during the war, and mustered into service as a Private on the 28th day of Oct. 1863, at Portsmouth, Va., in Co. "F", 36th Regiment of U. S. C. T. Volunteers, to serve three years, or during the war. On the Muster Roll of Co. "F" of that Regiment, ~~for the months of~~ from organization to Aug. 31st 1864, he is reported "Present for duty." "On roll for Sept & Oct. 1864 and on subsequent rolls to Dec. 31. 1865" "Wounded in action Sept. 29. 1864 & in Gen'l Hospital." "Jan. & Feb. & Mch. & Apl. & May & June 1866" "Present for duty." "On roll for July & Aug. 1866" "Mustered out on expiration of term of service Aug. 24. 1866."

I am Sir very respectfully

Your obedient servant

Thomas M. Vincent

Assistant Adjutant General.

(2)

The Commissioner of Pensions

Washington, D. C.

Memoranda

Name of applicant _____

Address _____

F.D.M.

N.

WAR DEPARTMENT,

Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., Jany 12th, 1892

[TRANSCRIPT FROM RECORDS.]

It appears from the records filed in this Office, that Riley Widget Co F 36th U.S.C.T. received a G.S. wound of arm Sept 29 or 30th 1864 at New Market Heights Va.

Roley Medge Private Co F 36th Colds Troops entered G. H. Ft Monroe Va. Oct 3rd 1864 from the field with G.S.W. left arm and side received at Chapins Bluff Sept 30th 1864 and was returned to duty Dec 11th 1865

Upon another record of G.H. Ft Monroe Va it appears that Riley Medget Pvt Co F 36th U.S.C.T. was admitted Oct 17th 1864 diagnosis not stated and was transferred North Nov 8th 1865

By order of the Surgeon General:

J J Woodward

Brevt. Lieut. Col. and Asst. Surgeon, U. S. Army.

(108)

Vol. 28

No. 2313

(NOTE.—This transcript should not be detached from the accompanying papers. If additional information is desired relative to the case, the papers should accompany the application therefor.)

No. 144—2M 12-15-15

ACT OF APRIL 19, 1908.

DECLARATION FOR WIDOW'S 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 North Carolina, County of Pasquotank, ss:

On this 24 day of April, A. D. one thousand nine hundred and Eighteen, personally appeared before me, a Notary Public (Notary, Justice, or Clerk of Court.), within and for the County and State aforesaid, Clarissa Midgett (Insert name of applicant.), aged 65 years, a resident of Elizabeth City (Name of town or city.) County of Pasquotank, State of N C who, being duly sworn according to law, declares that she is the widow of Riley Midgett (Name of soldier), who enlisted under the name of Riley Midgett (Name under which soldier enlisted.), on the day of, A. D. 18 , as a Private (Here state rank.) in Company F. (Letter of Company.), in the 35th (No. of Regiment.) Regiment of N. C. Infy. (Name of State, and whether Infantry, Cavalry, Artillery or name of vessel if in Navy.) and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was HONORABLY DISCHARGED at Santiago Texas (Date of Discharge.), and died April 20—1918. (Date of death; cause need not be stated.) That he was not employed in the military or naval service otherwise than as stated above I dont know of any other Except above Stated (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he was never employed in the military or naval service of the United States after the day of (Date of soldier's last discharge.), 18 That she was married under the name of Clarrissa Owens to said Riley Midgett (Name of soldier.), on the 4 day of Sept. A. D. 1870 by Joshua Flemming J. P. at Elizabeth City N. C., there being no legal barrier to such marriage; that she had not been previously married; that her said husband had not been previously married. (4) that She Before Woman were married and the Soldier was never married (If either had been previously married, so state, and give date of death or divorce of former spouse.)

That she has not remarried since the death of the said Soldier (Name of soldier or sailor.)

That the names and dates of birth of all the children of the soldier, now living, and under sixteen years of age, are as follows:

——, born ——, 1 ——, born ——, 1 ——

——, born ——, 1 ——, born ——, 1 ——

——, born ——, 1 ——, born ——, 1 ——

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. That no (A or no.) prior application for pension has been filed by herself or the soldier. Non by her but the Soldier was Pensioned Certificat no. 1164499 (If prior application has been filed, either by soldier or widow, so state giving number assigned to it.)

That she makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provisions of the act of April 19, 1908. She hereby appoints, with full power of substitution and revocation,

Adam W. Bell of Elizabeth City N. C.

her true and lawful attorney to prosecute her claim, the fee to be TEN DOLLARS, payable as prescribed by law. That her POST-OFFICE ADDRESS is Buell (Name of post-office.), County of Norfolk, State of Virginia

ATTEST:

1. E. J. Berry

2. Vera E. Lowther (Two witnesses who write sign here.)

Clarissa Midgett (Claimant's Signature—FULL name.)

PENSION H APR 27 1918 U. S. OFFICE.

ATTORNEYS FROM LAW DIVISION MAY 10 1918

Also personally appeared E. J. Berry, residing at Elizabeth City N C (Name of one witness.) and Dora E Lowther, residing at Elizabeth City N C (Name of other witness.), persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw (Name of widow.) Clarissa Midgett, claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her of 35 years and 20 years respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

ATTEST:

1. E. J. Berry
2. Dora E. Lowther

(Signature of witnesses—FULL names.)

Sworn to and subscribed before me this 24 day of April, A. D. 1915 and I do hereby certify that the contents of the foregoing declaration and affidavit were fully made known and explained to the applicant and witness before swearing, including the words ..... erased, and the words (Insert any words erased.) ..... added; and that (Insert any words added.) I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] M. B. Culpepper (Signature.)
Notary Public (Official Character.)

Declaration accepted as a claim under act April 19, 1908, amended by act Sept. 8, 1916. Power of attorney valid as to execution.

Chief Law Division.

NOTE.—If claimant or identifying witnesses sign by mark (X) such signature must be *attested* by *two* persons *who can write*, of whom the magistrate may be one.

ACT OF APRIL 19, 1908.

To increase the pensions of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

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

SECTION 1. That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors, as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts inconsistent with the provisions of this Act are hereby repealed: *Provided, however*, That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war and who has been honorably discharged therefrom has died or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands if living would have a pensionable status under the joint resolutions of February fifteenth, eighteen hundred and ninety-five, and of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED APRIL 19, 1908

Finance Div. Notified of Death. APR 29 1918 mso K

861154 99

Act of April 19, 1908.

L. S. W.

WIDOW'S CLAIM.

Claimant: Clarey Midgett

Soldier: Riley Midgett

Service: Co. H. 75 Regt. U. S. C. Inf.

Address: Filed by A. W. Belle Att. 400 Shipyard St. Elizabeth City N. C.

CIVIL WAR DIVISION MAY 10 1918

LAW DIVISION APR 29 1918 RECEIVED

APR 30 1918 DIVISION

PRESS OF BYRON S. ADAMS, WASH., D. C.

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of North Carolina, County of Pasquotank, ss:

On this 1st 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, Riley Midgett who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Elizabeth City, county of Pasquotank, State of North Carolina; and that he is the identical person who was ENROLLED at Portsmouth Va, under the name of Riley Midgett, on the day of Aug, 1863, as a Private, in Company F. 36 Regiment U. S. Col Vol Inf.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED

(State name of war, Civil or Mexican.)

at Brazos, Santiago, Texas, on the 24 day of Aug, 1866

That he also served

(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 5 inches; complexion, Black; color of eyes, Black; color of hair, Black; that his occupation was Helping Laborer that he was born, 1845, at Organ Gulch near Warrenton County N.C.

That his several places of residence since leaving the service have been as follows: Elizabeth City N. C.

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 115499. 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.

That his post-office address is Elizabeth City, county of Pasquotank, State of N. C.

Attest: (1) Josiah Simmons
(2) W A Holmes

Riley Midgett
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 1st day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words interlined; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Validity accepted as to execution
S. A. Cuddy,
Chief, Law Division.
per IHJ

M. B. Culpepper
(Signature.)
Notary Public
(Official character.)

PENSION BUREAU JUN 6 1912 U. S. OFFICE.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3—014.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 1,154,477.

Name, Riley Wright

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.

ACT APPROVED MAY 11, 1912.

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, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen 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-three dollars per month; two and a half years, twenty-four 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-seven dollars per month; two 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-seventh, 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.

DECLARATION FOR AN INVALID PENSION.

This Invalid Pension Declaration must be executed before a Judge or Clerk of a Court of Record, and if before the Judge, the Clerk thereof will certify said Judge's official capacity and signature, and attest the same under the seal of the Court.

☞ A Justice of the Peace must not authenticate this paper. If he does, the work is utterly useless, and must be all done over again before a Judge or Clerk of a Court of Record, as above stated.

STATE OF Virginia
City ~~COUNTY~~ OF Norfolk } ss.

ON THIS 17th day of January A. D. one thousand eight hundred and sixty eight, personally appeared before me, (1) Clerk of the (2) Court of the Corporation, a Court of Record within and for the County and State aforesaid, Ruley Midgett, aged years, a resident of the (3) of Roanoke Island, in the State of North Carolina, who, being duly sworn according to law, declares that he is the identical Ruley Midgett who (4) enlisted in the service of the United States at Roanoke Island in the State of North Carolina, on or about the 21 day of August in the year 1863, as a Private in Company F commanded by Edwards in the 36 Regiment of (5) U S Col Troops commanded by Hartsol in the war of 1861, and was honorably discharged at Brazos Santiago in the State of Texas, on or about the 21 day of August, in the year one thousand eight hundred and sixty-6; that while in the service aforesaid, and in the line of his duty, (6) was wounded in battle at New Market Heights Va on the 29 Sept 1864 by Musketball in the left arm and left side fracturing bone of the arm & ball retained in the side and side weak unable at times to perform much manual labor

That since leaving the said service, this applicant has resided ~~in the~~ (3) on Roanoke Island, in the State of North Carolina and his occupation has been (7) laborer

That prior to his entry into the service above named, he was a man of good, sound physical health, being when enrolled, a (8) laborer

That now he is (9) half disabled from obtaining his subsistence from manual labor in consequence of his above named injuries, received in the service of the United States.

He makes this declaration for the purpose of being placed on the Invalid Pension Roll of the United States, by reason of the disabilities above stated, and revoking and countermanding all other authority that may have been given, he hereby constitutes and appoints, with full power of substitution and revocation, Lena Litt Green Claim Agt of (3) Norfolk Va, his true and lawful attorney, to prosecute his claim, and obtain the Pension Certificate that may be issued. That his Post Office is at Roanoke Island County of Currituck State of North Carolina

That his domicile or place of abode is (10) on the Island of Roanoke North Carolina

If applicant makes his mark, let two persons who write their names attest his signature. The Officer administering the oath cannot be one of the attesting parties.

ATTEST:

J Lee Hopper
F. S. Bailey

Ruley his ✗ mark Midgett
Applicant.

Sworn to, subscribed and acknowledged before me the day and year first above written, and also personally

appeared Leon V. Beaubier and Fields Mudget

residents of the (3) Roanoke & Norfolk in the State of Va.

, persons who ~~I certify~~ are represented to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Riley Mudget (11) make his (12) mark to the foregoing declaration; and they further swear that they have every reason to believe, from the appearance of the applicant and their acquaintance with him, that he is the identical person he represents himself to be, and they further swear that they reside as above stated, and that they have no interest in the prosecution of this claim.

If the witnesses, or either of them, make their mark, let two persons who can write their names attest the signatures. The Officer administering the oath cannot be one of the attesting parties.

ATTEST:

J. Lee Hopper

F. S. Barthey

TWO WITNESSES

Leon V. Beaubier his mark

Fields Mudget his mark

Sworn to and subscribed before me, this 17th day of January, A. D. 186[illegible], and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. I further certify that the foregoing declaration and joint affidavit were read over to and understood by the respective parties before they made their several signatures to the same.

Geo. E. Bowden Deputy Clk of the Court of the Corporation of the ~~Court~~ City of Norfolk Va

NOTE.—If the Clerk of the Court (Deputy will not answer) takes the declaration and affidavit instead of the Judge, he signs the foregoing certificate, and places the seal of the Court thereto, and the following certificate then goes unauthenticated; but if the Judge administers the oaths, he signs the said certificate, and then the Clerk himself authenticates the certificate hereto following:

☞This Certificate should be authenticated by the Clerk himself.

CLERK'S CERTIFICATE.

State of ..... } ss.
County of .....

I, ... Clerk of the ..... Court within and for the County and State aforesaid, do hereby certify that ..... before whom the foregoing Invalid Pension Declaration and joint affidavit were made, and who has thereunto signed his name, was, at the time of so doing, a Judge of the ..... Court in and for the County and State above-named, duly elected, qualified and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature, as it above appears, is genuine.

GIVEN under my hand and seal of ..... Court at office in ..... this ..... day ..... A. D. 186

..... CLERK

[L. S.] ..... COURT.

REMARKS.—In case the Deputy authenticates the Clerk's certificate, evidence may be required to show that the Deputy is duly appointed and authorized by law to sign the Clerk's name and use the seal of the Court—therefore, it is better to have the Clerk's own individual authentication at once, and thus save the trouble and expense of a general authentication certificate respecting the Deputy, which might be required if the papers were authenticated by him instead of the Clerk.

INSTRUCTIONS.

1. "Judge," or "Clerk." 2. "Name of the Court." 3. "City," "Town," "Corporation," or "County," as the case may be. 4. "Volunteered," or "Enlisted," as the case may be. 5. "Cavalry," "Infantry," or "Artillery." "Volunteers of ....."(here give State) naming the troops as indicated according to the corps to which they belong. If of the regular service, in place of foregoing, add: "United States Infantry," "Cavalry," or "Artillery," as the case may be. 6. Here give a particular and minute description of the wound or disability, stating when, where, and how it was incurred, and how it affects the applicant at this time. 7. "Compulsory idleness from physical incapacity to perform manual labor," if such be the fact; if not, then state what kind of labor he has performed, and whether of very light character or otherwise.

8. Here state the occupation, trade, or profession, which the applicant was engaged in.

9. Here insert "one-fourth," "one-third," "one-half," "two-thirds," "three-fourths," or "totally," as the case may be.

10. "House No. ..... on ..... street, between ..... and ..... streets, in the city of ..... in the County and State aforesaid," or if on the other hand, the applicant resides in the country instead of the city, in place of the foregoing, say: "on the wagon (or rail) road leading from ..... to ..... about ..... miles from ..... the County seat of ..... County, State above named."

11. "Sign," or "make." 12. "Name," or "mark," as the case may be.

DECLARATION FOR AN INVALID PENSION

ACT OF ..... A. D. 18

Late a ..... Applicant,

of the ..... Regiment of ..... Co.

FILED BY

Printed and sold by W. H. Moore, 484 11th St., Washington, D. C.

3—389

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., *January 2, 1915.*

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G. W. Davis
Commissioner.

RILEY MIDGETT,
ELIZABETH CITY, N.C.
115499
314 EDGE ST.,

PENSION U. S. APR 5 1915 OFFICE.

PENSION H U. S. MAY 11 1915 OFFICE.

FOLD HERE.

No. 1. Date and place of birth? *Answer.* Roanoke Island N.C

The name of organizations in which you served? *Answer.* Company F 36 U.S.C.T
Born in 1845 Either the last of July or the first of August

No. 2. What was your post office at enlistment? *Answer.* Roanoke Island N.C

No. 3. State your wife's full name and her maiden name. *Answer.* Clarissa Owens

No. 4. When, where, and by whom were you married? *Answer.* J. H. Flora
I was married in Elizabeth City N.C. Sept. 3. 1870

No. 5. Is there any official or church record of your marriage? Courthouse Record

If so, where? *Answer.* Elizabeth City N.C

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* no

FOLD HERE.

I was never married before I married the wife that I am living with now

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer.* I am her first husband
She never was married before

No. 8. Are you now living with your wife, or has there been a separation? *Answer.* living with her

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

Charlie Born 1876
Arthur " 1881
William 1883
Mary 1885
Lyrinia 1887
we had three twins to die they was the first children we had and we lost the date of birth

Date Jan 2 1915 (Signature) Riley Midgett

6—272

3–173.

SOUTH DIV. NOV 10 1898 RECEIVED.

Sol Div. Cl. Rec.

Ctf. No. 115,499, Riley Midgett, Co. F, 36 Reg't U. S. C. V.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct. 26, 1898.

SIR:

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

Very respectfully,

J. L. Davenport
Acting Commissioner.

Riley Midgett,
Elizabeth City
N. C.

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

No. 2. When, where, and by whom were you married? Answer: Oct. 1868
E. City NC. Rev Joshua Fleming

No. 3. What record of marriage exists? Answer:
Marriage Register, Reg of Deeds Office

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Charles born Dec. 26, 1875,
Arthur born Oct. 22, 1881,
William R. Jr. Feb. 28, 1883,
Mary born Aug. 3, 1884
Minnie born March 8, 1887.

Date of reply, Nov. 5, 189

Riley Midgett
(Signature.)

0-2

3—402.

Certificate No. 115499

Name, Riley Midgett

Department of the Interior,

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,

H. Clay Evans

Commissioner.

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

Answer. Yes. Clarissa Owens

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

Answer. Oct 7, 1870. Rev J. A. Fleming. Perry Co. N.C.

Third. What record of marriage exists?

Answer. County Record

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. No

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

Answer. Chas M. Dec 26/75. Arthur Oct 23/81 Wm R. July 28/83. Mary Aug 3/84. Minnie Feb 8/87

Riley Midgett
(Signature.)

Date of reply, May 4, 1898

0-8

5301b750m1-98

Copy of License of Clarrissa Midgett wid of Riley Midgett Co. H, 35 Regt. U.S. Colored Inf.

North Carolina,

Pasquotank County.)

I, J.W.Munden, Register of Deeds, in and for the County and state aforesaid, do hereby certify that Marriage License were issued to Wm R.Midgett and Clarrissa Owens on Sept 3,1870 and were Married by Joshua Fleming, J.P., Sept 4,1870, the same being duly filed and recorded in this office.

Witness my hand and official seal this the 23 day of April. 1918.

J.W. Munden
Register of Deeds.

Mar.

Evidence of
Clarrissa Midgett
Wid. of Riley Midgett
Co. F 35 Regt.
U. S. C. Infy.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Copy

PLACE OF DEATH

County: Pasquotank

Township: —

Town: —

City: Elizabeth City (No. 315 Edge St.; 4 Ward)

Registration District No. 70-2427

Certificate No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME: Riley K. Midgett

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
male	col	married

DATE OF BIRTH: — (Month) — (Day) 1853 (Year)

AGE: 65 yrs. — mos. — ds. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

EDUCATIONAL ATTAINMENTS: —

BIRTHPLACE: Roanoke Island NC

PARENTS
- NAME OF FATHER: Unknown
- BIRTHPLACE OF FATHER (State or Country):
- MAIDEN NAME OF MOTHER:
- BIRTHPLACE OF MOTHER (State or Country):

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Arthur Midgett

(Address): Eng City NC

Filed 4-26, 1918 [illegible] Registrar.

PENSION U. S. JUL 26 1918 OFFICE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 20 (Day), 1918 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1918 to Nov 20, 1918

that I last saw h— alive on Nov 17, 1918

and that death occurred on the date above stated, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) ____ yrs. ____ mos. 3 ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E. L. Hobbs, M. D.

Nov 26, 1918 (Address) Eng City NC

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eng City NC	4-22, 1918

UNDERTAKER	ADDRESS
S J Walker	Eng City NC

DIRECTIONS TO REGISTRAR FOR USE OF DEATH CERTIFICATE

EXAMINE YOUR CERTIFICATE AND SEE IF IT GIVES EVERY ITEM OF INFORMATION REQUIRED

The purpose and intention of the laws governing registration being to secure a *proper* record of each death that occurs—*which is only secured through a complete statement of the facts required*—each registrar should critically examine every certificate when presented for record, and should insist that it be made to meet the requirements before accepting it and issuing the usual burial or removal permit.

No obligation rests upon the registrar to accept an incomplete or unsatisfactory return; on the contrary, he is bound to see that it is entirely satisfactory in every respect.

It is not to be expected that all of the facts can be accurately stated in every case, but a strict observance of the practice specified will very largely reduce the number of cases incompletely reported, and, on the other hand, any laxity in this respect will surely be followed by increased carelessness in filling out the certificates.

The important statistical items that are most frequently omitted or neglected are those relating to conjugal condition, place of birth, birthplace of father and mother, and occupation. In addition to these, the cause of death is not stated so that it can be properly classified in much too large a proportion of cases. The first-mentioned items should be stated exactly as called for by the certificate.

Importance and use of the details required.—All of the personal and statistical particulars specified are extremely important, though they may serve different purposes. Where records are required for purposes of identification, it is obvious that the identification will not only be easiest, but will be most positive and accurate if every detail is properly stated.

Considering the data for statistical purposes, it should be remembered that the statistics of the *deaths* constitute only one factor in the computation of death rates, the other being the statistics of *population*, and that in order to compute the death rates the deaths must be reported in the same terms as the population. The primary classification of the population statistics is by color, general nativity and parent nativity, sex, age, conjugal condition, and occupation, with certain details under each head; and these and the sanitary conditions existing are the factors that exercise the greatest influence upon the mortality from different diseases. The compilation of uniform death rates for all states and cities, therefore, requires all of these details to be given for each place. If, for instance, the birthplace of father and mother is not given in the return of deaths for any city, it becomes not only impossible to determine the relative mortality of persons of native and of foreign parentage (a most important factor) in that city, in comparison with others, but also impossible to give any complete *summary* of the aggregate rates for these classes in the whole of the registration area.

So, too, if the conjugal condition of decedents is reported only as "single" or "married"—as is the case in a number of cities—death rates can not be computed with the population factor distinguished as single, married, *widowed*, and *divorced*.

These comments illustrate the necessity for a complete statement of all of the facts concerning deaths in any state or city. A more specific statement of the requirements is made under the items given below:

Name.—Give the name *in full*. If an unnamed infant, give the family name.

Color.—White, Black (Negro or Negro descent), Indian, Chinese, Japanese, etc. This term (color) includes *Race*, so far as the census takes note of racial distinctions. Each constitutes a certain distinct class for which certain tables will be compiled.

Sex.—Male, Female. The sex of each person should be positively stated and not left to be inferred from the name.

Date of Birth.—Give the *Year*, *Month*, and *Day* of month. This question is important as a check upon inaccurate statements of age.

Age.—Give *Years*, *Months*, and *Days*. When "Age" is called for without the exactness specified, the question might be construed as referring to age at *last* birthday, *next* birthday, or *nearest* birthday, or as a general inquiry to be answered in approximate terms, such as "10," "20," "30," etc. An exact statement of age is particularly important.

Conjugal Condition.—Single, Married, Widowed, Divorced. Many of the certificates now in use call only for "Single" and "Married." In such places the *Widowed* or *Divorced* may be entered, as "Single" or "Married," according to the point of view, and when so reported can not be separated. In computing rates showing the influence of conjugal condition upon the mortality from certain causes, the distinctions indicated are equally important and should be carefully maintained.

Birthplace (of deceased).—If born in the United States, give the name of the *State* or *Territory;* if of foreign birth, the name of the *country*. (See "Birthplace of Mother.")

Name of Father.—This is important for identification.

Birthplace of Father.—State in the same way as birthplace of deceased. (See "Birthplace of Mother.")

Maiden Name of Mother.—This is of great importance for purposes of accurate identification.

Birthplace of Mother.—State in the same way as birthplace of deceased. The birthplaces of parents are necessary in order to classify the deaths by parental nativity. The proportion of persons of foreign parentage in our population is so large, and the difference in the death rates so considerable, that this becomes a most important factor. The "Birthplace of Mother," in particular, is extensively used as best indicating the influence of race characteristics and inherited tendencies.

Occupation.—The effect of "Occupation" must necessarily be taken into consideration in any comprehensive mortality statistics, but this is one of the most difficult details to obtain in the same terms that they are given for the population, as the precise instructions given to the census enumerators as to the description and classification of occupations can not be as thoroughly applied to returns of deaths and their observance secured by the physicians, undertakers, and others who make these reports to the registration officers. Occupation should be reported for all persons who pursue some *gainful employment*. Married women and children living at home and not engaged in some remunerative employment should be returned as having "None." The general principle is to bear in mind what labor the deceased actually performed, without regard to the place or the person for whom he worked. Particular care should be taken to express the occupation in such a way as to prevent it from being confounded with other occupations. A few of the more important distinctions to be maintained are given as follows:

Civil, mechanical, and mining engineers, etc., should be distinguished from *locomotive* engineers, and the latter from those of stationary engines. Locomotive firemen should also be distinguished from those of stationary engines or members of the city fire departments.

Commercial travelers or salesmen should be distinguished from salesmen or clerks in stores.

Married women, female heads of families, or other women who are employed only in their own homes should not be reported as "housekeepers," "housewives," or "housework." These terms should be reserved for those who receive a monetary compensation.

Distinguish between *agricultural* laborers, *railroad* laborers, and other *day* laborers.

Mill or factory operatives should be distinguished according to the product of the mill—Woolen, Cotton, Carpet, Silk, Shoe, etc.

Miners should be distinguished as Coal, Iron, Lead, etc.

Educational Attainments.—Educational attainments should be stated as illiterate, able to read and write, common school education or equivalent, high school education or equivalent, college education or equivalent. If the deceased is less than fifteen years of age the educational attainments of the mother, if living, or of the father, if living, or of the guardian, in the order named, shall be given.

Date of Death.—Give the Month, Day, and Year. This and the physician's certificate of attendance are necessary to establish the fact and time of death.

Cause of Death.—The *disease causing death* should be definitely stated, or, if the death resulted from violence and not from disease, then the nature of the violence, and whether accidental, suicidal, or homicidal, should be given. Contributory causes, complications, or sequelæ of the disease causing death may be named, but mere symptoms should not be stated to the exclusion of the primary disease causing death. The duration should be stated for each cause given.

The lack of definiteness in the statement of causes of death is largely due to carelessness on the part of the physicians, who could undoubtedly make a much more satisfactory statement in many cases if their attention were called to the matter. It is the duty of the registrar accepting the certificate to see that this is invariably done when necessary.

The cause of death should be stated, in every case, so that it may be accurately classified under some *specific and definite* title of the classification. To this end it should be remembered that death is the result of disease or of external causes. If from disease, the nature of the disease, and if local, the particular organ or part of the body affected should be stated. Terms indicating mere symptoms of disease, or conditions resulting from disease, should not be accepted. Deaths from violence should be distinguished as accidental, homicidal, or suicidal, and in each case the kind of accident and nature of injury or manner of suicide should be stated.

It has been observed that, as a rule, causes of death certified by *coroners* are quite as unsatisfactory as those certified by physicians, more particularly in failing to define accidental deaths, or by reporting "heart failure" or "natural causes" in cases of deaths occurring suddenly.

In many places deaths of nonresidents are frequently registered which are not properly chargeable against the population of the places in which they occur. This is particularly true of deaths in hospitals and institutions to which persons resort for treatment for disease or injuries contracted or received elsewhere. In all such cases the information required under this heading should be supplied to permit a proper disposition of the case.

Every person, firm, or corporation selling a casket at retail, and not having charge of the disposition of the body, shall enclose within the casket a blank death certificate bearing instructions for recording the death.

READ LAW AND INSTRUCTIONS ON BACK
OF THIS BLANK BEFORE USING IT.

3—044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Virginia
COUNTY OF Norfolk } ss:

On this 11th day of April, A. D. one thousand nine hundred and Twenty one personally appeared before me, a Notary Public within and for the County and State aforesaid, Mamie Bellamy, aged Twenty Seven years, a resident of South Hill, County of Norfolk, State of Virginia, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Clarissa Midgett, who was a pensioner of the United States by certificate No. 864132 on account of the service of Riley Midgett (Name of soldier or sailor) in Co. F. 36 Reg. U.S. Colored Troops (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to Nov. 3rd, 19 20

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Clarissa Midgett

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow

3. If decedent was pensioned as an invalid soldier or sailor—

(a) Was he ever married? (Answer yes or no.) yes

(b) How many times, and to whom? Clarissa once

(c) If married, did his wife survive him? (Answer yes or no.) yes

(d) If so, is she still living? (Answer yes or no.) no

(e) If not living, give full names and dates of death of all wives Clarissa Midgett died Nov. 18th, 1920

(f) Was he ever divorced? (Answer yes or no.) no

(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no

5. Is any such child still living? (Answer yes or no.)

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid no

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no

8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written

9. Who was the beneficiary named in each policy? —

10. What was the relation of each beneficiary to the pensioner? —

11. Were the premiums paid by the deceased pensioner? —

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no

14. Did the deceased pensioner leave any money, real estate, or personal property? no ✓

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate? none

17. How was the pensioner's property disposed of?

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) no

19. What was your relation to the deceased pensioner? daughter

20. Are you married? (Answer yes or no.) yes

21. What was the cause of pensioner's death? general Paralysis

22. When did the pensioner's last sickness begin? Nov. 9th, 1920

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? Nov. 9th, 1920

24. Give the name and post-office address of each physician who attended the pensioner during last sickness
G. Hamilton Francis M.D., Liberty, Store
Berkley - Norfolk, Va.,

25. State the names of the persons by whom the pensioner was nursed during the last sickness
Mamie Bellamy

26. Where did the pensioner live during last sickness? Church St. South Hill Norfolk, Va R. 3

27. Where did the pensioner die? Church St. South Hill, Norfolk, Va. R.F.D. 3

28. When did the pensioner die? Nov. 18th 1920

29. Where was the pensioner buried? Elizabeth City, N.C.

30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) no

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

Names.	Nature of Expenses.	State Whether Paid or Unpaid.	Amount.
G. Hamilton Francis M.D.	Physician attendance	Paid	30 00 ✓
Bryant's Drug Store by Self	Medicine		20 00 ✓
	Nursing and care		none
C. N. Trotman	Undertaker	$60.00 Paid	$164 00 ✓
	Livery		
	Cemetery		
	Other expenses and their nature:		
	Total		

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner?** (Answer yes or no.) yes

That my post-office address is No. ____, on ____ street, town or city of Norfolk, Berkley, R.F.D. 3 Box 2 Morrisons Store, County of Norfolk, State of Virginia

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Mamie Bellamy
(Claimant's signature in full.)

6—1572

Also appeared ..... and .....

who, being duly sworn, say that they saw Mamie Bellamy, the claimant, sign ..... name (or make ..... mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? Widow, no child

2. When did the pensioner die? Nov. 18th 1920

3. Did pensioner leave any property? If so, state its character and value none

4. We knew pensioner two years. We believe above statements to be true because close and intimate neighbors

Name Queen Ashlew — Name George Russell

P. O. Address Berkley, Norfolk, Va. R.F.D. 3 — P. O. Address Berkley, Norfolk, Va R.F.D. 3

Subscribed and sworn to before me, this 11th day of April A. D. 1920; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is .....

Commission expires Jan. 13th 1924

Parke L. Pondexter
(Signature.)

Notary Public
(Official character.)

Cure of pneumonia stroke

Cure of pneumonia stroke

DECLARATION ACCEPTED AS CLAIM UNDER THE ACT OF MARCH 2, 1895.

CHIEF, LAW DIVISION

J14

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death November 18 1920

Give date of commencement of pensioner's last sickness Nov 9th 1920

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Nov 9 1920

During what period did you attend the pensioner? From Nov 9th to Nov 18th

State nature of disease from which pensioner died General Paralysis

Give name of each person who rendered service as nurse and who has made or will make a charge for such service Mammie Bellamy (Daughter)

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? Yes, Mammie Bellamy (Daughter)

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

April 11, 1921

G. Hamilton Francis M.D.,
Attending Physician.

....., 19

Attending Physician.

6—1572

APPLICATION FOR REIMBURSEMENT.

Cert. Certificate No. 864132

Claimant

Deceased Pensioner.

Riley Midgett

F 36 U.S.C. Civil

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or wilfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or wilfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

6—1572

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
   (*a*) *Bills of all expenses of last sickness and burial.* If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
   Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.
   All claims should be presented in the name of one person.
   Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
   (*b*) *The pension certificate which was issued in the name of the pensioner.* If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6—1572

Form 16 3M 4-17-18

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

STATE OF North Carolina, County of Pasquotank ss:

In the matter of Clarissa Midgett Wid of Riley Midgett Co. H. 36 Regt. U. S. Inf. Invid orig no. 1119,659.

ON THIS 24 day of July, A. D. 1918, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Riley Lee aged 77 years, a resident of Elizabeth City in the County of Pasquotank, and State of NC whose Post-office address is Elizabeth City NC. and David Wilson aged 70 years, a resident of Elizabeth City in the County of Pasquotank and State of NC, whose Post-office address is Elizabeth City NC

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows That they are well acquainted with Riley Midgett the deceased Soldier and Clarissa Midgett the claimant that they have known them early since they become of marriageable age. that they lived in the same vicinity and neither the deceased Soldier nor the claimant were never married untill they were married to each other. they also certify that they were never divorced from each other. and that lived together as man and wife from the date of their marriage to the date of the Soldiers death.

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

Woman's Affidavit

Postal card

PENSION U. S. JUL 26 1918 OFFICE.

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

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

Riley Lee

David Wilson

Signatures of Affiants.

STATE OF North Carolina COUNTY OF Pasquotank 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 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 are personally known to me and that they are credible persons.

[L. S.]

W. B. Cuthbertson
(Official Signature.)

Notary Public
(Official Character.)

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

Civil War Division
Clarissa Midgett Wid
of Riley Midgett late of
Co. H. 36 Regt. N. C. Inf.
Wid's orig. No. 1119,659.

ADDITIONAL EVIDENCE

CLAIM OF
Clarissa Midgett wid
of Riley Midgett late of
Co. H. 36 Regt. N. C. Inf.

AFFIDAVIT OF
Riley Lee and
David Mitchell
Elizabeth City, N. C.

FILED BY
A. W. Bell Atty.
400 Shepard St.
Elizabeth City
N. C.

SOLD BY BYRON S. ADAMS, WASHINGTON, D. C.