

CLAYPOOL, CALVIN

C-2 553 084

INVALID

Cert. No. 1019850

Name, Calvin Claypool

Rank, Pvt.; Service, Co. D, 108 U.S.C.

Vol. Inf.

Original Roll: Louisville

Agency: Transf'd, 1, to

" 1, to

Issued Dec. 14, 1907

Mailed Dec. 17, 1907

Rate and period, \$ 15, from Mar. 1, 1907

Deductions: 0

Disability: 2

DEAD.

Issued July 23, 1908

Mailed JUL 24 1908

Rate and Period, \$, from

Deductions:

Disability:

Duplicate of 4th issue

Issued

Apr. 16, 1909

Mailed

Rate and period, \$ 20, from Apr. 7, 1909

Deductions: 0

Disability:

Issued

Mailed

Rate and period, \$, from

Deductions:

Disability:

INDORSEMENTS.

DROPPED

July 10 1912
Dead H.H.R.

May 26, 1908.
 Pen. Ctf. & Ord.
 Enc. (Date com. cor.
 in letter from June) -
 That as Ctf. is correct
 & refundment of amt.
 overpaid made, the
 Ord. to Enc. has been
 corrected.

S.C.C.

1908, Mar 31 -

all for day after hour
 E.C.B.

April 22, 1908 May permit
 to pensr. Pen. Ctf.
 advised, see apply
 for dupl. Ctf. Ord.

(3-230.)

INVALID. (Series _____)

Cert. No. 1019850

Name

Rank

Agency

Original Roll

Transf'd

Issued

Mailed

Rate and Period, \$

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$

Deductions:

Disability:

Mc

Class

Issue

13

Rev

Class

Issue

4

Entered

Mc

Class

Issue

4

Entered

Mc

Class

Issue

4

Issued

Mailed

Rate and Period, \$/2

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$ 15

Deductions:

Disability:

INDORSEMENTS.

Feb. 18, 1904. P.A. as to date
 of commencement - D.C.
 Nov 25, 1904. Adviser that com.
 date of issue is "July 22, 1903."
 S.C.C.

APR 1 1904

Pen 30 days
 in to return to court
 must & never return
 to
 11 acts upon P.A. as to discharging
 9-16

Aug 18th 1899. Clint.
Med. Ex. by Bd. Surg. at:
Russellville Ky
Dec. 29/99 J.C.C.
Lockwood not recognized. D.C.C.

Dec. 31st 1899
Med. Ex. by Bd. Surg. at
Bowling Green Ky
Feb. 21 M.E.M. D.C.C.
Court for Special D.C.C.
Feb. 27. M.E.M. D.C.C.
Atty. Pennebaker, test. cont. when
July 29th 1900 to Jan. 10, 1901.
March 20, 1900. D.C.C.
above call repeated to Clint then
Hon. Wm. J. Debol. D.C.C.
Sept. 24/00. Lockwood. not
recognized. D.C.C.
Dec. 1, 1900
Atty. Pennebaker, test. cont. when
July 29/99 to Jan. 10, 1900 Dr.
Porter W. Blackburn insufficient.
Jan. 29, 1901 D.C.C.
Ag. her. dis. in. D.C.C.

[3-216 a.]
Cameron Ex'r.
Orig. No. 593, 388
198
Act of June 27, 1890.

Calvin Claypool
Room 111 Bldg. 10th St.
P.O. Bowling Green
Warren Co. Ky.
Service: D. 108 - U.S. C. Inf.
Enlisted: 18
Discharged: 18
Application filed: Oct. 12, 1893.
Alleges:
Any other Claim filed: O. 5-93. 388
Numerical No.

Attorney: C. D. Pennebaker
P. O. City
Recognized. Contract.
Cert. of Dis. Searched for 18
(4476-50,000.)

md Oct - 21 - 73
Oct 2/93 Atty Pennebaker
MD. For application to court other dis.
VA. For ci. & hick. of dis. and
W. VA. Testimony of witnesses. D.C.C.

April 7/94
Atty. for full hist.
N. C. Atty Pennebaker for or. of dis.
S. C. Test. to same, vic. hab. & cont.
FLA. Med. Ex. at Bowling Green Ky.
GA. April 17/94
ALA. Jan. 9/96 Atty. Millikin
MISS. Ex. Bd. at Bowling Green Ky.
LA. March 2/96. J.C.C.
TEX. Club. (to Hon. W. G. Hunter
KY. awaiti sug. certif. D.C.C.
TENN. May 23/96. C. D. Pennebaker.
MO. why not recognized.
ARK. H. B. Milliken recognized.
D. C. July 27/96. F. Law
U.S.C.T. Atty. Millikin and Clint.
Letters of refection D.C.C.

Ex. Ord. Russellville, Ky.
Jan 4th 1897. J. D. W.
June 5, 1899. Atty. C. D. Pennebaker
date & cause of refection. Evidence
since filed can be considered
only in connection with a new
& formal declaration. A.D.

Feb. 24/99
clint- the Hon John S. Reach
for test to origin rheu.
D.C.C.
march. 5/99.

clint- the Hon. John S. Reach
claim awaits test. to origin of
rheu. Affiants French & Boring
did not belong to Co. D,
Atty. Pennabaker the same.
offer to furnish Com. addresses.
clint. should state when rheu. first
appeared & strive to get names of
surgeons who treated him for same.
Cer. with Loring, Williams, Jewell, D. C. C.
Jewell, & Cook,
May 13/99.
A. N. Sm. Div. for Com's add
May 25/99
clint- the Hon Wm J. Debow. Test.
to origin rheu. List of Com.
incl. sent clint. to furnish test. state why. D.C.C.
Feb 27, M.C.M.
Calls repeated this att Pennabaker

March 20, 1900, D.C.C.
above call repeated to clint
the Hon. Wm J. Debow. D.C.C.

Cameron [3-216.]
~~Whitaker~~ Ex'r. INVALID.
No. 593 388
Acts of July 14, 1862, and March 3, 1873.

Calvin Claypool
Room 1 Mc Elroy Bldg, 110 St.
P. O. ~~Warren St.~~
Service: ~~St. 10 108 "M.C. Inf"~~
Enlisted: July 7, 1864.
Discharged: April 4, 1866.
Application filed: Jan 8, 1897.
Alleges: Measles, Rheu and
dis of Lung.
Re-enlisted:
V

C. D. Pennabaker
Attorney: ~~City~~
P. O. ~~City~~
Recognized. Contract.
Cert. of Dis. Searched for
(1887-8,000.)

March 28/88 orig + cont to atty.
M.D. ~~for Mat Mil. Surg~~
V.A. ~~Ed. Surgs Bowling Green Ky~~
W. V.A. ~~at 49 to claim it~~

July 16/92 Atty
N. C. ev off room and
S. C. ~~8 rheu, arm lungs & eyes~~
FLA. ~~Phys treat. since,~~
GA. ~~ALA. P.H. ocul 2 Jewell~~
MISS. ~~LA July 18-92. Did not go to Bowling Green~~
TEX. ~~Feb. 23/93 Atty, full~~
KY. ~~TENN. call for origin again, Dr~~
Mo. ~~April 17/94~~
ARK. ~~Atty Pennabaker for address~~
D. C. ~~& service of Loring & Williams~~
U.S.C.T. ~~add'l test as to rheu, lungs~~
Nov. 9/96. D.C.C.
med. Ref. for opinion

June 18/98 clint
No. ~~Ex. 130~~ ~~Reports of examining surgeons~~
Inspected by Atty. ~~C.D. Pennabaker~~
Attorneys' Receipt
Feb. 2/99. Oct 3/98
Furn. data & for clint. due to
dis. med. Ref. for D.C.C.
Division

of June 27, 1890.

3-1638.

INCREASE.

Hutchinson
Claim to

No. 1019, 850

Calvin Claypool,
P. O., Bowling Green,
County, Warren,
State, Ky.

Application filed Nov. 1st, 1902

State Service, D 108 U.S.C. Inf.

July 12 1903 Med Exam ordered
before Judge (by B. C. Claypool)
city notified

July 15 1903 Med Ex
Bowling Green Ky -
value of City Pennabaker
H & W

Disability,

Attorney, C. D. Pennabaker,

P. O., City,

County, State,

(91-50.000.)

A. W. Y.

Attorney
Filed.

1264

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 1019.850

Oakrim Claypool
P. O., Bowling Green

County, Warren

State, Ky.

Application filed Dec. 21 1903

Service, D. 108 "U. S.

C. Inf.

Feb. 8, 1905, Pennebaker, Sec. Med. Exam. F. E. K.

AUG 7 1905

Med Exam at

Russleville by Atty

Pennebaker not at Russ

Attorney Filed

Attorney, C. H. Pennebaker

P. O., City

County, State,

(181 room.)

M. D.

UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 1019, 850.
Calvin Claypool
P. O., Bowling Green
County, Warren

State, Ky

Application filed June 22, 1905.

Service, 10 108 N.B.C. Inf.

AUG 7 1905

Ind. Green at
Russellville Ky. atty
Pennebaker notified RUB

November 24, 1905. Pennebaker,
Failure to appear circular sent
Mrs. McD.

JAN 8 1906

Ex. Bd. Bowling Green Ky
atty Pennebaker notified. Ind

Attorney, C. D. Pennebaker

P. O., City

County, State,

(181 100m.)

2

136

Attorney filed

Act of Feb. 6, 1907.

Cert. 1019850

Name, Calvin Gaypool
Island Park
Warren, Co. Ky.

Application filed Mar. 1, 1907Service, U. S. 108 U. S. 60ld. Jm. ✓Oct. 23. 07. group of birth. V.S.

rma.

INCREASE.

3 1647.

J. A. H.

Act of Feb. 6, 1907.

Cert. 1019850

CONGRESSIONAL
Name,

Calvin Claypool

Application filed

Apr 7, 1909

Service,

D 108 M & C

Apr. 12/09. Hon. W. E. Cox

adv. claim subm.
Erwin

INCREASE.

3-1647.

Act of Feb. 6, 1907.

Cert. 1019850

Name,

Calvin Claypool

REJECTED.

Application filed

May 22, 1908

Service,

at 108 N. 2nd St.

June 25/08, Clerk letter

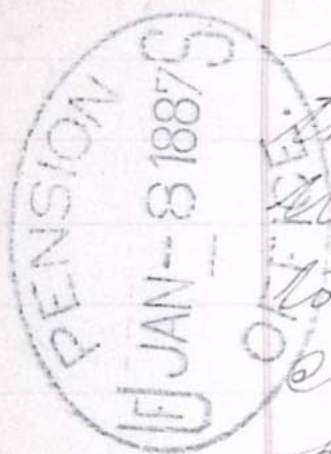
of reg. - DB

State of Kentucky }
County of Warren } S. S.

On this the 5th day of January
1887 personally appeared before me,
Clerk of the County Court within & for
the County & State of aforesaid
Calvin Claypool, a resident of
the City of Bowling Green, County of
Warren, State of Kentucky, considered
to be a reputable man & worthy of full
credit, who, being first duly sworn, on
his oath, states

That his P. O. address is Bowling-
Green, County of Warren, State of
Kentucky; that he was in the war of
1861-5- a private of Co. "D" 108th - Enlisted
on the 7th day of July 1864 - Discharged
on the 4th day of March 1866 That prior
to his enlistment he was a healthy &
sound man, free from all physical ail-
-ments whatever - That he was born
in the County of Warren, State of Kentucky
& has resided within the County during
his life, without any change His height is
about six feet, his age now is fifty years
his complexion is brown, his eyes & hair
are both black

That he was attacked with measles at



Taylor Barracks, Louisville in July 1864
& before his recovery he was sent to Mays-
ville Kentucky & was afflicted with Fever
& was returned to the Hospital at Louisville
Kentucky in Aug. 1864 when he remained
until about the 1st of the year 1865 - from
the effects of said disease, he contracted
Rheumatism, & Lungs trouble & his eyes
have been weak ever since & at times
he has great difficulty in seeing & has
often to use glasses. That he has con-
tinued to be afflicted with a cough,
with Rheumatism in his limbs, & sore
eyes up to the present time. In consid-
eration of the foregoing facts, he hereby
prays that a Pension be allowed him
& his name be placed on the Pension Roll
of the U. S. & hereby appoints P. B. Hawkins
of Bowling Green Kentucky his true &
lawful Attorney to prosecute, & his his
claim -

Witnesses
A. H. Rice
M. Seddon.

his
Calvin C. Clapp
Drake

Also personally appeared before me,
Westley Ferguson & James Garber residents
of the City of Bowling Green, Kentucky
Considered to be reputable men &

worthy of full credit, who, being first
duly sworn according to law, on ~~their~~
oath state

That this P. O. address is Bowling Green
Kentucky - That they were present & saw
the said Edwin C. Capper make his mark
to the foregoing declaration & that they
have every reason to believe & to know
that he is the identical person he represents
himself to be. For they were members of the
same Regt during the war - Ferguson of Co. 'D'
& Garber of Co. 'R'. That they know he had
the Measles in Louisville in July 1864 - was sick
at Mayville & was sick in the hospital in
latter part of the year 1864. That they know
he was in the latter part of the service afflicted
with Rheumatism, suffered with a cough &
had sore eyes - was in this condition when
discharged & has continued to be afflicted
in the same ever since - That he has
been disabled during the whole time, for
manual labor at least one half - & during
the last 5 or 6 years he has been almost
entirely disabled & is now wearing blue
glasses. They know the foregoing because
they were with him in the same Regt &
were discharged at the same time & have
lived in the same section of the country

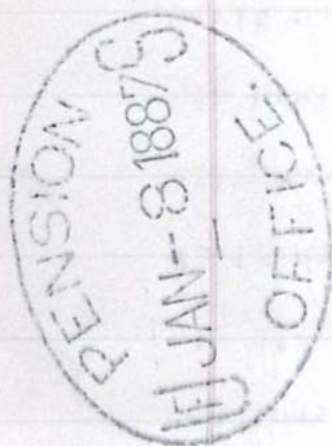
ever since discharged - That they have
no interest in the prosecution of this
claim.

Witnesses
A. H. Price
M. Geddes.

^{his}
Walter X Ferguson
^{mark}
^{his}
James X Garber
^{mark}

Sworn to & subscribed before me, this the
5th day of December 1887. & I hereby certify
that the contents of foregoing Declaration
&c were fully made known & explained
to the applicants & witnesses before swearing
& that I have no interest in the prosecution
of this claim.

J. M. Matlack Clerk
By B. F. Germond



+

U. S. C. by

No. 456140

WAR DEPARTMENT,

Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., May 17, 1887.

SIR:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 456140, with such information as is furnished by the records filed in this Office, viz: that Calvin Claypool, Pvt. Co. D. 108th Ill. Inf. was admitted to No. 20 G. H. (Branch of Eruptive G. H.) Louisville, Ky. July 19. 64 from Taylor Barracks with Measles & returned to duty Aug. 15. 64; that Calvin Claypool, Priv. Co. D. 108th Regt. was admitted to Corps D'Artillerie Hosp. New Albany, Ind. Aug. 27. 64 with Debility & transferred Oct. 4. 64; that Calvin Claypool - Pvt. Co. D. said Regt. entered No. 5 G. H. New Albany Oct. 5. 64 with Remittent Fever and returned to duty Jan. 12. 65. & that Calvin Claypool, Pvt. Co. D. said Regt. entered Post Hosp. Meridian Station, Miss. Sept. 1. 65 "Complaint, Intermittent" & returned to duty Sept. 7. 1865. Attention is invited to accompanying report from records of Post Hosp. Taylor Barracks, Louisville, Ky. No record found of Section treatment for any disability other than indicated above and in accompanying report of this date.

By order of the Surgeon General:

To the

Commissioner of Pensions.

F. C. Ainsworth

Assistant Surgeon, U. S. Army
(125)

per LWB

Hospital Taylor T. Jackson
Louisville, Ky.

(133)

May 17, 1887.

No. 456140

Alck

(3-065.)

Department of the Interior,
BUREAU OF PENSIONS,

May 12th, 1887.

Sir:

Please furnish this Bureau a report of hospital treatment in the Claim No. 593.388, of Calvin Claypool, late a Private Co. D. 108 U.S.C.T., from the data given below.

1. Disability from Mearles, Fever and Sequela viz: Rheumatism affection of Eyes and Limbs at Taylor Barracks Louisville Ky. July 1864
2. Treatment, as follows: Hospital at Louisville Ky

3. The Adjutant General's report shows: None rec'd

4. Discharged Mar 4, 1866

Very respectfully,

John C. Black,
Commissioner

The Surgeon General U. S. A.

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.

ORIGINAL

Pension Claim No. 593588

Name and rank of claimant.

Calvin Claypool

Rank, Pri

Claimant's post office address.

Company D, 108 Reg't U S C T
Bowling Green Ky

Bowling Green Ky

State,

(Post office address of the Board.)

May 25th

1887.

(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.

Measles Fever & Sequela Viz Rheumatism
affection of Eyes & Lungs

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

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

Pulse rate per minute, 60; respiration, 18; temperature, 98°; height, 5 feet 9 inches; weight, 150 pounds; age, 50 years.

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

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

Had measles at Louisville Ky during service which caused disease of Lungs & Pain in left side. Rheumatism & affection of eyes

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.

Upon examination we find the following objective conditions:

Has slight Otorrhoeum both ears (inner side) not inflamed &c. Has normal vascular breathing over lungs. No cough or expectoration &c all joints muscles & tendons are in apparent normal condition. Slightly emaciated. Heart normal as to sounds, size &c. Claimant has the appearance of an invalid though there are few pathological evidences of disease

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 1, 1/2, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 2/18

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

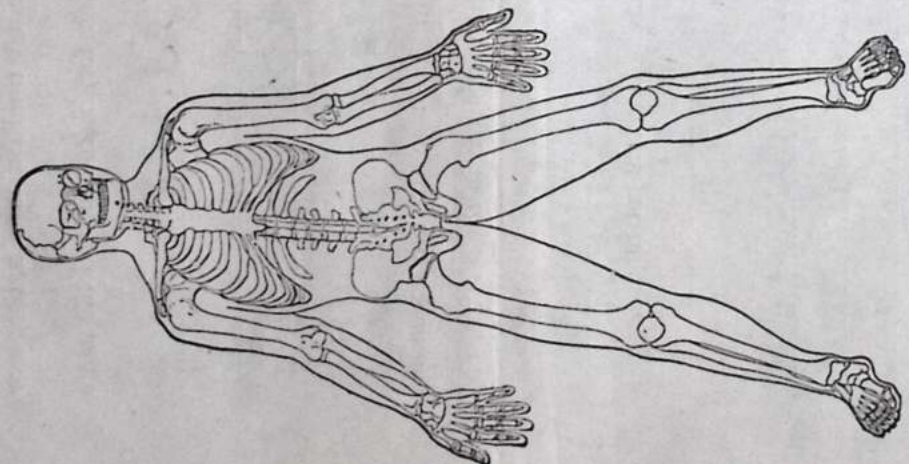
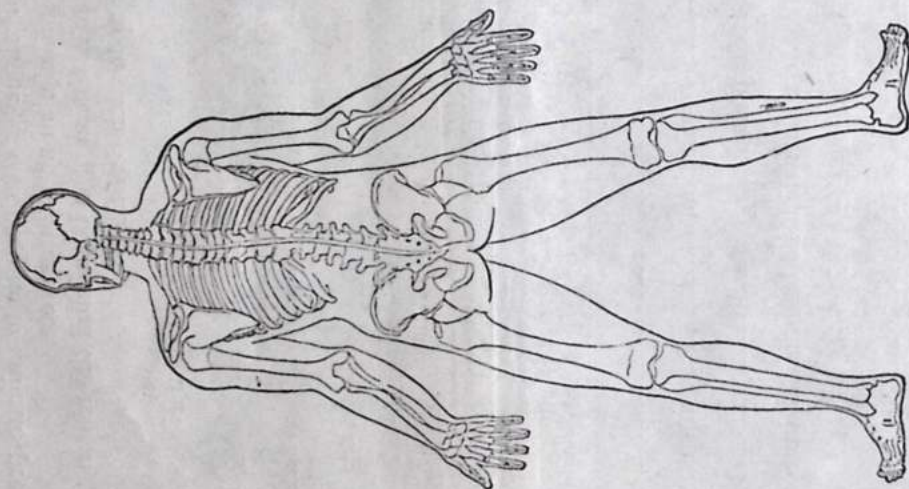
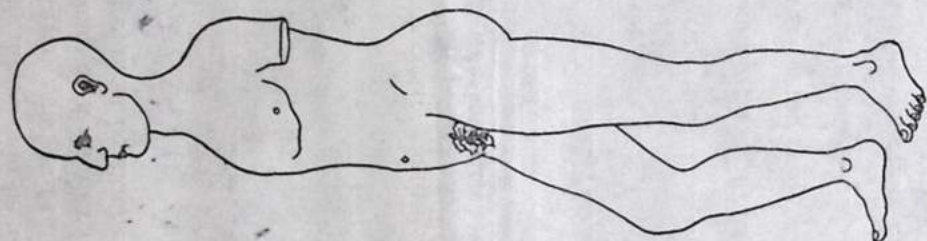
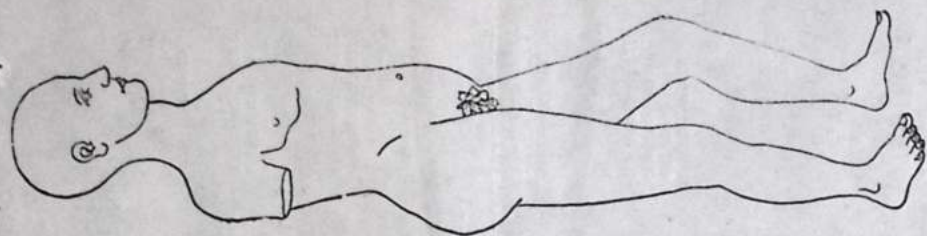
rating for the disability caused by Disease of eyes, _____ for that caused by _____, and _____ caused by _____

* See the back.

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

M. M. Claypool, Pres. J. B. Carson, Sec'y. J. B. Carson, Treas.

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



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

SURGEON'S CERTIFICATE

IN CASE OF

Catrin Claypool

Co. *D*, 108 Reg't *U S C T*

Applicant for *Original*

No. *593388*

DATE OF EXAMINATION:

Wednesday May 25, 188*7*.

W M Claypool, Pres.,
J. C. Carson, Sec'y,
M. J. Thomas, Treas., } BOARD.

Post office, *Bowling Green*

County, *Warren*

State, *Kentucky*

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.]

Records on file do not show disabilities alleged, nature of sickness above reported, nor afford any additional information as to disability during service.

Regtl. Presc. Book cover June '95 to Sept. '65.

Regtl. Hospital Register not on file.

S. J. A.
2.13

I am, sir, very respectfully,

Your obedient servant,

THE COMMISSIONER OF PENSIONS,
Washington, D. C.

R. B. Drum
Assistant Adjutant General.

by *W. H. Miley*

667 1/2

MA

893.388

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Aug. 22-, 1887.

Respectfully returned to the Commissioner of Pensions.

Calvin Claypool, a Private of Company D,
108th Regiment U. S. Colored Troops Volunteers, was enrolled on the
7th day of July, 1864, at Bowling Green, Ky.,
and is reported: on muster roll from Organization to Aug. 31. 64.
"Absent sick in Hospl., since Aug. 27. 64; Sept., & Oct., & Nov. & Dec.,
"Absent sick in Hospl., since Aug. 25. 64, at Louisville, Ky.; Jan., &
Feby, 65, present, "Returned from Hospl., Jan. 17. 1865;
March, & April, & to Dec. 31. 65, present for duty;

He was mustered out of service with Co.
J. D. March, 21. 1866, at Vicksburg, Miss.

Les. Morning Reports, corig service, show him July '9/64,
"Sent to hospl.; Aug. '7/64, "From hospl. to duty"; Aug. 28/64, "Left
sick at Louisville"; Jan'y '7/65, "Returned from Genl. Hospl."

Les. Returns corig Aug. 1864 to Jan'y 1866, show him Aug. 1865
"Absent sick in hospl. since Aug. 27/64; Sept 1864 to Dec. 1864, "Absent
sick in hospl. since Aug. 25/64

Southern Div.
Ala. R. Ex'r.
 No. *593.388*

Department of the Interior,

BUREAU OF PENSIONS,

Calvin Claypool
D. 108 M. S. C. T.

May 12th, 1887.

SIR:

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

Calvin Claypool, who, it is claimed, enlisted
July 7, 18*64*, and served as *Private*
 in Co. *D*, *108* Reg't *M. S. C. T.*; also in Co. _____

and was discharged at _____

Mar 4, 18*66*

While serving in Co. *D*, *108* Reg't *M. S. C. T.* he was disabled by
Measles, Fever and Sequela viz: Rheumatism
affection of Eyes and Limbs. at Louisville Ky
also July 1864.

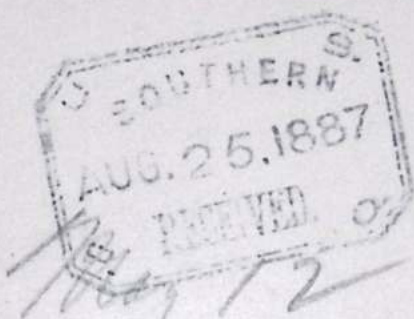
and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Reg't Hosp.

Very respectfully,

John C. Black,
 Commissioner

The Adjutant General, U. S. Army.



Southern Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No *593.388*

Calvin Claypool
D. 108 U. S. G. T.

State of Kentucky } N^o 593 388
County of Warren } S.S.

In the matter of the Pension
claim N^o 593 388 of Calvin Claypool
late of C. S. D. 108th Ind. C. Inf. of Ky
On this, the 19th day of August 1891
personally appeared before me, a
Notary Public, within & for the County
& State aforesaid

Burrell Jewell & Henry Jewell
residents of the County of Warren
State of Kentucky, respectable &
worthy of full credit, who, being duly
sworn according to law, on their oath
state -

That their P. O. address is Bow-
ling-Green, County of Warren, State
of Kentucky - that their ages are
respectively, 60 & 50 years - That
they have been neighbors of & well
acquainted with the said

Calvin Claypool
ever since he came out of
the Army & know that he has been
afflicted with Rheumatism, with
his limbs often swollen, with a
misery in his left side in the region
of his lungs & heart & a constant cough



I am fully satisfied that he has been disabled each year at least three years fourths. They know the foregoing of their own personal knowledge, because they have been his neighbors during the whole time & have often worked him. They have no interest in the prosecution of this claim.

Witnesses
 J. C. Strange
 W. D. Markham
 Burrell ^{his} Jewell
 Henry ^{his} Jewell
 Mark -

Sworn to & subscribed before me, this 19th day of August 1891, & I hereby certify that the contents of the foregoing Affidavit were fully made known & explained to the affiants before swearing & that I have no interest in this claim -

M. B. Price
 N. D. W. C.

Invalid Pension
 Claim # 103-93388
 Calvin Claybrook
 Date of C. D. 108th
 U. S. C. Engr of R.



Affidavits of
 2 neighbors.

Filed by
 P. B. Hawkins
 Bowling Green
 Kentucky

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

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

Insert character and number of claim.

Original

Pension Claim No. *593,388*

Name and rank of claimant.

Galbreath Claypool

, Rank, *Pvt.*

Company *A, 108th Reg't*

Borlingham State,

Claimant's post-office address.

Borlingham

[Post-office address of the Board.]

[Date of examination.]

Cause of disability.

in the service, viz: *Measles Resulting Rheumatism*
Swelling of Lungs & Horn Eyes

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

and that he receives a pension of *2* dollars per month

He makes the following statement upon which he bases his claim for *Original*
[Original, increase, restoration, &c.]

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

Contracted measles at Louisville
by during service resulting
in above.

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

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98*; height, *5* feet *8* inches; weight, *117* pounds; age, *60* years. *This claimant shows*
age. Is pale and emaciated
with dry skin. There is stiffness
of all large joints, attended
with muscular cramps in
motion of muscles knees and
ankles. The latter shows evidence
to contraction of muscles or tendons
and no osseous change. stiffness
his right wrist. Heart normal
in with high arterial pressure.
Impaired from slight evidence
condition of both lower legs
especially right on which is
large white area ulcer also small
ulcer on left leg. as marked on
hyacinth. rarely from right wrist
chest joint with normal movements
33-35. decidedly more than pale
but distinct. no valves. no dullness
no rattles. suffers from mild
chronic pharyngitis with enlarged
tonsils over.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *6/18*
rating for the disability caused by *Rheumatism* & *4/18* for that caused
by *emaciation*, and *0* for that caused by *lung*
and *4/18* for *Pharyngitis* & *0* for *eyes*

J. B. Taylor, Pres. *A. P. Thomas*, Sec'y. *H. P. Cartwright*, Treas.

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

Continue record of examination here.

and elongation of uvula. Slight
 excoriation of uvulae. Mucous
 and creases a little. No
 rotting of pharynx. No
 inflammation. No other disability
 is into. No degree of disability
 of eyes. except diminution vision
 from age. no rotting



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Maynard
 "D" 108" Reg't 108th

Applicant for *original*

No. *73,388*

DATE OF EXAMINATION:

August 3rd, 189*2*

J. Taylor, Pres.,
W. H. Taylor, Sec'y,
H. D. Wright, Treas.,
 BOARD.

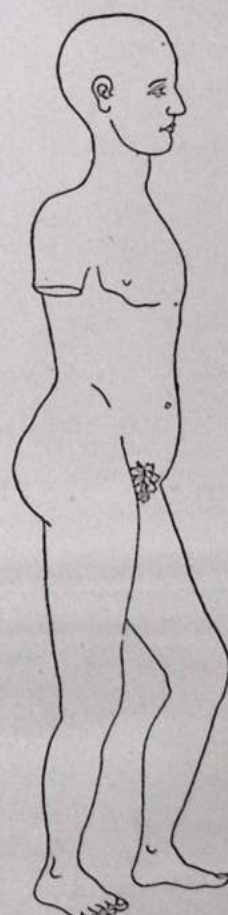
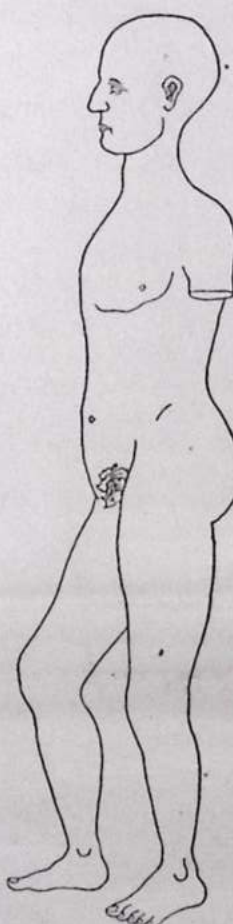
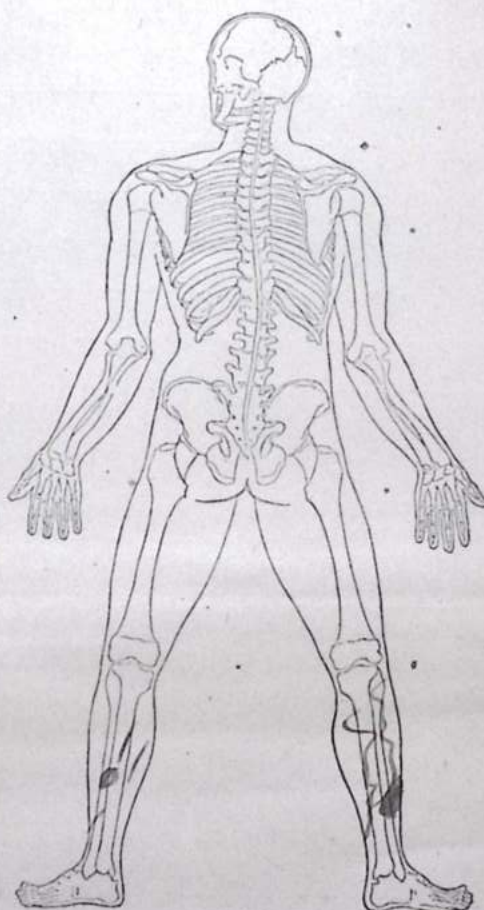
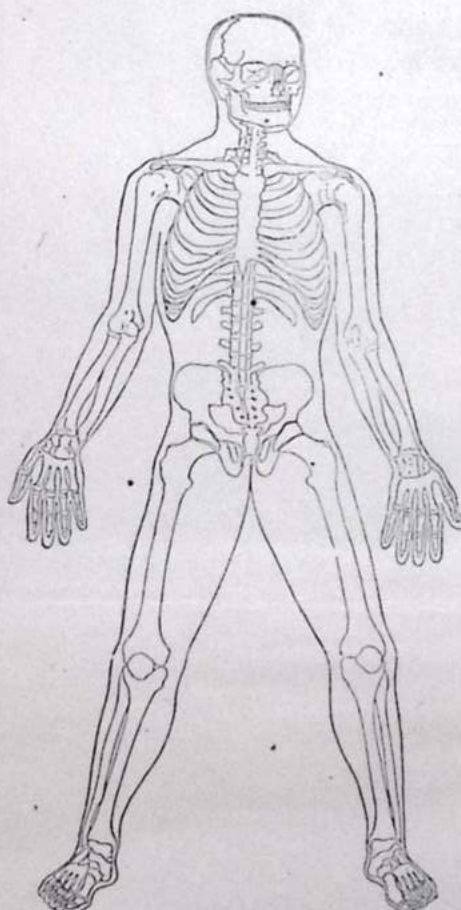
Post office, *Princeton*

County, *Warren Co*

State, *Pa*

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

Princeton



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. [Extra Section 4, Act of Congress approved July 25, 1882.]

ACT OF JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

STATE OF Kentucky
COUNTY OF Warren } ss.

On this _____ day of _____, A. D. one thousand eight hundred and ninety-3
before me, an officer duly authorized to administer oaths for general purposes within and for the county and
state aforesaid, personally appeared Calvin Claypool,
aged 36 years, a resident of the County of Warren, State of
Ky., who, being duly sworn according to law, declares that he is the identical person
who was ENROLLED on the 7 day of July 1864, in Co. D 108
USCT (Here state rank, company
Reg't _____ Vols., in the war of the rebellion, and served at least
and regiment in the Military service, or vessel, if in the Navy.)
ninety days, and was HONORABLY DISCHARGED at Louisville Ky., on the 4
day of March 1866. That he has not been employed in the military or naval
service otherwise than as stated above _____
(If any other service state what the service was, whether

prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the 4 day of
March 1866. That he is unable to earn a support by manual labor, by reason of
Rheumatism and results - Disease of eyes -
Disease of lungs - General debility
(Here name ALL diseases or injuries from which disabled at this time.)

which said disability originated at the time, and under the circumstances as set out in
his original declaration filed 8 January 1887.
the said disability was incurred.) (State fully when, where and how

That in addition thereto, he may also suffer from other disabilities, which will be hereafter disclosed by med-
ical examination. That his disabilities are not due to his vicious habits, and are to the best of his knowledge
and belief permanent. That he has — applied for pension under application No. 593 388.
That he makes this declaration for the purpose of being placed on the pension roll of the United States under
the provisions of the Act of June 27, 1890.

He hereby appoints C. D. PENNEBAKER, of WASHINGTON, D. C., his true and lawful attorney to
prosecute his claim, and he hereby promises and agrees to pay his said attorney the sum of ten (\$10) dollars
for his services herein, which sum he authorizes and requests the Commissioner of Pensions to pay out of the
pension which may be granted him under this application.

That his POST OFFICE ADDRESS is Bowling Green
county of Warren, state of Kentucky.

Calvin X Claypool
(Claimant's Signature)
mark

ATTEST:

L. M. Adams
Ely Adams

Also personally appeared Rembert Grand, residing at _____
and Henry Claypool, residing at _____, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say 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 for 20 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.

Rembert Grand ^{his}
Henry Claypool ^{his}
(Signatures of witnesses.)

Sworn to and subscribed before me this 10 day of October

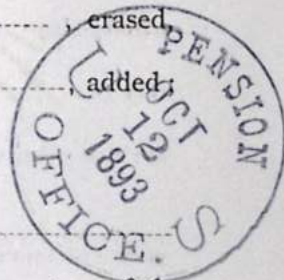
A. D. 1893, and I hereby certify that the contents of the above declaration, &c., were
fully made known and explained to the applicant and witnesses before swearing, including
the words _____

and the words _____

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

M. B. Price
(Signature.)

Notary Public Warren Co. N.Y.
(Official character.)

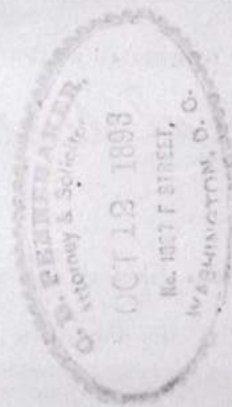


SEAL

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME Calvin Claypool
SERVICE A 108 1862-4
593388



C. D. PENNEBAKER,
Attorney-at-Law,
1307 F Street N. W.,
Washington, D. C.

ROTHSCHILD, PH. 1001 F ST.



orig. 593388e
100

26918



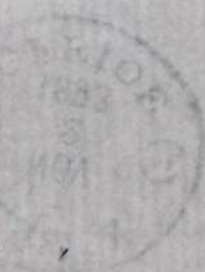
In the matter of Calvin Claypool claim for Pension No. 593 388
this day appeared before M.B.Price Notary Public Warren Co.Ky
Claimant Calvin Claypool who being first duly sworn declared
on oath that he didn't remember the names of a commissioned
officer or the Surgeon of the Regiment to which he belonged
and that the Physician Dr. Claypool who attended him since
his discharge has gone from the town to find a location in the
West, and he further swears that the foregoing testimony was
all prepared to be type written in his presence and only from
his oral statements this day made, that he declared said affi-
davit on this day to M.B.Price Notary Public at her office in
the town of Bowling Green Ky, and the same was then and there
reduced to writing by her from said oral statements and that
in making the same he ~~xx~~ did not use and was not aided or
prompted by any written or printed statement or recital pre-
pared or dictated by any other person.

J. F. Hawkins
L. M. Adams

Calvin ^{his} X C. Claypool
mort

Subscribed and sworn to before me by Calvin Claypool this 26th
day of October 1893.

M. B. Price
Notary Public Warren Co. Ky

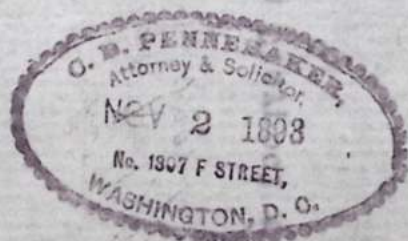


South

593,388

Calvin Clayborne

& 108 West



ACT OF JUNE 27, 1890.

Amended

DECLARATION FOR INVALID PENSION.

STATE OF *Kentucky*
COUNTY OF *Warren* } ss.

On this *8* day of *Nov*, A. D. one thousand eight hundred and ninety-*3*

before me, an officer duly authorized to administer oaths for general purposes within and for the county and state aforesaid, personally appeared *Calvin Claypool*,

aged *50 or more* years, a resident of the County of *Warren*, State of

Ky, who, being duly sworn according to law, declares that he is the identical person

who was ENROLLED on the *7* day of *July*, 186*4*, in Co. *D* *108*
(Here state rank, company)

Reg't *USCT* Vols., in the war of the rebellion, and served at least
and regiment in the Military service, or vessel, if in the Navy.)

ninety days, and was HONORABLY DISCHARGED at *Louisville*, on the *4*

day of *March*, 186*6*. That he has *not* been employed in the military or naval

service otherwise than as stated above

(If any other service state what the service was, whether

prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the *his discharge* day of
18*64*. That he is unable to earn a support by manual labor, by reason of

Varicose veins - Pharyngitis - Rheumatism -
(Here name ALL diseases or injuries from which disabled at this time.)

Results of measles - Disease of lungs - Weak eyes -
General debility - This application is filed as

which said disability originated at the time, and under the circumstances as follows: *an amend-*
(State fully when, where and how)

ment to his declaration filed 12 October 1893.
the said disability was incurred.)

That in addition thereto, he may also suffer from other disabilities, which will be hereafter disclosed by medical examination. That his disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has *—* applied for pension under application No. *593 388*

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

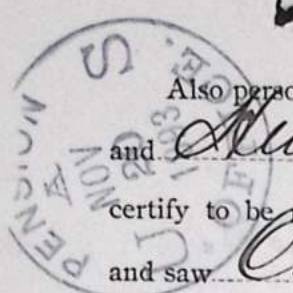
He hereby appoints C. D. PENNEBAKER, of WASHINGTON, D. C., his true and lawful attorney to prosecute his claim, and he hereby promises and agrees to pay his said attorney the sum of ten (\$10) dollars for his services herein, which sum he authorizes and requests the Commissioner of Pensions to pay out of the pension which may be granted him under this application.

That his POST-OFFICE ADDRESS is *Bowling Green,*
county of *Warren*, state of *Kentucky*

Calvin Claypool
(Claimant's Signature.)
mark

ATTEST:

P. J. Gardner
R. M. Coe



Also personally appeared Jerry Horn residing at Powhig Green Ky
 and Henry Clay Pool, residing at Powhig Green Ky persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
 and saw Calvin Clay Pool, the claimant, sign his name (or make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant and
 their acquaintance with him for 15 years and 30 years, respectively,
 that he is the identical person he represents himself to be; and that they have no interest in the prosecution
 of this claim.

Att. G. F. Gardner
R. M. Coe

Jerry Horn
Henry Clay Pool
 (Signatures of witnesses.)

Sworn to and subscribed before me this 8th day of Nov

A. D. 1893, 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.

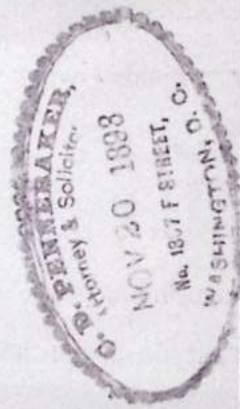
S. M. Mallock
 (Signature.)
Ow@@@
 (Official character.)

SEAL

Inv. reg. 593,388
049
Sup. J.

ACT OF JUNE 27, 1890.
Amended
 SOLDIER'S APPLICATION.

NAME. Calvin Clay Pool
 SERVICE. D 108 West 2nd
0.593.388



C. D. PENNEBAKER,
 Attorney-at-Law,
 1307 F Street N. W.,
 Washington, D. C.
 ROTHBURY, PH. 1001 F ST.



26918

In the case of Calvin Claypool claim for Pension No. 393 388 this day appeared before M.B.Price Notary Public Warren Co.Ky French Loving and Richard Williams who being first duly sworn declared on oath that they were comrades in arms with claimant Calvin Claypool that they know from being with him that he contracted rheumatism at Vicksburg from exposure, that they saw him when he was in the hospital at Rock Island with rheumatism and a cough and complained with pain in his lungs, and was afflicted in the same way at the time of his discharge and that he had never since been able to do any manual labor, that they had visited him frequently since and know he has the rheumatism from the way he suffers and that he has a cough and suffers with his lungs, having pains in all parts of his body. They also swear that his eyes are afflicted. They further swear that the foregoing testimony was all prepared to be type written in their presence and only from their oral statements this day made, that they declared said affidavit on this day to M.B.Price Notary Public at her office in the town of Bowling Green Ky, and the same was then and there reduced to writing by her from said oral statements and that in making the same they did not use and was not aided or prompted by any written or printed statement or recital prepared by any other person.

Witnesses

J. L. Hawkins

L. M. Adams

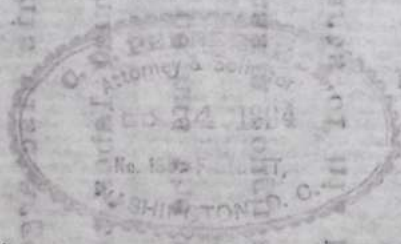
^{his}
French X Loving
marks

^{his}
Richard X Williams
marks

Subscribed and sworn to before me by French Loving and Richard Williams this 19th day of February 1894.

M. B. Price
Notary Public Warren Co. Ky

593.388
Calvin Playpool
A 105 H 1



RECORD & PENSION OFFICE
APR 18 1016639
WAR DEPARTMENT

(B-464.-aa.)

So DIVISION.

Acc.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 17, 1894.

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history *if any additional shown*
by records now on file of the soldier.
(Descriptive list.)

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

Inv.
Claim No. *573,385*

Name *Calvin Claypool*

Co. *D* 108 Regt. *U. S. C. Inf.*

J. M. Loghouse

Commissioner.

12088-10,000.

6-843

All reports enclosed.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, APR 18 1894, 189

Respectfully returned to *the*
Commissioner of Pensions
with the information that *in the*
case of Calvin Claypool
Co. D. 108 U. S. C. Inf. the
military records furnish
nothing additional
to report of Aug 22. 87
herewith

No medical record found
additional to that fur-
nished in report dated
May, 17, 87, herewith.



BY AUTHORITY OF THE SECRETARY OF WAR:

J. M. Loghouse

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

J. M.

(323a)

3-510
MEDICAL DIVISION.

F. W. K.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. May 18, 1894

No. Claim, 593,388

Claimant, Calvin Claypool

This certificate is respectfully returned to
Board of Surgeons at Bowling Green, Ky
for further information.

Notes:

Please state extent
of vision of each eye by
employing Snellen's Test
types: see pars. 104, 105
106, 107, 108 & 109: inst 1893.

Has claimant any other
disability? If not, so state.

TH

THOS. FEATHERSTONHAUGH,

Medical Referee.

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

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

Insert character and number of claim.

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

Pension Claim No. _____

Name and rank of claimant.

, Rank, _____

Company _____, Reg't _____

[Post-office address of the Board.] _____

State, _____

Claimant's post-office address.

[Date of examination.] _____

, 189 _____

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

Cause of disability.

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

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

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

[Original, increase, restoration, &c.] _____

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

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

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

*Protrusion inner Canthi both eyes
pupils respond to light - distant near
but distinguish object 12 feet such
as finger + C Arcus Senilis, will
marked both eyes*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a _____ rating for the disability caused by _____, _____ for that caused by _____, and _____ for that caused by _____

_____, Pres. _____, Sec'y. _____, Treas.

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



Corrected

SURGEON'S CERTIFICATE

IN CASE OF

Calvin Clay Pool

Co. _____, Reg't _____

Applicant for _____

No. _____

DATE OF EXAMINATION:

_____, 189 .

_____, Pres.,
_____, Sec'y,
_____, Treas.,

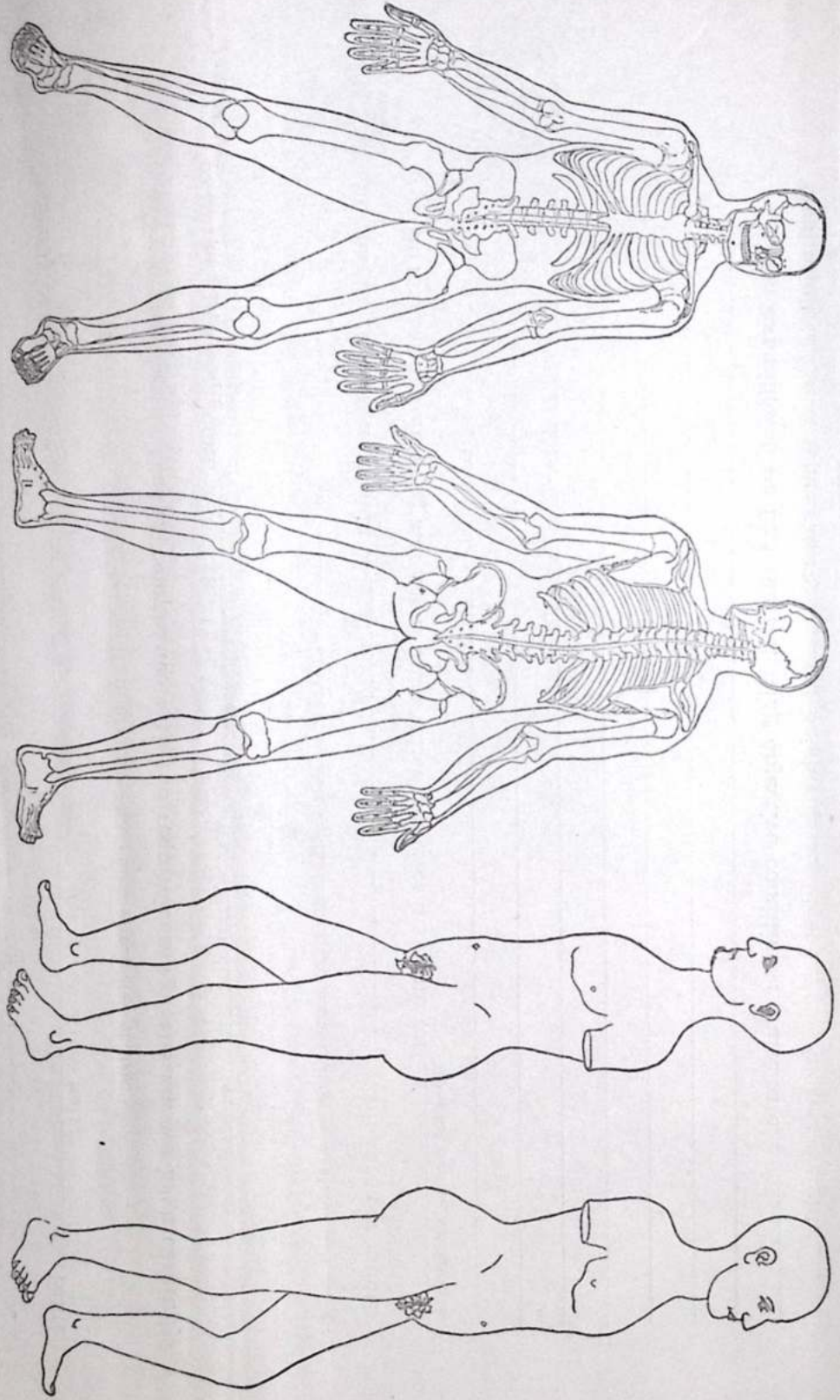
BOARD.

Post office, _____

County, _____

State, _____

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. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

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.

Name and rank of claimant.

Claimant's post-office address.

Original
[State above whether for original, increase, or restoration.] Pension Claim No. *593.388*
Gulvin Claypool, Rank, *pri*
Company *D, 108* Reg't *USC Inf* *Bowling Green Ky* State,
Bowling Green Ky [Post-office address of the Board.]
April 25th [Date of examination.] 189*4*

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: *Parotiditis, Charyngitis, Rheumatism, Disease of Lungs & eyes & general debility*
and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for *Original*
[Original, increase, restoration, &c.]

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

above disability still exist

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

Upon examination we find the following objective conditions: Pulse rate, *76*; respiration, *18*; temperature, *98.2*; height, *5* feet *8* inches; weight, *140* pounds; age, *58* years. *General appearance not very good. No parotiditis. Uvula somewhat elongated. Throat slightly congested with atrophic catarrh. No opisthotonus of any of the joints, or other evidence of rheumatism. Action of heart normal in every respect. No increased area of cardiac dullness. No murmurs. Normal vesicular breathing over both lungs. No dulness on percussion. Slight pterygium inner canthus right eye. Arcus senilis well marked both eyes. Claimant is quibber, hair grey. Great toe of left foot overlaps the middle toe. Claimant can not read but can distinguish object with right eye at a distance of 12 feet that should be seen 30 feet with normal eye. Can see objects with left eye 15 feet that ought to be distinguished 30 feet. Claimant has no other disability.*

Rate for EACH cause of disability.

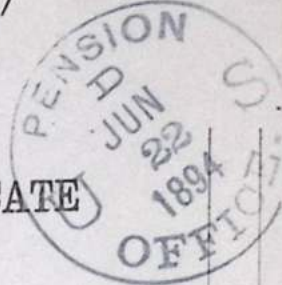
He is, in our opinion, entitled to a _____ rating for the disability caused by _____, _____ for that caused by _____, and _____ for that caused by _____

B. H. Milliken Pres. *absent*, Sec'y *Thos. D. Wright*

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.
(9887-300,000.) 6-552



Apr. 17-94.



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Claypool
Co. *D*, 108 Reg't *U S C Inf*

Applicant for *Original*

No. *593388*

DATE OF EXAMINATION:

April 25th, 189*4*

B. H. Milliken, Pres.,
W. H. Wright, Sec'y,
Thos. Wright, Treas.,
BOARD.

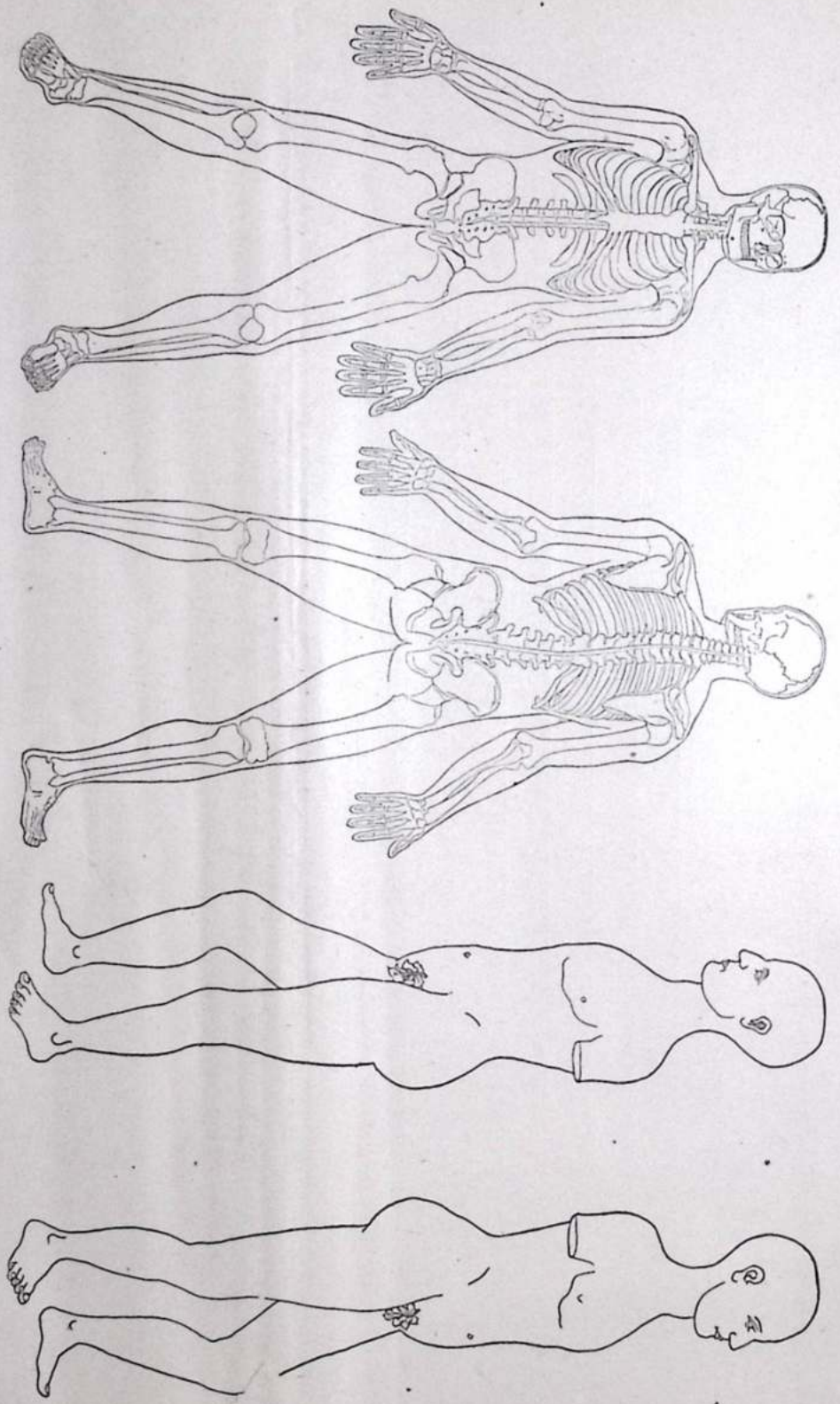
Post office, *Boeing Row*

County, *Warren*

State, *Kentucky*

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

Klumm



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

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

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

This May be Executed before any Person Authorized by Law to Administer Oaths for General Purposes. The Certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for.

State of Kentucky County of Warren ss.:

On the date hereinafter mentioned, personally appeared before me, a Notary Public
(Title of Magistrate.)
within and for the County and State aforesaid Calvin Claypool, aged 55
(Name of Applicant.)

years, a resident of the Town of Bowling Green County of Warren,

State of Ky., who, being duly sworn according to law, declares that he is the

identical Calvin Claypool who was ENROLLED on the 17
(Name under which service was rendered.)

day of July, 1864 in Co. D. 108th U.S.C.T.
(Here state rank, company and regiment, in military service; or vessel, if in the Navy.)

in the war of the Rebellion, and served not less than

ninety days, and was HONORABLY DISCHARGED at Louisville, Ky., on

the day of 1865. That he is to a material extent disqualified from

earning a support by manual labor, by reason of results of measles and
(Here name all diseases, wounds or injuries from which disabled for manual labor.)

fever, rheumatism and disease of heart and eyes.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has never served in the Army, Navy or Marine Corps of the United States, otherwise than as above stated, except

That he is not a pensioner, but has heretofore made appli-
(State other service, if any.)

cation under the general law, Case No. 593,388
(If a pensioner, so state, giving certificate number; if not a pensioner, so state; if a prior application is pending, so state, giving case number.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints, with full power of substitution,

H. E. Milliken
WILLIAM STEVENS & CO., of Bowling Green Ky. their successors or legal

representatives, his true and lawful attorneys to prosecute his claim under said law, and agrees that

he shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS is Bowling Green, Warren Co. Ky.

Geo B. Wierford Calvin Claypool
(Two Witnesses who can write, sign here.) (Signature of Claimant.)

Fred S. Stillman
(Two Witnesses who can write, sign here.)

(SEE OTHER SIDE.)

ATTY FILED

(FROM OTHER SIDE.)

Also personally appeared Geo B Wilford, residing at Bowling Green,
and Fred S Hilburn, residing at Bowling Green, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw Calvin Claypool, the claimant, sign his name (or make his mark)
to the foregoing declaration; that from the appearance of said claimant and their acquaintance with
him, they have every reason to believe, and do believe, that he is the identical person, he represents
himself to be; and that they have no interest in the prosecution of this claim.

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

Sworn to and subscribed before me this 22 day of April, A. D. 1892, and

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

erased, and the words

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

[L. S.]

W H Coomer
(Official Signature.)
Norman Coaker
(Official Character.)

The Act of June 27, 1890, requires, in case of a soldier or seaman:

1. That there has been a service of not less than ninety days in the war of the Rebellion.
2. That an honorable discharge from the service shall have been issued.
3. That a disability, permanent in character, not due to vicious habits, exists; question as to origin, not material.
4. The rates are graded from \$5.00 to \$12.00, proportioned to the degree of inability to earn a support by manual labor; pension in no way affected by rank.
5. A pensioner under prior laws may apply under this one; a pensioner under this law may apply under the general law; only one pension, however, can be drawn for the same period.

SOLDIER'S APPLICATION

ACT OF JUNE 27, 1890.

Name

Calvin Claypool

Service

Co. G. 2nd Regt.

Address

Bowling Green

LAW DIVISION,
B. MAY 17 1895 P.
RECEIVED.

PENSION
MAY 15 1895
OFFICE

FILED BY

H. E. McHenry

SOLICITOR OF CLAIMS.

Mr. Bowling Green
Warren Co., Ky.

IMPORTANT NOTICE.—Testimony is much better when the affidavit is wholly in hand writing of the affiant, in which event the affidavit must conclude with an averment that :

"This statement is in my own hand writing, and in the making of the same I used no written or printed statement, nor was I aided or prompted by any recital, prepared or dictated by any other person, and not attached as an exhibit to this affidavit."

If the affidavit is not in hand writing of the affiant, then the following averment must be added:

"And I further swear that the foregoing testimony was all written in my presence, and only from my oral statements then made. That I dictated said affidavit on the * * * day of * * * 189 * to * * * at the office of * * * in the town of * * * and that the same was then and there reduced to writing by him from said oral statements, and that in making the same, I did not use and was not aided nor prompted by any written or printed statement or recital, prepared or dictated by any other person."

The proper averment must be written in the body of the affidavit by the same person who writes it as its last paragraph. This is required by "Order 229."

GENERAL AFFIDAVIT.

In the Matter of Claim No. 593388 of

Calvin Clay Pool Late Private Co D 108 Regt USG Inf

ON THIS 1 day of April A. D. 1896 personally appeared before

me, an officer in and for the hereinafter named County and State, duly authorized to administer oaths,

French Loring aged 50 years, whose Post Office address

is Bowling Green Ky and who being duly sworn declares in relation to aforesaid

case as follows:

That he served in Co E 108 Regt USG Inf and that said claimant served as a private in Co D 108 Regt USG Inf. That he knew claimant while in the service, and have lived neighbors ever since our discharged and said claimant is total disable from the performance of manual labor, from various Vicious Rheumatism disease of respiratory organ and disease of heart & eyes, and said diseases was not cured from Vicious habits, and said claimant has been total disable from performance of manual labor continuously since Oct 1893. From said diseases and said claimant is in destitute circumstances, not being able to perform manual labor for his subsistence he says he knows the above to be true from the fact that they live neighbors and sees claimant everyday, and he further swears that the foregoing testimony was all written in his presence only from his oral statements then made that he dictated said affidavit on the 1 day of April 1896 to H E Milliken at the Office of H E Milliken in Bowling Green Ky and the same was then there reduced to writing by him from said oral statements and in making the same he did not use or was not aided or prompted by written or printed statements or recital prepared or dictated by any other person.

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

Witnesses to Signature :

John B. Neels
Geo. Roden

If affiant signs by mark, two witnesses who can write sign here

French Loring
his
Signature of Affiant.
(mark)

State of Kentucky, County of Warren, ss:

Sworn to and subscribed before me this 11 day by the above named affiant, and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and

that said affiant is personally known to me and he is a respectable person worthy of my
State whether affiant is known personally, and whether he is a credible person, and what is his general reputation for truth. This certificate of credibility

Credit on oath
should be in hand writing of officer.

Witness my hand and official seal this

day of April 1896

N. E. Milliken

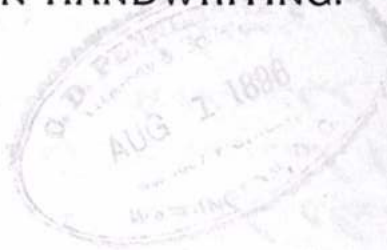
Official Signature.

[L. S.]

W. R. Warren, County

Official Character.

The certifying officer must NOT fail to fill in the certificate as to credibility of the witness IN HIS OWN HANDWRITING.



Division.

No. 6-93,388 D
Securities, Calvary
Leads

Co. D-108121-218-101

FILED BY

C. D. PENNEBAKER,

Attorney-at-Law,

WASHINGTON, D. C.

ROTHROCK, PR.

IMPORTANT NOTICE.—Testimony is much better when the affidavit is wholly in hand writing of the affiant, in which event the affidavit must conclude with an averment that :

"This statement is in my own hand writing, and in the making of the same I used no written or printed statement, nor was I aided or prompted by any recital, prepared or dictated by any other person, and not attached as an exhibit to this affidavit."

If the affidavit is not in hand writing of the affiant, then the following averment must be added:

"And I further swear that the foregoing testimony was all written in my presence, and only from my oral statements then made. That I dictated said affidavit on the * * * day of * * * 189 * to * * * at the office of * * * in the town of * * * and that the same was then and there reduced to writing by him from said oral statements, and that in making the same, I did not use and was not aided nor prompted by any written or printed statement or recital, prepared or dictated by any other person."

The proper averment must be written in the body of the affidavit by the same person who writes it as its last paragraph. This is required by "Order 229."

GENERAL AFFIDAVIT.

In the Matter of Claim No. 593388 of

Calvin Claypool Late private Co D 108th Regt U.S. Inf

ON THIS 1 day of April A. D. 1896 personally appeared before

me an officer in and for the hereinafter named County and State, duly authorized to administer oaths,

Richard Williams aged 37 years, whose Post Office address

is Bowling Green Ky and who being duly sworn declares in relation to aforesaid

case as follows:

NOTE.—The Affiant should state how he gains a knowledge of the facts to which he testifies.

That he served in Co D 108th Regt U.S. Inf and that said claimant served as a private in Co D 108th Regt U.S. Inf that he knew claimant while in the service and have lived neighbors ever since their discharge and said claimant is total disable from the performance of manual labor from Varicose veins Rheumatism disease of respiratory disease of heart & eyes and said diseases was not caused from his vicious habits and said claimant has been total disable from performance of manual labor continuously since Oct 1893 from said diseases and said claimant is in destitute circumstances not being able to perform manual labor for his subsistence. he says he knows the above to be true from the fact that they live neighbors see claimant every day & he further swears that the foregoing testimony was all written in his presence & only from his oral statements then made—that he dictated said affidavit on the 1 day of April 1896 to H. E. Miceiken at the office of H. E. Miceiken in Bowling Green Ky. and the same was then & there reduced to writing by him from said oral statements in making the same he did not use & was not aided or prompted by any written or printed statements or recitals prepared or dictated by any other person.

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

Witnesses to Signature :

John B. Hicks
G. K. Cash

If affiant signs by mark, two witnesses who can write sign here

Richard Williams
his
Signature of Affiant.
mark

State of Kentucky, County of Warren, 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, and acquainted him with its contents before he executed the same.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and

that said affiant is personally known to me and
he is a credible person and worthy

State whether affiant is known personally, and whether he is a credible person, and what is his general reputation for truth. This certificate of credibility

V of full credit are made
should be in hand writing of officer.

Witness my hand and official seal this

day of

1896

J. C. Williamson

Official Signature.

[L. S.]

W. R. Warren Casey

Official Character.

The certifying officer must NOT fail to fill in the certificate as to credibility of the witness IN HIS OWN HANDWRITING.

No. 593,288
Division 50

Calvin Claypool
Co. 108 Regt. 101st Vols.



FILED BY

C. D. PENNEBAKER,

Attorney-at-Law,

WASHINGTON, D. C.

NOTHROCK, FR.

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

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

Insert character and number of claim.

Original

Pension Claim No.

593.388

Name and rank of claimant.

Walter Lloyd Fox

Rank

Private

Company

108

Reg't

108th

Omaha Reg't

Date,

Claimant's post-office address.

Omaha Reg't

[Post-office address of the Board.]

Jan 22

1896

[Date of examination.]

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

Cause of disability.

in the service, viz:

Result of measles & fever. Rheumatism & disease of hands & eyes & lungs.

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

and that he receives a pension of

dollars per month.

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

Original

[Original, increase, restoration, &c.]

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

Abnormal disabilities eyes contracted while in the service.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, 98.4; height, 5 feet 9 inches; weight, 145 pounds; age, 31 years.

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

General physical appearance - normal only moderately good. Skin & muscles rather soft. Pupils moderately normal. Normal vesicular breathing heard over both lungs. No rales. No dullness. No increased vocal fremitus. No emaciation. Throat red & enlarged. Nasal membranes red & hypertrophied. No result of furunculosis. No disease of heart which is normal in size & force. Apex beat normal. V = 20/40. V = 20/40. No pericarditis. No extrapleural effusion. No pleurisy. No catarrhs. Med. emphysema. Dis. of both eyes. Slight ectropion in both. Shins & feet blue. All other joints muscles & tendons in normal condition. No muscular atrophy of 18.

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.

W. H. Miller, Pres.

W. H. Miller, Sec'y.

W. H. Miller, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Leahim Clayborne
U.S. 108 Reg't Vol.

Applicant for Discharge
No. 593388

DATE OF EXAMINATION:

January 22nd, 1896

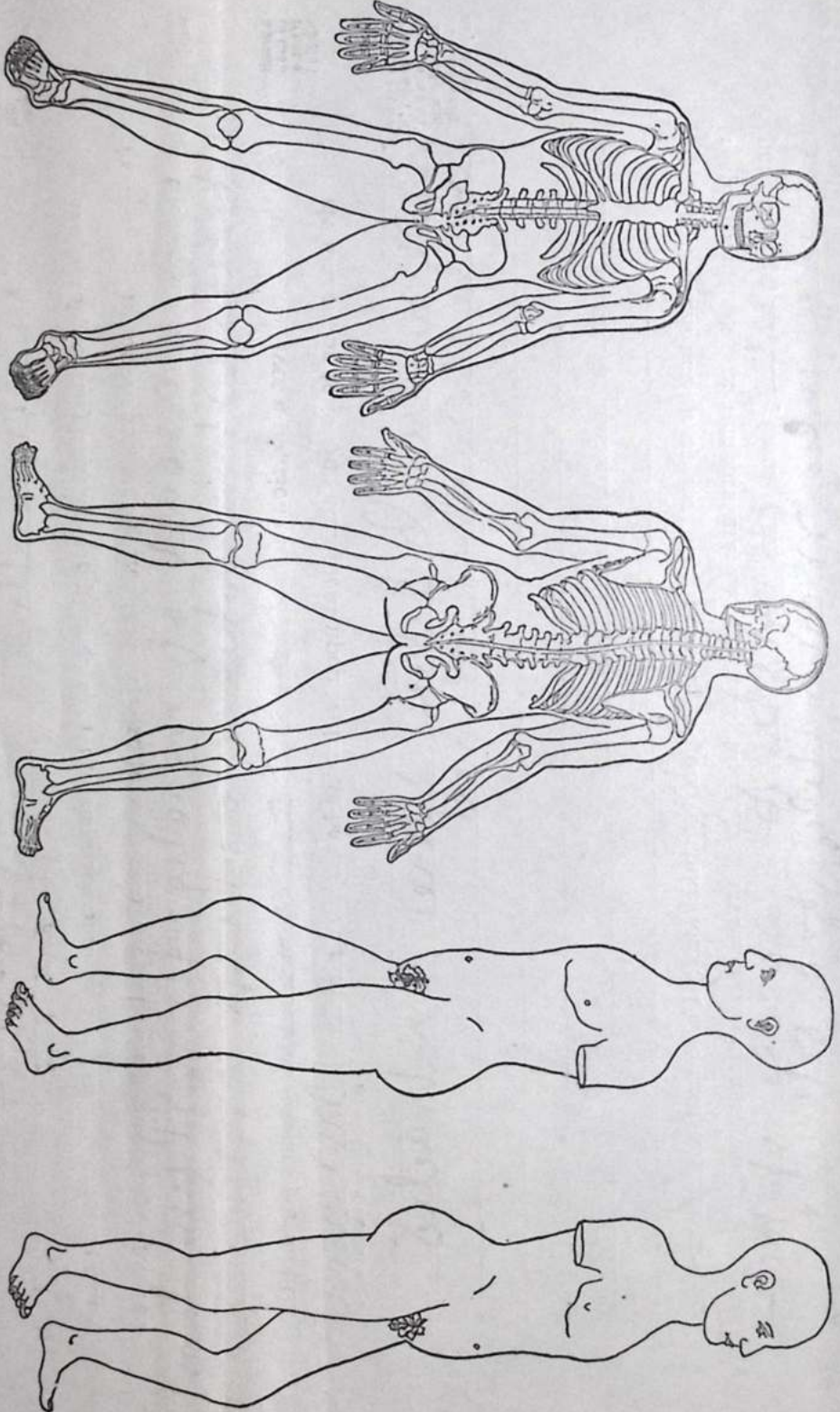
W. H. Miller, Pres.,
W. H. Miller, Sec'y,
W. H. Miller, Treas., } BOARD.

Post office, Burlington

County, Warren

State, Kentucky

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. [Ex- tract from Section 4, Act of Congress approved July 25, 1832.]

IMPORTANT NOTICE.—Testimony is much better when the affidavit is wholly in hand writing of the affiant, in which event the affidavit must conclude with an averment that :

"This statement is in my own hand writing, and in the making of the same I used no written or printed statement, nor was I aided or prompted by any recital, prepared or dictated by any other person, and not attached as an exhibit to this affidavit."

If the affidavit is not in hand writing of the affiant, then the following averment must be added:

"And I further swear that the foregoing testimony was all written in my presence, and only from my oral statements then made. That I dictated said affidavit on the * * * day of * * * 189 * to * * * at the office of * * * in the town of * * * and that the same was then and there reduced to writing by him from said oral statements, and that in making the same, I did not use and was not aided nor prompted by any written or printed statement or recital, prepared or dictated by any other person."

The proper averment must be written in the body of the affidavit by the same person who writes it as its last paragraph. This is required by "Order 229."

GENERAL AFFIDAVIT.

In the Matter of Claim No. 593388 of Calvin Claypool Lute Private Les D 108 Regt 40th In

ON THIS 2 day of April A. D. 1896 personally appeared before me, an officer in and for the hereinafter named County and State, duly authorized to administer oaths, Calvin Claypool aged 60 years, whose Post Office address is Bowling Green Ky and who being duly sworn declares in relation to aforesaid

case as follows:

NOTE.—The Affiant should state how he gains a knowledge of the facts to which he testifies.

That he is the claimant and that he is unable to furnish the affidavit of a physician that he has no money nor can't get any to pay a physician to examine him of and make him an affidavit that he is in destitute circumstances and not able to perform any labor from Varicose Veins Rheumatism disease respiratory organs disease of heart and lungs and he further swears that the foregoing testimony was all written in his presence and only from his oral statement then made that he dictated said affidavit on the 2nd day of April 1896 to H. E. Milliken at the office of H. E. Milliken in Bowling Green Ky and the same was then and there reduced to writing by him from said oral statements and in making the same he did not use nor was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person

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

Witnesses to Signature :

Edmund Riches
John R. Rich
If affiant signs by mark, two witnesses who can write sign here

his
Calvin X Claypool
Signature of Affiant.
Mor 1896

State of *Kentucky*, County of *Warren*, 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, and acquainted *him* with its contents before *he* executed the same.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is *personally known to me and he is*

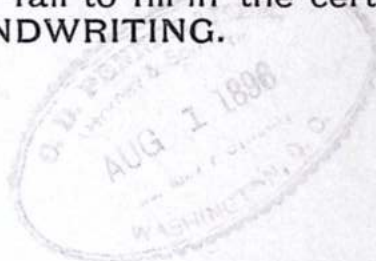
a credible person & worthy of full credit on oath
State whether affiant is known personally and whether he is a credible person, and what is his general reputation for truth. This certificate of credibility should be in hand writing of officer.

Witness my hand and official seal this *2* day of *April* 189 *6*

[L. S.]

H. E. Millicken
Official Signature.
W. R. Warren, Co. Ky.
Official Character.

The certifying officer must NOT fail to fill in the certificate as to credibility of the witness IN HIS OWN HANDWRITING.



Division.
No.
Co.
Vols.



FILED BY
C. D. PENNEBAKER,
Attorney-at-Law,
WASHINGTON, D. C.
ROTHROCK, PR.

1262

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Aug 4, 1897*
Mr. *Calvin Claypool*
late of *Priv.*
Co. *D*, *108* Regiment *U.S.C.V.I.*
an applicant for *Cre. &*
Invalid Pension, No. *593388*
on account of disability from *SEE SLIP*

has been directed to report himself to you.

Very respectfully,

D. I. MURPHY,

Commissioner.

Dr. *M. R. Perry*
Russellville
Logan Ky.

CLAIMANT'S POST-OFFICE ADDRESS

Bowling Green
Warren County Ky.

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

Failed to appear



~~PORTER & KAY,~~
~~ATTORNEYS AT LAW,~~
~~COURT PLACE~~
~~Special Attention Given to Collections~~

Bowling Green, Ky., Decm ~~15~~ 3 1897

P. G. Folkwood Dear Sir I desired
you to prosecute my Claim for
pension I have A Claim filed with
O. O. Pennebaker for some time but cant
heare nothing from it so I want you to
give my Claim your A-meat at
pension Reg 10 & Comd U. S. C. &
hoping to heare from you soon

address Calvin Claypool College St
Bowling Green Ky

No 1425



Power of Attorney

By These Presents, I

late of Co. *D* of the *108*, Regt. of *U. S. C. T.* Vols. have made, constituted and appointed, *P. J. LOCKWOOD*, of *WASHINGTON, D. C.* my true and lawful attorney, here annulling all former authorizations whatever in the premises, to prosecute my pension claim, which is

No. *Orig. Act of* for *and to do and perform every act and thing necessary to be done in the premises as fully as I could do if present and acting.*

In Witness Whereof, I hereunto set my hand this *4-th* day of *Feb* 189*8*

U. S. Potter.

O. D. Porter

his
Calvin + Claypool
mark
#425 College St.
Bowling Green, Ky.

STATE OF *Kentucky*

COUNTY OF *Warren*

S. S.

On this *4-th* day of *Feb* 189*8* I personally appeared before the undersigned authority, duly authorized to administer oaths within and for said County, the above named claimant,

Calvin Claypool who being personally known to me, signed the above instrument in my presence and after explaining it fully to him, he acknowledged its execution to be his free act and deed. And I also certify that I have no interest herein.

L. S.

H. C. Jones

J. P. W. C.



* If a widow, state for example, "Mary, widow of John Doe."
+ Some character of claim. Increase, original, or Additional.

Power of Attorney.

Original CLAIM
Cahoon Claypool Applicant.
Co. D 105 Regiment of
U. S. C. T. Volunteers.
Inv. No. 593388
No.

C. H. N. FILED BY

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

REQUEST FOR SPECIAL ACTION IN PENSION CLAIM.

NOTE.—To be filed with the Commissioner of Pensions, whereby special action is requested by reason of extreme age; or threatened dissolution of claimant; or dependence of the claimant on charity; or other like special and urgent reasons which may be particular to the case. These statements must be verified by the oath of the claimant making them, or of some reputable party acting for him.

State of Kentucky, County of Warren, ss:

ON THIS 8 day of June, A. D. 1899, personally appeared before me

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

Calvin Claypool aged 70 years, a resident of Bowling Green

in the County of Warren, and State of Kentucky

whose post-office address is Bowling Green Warren County Ky.

and who, being duly sworn, declares as follows: That I Calvin Claypool

is an applicant for pension, No. 593388, and for the reasons given below request is made for

special consideration of the claim by the Honorable Commissioner of Pensions.

I am the claimant in this claim - and I am

NOTE.—State the reasons why special action should be taken, such as extreme age; or threatened dissolution of claimant; or dependence

total disable to perform manual labor for

of the claimant on charity; or other like special and urgent reasons which may be particular to the case.

my support from disease of head & ears - eyes
disease of the heart stomach kidneys back
chronic diarrhoea & Rheumatism & general
debility. I am confined to my room & bed
most all the time - I am not able to perform
manual labor for my support. I am in
destitute circumstances and upon the
charity of my friends & neighbors I have
no one to depend for my support. I have no income
from any source whatever. I own no property of
any kind whatever. I will have to be sent to the
county house - & upon the charity of the County & State
if it was not for my friends & neighbors I would
be upon the county & State for my support long
ago. I ask this claim be made special -

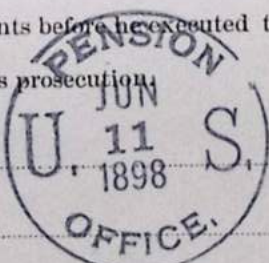
John R. Keels
H. Cantunight

(Two witnesses who write sign here.)

Calvin Claypool
 his
mark

(Signature of Affiant)

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.



my commission as
Notary Public Jan 31 - 1900
H. E. Miller
 (Official Signature)
Notary Public Warren County Ky.

1262

....., Div.....

Request for Special Action in the
CLAIM OF

Calvin Claypool

D. Co. 158th Reg't

USC Inft Vols.

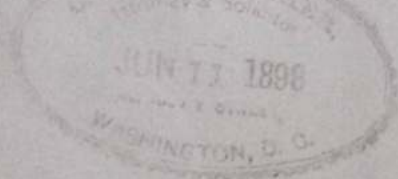
For

No. 3-93-388-

FILED BY

C. P. Pennebaker Jr
Washington
D.C.

Printed and for sale by John F. Sheiry, Claim Blank
Printer, 623 D Street, N. W., Washington, D. C.



POWER OF ATTORNEY.

Know all Men by these Presents, That I, Calvin Claypool

of Bowling Green, in the County of Warren, and State of Kentucky,
have made, constituted, and appointed, and by these presents do make, constitute, and appoint
C. W. Pennebaker, 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 original Pension under
Act June 27-1890. because he was my
former atty. and when I filed a
declaration under P. I. Lockwood I
did not know that it was a declaration
for Pension under act June 27-1890.
I had a declaration pending under C. W.
Pennebaker Washington D.C.

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

My Post Office address is Bowling Green Warren Co Ky

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, this 8
day of June, eighteen hundred and 98

John R. Keels
W. Cantunigher

Two witnesses who can write sign here



Calvin Claypool
(Signature of Claimant.)

State of Kentucky, County of Warren, ss:

BE IT KNOWN, That on this 8th day of June,
in the year eighteen hundred and 98, before me, the undersigned, a
Notary Public in and for the said County and
State, personally appeared Calvin Claypool
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.

My commission as
[L. S.]
N.P. Expires Jan 31-1900

H. E. Miller
(Official Signature.)
N.P. Warren County
(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. 593-388-

CLAIM OF

Calvin Claypool

FOR

FILED BY

C. D. Ginnibaker
Washington
D.C.

Printed and For Sale by J. F. Sherry, Claim Blank Printer,
No. 623 D Street, N.W., Washington, D. C.

GENERAL AFFIDAVIT.

State of Kentucky, County of Warren, ss.

In the matter of Pension claim # 593 388 of Calvin Claypool Late Private in Co D 104 Regt 10th Inf

ON THIS 8th day of June, A. D. 1898, personally appeared before me
Notary Public in and for the aforesaid County duly authorized to administer
oaths R. C. Cook aged 48 years, a resident of

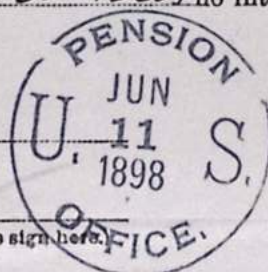
in the County of Warren and State of Kentucky

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

I am well personally acquainted with Calvin Claypool the claimant & have known him for 25 years. said claimant is total disable to perform manual labor for his support. from disease of heart & nose & kidneys head & ears & eyes & Rheumatism I have heard him complain of the above disabilities. he is total disable to perform manual labor for his support from the above disabilities. he is in destitute circumstances & upon the charity of his friends & neighbors he has no income from any source whatever for his support. If something is not done for him he will be sent to the County poor house. I know the above to be true from my own personal knowledge living neighbors to him seeing him almost daily he is confined to his room most all the time.

His Post-office address is Bowling Green Warren Co Ky
he further declare that he has no interest in said case and is not concerned

in its prosecution.



R. C. Cook
(Signature of Affiant.)

STATE OF Kentucky, COUNTY OF Warren

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

erased, and the words added, and acquainted him

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

H. E. Minter
(Official Signature.)

W. P. Warren
(Official Character.)

My Commission as
[L. S.]
W. P. Warren expires Jan 31-1900

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

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

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

[L. S.]

Clerk of the _____

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

ADDITIONAL EVIDENCE.

CLAIM OF

Calvin Day
late a private in
Co. D 108 Regt 2006 Inf

AFFIDAVIT OF

W. P. Warren

FILED BY

Printed and for sale by J. F. SHERRY, Claim Blank Printer,
623 D Street, Washington, D. C.

GENERAL AFFIDAVIT.

State of Kentucky, County of Warren, ss.

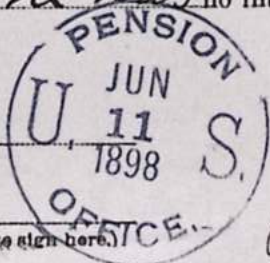
In the matter of Pension claim #593,348 of Calvin Claypool Late private Co D 108th Regt WSB Inft.

ON THIS June day of June, A. D. 1898, personally appeared before me
Notary Public in and for the aforesaid County duly authorized to administer
oaths J. R. Kulo aged 34 years, a resident of Bowling Green
in the County of Warren and State of Kentucky
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

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

I am well personally acquainted with Calvin Claypool the claimant, and that said claimant is total disable to perform Manual labor for his support from disease of heart back Kidneys heart ears eyes & Rheumatism that he complains of the above disabilities all the time. That said claimant is in destitute circumstances upon the charity of his friends neighbors he is not able to perform any manual labor for his support he will have to be sent to the County poor house for his support. he is confined to his room most all the time that said claimant disabilities alleged is not due to his vicious habits he has no one legally bound for his support. he owns no property of any kind I know the above statement to be true from my own personal knowledge in my neighborhood to said claimant
H. B. Post-office address is Bowling Green Warren Co Ky
he further declare that he has no interest in said case and he is not concerned

in its prosecution.



J. R. Kulo
(Signature of Affiant.)

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

STATE OF Kentucky, COUNTY OF Warren, ss.

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

erased, and the words

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

My commission a
[L. S.] expires Jan 31-1900

H. E. Milliken
(Signature.)

W. P. Warren Clerk
(Official Character.)

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

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

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

[L. S.]

Clerk of the _____

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

ADDITIONAL EVIDENCE.

CLAIM OF

Calvin Claypool
Late Private in
Co D 104 Regt USG In

AFFIDAVIT OF

J. R. Eulo

FILED BY

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. Original Pension Claim No. 593388
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Calvin Claypool, Rank, Private
 Company D, 158 Reg't M. I. C. Inf. Bowling Green, Ky. State, Ky.
 Claimant's post-office address. Bowling Green, Ky. [Post-office address of the Board.]
July 16th, 1898. [Date of examination.]

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

Cause of disability. in the service, viz: rheumatism, disease of heart
lungs and eyes, Pharyngitis, Varicose Veins
and general debility
 If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original
 [Original, increase, restoration, &c.]
 Here give the claimant's statement as briefly and as compactly as possible. On account of disabilities can
perform but little labor.

Upon examination we find the following objective conditions: Pulse rate, 60; respiration, 25; temperature, 98; height, 5 feet 9 inches; weight, 136 pounds; age, 43 years. General appearance, greatly feeble.

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

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

Poluses and muscles soft. Dry labored.
There is no atrophy, enlargement, tenderness or limitation of motion. All the joints
muscles and tendons are normal.
Claimant states that greatly frequently
his joints enlarge and that he is
confined to his bed for a number
of weeks with inflammatory rheumatism
to the heart dulness extends from the
upper edge of 3rd costal cartilages
to the sixth rib and from 3 1/2 inch to
the right of sternum to 1 1/2 inches to left
of left nipple. The apex beat is very
plainly felt and seen 1 inch to left and
1 1/2 inches below left nipple. There are
visible pulsations of the carotids. There
is an aortic regurgitant murmur
The murmur is heard at base of
heart and on left of sternum.
There is dyspnoea but no cyanosis or
oedema. Pulse weak and but regular
sitting 60 standing 66. Moderate exercise 136 98.
The lungs are normal. No abnormal
sounds are heard over lungs. There
is no dulness or deformity of chest

_____, Pres. _____, Sec'y. _____, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

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.

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

Pension Claim No. 593388.

Name and rank of claimant.

, Rank,

Company _____, Reg't _____

State,

[Post-office address of the Board.]

Claimant's post-office address.

[Date of examination.]

, 189 .

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

Cause of disability.

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

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

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

[Original, increase, restoration, &c.]

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

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

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

Measurement of chest at rest. $33\frac{1}{2}$. Expiration 32 inspiration 35 . $7/8$. There is well marked arches senilis of both eyes. The lids and conjunctivae of both eyes are normal.

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.

The pupils are normal in size and respond to light and shade. The lens and deeper structures of both eyes are normal. Claimant does not know the alphabet. $7/8$. There is slight congestion of mucous membrane of pharynx. The tonsils are not enlarged. The uvula is slightly elongated. Both eustachian tubes are pervious. Claimant can have ordinary conversation with either ear at a distance of 6 ft. $7/8$. We could not find any enlarged veins. $7/8$. Claimant is easily fatigued on account of heart trouble, but is not debilitated to a noticeable degree. $7/8$. Urine acid. No sugar or albumin. $10/12$.

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."

No other disability is found to exist. The above disabilities were not caused by vicious habits.

J. E. Meredith, Pres. J. F. Rogers, Sec'y. A. L. Wright, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

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

"I hereby certify that Dr. E. Meredith, Dr. J. F. Rodgus, and Dr. A. C. Wright, were personally present and actually participated in the examination of Calvin Claybrook, the claimant in this case, on 6th day of July, 1898."

(Signature.)

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

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

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Claybrook
Co. D, 10th Reg't U. S. Inf.

Applicant for Original

No. 593388

DATE OF EXAMINATION:

July 6th, 1898

E. Meredith, Pres.,
J. F. Rodgus, Sec'y,
A. C. Wright, Treas.,
BOARD.

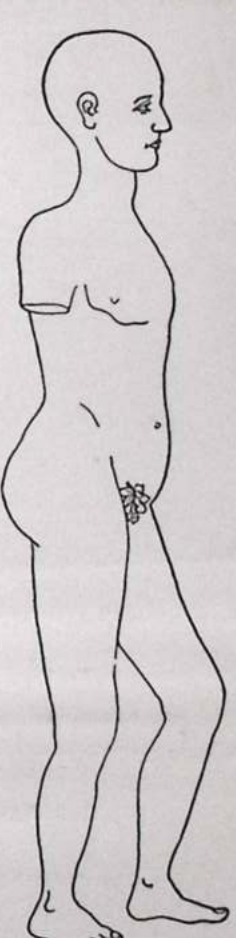
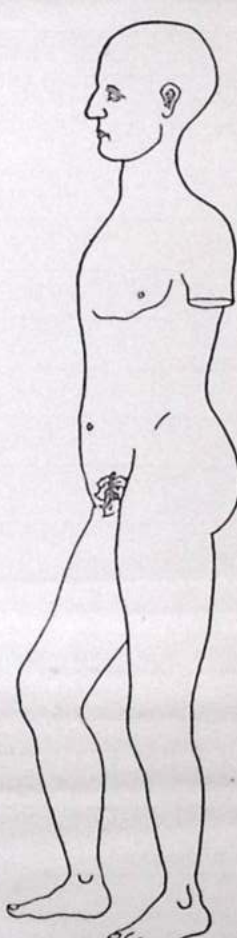
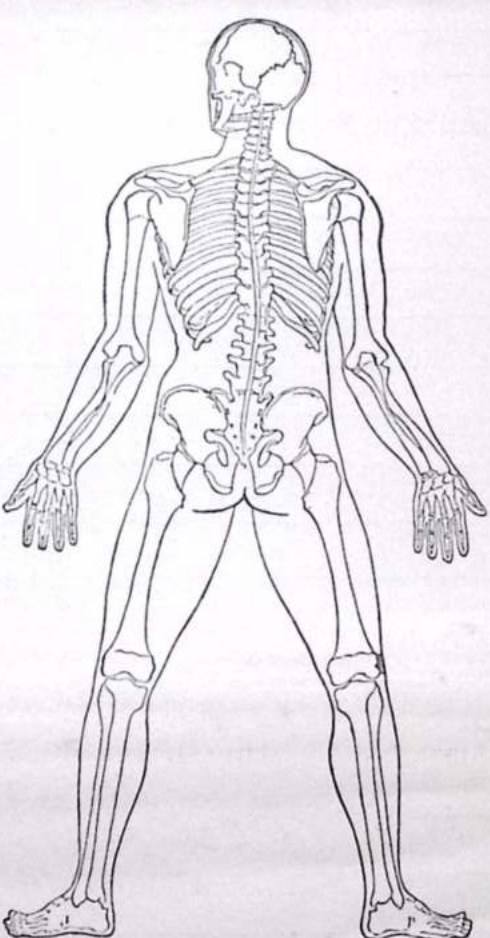
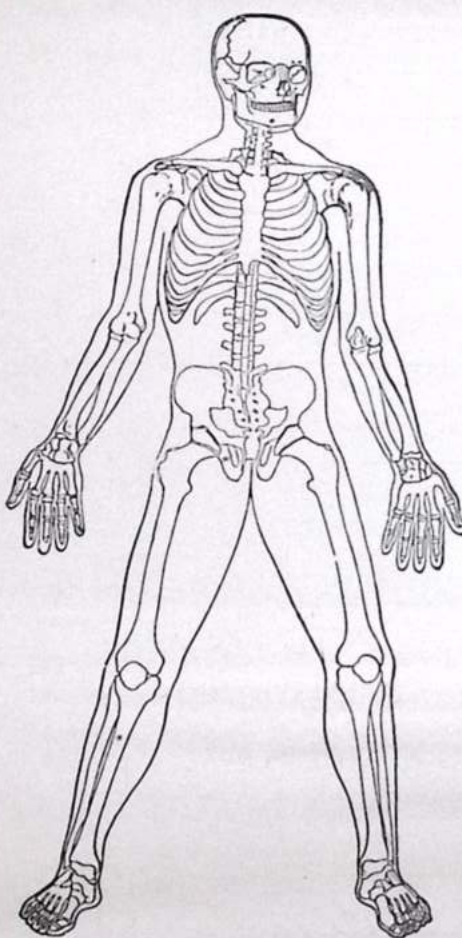
Post office, Bowling Green

County, Warrent

State, Ky.

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

James



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.
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.]

SOUTH. DIV.
FEB 13 1899
RECEIVED

Div.

No. 593,388

Department of the Interior,

C. Claypool

Co. D, 1st Reg't U.S.C. Inf.

BUREAU OF PENSIONS,

Washington, D. C., Feb. 2, 1899

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,

Calvin Claypool.

425 College St.

Bowling Green, Ky.

Commissioner.

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

Answer: No, I am a widower. I have been a widower for

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

under the old Constitution

No. 3. What record of marriage exists? Answer: None

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

Date of reply, Feb 6, 1899

attest A. E. Millican

0-2

his
Calvin Claypool
Signature



JCC. Ex'r.

Inu. No. 593, 388
 Calvin Claypool
 Co D, 108 Reg't USC, Inf

Department of the Interior,
 BUREAU OF PENSIONS,

Sir:

Washington, D. C., Feb. 8, 1899

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,

Calvin Claypool;

425 College St.

Bowling Green, Ky.

Commissioner.

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

Answer. #425-1st Street Bowling Green Warren County Kentucky

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

Answer.

I lived near Lees Post Office Warren Co Ky. from my discharge untill April 1876 then I moved to Bowling Green Warren County Ky my present home.

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

Answer.

Lees Post Office in Warren County Kentucky and now Bowling Green Warren Co Ky. I have never moved since that time since discharge

Fourth. What has been your occupation since discharge

Answer.

a common laborer when able

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. I served under the name of Calvin Claypool, no other

Date of reply, February 6, 1899

Attest H. E. McLean

Calvin Claypool
 (Claimant's signature.)



Medical Division,
BUREAU OF PENSIONS,

Washington, D. C. 189

No. Claim,

Claimant,

Soldier,

Co., Reg't

Respectfully returned to

Could not be rejected
on medical grounds,
as the serious condition
of the heart described in
last certificate would be
admitted as a patholog-
ical result of same.

Frislev

Medical Examiner.

Approved:

WWD

J. F. Raub

Medical Referee.

Medical Division,
BUREAU OF PENSIONS,

Washington, D. C. Feb. 17, 1899.

No. Claim, 593388 -

Claimant, Calvin Claypool -

Soldier, -id -

Co. D, 108 Reg't N. J. C. Vol. Inf.

Respectfully returned to The Chief
of Southern Division.

No notable disability
under general law is
shown in this case from
causes named in your
slip of 1st inst. viz: - mea-
sles and fever resulting in
disease of lungs and eyes
and rheumatism.

The claim for rheu-
matism, however, if es-
tablished as of service
origin and legally approved,

State of Kentucky
County of Warren.

In the matter of Pension claim # 593388-
of Calvin Clay pool late private in Co D.
108th Regt U.S. C Inf't Val.

On this 14th day of Feb 1899 personally-
appeared before me a Notary Public
within & for the foresaid County & State
duly authorized to administer oath
Calvin Clay pool. aged years and
whose Post Office Address is Bowling
Green Warren County Kentucky and
who being duly sworn declares in
relation to aforesaid claim as follows:

1st I am the claimant in this claim.
and I have moved from one part
of the city to another and that my-
present Post Office Address is Room
1st McElroy building on 10th Street in
the City of Bowling Green Warren
County Kentucky

Attest.
Attest.
J. H. Rust Calvin ^{his} Clay pool
E Daughby. _{mark}

State of Kentucky
County of Warren.

Subscribed & sworn to before me this
15 day of February 1899. & I hereby certify
that the contents of this affidavit



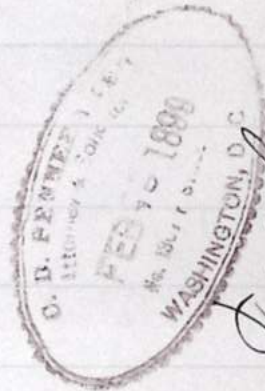
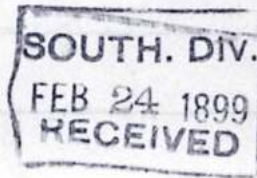
was fully made known & explained. To
said witness before he signed same and
that said affiant is personally known
to me he is a credible person & worthy
of full credit on oath & I have no inter-
est either direct or indirect in the prose-
cution of this claim.

My Commission as
N.P. expires Jan 31-1900.

H. E. Milliken
Notary Public Warren Co. Ky.

Q. # 5-93388-
of

Calvin Claypool
Late Co D-108 Regt US Col



Filed by
C. D. Penney
Washington DC

So.

3-056.

Div.

HCC, Ex'r.

In. No. 593, 388
Calvin Claypool
D. 108 W. S. E. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

Feb. 24, 1899

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Richard Williams
Bowling Green.
Ky.

H. C. C. Evans
Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: About First April 1863.

Of what disability did he then complain, and how was he affected?

Answer: Rheumatism & at Completion of
his Service

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Every day or two. He was in the
Hospital at Rock Island for
a long time, could not do manual
labor at any time.

Very respectfully,

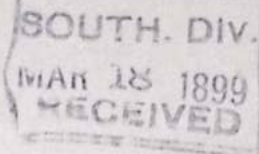
The COMMISSIONER OF PENSIONS.

Attest E. W. Foy

his
Richard Williams
mark

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.





3-056.

So. Div.

A.C.C., Ex'r.

Inv. No. 593,888

Calvin Claypool

Co. D, 108 W.C. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 8, 1899

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

R. C. Cook,

Bowling Green,

Ky.

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: A Short Time after Returned from
Service Don't Recollect Exact Date

Of what disability did he then complain, and how was he affected?

Answer: Rheumatism He Suffered Joints &
Limbs

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Yes he Has Suffered with his
Joints & Limbs at Least one Half
he is now Total Dis able to Perform
any Labor for his Support

Very respectfully,

The COMMISSIONER OF PENSIONS.

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

SOUTH DIV.
MAR 16 1899
RECEIVED.

3-056.



D.C.C., Ex'r.

Div.

No. 593,388

Calvin Claypool
Co. D, 148 U.S.C. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 8, 1899

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Richard Williams
Bowling Green,
Ky.

[Signature]
Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: Louisville, Ky. Sent number. The date

Of what disability did he then complain, and how was he affected?

Answer: Complaint of his back & kidneys

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Yes. Every week for 6 years. Since August unable to do by the way and has been in this condition ever since the war, not able to do any thing

Very respectfully,

The COMMISSIONER OF PENSIONS.

[Signature]
Richard Williams

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

875-
SOUTH DIV.
MAR 28 1899
RECEIVED

State of Kentucky,
County of Warren.

In the Matter of Pension Claim #593388
of Calvin Claypool late private in Co D
108th Regt V.B.C. Inf.

On this 9th day of Mch/1899 personally
appeared before me a Notary Public
within for the aforesaid County & State
duly authorized to administer oath
Calvin Claypool, aged 67 years &
who being duly sworn according to
law declares in relation to afore-
said claim as follows.

1st I am the claimant and unable
to furnish additional testimony of
comrades of my Company showing
that I contracted rheumatism
in the service and in line of duty
because I do not know the Post
Office Address of any of my com-
rades who belonged to Co D 108th
Regt V.B.C. Inf. the same Co I served
in. I have made diligent inquiry
but unable to ascertain the Post Office
address of any of my comrades.

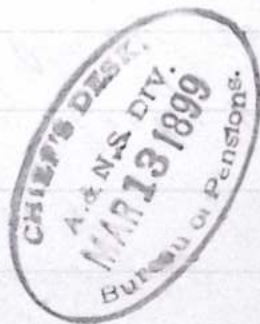
My Post Office Address is room 1
M. C. Gray bldg. 10th Street Bowling Green
Warren County Kentucky - Calvin Claypool
attest J. H. Rush

State of Kentucky
County of Warren.

Subscribed & sworn to before me
by the above named affiant & I certify
that I read & explained the contents of said
affidavit to said affiant before he executed
the same. I further certify that I am in no
wise interested in said case nor am I
concerned in its prosecution & that said
affiant is personally known to me & he is
a credible person.

Given under my hand & official seal this
9th day of Mch 1899.

My Commission as H. E. Miller
Notary Public expires Jan 31-1900 Warren Co. Ky.



MY

1262

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

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

State of Kentucky, County of Warren, ss.

On this 14th day of July, A. D. one thousand eight hundred and ninety 9
personally appeared before me, a Notary Public
within and for the County and State aforesaid, Calvin Claypool

aged _____ years, a resident of the Town of Bowling Green County of
Warren, State of Kentucky, who, being duly sworn according to
law, declares that he is the identical Calvin Claypool who was enrolled on
the 7th day of July, 1864 in C. D. 108th Regt
U. S. C. Infy-
Here state rank, company, and regiment if in military
service, or vessel, if in the Navy.

in the service of the United States in the War of the Rebellion, and served at least ninety days and was
honorably discharged at Vicksburg, Mississippi, on the 21st
day of March, 1866. That he is total unable to earn a support
by manual labor by reason of Disease of heart Rheumatism
& disease of head & general debility,
Here name the diseases or injuries from which disabled.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief
of a permanent character; that he has not applied for pension under ~~Certificate~~ No. 593.388

That he is a pensioner ~~under Certificate No.~~

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

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

That he did not serve prior to July 7th 1864 nor since Mch 21st 1866.

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

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

C. D. PENNEBAKER

of

Washington, D. C.

State of _____, his true and lawful attorney to prosecute his claim, and to receive

therefor a fee of ten dollars; that his post-office address is Room 1 M. E. Coy. Building, 10th Street, Bowling Green

County of Warren, State of Kentucky

Calvin Claypool
Claimant's Signature.

Attest: 1 M. A. Raylman

2 J. J. Pence
If affiant makes mark, two witnesses who can write,
sign here.



ATTY FILE

Also personally appeared W. S. Ragland residing at Bowling Green Ky and J. J. Pence residing at Bowling Green Ky. 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 Calvin Claypool, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 20 years and 16 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.

W. S. Ragland

J. J. Pence
Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 14th day of July, A. D.

1899 and I hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the

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

..... added; and that I have no interest,

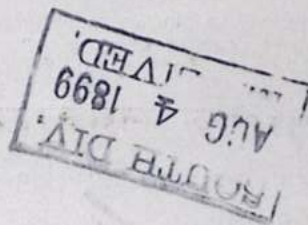
direct or indirect in the prosecution of this claim.

My Commission as Official Signature: M. E. Milliken
N. P. Expires Jan 31-1900 Official Character: Notary Public, Warren Co. Ky.

NOTES.

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

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



593388
ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

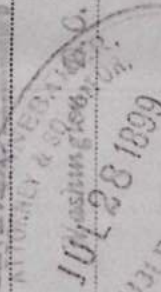
Name Calvin Claypool
Service Co. D 108th Regt
U. S. C. Infy.

ADDRESS:

Room 1, M. C. Gray building
10th Street, Bowling Green
Warren County Kentucky



FILED BY



Printed and sold by W. H. Moore & Co., 511 Eleventh Street N. W., Washington D. C. Box 293.

RECORD
Aug 9 3 27 PM '99

claimant failed
to appear within
specified time
Very Respectfully
Walter Byrne
Society



D.C.C. 3-100.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Aug. 18, 1899

Mr. Calvin Claypool
late a private
Co. D, 108 Regiment U.S.C. Inf.
an applicant for Original

Invalid Pension, No. 593,388

on account of disability from disease of
heart, rheumatism, disease of
head and general debility, disease of
eyes and lungs, Varicose veins, phar-
yngitis, results of measles and fever

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,

Commissioner.

Dr. Walter Byrne
Russellville
Co. Logan Ky.

CLAIMANT'S POST-OFFICE ADDRESS:

Room 1 Mc Elroy Bldg. 10th St.
Bowling Green.
Warren Co. Ky.

N. B.—Read the inside of this circular before examin-
ing a claimant.

GENERAL AFFIDAVIT.

Claimant

State of Kentucky, County of Warren, ss:

In the matter of Pension claim # 593388 of
Calvin Claypool late Co D 108 Reg 206 Inf

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

and State, Calvin Claypool, aged _____ years,
Name of witness.

and _____, aged _____ years,
Name of witness.

citizens of the town of Bowling Green
Post-Office address.

County of Warren, State of Kentucky
Give Street and No. if in city or town.

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

I am the claimant in this claim
NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.
and I am not able physically nor
financially to go to Russellville for
examination. That I have not got
one cent of money nor any way
to secure enough to make the
trip, and I ask to be sent to Bowling
Green Ky or have the Russellville
Board sent to my house to ex-
amine me. I am total disable
to perform any manual labor
for my support, and I am upon
superannuation and the charity of
my friends.



I further declare that *I* ~~have~~ ^{am} interest in said claim and ~~am~~ ^{am} are not
concerned in its prosecution.

1. Maehur
2. J. J. Pence

his
Calvin Claypool
mark

(Signature of Affiants.)

NOTE.—In the execution of evidence, two persons who can write must attest the signature by signing their names
opposite. (OVER.)

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

Witness my hand and official seal this 5th day of oct, 1899

My Commission
at N.P. expires Jan 31-1900
ADD SEAL HERE.
[Sign here.]
H. E. Milliken
Notary Public
Warren County Kentucky

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

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

Respectfully referred
to Hon. J. L. Davenport
1st Deputy Comm. of Pension
with the request that the
Exam. Order be changed.
C. D. Pennebaker.
City.

Claimant

No. 593388

GENERAL AFFIDAVIT.

CASE OF

Luluie Calverpool
Late les D. W. R. R.
Vale Engt.

AFFIDAVIT OF

Claimant

Date of Execution

NOV 7 1899

RECEIVED BY

FILED BY

Printed and sold by W. H. Moore & Co., 511 Eleventh
Street N. W., P. O. Box 636, Washington, D. C.

(Over)

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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

Pension Claim No. 592388.

Address of Board.

P. O.

State.

[Date of examination.]

Original
 Calvin Claypool
 Private Company D 106 Reg't U.S.A. Inf.
 Bowling Green Ky.

Bowling Green Ky.

January 10th 1900

Disease of heart, head, eyes, lungs and throat results of measles and pneumonia general debility and varicose veins of stomach coils and kidneys. He receives a pension of \$2 dollars per month.

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

[Original, increase, restoration, etc.]

Disabilities were incurred in the service and are of such a nature as to prevent him from performing any manual labor

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, 90 92 130, respiration, 20 21 31, temperature, 98, [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 3/4 inches; actual weight, 131 pounds; age, 68 years.

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

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

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

Appearance rather bulky. Palms and soles moderately firm. Day laborer. There is well marked arcus senilis of both eyes. Scot dulness extends from the upper border of the 2nd costal cartilages to the 6th rib and from 1/2 inch to the right of sternum to 1 inch to the left of left nipple. The pulse is weak and upon exercise slightly irregular. There is no cyanosis or edema. There is slight dyspnea. There is a diastolic regurgitant murmur heard at the base of heart and the left border of sternum. 6/8. The claim for disease of head is on account of pain in head. There is no tenderness, no local or general prosthesis. There is no involvement of special senses. There are no spasms or loss of consciousness. Is not entitled to rate on head 0/8. There is well marked arcus senilis of both eyes. The conjunctivae and lids are normal. The pupils are normal in size and response to light and shape. The lens and deeper structures of both eyes appear to be normal. Can count fingers with left eye at 100 ft with right eye at 80 ft. Is not entitled to rate on eyes 0/18. Measurement of chest at rest 35 inspiration 36 1/2

J. E. Meredith, Pres. J. F. Rodgers, Sec'y. A. L. Wright, 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.

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. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ____."

(Signature.)

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

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

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Colvin Daypool
Co. D, 108 Reg't U. S. Inf.

APPLICANT FOR Dis.

No. 592 288

DATE OF EXAMINATION:

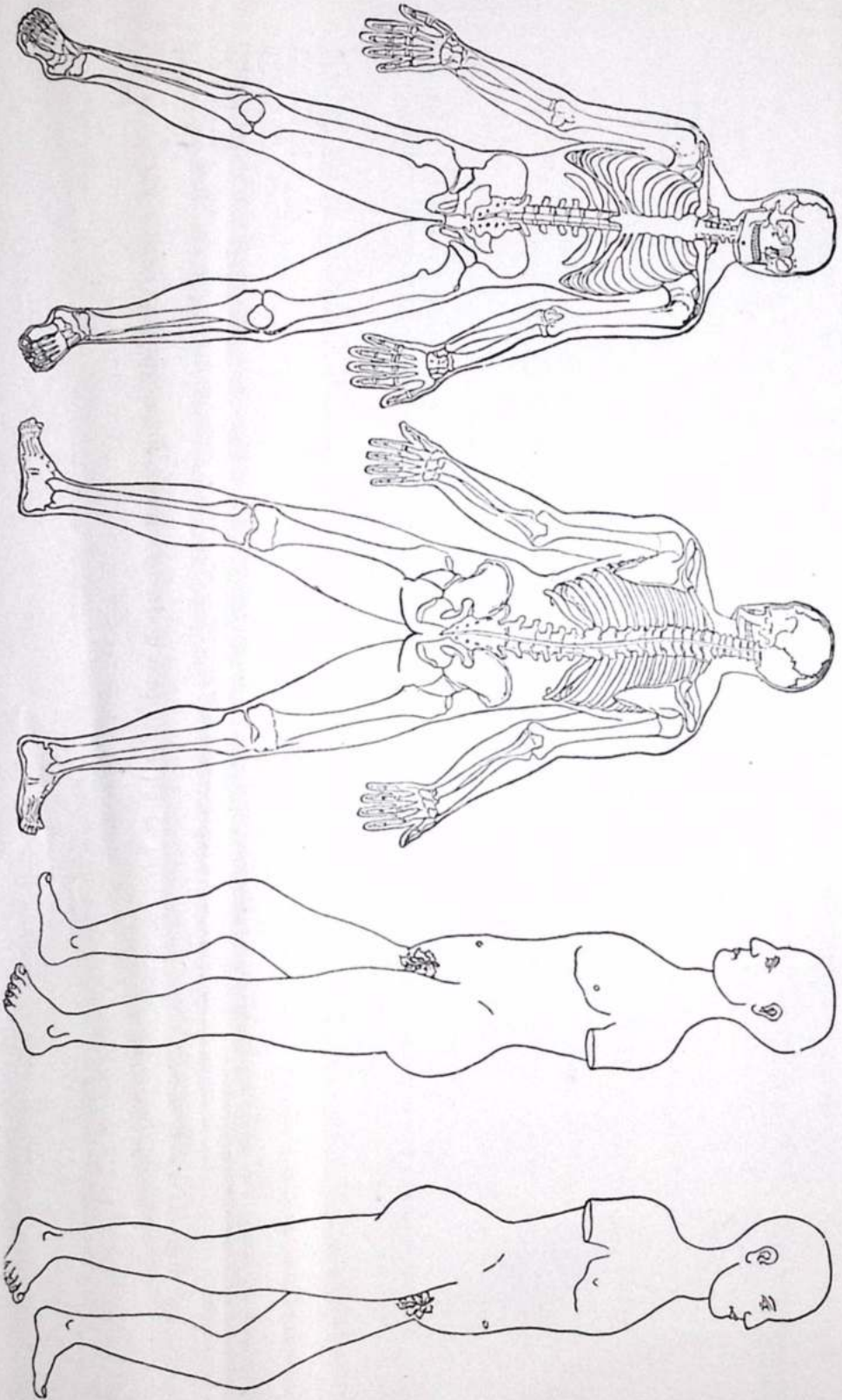
Jan 10th, 1900
J. E. Meredith, Pres.,
J. F. Rogers, Sec'y,
A. C. Wright, Treas., } BOARD.

Post office, Doubling Green,

County, Worcester

State, Mass.

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



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

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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No. 592388

Address of Board.

P. O.

State.

[Date of examination.]

[Rank.]

Company

Reg't

He receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for _____ [Original, increase, restoration, etc.]

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.

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, _____, respiration, _____, temperature, _____,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, _____ feet _____ inches; actual weight, _____ pounds; age, _____ years.

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

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

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

Expectation 33 inches. There is no deformity of chest. There is no dulness or tympanic resonance. There is no prolonged expiration. Is not entitled to rate on lungs 0/8. There is congestion of the pulmonary and of the anterior and posterior veins, the tonsils are not enlarged. The eustachian tubes are pervious. Both external auditory canals and membranous tympani are normal. Claimant can hear ordinary conversation with either ear at a distance of 6 ft. Is not entitled to rate on throat or ears 0/8. Claimant states that every since he had the measles he has been feeble. There are no other sequelae of measles. Is not entitled to rate on measles 0/8. Claimant states that the fever followed the measles. Is not entitled to rate on fever 0/8. Claimant states that he hurts all over with rheumatism. The knees creak and there is a slight tenderness of back. All the other muscles, tendons and joints are normal. There is no enlargement or atrophy. Is not entitled to rate on rheumatism 0/8. Claimant is not debilitated to a reasonable degree. Is not entitled to rate on debility 0/8. There are no enlarged veins upon legs or any other portion of body. Is not entitled to rate on varicose veins 0/8.

H. Meredith Pres. J. F. Rogers Sec'y. Albion 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.

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. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ____."

(Signature.)

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

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

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Claypool
Co. D, 108 Reg't U.S. Inf.

APPLICANT FOR Dis.

No. 592388

DATE OF EXAMINATION:

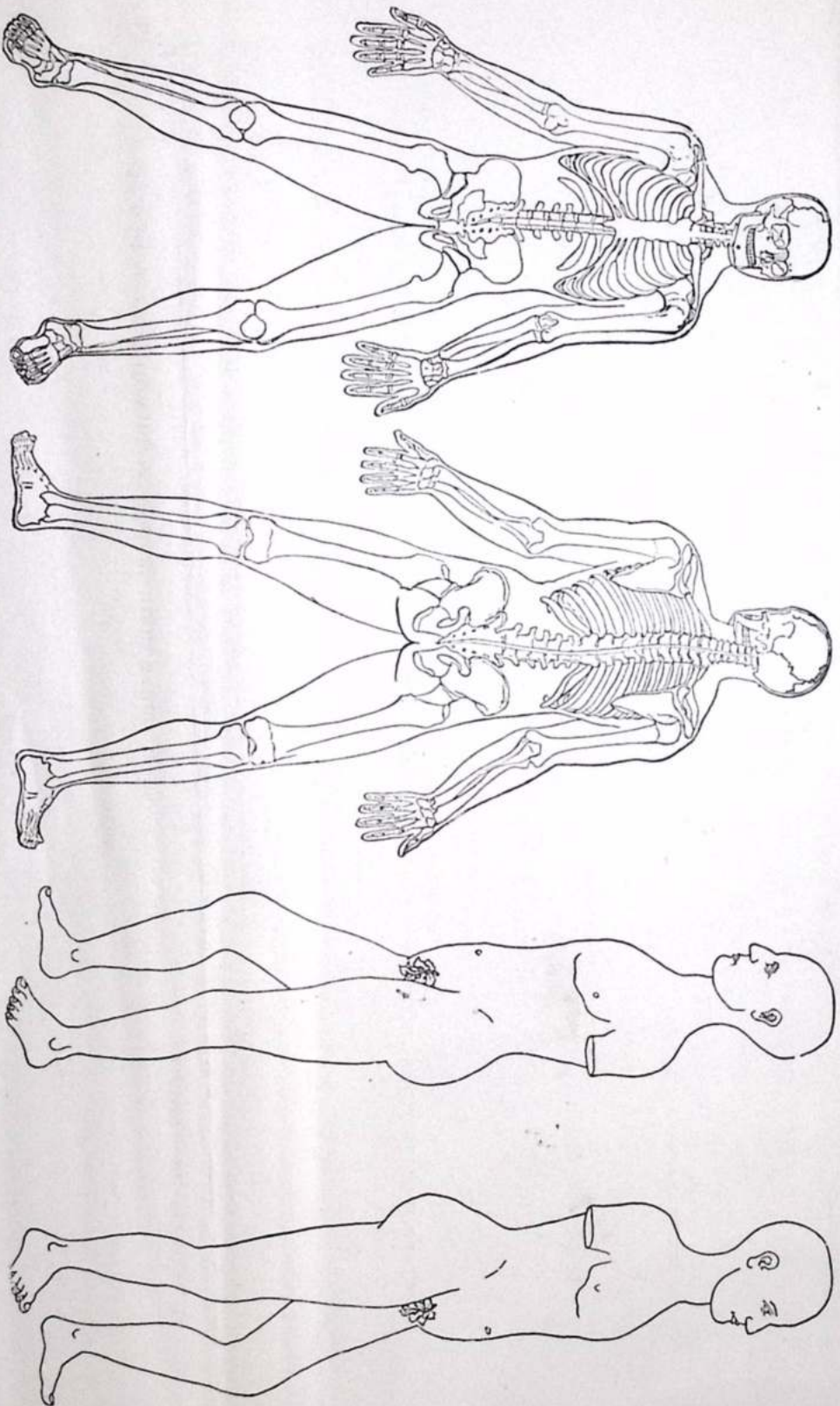
January 10th 1900
J. E. Meredith Pres.,
J. F. Rodgers Sec'y,
A. C. Lingle Treas., } BOARD.

Post office, Bowling Green

County, Warren

State, Ky.

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.]

Insert character and number of claim.

Name of claimant.

Pension Claim No. 593388.

[Rank.]

Company

Reg't

Address of Board.

Bowling Green

P. O.

State.

[Date of examination.]

189

Claimant's post-office address.

Cause of disability.

He receives a pension of _____ dollars per month.

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

[Original, increase, restoration, etc.]

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.

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, _____, respiration, _____, temperature, _____,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, _____ feet _____ inches; actual weight, _____ pounds; age, _____ years.

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

There is no enlargement or tenderness of stomach. Is not entitled to rate on stomach. 0/8

Urine, acid S.G. 1020 amber colored.

No sugar, pus, blood or albumin. Is not entitled to rate on kidneys 0/8.

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.

The cause for disease of back is made on account of joint in back which is rheumatism. Is not entitled to rate on back 0/8. Examinee states that he has never been troubled with diarrhoea. There is no tenderness of stomach or abdomen. There are no piles. The liver, spleen, stomach and skin are normal. Is not entitled to rate on diarrhoea 0/8.

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

No other disability is found to exist. The above disabilities were not caused by vicious habits.

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

J. E. Meredith, Pres. J. F. Rogers, Sec'y. A. Blum, 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.

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. E. M. Meditt, Dr. L. F. Rogers, and Dr. A. B. Wright were personally present and actually participated in the examination of Calvin Claypool the claimant in this case, on 10th day of Jan, 1890.

(Signature.)

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

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

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Claypool
Co. D, 108 Reg't W.D. & Inf.

APPLICANT FOR Original

No. 5-92288

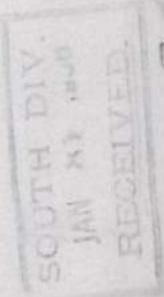
DATE OF EXAMINATION:

January 10th 1890

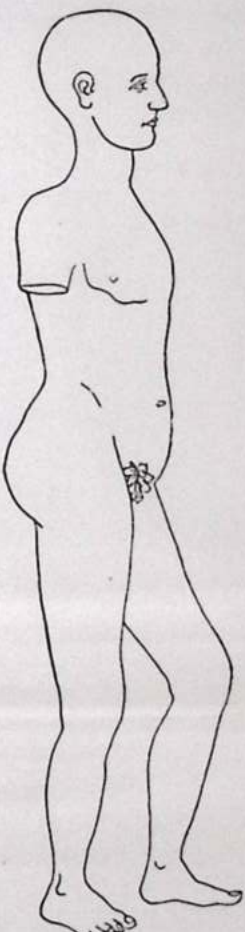
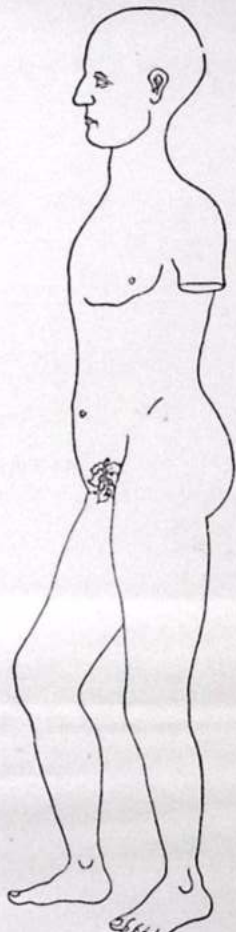
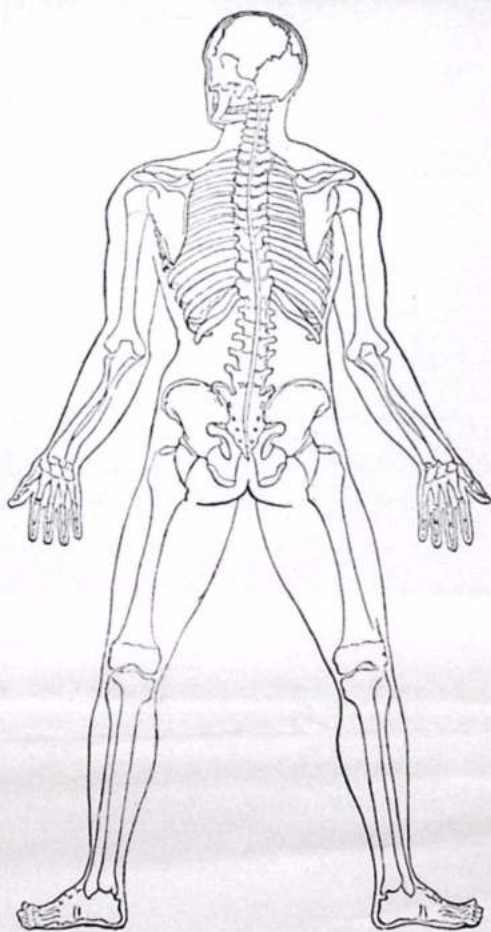
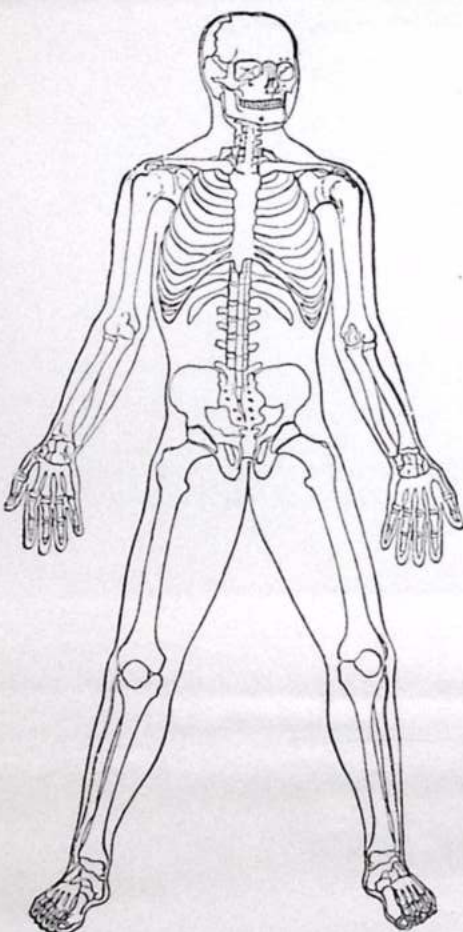
E. M. Meditt Pres.,
L. F. Rogers Sec'y,
Alvin L. L. Treas.,
BOARD.

Post office, Rowling Green
County, Wanda
State, Tex

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



Alvin L.



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.]

REQUEST FOR SPECIAL ACTION IN PENSION CLAIM.

NOTE.—To be filed with the Commissioner of Pensions, whereby special action is requested by reason of extreme age; or threatened dissolution of claimant; or dependence of the claimant on charity; or other like special and urgent reasons which may be particular to the case. These statements must be verified by the oath of the claimant making them, or of some reputable party acting for him.

State of Kentucky, County of Warren, ss:

ON THIS 29th day of January, A. D. 1900, personally appeared before me

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

Calvin Claypool aged _____ years, a resident of Bowling Green

in the County of Warren, and State of Kentucky

whose post-office address is Room #7 Covington building 10th Street Bowling Green Kentucky

and who, being duly sworn, declares as follows: That he

is an applicant for pension, No. 593388, and for the reasons given below request is made for

special consideration of the claim by the Honorable Commissioner of Pensions.

That he is in destitute circumstances upon

NOTE.—State the reasons why special action should be taken, such as extreme age; or threatened dissolution of claimant; or dependence of the claimant on charity; or other like special and urgent reasons which may be particular to the case.

The charity of friends neighbors & the city—
he has not got one cent of money to buy
The necessary medicine prescribed
by his physicians. he has been total
disable to perform any manual labor
for his support since the day he
was examined before the Board
of examiners on the 10th day of Jan
1900. he has been confined to his
room & bed since that date. he has
no money to buy provision for his
subsistence. nor no one to support
him. his only support is from his
friends neighbors & the city. My

Correct Post Office Address is Room #7
Covington building 10th Street Bowling Green Kentucky

A. D. Stone

C. C. Lamasters

(Two witnesses who write sign here.)

Calvin Claypool
 (Signature of Affiant.)
mar

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.

My Commission as
N. P. expires Jan 31st 1900.

H. E. McCister
 (Official Signature.)
Notary Public
Warren County Kentucky

①
Div.

Request for Special Action in the

CLAIM OF

Calvin Claypool

D Co. 108th Reg't

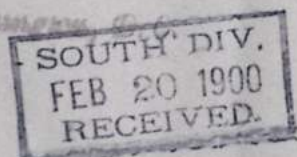
U.S. Col Inf't Vols.

For

Orig'l No. 593388

FILED BY

C. D. PENNEBAKER



Printed and for sale by John F. Sheiry, Claim Blank
Printer, 623 D Street, N. W., Washington, D. C.



General Affidavit.

STATE OF Kentucky COUNTY OF Warren SS:

In claim No. 593,388 of Calvin Claypool of Co. 20 of

the 108 Regt. of U. S. C. I. Vols., Personally appeared before the undersigned duly au-

thorized to administer oaths within and for said County, David Blackburn

aged 70 years, whose P. O. is Bowling Green, County of Warren

State of Ky, who being duly sworn, states in relation to said claim as follows to-wit:

I am a neighbor of this claimant - and have known him for 20 years - and am well acquainted with his habits as a neighbor; therefore I state to the best of my knowledge and belief, that his afflictions are not caused by vicious habits.

I know that heart trouble, head ache, rheumatism - afflictions of back - are not caused by vicious habits.

And affiant further states that he has no interest in this claim.

Jack Jones
W. S. Toole

If affiant signs by mark two witnesses sign here.

David Blackburn
his
Affiant's Signature.

Sworn to and subscribed before me on the 14 day of August 1900, and I hereby certify that the contents of this affidavit were fully made known before signing to the affiant, who is credible, and I have no interest in this claim or its prosecution.

L.S.



H. C. Jones
H. P. W. Co.
Official Signature.

Non vic. habits

Unif
Act of June ²⁷ 1893

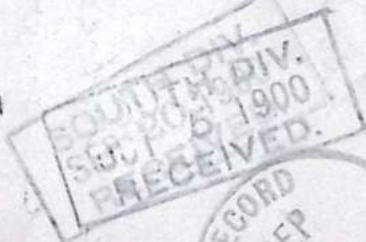
General Affidavit.

Balvin Blaypool Applicant,

Co. *AD* 108 Regiment of

U. S. C. I Volunteers.

49 No. 593,388



FILED BY

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

General Affidavit.

STATE OF Kentucky COUNTY OF Warren SS:

In claim No. 593388 of Calvin Claypool of Co. D of

the 108 Regt. of U.S.C. Vols., Personally appeared before the undersigned duly au-
thorized to administer oaths within and for said County, Jerry X. Horn

aged 56 years, whose P. O. is Bowling Green, County of Warren

State of Kentucky, who being duly sworn, states in relation to said claim as follows to-wit:

The affiant states that he
is a neighbor of the claimant
and sees him near about every
day, he has known him about
20 years.

It is known that the rheumatism,
heart trouble and affection of head
and back are not cause by vicious
habits.

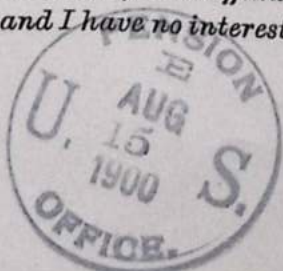
And affiant further states that he has no interest in this claim.

Black Jones
W. H. Edwards
If affiant signs by mark two witnesses sign here.

Jerry X. Horn
Affiant's Signature.

Sworn to and subscribed before me on the 30 day of July 1900, and I hereby
certify that the contents of this affidavit were fully made known before signing to the affiant,
who is credible, and I have no interest in this claim or its prosecution.

L.S.



H. C. Jones
J. P. W. C.
Official Signature.

Nil

Wm. H. Cameron
Dep. 9400

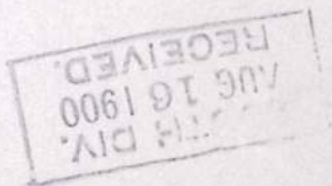
General Affidavit.

Calvin Claypool Applicant,

Co. *D* 1st Regiment of

U. S. C. A. Volunteers.

Dep.
No 593388



FILED BY

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

General Affidavit.

STATE OF Kentucky COUNTY OF Warren SS:
In claim No. 593388 of Calvin Clay pool of Co. D of
the 108 Regt. of U.S.C.T. Vols., Personally appeared before the undersigned duly au-
thorized to administer oaths within and for said County, Darrell Blackburn
aged 72 years, whose P. O. is Bawlingreen, County of Warren
State of Kentucky, who being duly sworn, states in relation to said claim as follows to-wit:

The Affiant states that he is a
neighbor of the Claimant and see him
more or less every day and no that
Rheumatism and heart trouble were not
known to him by vicious habits
if so the facts would have be come
known to me. for I am a neighbor
of the Claimant and have been for
twenty years.

And affiant further states that he has no interest in this claim.

Brack Jones
W. S. Edwards
If affiant signs by mark two witnesses sign here.

Darrell Blackburn
Affiant's Signature.
mark

Sworn to and subscribed before me on the 30 day of July 1900, and I hereby
certify that the contents of this affidavit were fully made known before signing to the affiant,
who is credible, and I have no interest in this claim or its prosecution.

L.S.



H. C. Jones
N. P. W. Co.
Official Signature.

Nil

Dep.

General Affidavit.

Calvin Claypool Applicant,

Co. D 108 Regiment of

U. S. C. T. Volunteers.

Sp. No. 593388.

FILED BY

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

AA Declaration for Invalid Pension. AA

Act of June 27, 1890.

STATE OF Kentucky COUNTY OF Warren SS;

On this 14th day of July, A. D., 1900, personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid,

Calvin Cleypool aged 60 years, who, being duly sworn, according to law, declares that he is the identical Calvin Cleypool ENROLLED on the

4th day of July 1864, in Co. D, of the 108 Regt. of USCZ Vols., in the war of the Rebellion, and served at least ninety days, and was honorably DISCHARGED at

Pickburg missy on the 21 day of March 1866 that he is unable to earn a support by reason of Rheumatism and

Heart Trouble missy in head and
Back

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has No 593888

give the number of your certificate.

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

That he appoints P. J. Lockwood, of Washington, D. C., his true and lawful attorney to prosecute his claim; and agrees to allow him a fee of ten dollars therefor if successful; that his Postoffice address is

County of Warren State of Kentucky

Claimant sign here.

Calvin Cleypool
mark

Also personally appeared Wm B Ferguson, residing at Bowling Green Ky and O. D. Porter residing at Bowling Green Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present

and saw Calvin Cleypool, the claimant, sign his name (or make his mark) to the foregoing declaration; they have every reason to believe from the appearance of said claimant,

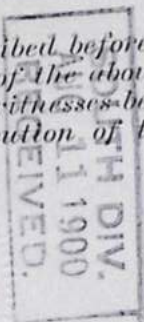
and their acquaintance with him for ten years and 8 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Wm B Ferguson
O. D. Porter

Signature of witnesses.

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.

L. S.



H. L. Jones
Notary public
Official Character

Not order recd. by (B. L. M.)
July 1900

ATTY FILED.

AA

AA

APPLICATION,

ACT OF JUNE 27, 1890.

Amended by Act of May 9, 1900.

Cubra Claypool Claimant.
 Co. *D*, *108* Regiment of
U.S. Artillery Volunteers.
 Cert. No. *593388, OYJ.*

Not Aug 10-1900 B



FILED BY

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

The act of May 9, 1900, requires, in case of a soldier:

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

Note—The distinctive difference between the act of June 27, '90, and all prior acts, lies in the provision which does not require that the disability shall have originated in the service. It may have existed from birth, or been incurred but yesterday, or it may have been incurred in the service and a claim filed pending under the old law and when either or both are proven, the soldier can accept under the law giving the most benefit. This act was also amended May 9, 1900, providing that in determining the degree of a claimant's inability to earn a support "each and every infirmity shall be duly considered and the aggregate of the disabilities shown be rated."

Physician's Affidavit.

STATE OF Kentucky COUNTY OF Warren SS:
In claim No. 593,388 of Calvin Claypool of Co. D of
the 108 Regt. of U. S. C. I. Vols., Personally appeared before the undersigned duly au-
thorized to administer oaths within and for said County, Dr. O. D. Porter
aged 35 years, whose P. O. is Bowling Green, County of Warren
State of Ky., who being duly sworn, states in relation to said claim as follows to-wit:

That he has today made careful examination
of the above named Calvin Claypool and
finds him very much disabled on account of
Rheumatism in back and limbs, with misery
in head more or less constant. He also says
that he has several ^{times} prescribed for said Claypool
who was suffering with misery in head. He
further says the Claimant has a weak and
feeble heart action which in his judgment
is the result of Rheumatism. The said
Claypool has not strength enough in his
back and limbs to walk without his cane -
That he is unable to perform manual
labor except little light chores - and that
in his opinion cannot do more than
one-fourth of a man's part.

He further states that he has no interest
in the prosecution of this claim.



And affiant further states that he has no interest in this claim.

If affiant signs by mark two witnesses sign here.

O. D. Porter, M.D.
Affiant's Signature.

Sworn to and subscribed before me on the 21st day of Sept 1900, and I hereby
certify that the contents of this affidavit were fully made known before signing to the affiant,
who is credible, and I have no interest in this claim or its prosecution.

H. C. Jones
Notary Public
Official Signature.

~~Act of June 27, 1890~~
Act of June 27, 1890

Physician's Affidavit.

Calvin Claypool Applicant,

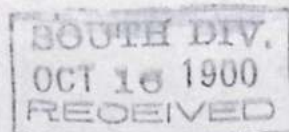
Co. D 108 Regiment of

U. S. C. I. Volunteers.

~~108-98388~~
108-98388

013

108-98388



FILED BY

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

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT

You are informed that the claimant claims that

and that witnesses who testify in support of the claimant's claim should state preferably in their own hand writing, if they can write, what they know and now remember about the claim as above stated. They should state whether they prescribed for the claimant at or during that time and observed his affections or saw symptoms of the same, and what these symptoms were.

PHYSICIAN'S AFFIDAVIT.

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

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

State of Kentucky, County of Warren, ss:

In the Pension Claim No. 593388

of Leakin Claypool late of

Co D 108 Reg U.S.C.

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

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

Official character of magistrate.

County and State O. S. Fortin a citizen of Bowling Green,

Name of Affiant.

whose Post-Office address is Bowling Green, Warren Co., Ky.

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

the aforesaid case, as follows:

NOTES.

The Physician's Affidavit must show the following facts:

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

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

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

20 years, and that he frequently treated the above

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

named Claypool during the years of

'98 and '99 for shortness of breath

the result of heart disease and Rheu-

matism. The affiant also states that

it is his opinion that the above named

Claypool contracted this rheumatism

while in the service as he was sick

at that time and suffered with his

limbs paining him much like he does

now.

The affiant further states that the said

Claypool during the entire year of 1899

was unable to do any manual labor be-

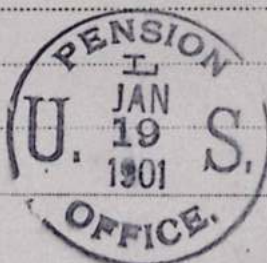
cause of weakness and shortness of

breath the result of rheumatism.

The affiant states that he has no

interest in this claim.

O. S. Fortin, M.D.



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

O. D. Porter, M.D.
Affiant's Signature. Give rank and service, if in the Army.

SWORN to and subscribed before me this 18th day of Dec A. D. 1900

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

erased, and the words

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

Official Signature: H. L. Jones

[L. S.]

Official Character: Notary Public

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 _____

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

Act of June 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Calvin Taylor
5108 Ave

Nature of Claim

Soldier

Co.

Reg't

Vols.

No.

FILED BY

JAN 14 1901

131 F STREET

WASHINGTON

Printed and sold by W. H. Moore & Co., 511 Eleventh Street N. W., Washington D. C. Box 209.

RECORD & PENSION OFFICE
JAN 30 2010790 1901
WAR DEPARTMENT

3-464 aa.

So. Div., D.C.C., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Jan. 29, 1901.

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier, Personal des-
cription and name of former
owner.

No other report on file.

Inw. or. No. 593, 388

Name, Calvin Claypool.

Co. D, 1st Reg't W.C. Inf.

A. Chy. Evans

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, JAN 30 1901

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Calvin Claypool
Co. D, 1st Reg't W.C. Inf.
military records
furnish nothing
additional to
former report.

✓ Age 30 yrs. former
born in Warren Co. Ky.
brown eyes black hair
yellow comp. ht. 5-9 1/2

Owner
Harrison Claypool
Warren Co. Ky.

The medical records show him treated as follows:-
No record found additional
to that furnished in report
dated May 17, 1887, herewith.



BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Brainerd
Per Chief, Record and Pension Office.

Declaration for the Increase of an Invalid Pension.

State of Kentucky County of Warren, ss.

On this 28th day of October A. D., one thousand nine hundred and two

personally appeared before me, the undersigned officer, duly authorized to administer oaths within the County

and State aforesaid, Calvin Clapp
(Name of Claimant.)

who being duly sworn according to law, declares :

I am a pensioner of the United States, (Certificate No. 1069250) enrolled at the

Goussville Pension Agency at the rate of Eight Dollars per month, by reason of
Partial inability to earn a support by manual labor.
(Here name the cause stated in Pension Certificate.)

growing out of service to the United States in Private Company D. Reg 102
(Here state rank, company and regiment, if in the Army—vessel if in the Navy.)

That I believe myself to be entitled to, and now claim INCREASE of pension on account of insufficiency of rating, as I believe that the amount now allowed and paid me is absurdly low, and wholly disproportionate to the degree of my inability to perform the manual labor of a healthy man as same now exists. That I now

suffer from Rheumatism and missary in head Genes aching all over.
(Here name all disabilities and state particular reasons why increase should be allowed.)

An increase should be allowed on the account of the following
Disabilities Rheumatism missary in head Genes aching all over.

and I desire to be examined by the U. S. Pension Surgeons at Bowling Green Ky.

I appoint with full power of substitution and revocation, C. D. PENNEBAKER, of Washington, D. C., my true and lawful attorney to prosecute this claim and agree to pay him for his services the legal fee.

That my Post Office Address is Bowling Green Ky.

County of Warren State of Kentucky

Claimant's Signature : Calvin Clapp
his mark

PENSION
NOV 1 1902
OFFICE.

ATTY FILED

Also personally appeared O. D. Porter, residing at Bowling Green and John Lantry, residing at Bowling Green persons whom I certify to be reputable and entitled to credit, and who, being by me duly sworn, say 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.

The identifying witnesses should be able to write their names.

O. D. Porter
John Lantry
Signatures of Witnesses

Sworn to and subscribed before me this 28th day of October

A. D., 1902, 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, and that I have no interest, direct or indirect, in the prosecution of this claim.

If the officer has an official seal it should be affixed.

H. L. Jones
(Signature.)

Notary Public
(Official Character.)

1262
INVALID
CLAIM FOR INCREASE.

Certificate

1019.800.07
Valeri Claypool

D. Co. Reg't.,

Vols.

C. D. PENNEBAKER
OCT 30 1902
WASHINGTON, D. C.

FILED BY
NOV 4 1902
DIVISION
C. D. PENNEBAKER
ATTORNEY-AT-LAW,
1331 F Street N. W. P. O. Box 465.
WASHINGTON, D. C.

ROTHROCK PRINTER 1303 G ST

10,000-6-17-1902.

JOHN W. LEWIS.
Edm

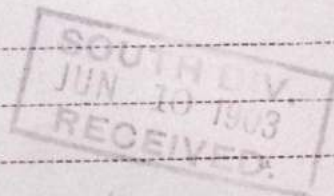
✓ MHA

Department of the Interior,
BUREAU OF PENSIONS,Washington, D. C. *Feb 12 1903*Dr. *Walter Byrum*, Secretary,
Russellville,
Co. *Logan,* Ky.
(State.)

Sir:

Mr. *Calvin Claypool*
P. O. *Booths Green*
Co. *Warren,* Ky.
(State.)
late a *Private*
Co. *D 108* Regiment *USC Inf*
(State.)an applicant for *orig & re*
Invalid Pension No. *1019850*
has been directed to report himself to you forexamination on account of disability from
rheumatism and disease
*of lungs and veins.**Also claims increase under*
Act of June 27, 1890 from disease
of heart and head & back,
varicose veins, pharyngitis
and general debility and
aching all over.

F. O. L. P.

Claimant failed to
appear within specified
*time.**Very respectfully*
Walter Byrum
Secy

Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

E. F. WARE,
Commissioner.

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

State of Kentucky, County of Warren, ss:

In the Pension Claim No. _____

of _____ late of _____

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

Personally came before me a Notary Public in and for the aforesaid
Official character of magistrate.

County and State O. D. Fortin a citizen of Bowling Green, Ky
Name of Affiant.

whose Post-Office address is Bowling Green, Ky -

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

That he is a practising physician, and that he has been acquainted with the said Soldier for about 10 years, and that He has been his family physician for six years and that he has had
Here embody all the facts known to the affiant in accordance with the marginal instructions. No
erasures or interlineations will be permitted unless the magistrate certifies in the jurat that they were made before executing the paper.
Close watch on said Calvin Claypool during the last five or six months. He is totally disabled for the performance of any and all kinds of manual labor. The affiant states that claimant was ordered before the Board of Examining Surgeons at Russellville which order he allowed to expire solely because he was physically unable to make the journey to Russellville and that he now asks that a new order be issued for his appearance before the Examining Board at Bowling Green, Ky -

NOTES.

For Claims Under General Law.

The Physician's Affidavit should show the following facts:

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 soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a 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. The extent to which claimant has been unable to perform manual labor since discharge, or first acquaintance to PRESENT Time (whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total.)



He further declares that he has been a practitioner of medicine for 7 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

O. S. Porter, M.D.
Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this _____ day of _____, A. D. 190_____

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

_____ erased, and the words _____

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

Official Signature: _____

[L. S.]

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 _____, 190_____

[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 official character hereon, and not on a separate slip of paper.

270 387
MEDICAL EVIDENCE.

Affidavit of

1019850

Claim of
Oliver Claypool
No. 108, West

For

FILED BY

C. D. PENNEBAKER,
JUN 26 1903
WASHINGTON, D. C.

Printed and sold by W. O. Berryman, Successor to
W. H. Moore & Co., 511 11th St. N.W., Washington, D. C.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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

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

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

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

Increase Pension Claim No. 1019850
Calvin Claypool
Company D 108 Reg't U. S. B. Vol. Inf.
Borling Green, Warren Co., N.Y.
Address of Board. 1300 Leig Green P. O. N.Y. State.

July 28th, 1903
[Date of examination.]

Rheumatism, dis. of lungs, dis. of eyes, varicose veins, dis. of heart, pharyngitis, dis. of head & back, gen. debility. He receives a pension of eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: The above disabilities were acquired in the service. Is so short of breath & feeble that he cannot work.

Birthplace, Warren Co., N.Y.; age, about 69 years; height, 5' 8"; weight, 128 pounds; complexion, dark brown; color of eyes, black; color of hair, grey; occupation, laborer; permanent marks and scars other than those described below, none.

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

Pulse rate, 77 81 112; respiration, 21 22 30; temperature, 98;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Appearance fair for age. Palms & muscles soft. Rheumatism. All the joints, muscles & tendons are normal. Is not entitled to rate on lungs. Dis. of lungs. Meas. of chest at rest, 33, expir. 32, inspir. 35. There is no deformity of chest. No abnormal sounds are heard over chest. There is no dullness or tympanitic resonances. There is no prolonged expiration or broncho-vesicular respiratory sounds. Is not entitled to rate on lungs. Dis. of eyes. There is well marked arcus senilis of both eyes. With this exception the eyes are normal. There is no conjunctivitis, trichiasis, entropion, pannus or pterygium. The pupils are normal in size & respond to light. The lens & deeper structures of both eyes are normal. Claimant can count fingers with either eye at 100 ft. Is not entitled to rate on eyes. Varicose veins. There are no enlarged veins on body that we can discover. There are scars on legs where there have been ulcers that are now well. Is not entitled to rate on varicose veins. Dis. of heart. There is well marked arcus senilis of both eyes. The pulse is regular & normal in force. There is slight cyanosis & dyspnoea. There is no oedema. Heart dullness extends from upper edge of 3rd costal cartilages to the 6th rib & from 1/2 of sternum to 1 inch to the left of left nipple. The apex is located by inspection 2 1/2 below & 2 inch to the left of left nipple line. There is a murmur heard with the second heart sound & at base of heart & left margin of sternum.

J. E. Murchison, Pres. J. F. Rodgers, Sec'y. A. C. Hughes, Treas.

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

Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when the full board is present.)
 "I hereby certify that Dr. _____, Dr. _____, and

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

(Signature.)

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

"I, _____, 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.)



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Claypool

Co. D, 108 Reg't U.S.C. Vol. Inf

APPLICANT FOR Increase

No. 1019850

DATE OF EXAMINATION:

July 22nd, 190 3

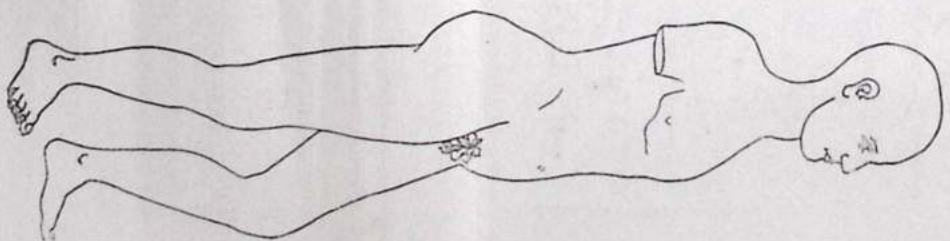
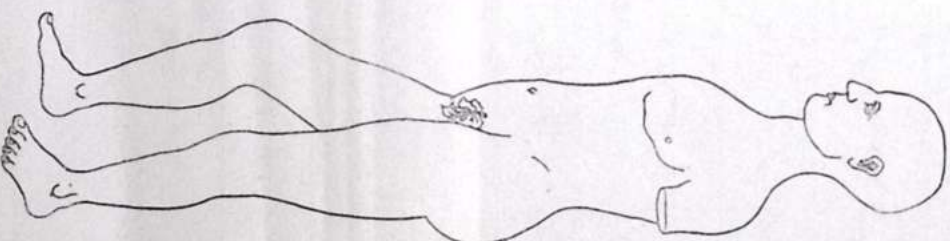
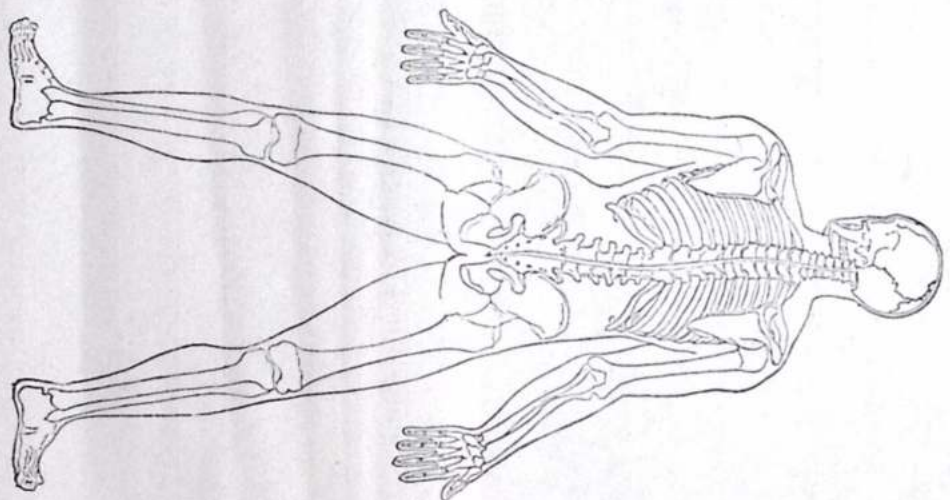
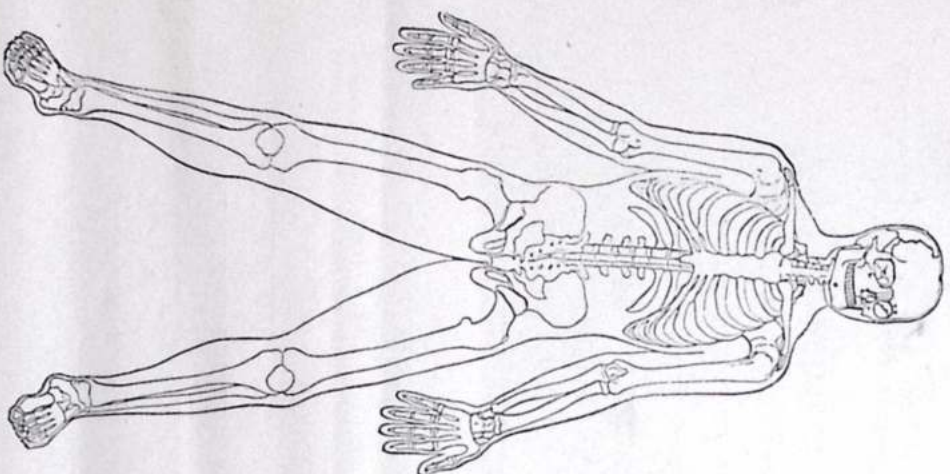
J. E. Meredith, Pres.,
J. F. Rodgers, Sec'y,
Atkins, Treas., } BOARD.

Post office, Bowling Green

County, Warren

State, N.Y.

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



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

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character
and number of
claim.Name of claim-
ant.

Increase

Pension Claim No. 1019850

Calvin Claypool

[Rank.]

Company D 10th Reg't U.S.C. Vol. Inf

July 22nd

[Date of examination.]

1903

EXAMINATION—Continued.

Pharyngitis. There is slight congestion of pharynx. The tonsils are not enlarged. There are no scars or ulcers in pharynx. Is not entitled to rate on pharyngitis. Dis. of head. The claim for head is made on account of vertigo. There is no history of epilepsy, but claimant states that at times he becomes so dizzy that he would fall if he did not hold to something. The vertigo is probably caused by heart. There is no local or general paralysis or loss of sensation. There is no loss of co-ordination or marked muscular tremor. There is no involvement of the mental faculties. Is not entitled to rate on head. Dis. of back. There is no tenderness, atrophy, enlargement or deformity of back. Claimant states that he suffers with pain in back a great deal. Is not entitled to rate on back.

General debility. There is some debility caused by age, but no more than one would expect in a man 70 years old.

Kidneys. Urine, amber colored S.G. 1020, acid. There is no sugar, pus, blood or albumin. Is not entitled to rate on kidneys.

There are no evidences of vicious habits.

No other disabilities are found to exist.

J. E. Murchie, Pres.

J. F. Rogers, Sec'y.

A. A. Long, Treas.

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

"I hereby certify that Dr. J. E. Meredith, Dr. J. F. Rodgers and Dr. A. C. Wright were personally present and actually participated in the examination of Calvin Blaypool, the claimant in this case, on July day of July, 1903.
(Signature.) J. F. Rodgers

(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 _____, 1903."

Witnesses
to mark.

(Signature of
Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

Calvin Blaypool

Co. D, 108 Reg't U. S. C. Vol. Inf.

APPLICANT FOR Increase

No. 1019887

DATE OF EXAMINATION:

July 22nd, 1903

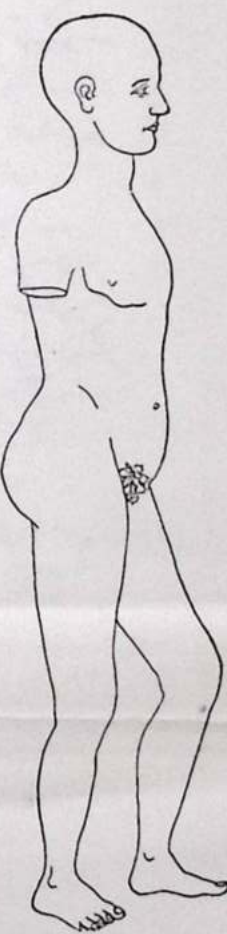
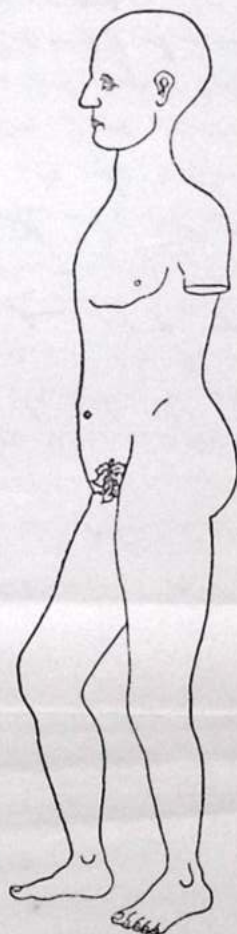
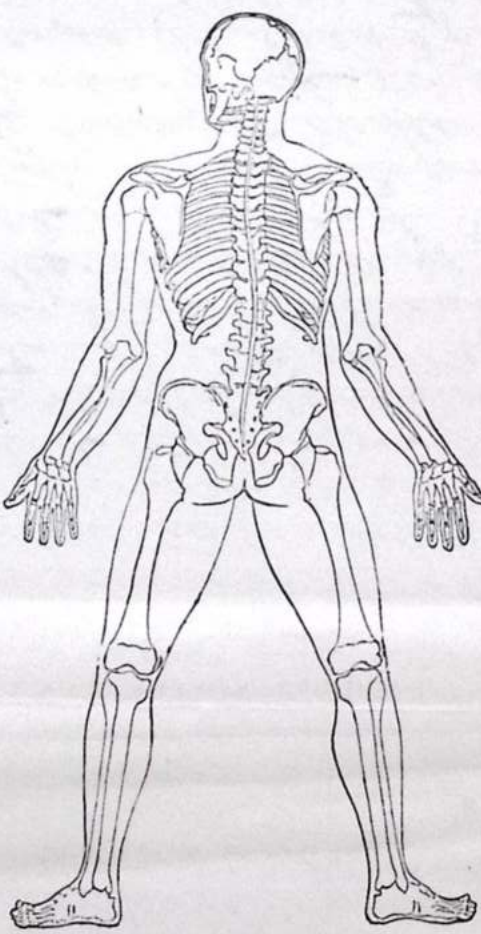
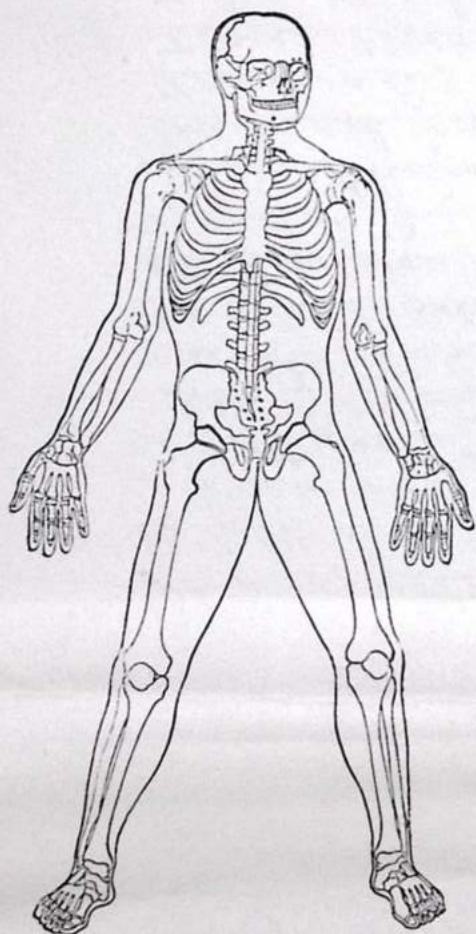
BOARD.
J. E. Meredith, Pres.,
J. F. Rodgers, Sec'y,
A. C. Wright, Treas.,

Post office, Brooklyn Green

County, Warren

State, N.Y.

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.]

Declaration for the Increase of an Invalid Pension.

State of Kentucky County of Warren, ss:

On this 14th day of Dec A. D. one thousand nine hundred and three,

personally appeared before me the undersigned officer, duly authorized to administer oaths within the County and State aforesaid, Leahvin + Clapp
(Name of Claimant)

who being duly sworn according to law, declares:

I am a pensioner of the United States (Certificate No. 1019840), enrolled at the

Louisville Pension Agency at the rate of Ten Dollars per month, by reason of

an pension certificate because blank in certificate
(Here name the cause stated in Pension Certificate.)

growing out of service to the United States in Private Co D 108 Regiment U S Col
(Here state rank, Company and Regiment, if in the Army—Vessel, if in the Navy.)

That I believe myself to be entitled to, and now claim INCREASE of pension on account of insufficient rating, as I believe that the amount now allowed and paid me is absurdly low, and wholly disproportionate to the degree of my inability to perform the manual labor of a healthy man as same now exists. That I now

suffer from Rheumatism shortness of breath dizziness
(Here name all disabilities, and state particular reasons why increase should be allowed.)

disable for eng kind of labor



and I desire to be examined by the U. S. Pension Surgeons at Bowling Green Ky.

I appoint with full power of substitution and revocation, C. D. PENNEBAKER, of Washington, D. C., my true and lawful attorney to prosecute this claim and agree to pay him for his services the legal fee.

That my POST OFFICE ADDRESS is Bowling Green Ky.

County of Warren State of Kentucky

Claimant's Signature: Leahvin + Clapp

ATTY FILED

Also personally appeared O. D. Porter, residing at Bowling Green and Atwood Goring, residing at Bowling Green persons whom I certify to be reputable and entitled to credit, and who, being by me duly sworn, say 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.

The identifying witnesses should be able to write their names.

O. D. Porter
Atwood Goring
(Signatures of Witnesses.)

Sworn to and subscribed before me this 16th day of Dec

A. D. 1903, 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, and that I have no interest, direct or indirect, in the prosecution of this claim.

H. L. Jones
(Signature.)

If the officer has an official seal it should be affixed.

Notary Public
(Official Character.)

270

INVALID
CLAIM FOR INCREASE

Certificate 1019850
Calvin Claypool
20 Co., 108 Reg't,

U. S. C. I. Vols.

C. D. PENNEBAKER,
DEC 21 1903
WASHINGTON, D. C.

FILED BY
C. D. PENNEBAKER,
ATTORNEY-AT-LAW,
1331 F Street, N. W.
WASHINGTON, D. C.
P. O. Box 465.

RECEIVED
DEC 23 1903
PRESS OF BYRON & ADAMS

200

Under the provisions of the act of Congress of December 21, 1893 you will be allowed a period of thirty days from receipt hereof in which to make such answer as you deem proper, and to show cause why the action above indicated should not be taken.

This letter should be returned with your reply, and the evidence which must be duly sworn to before some officer authorized to administer oaths, should be inclosed in an envelope addressed to the Commissioner of Pensions and marked in the lower left-hand corner, "Board of Review."

Very respectfully,

Commissioner.

Mr. Calvin Claypool,
Bowling Green, Warren Co.,
Kentucky.

J.E.B.
Board of Review DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

WASHINGTON, D. C., March 31, 1904.

Sir:

It appears from the records of this Bureau that you were pensioned February 13, 1901 under certificate number 1019850, act of June 27, 1890, at the rate of \$8 per month from July 29, 1899, for partial inability to earn a support by manual labor by reason of disease of heart and senility, based on your service as private, Co. "D", 108th U.S.C. Vol. Inf. On November 1, 1902, you filed an application for increase of pension, and you were afforded a medical examination thereon July 22, 1903, and your rate was thereupon increased to \$10 per month from July 22, 1903 as provided in section 4698 1/2, Revised Statutes of the United States, "That 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 * * *."

Through a clerical error your increased rate of \$10 per month was made to commence June 22, 1903, which was contrary to law.

You are hereby notified that your certificate will reissue at the rate of \$10 per month from July 22, 1903, deducting subsequent payments, and a sum will be retained from your current pension sufficient to reimburse the Government for the amount erroneously paid you as above stated, viz.: \$2 per month from June 22, to July 21, 1903, both dates inclusive.

Declaration for the Increase of an Invalid Pension.

State of Kentucky County of Warren, ss.

On this 16th day of June A. D., one thousand eight hundred and ninety-nine ¹⁹⁰⁵

personally appeared before me, the undersigned officer, duly authorized to administer oaths within the

County and State aforesaid,

Calvin Cheppol
[Name of Claimant.]

who being duly sworn according to law declares :

I am a pensioner of the United States, (Certificate No. 1019840) enrolled at the

Louisville

Pension Agency at the rate of Ten

Dollars per month, by reason of

no cause stated in pension certificate
[Here name the cause stated in pension certificate.]

have been increased no certificate does not say for what

growing out of service to the United States in private co. D 108 Reg.

[Here state rank, company and regiment, if in the Army—vessel if in the Navy.]

That I believe myself to be entitled to, and now claim INCREASE of pension on account of insufficient rating, as I believe that the rating now allowed and paid me is absurdly low, and wholly disproportionate to the degree of my inability to perform the manual labor of a healthy man as same now exists. That I now

suffer from Rheumatism Swelling in head and heart trouble
[Here name all disabilities and state particular reasons why increase should be allowed.]

disable for any manual labor on the

account of his age 46 years and Rheumatism Swelling in head heart trouble

and I desire to be examined by the U. S. Pension Surgeons at Bowling Green Ky

I appoint with full power of substitution and revocation, C. D. PENNEBAKER, of Washington, D. C., my true and lawful attorney to prosecute this claim.

That my POST OFFICE ADDRESS is Bowling Green

County of Warren

State of Kentucky

Claimant's Signature :

Calvin Cheppol
mark



Also personally appeared O. D. Porter, residing at Bowling Green 14
and Edwards. Eeles, residing at Bowling Green 14.

persons whom I certify to be reputable and entitled to credit, and who, being by me duly sworn, say they were present and saw Calvin Leffers, 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.

S. A. Cuddy,

Chief, Law Division.

per identifying witnesses should be able to write their names.

O. D. Porter

Edward Eeles
(Signatures of Witnesses.)

Sworn to and subscribed before me this 16th day of June

A. D., 1905, 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, and that I have no interest, direct or indirect, in the prosecution of this claim.

My Commission expires Jan'y 7th 1908

H. C. Jones
(Signature.)

If the officer has an official seal it should be affixed.

Notary Public
(Official Character.)

NO REVENUE STAMP REQUIRED.

INVALID.

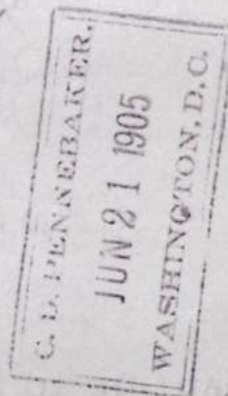
CLAIM FOR INCREASE.

Certificate. 1019.850

Calvin Leffers

D. Co., 108 Reg't.,

W. B. Inf Vols.



Filed by

C. D. PENNEBAKER,
ATTORNEY-AT-LAW,

1331 F Street N. W.

WASHINGTON, D. C.



EDM

Act of June 27-1898,
N.E.B. Southern Div. ^{3-240.} ✓
Department of the Interior, ^{RWB}

BUREAU OF PENSIONS.

Washington, D. C., AUG 7 1905

Dr. Walter Byrne Secretary,
Russellville

Co. Logan Ky
(State.)

Sir: Mr. Calvin Claypool,

P. O. Bowling Green,

Co. Warren Ky
(State.)

late a private

Co. H, 108 Regiment U.S. Inf
(State.)

an applicant for increase

Invalid Pension No. 1019850

has been directed to report himself to you for

examination on account of disability from

disease of heart, senile

debility, rheumatism

and vertigo,

Examine lungs and

kidneys, and describe

any evidence of

senile changes.

Clarmont failed to
appear with in spec-
ified time

Very respt-

Walter Byrne

Secy.



Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

V. Warner
Commissioner.

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 Kentucky, County of Warren, ss:

In the matter of Calvin Claypool of Co. D. Reg 108
U. S. G. V. Inf. No. of Claim 1019850-

ON THIS 20th day of Dec., A. D. 1905, personally appeared before me
a Notary Public O. D. Foster in and for the aforesaid County, duly authorized to administer
oaths. O. D. Foster aged 41 years, a resident of Dowling Green
in the County of Warren, and State of Ky.
whose Post-office address is Dowling Green, Ky.

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

That he has been Physician to the
above named Calvin Claypool for about seven
years, and he is thoroughly acquainted with
the condition of claimant's health. The
affiant states that claimant is totally disabled
for any and all kinds of manual labor and
owing to his extreme age and feeble health
it is impossible for him to travel, because
of these facts, affiant says, he was not able
to meet the Russellville Board in Aug. and
he (said Claypool) is still unable unable
to travel.

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

O. D. Foster M. D.

(Signature of Affiant.)

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

STATE OF Kentucky, COUNTY OF Warren, ss.

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

erased, and the words

added, and acquainted him

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

[L. S.]

My Commission expires Jan y 7th 1908

J. E. Jones
(Official Signature.)

Notary Public
(Official Character.)
Notary Public Warren Co. Ky.

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.

Division

Pension

No.

ADDITIONAL EVIDENCE.

CLAIM OF

AFFIDAVIT OF

FILED BY

Printed and for sale by John F. Shelby, Clifton Blank Printer,
412-415 Ninth Street, N. W., Washington, D. C.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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

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

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

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

Pension Claim No. 1019850

Address of Board.

Bowling Green P. O. Ky. State.

[Date of examination.]

Jan. 17th, 1906

Disease of heart, rheumatism, shortness of breath, dizziness & age

He receives a pension of ten dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: The disease of heart & rheumatism were acquired in the service, so so feeble & short of breath that he cannot work.

Birthplace, Warren Co., Ky.; age, 70⁺ years; height, 5' 7¹/₂ ; weight, 178 pounds; complexion, brown; color of eyes, black; color of hair, black; occupation, day laborer; permanent marks and scars other than those described below, none

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

Pulse rate, 66 70 90⁺; respiration, 20 21 33; temperature, 98⁺

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

Appearance fair for age. Muscles flabby. Palms moderately soft. Rheumatism: All the muscles tendons & joints are normal. Dis. of heart: The pulse & heart are quite irregular & both intermittent from irregularity of impulse. There is arcus senilis of both eyes. There is slight dyspnoea. There is no oedema or cyanosis. There is a murmur heard at base of heart near left margin of sternum heard with second heart sound. Heart dullness extends from the upper margin of the 3rd rib to the 6th rib & from inside to the right of sternum to 1 inch to the left nipple line. The apex impulse is located 2¹/₂ below & 1 inch to the left of left nipple. Shortness of breath: There is shortness of breath caused by disease of heart.

Dizziness: Applicant states that he is so dizzy at times that he would fall if he did not hold to something. The dizziness is probably caused by heart disease. There is no muscular tremor or involvement of the mental faculties. The pupils react to light. There is no local or general paralysis. There is no loss of co-ordination. Age: Applicant looks to be 70 or 75 years of age. Lungs: Meas. of chest at rest 32, inspir. 34, expir. 31. There is no deformity of chest. No abnormal sounds are heard over chest. There is no dullness or tympanic resonance. There is no prolonged expiration or bronchovascular respiratory sounds.

Kidneys: Urine amber colored. S. G. 1012. There is no sugar, pus, blood or albumin. There are no other disabilities. There are no evidences of vicious habits. We find the aggregate permanence of disability for earning a support by manual labor due to disease of heart & age, not due to vicious habits & warrant a rate of \$12.⁰⁰

J. P. Meredith, Pres. J. F. Rogers, Sec'y. Sherriff, Treas.

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

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

"I hereby certify that Dr. J. E. Meredith, Dr. J. F. Rodgers, and Dr. A. L. Wright, were personally present and actually participated in the examination of Calvin Claypool, the claimant in this case, on 17th day of Jan, 1906."

(Signature.)

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1906."

Witnesses
to mark.

(Signature of
Applicant.)



IN CASE OF

Calvin Claypool

Co. S, 108th Reg't U. S. C. V. Inf.

APPLICANT FOR Inc.

No. 1019400

DATE OF EXAMINATION.

Jan. 17th, 1906

J. E. Meredith, Pres.,
J. F. Rodgers, Sec'y.,
Claypool, Treas.,

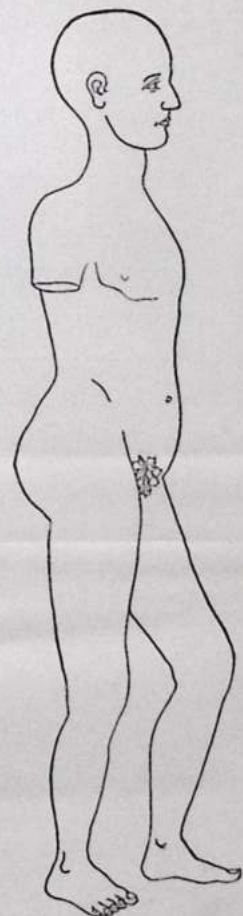
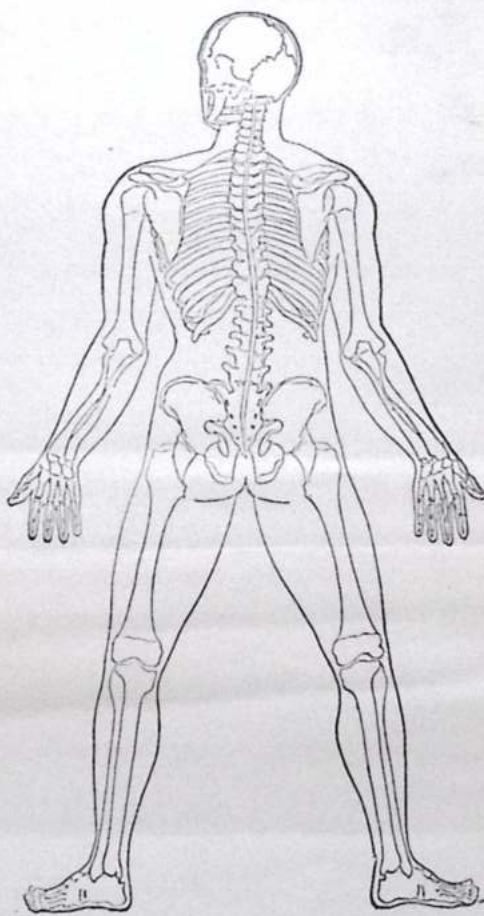
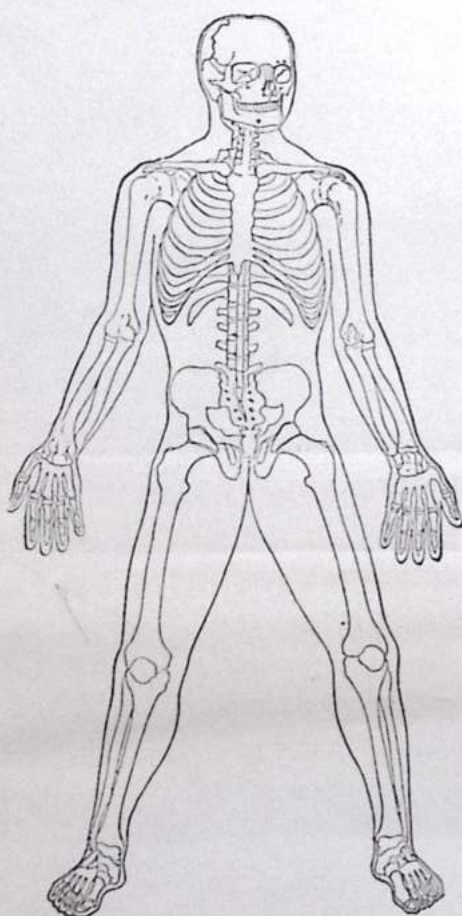
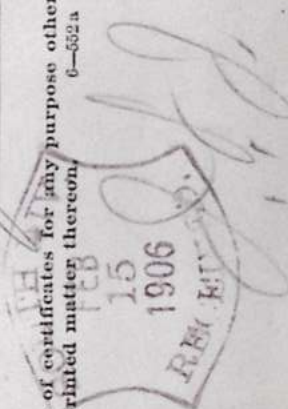
BOARD.

Post office, Boring Green

County, Warren

State, N.Y.

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



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

Declaration for Pension

State of Kentucky, County of Warren, ss

On this 28 day of Feb, A. D., one thousand nine hundred and 1907

personally appeared before me a Notary Public within and for the County and State

aforesaid, Calvin Cleppool, who being duly sworn according to law, declares that he is

46 years of age, and a resident of Bowling Green Ky County of Warren

State of Kentucky; and that he is the identical person who was ENROLLED at

Bowling Green Ky under the name of Calvin Cleppool

on the 7th day of July, 1864 as a private

in Co D 1st Bullard Inf Regt

in the service of the United States in the Civil war, and was

HONORABLY DISCHARGED at Goussville Ky, on the day of , 1866

That he also served

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 eight inches; complexion,

yellow; color of eyes, Brown; color of hair, light grey; that his occupation was

Farmer; that he was born March 1831

at Warren County Ky

That his several places of residence since leaving the service have been as follows: Warren County

That he is a pensioner by Certificate No. 16913, at \$ 12.00 per month. That he has not heretofore applied for pension, Claim No.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under ACT OF FEBRUARY 6, 1907, and any amendments thereof.

That his post office address is 2nd Park County of Warren

State of Kentucky

ATTEST Octavia W. Thurman his

Clifton Cooksey Calvin Cleppool

Two persons who write, sign here.

Signature of Claimant

Also personally appeared Octavia W. Thurman, residing at

Bowling Green and Clifton Cooksey, residing at

Bowling Green Ky persons whom I certify to be respectable and entitled to

credit, and who being by me duly sworn, say they were present and saw Calvin Cleppool

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. Validity accepted

S. A. Cuddy,
Chief, Law Division.

Sworn to and subscribed before me this 28th day of Feb, A. D., 1907 and I do

hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant

and witnesses before swearing, including the words

 erased, and the words

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

File Jones

Official Signature.

Notary Public Warren Co. Ky.

Official Character.

My Commission expires Jan'y 7th 1908



a
ACT OF FEBRUARY 6, 1907.

SERVICE PENSION.

No. *1019860*
16713

CLAIM OF

Galvin Claypool

Late *Private* in Co. *D 108* Reg't
of *1st* *Century* *Colo* Vols.

Filed by

Galvin Claypool
claimant



State of Ky
County of Warren

In regard to age of Edwin Claypool
Let to D. 108th us c v Infantry cert to
1019850 I would state that I am 66 years
old and have known the claimant all
my life and I am satisfied Edwin
Claypool is at least 8 or 10 years older
than I am, I think he is as old as
he claims to be,

H. H. H. Claypool
Subscribed and sworn to before me
Nov 7th 1907 by H. H. H. Claypool and I
am well acquainted with the affiant
and he is a credible person this the
7th day of Nov 1907

H. H. Johnson
NOTARY PUBLIC, WARREN CO., KY.
RES., COR. 11TH & COLLEGE STS.,
BOWLING GREEN, KY.
COM. EXPIRES FEBRUARY 17TH, 1910.



State of Ky.
County of Warren }

In the matter of claim of Leavine

Claypool late of Co D 108th Regt US I Infantry
ent to 1,019.850 for Pension under act of Feby
9th 1907. I would state that I was a slave at
my birth and there was no public or
Baptismal record of my birth kept.
There was a family record of my birth
kept by Josie Linn my owner but he
moved to State of Illinois before the war
but records are all destroyed and the
owner of records is dead. All the facts of my
age has been told to me by my white people
and from best information I can get I am
satisfied that I as old or older than I claim
to be. I am very old and feeble and I do not
want any thing but what is justly due me.
I hope this will be sufficient as to my age.

attest M. M. Bailey
J. H. McGinnis

Leavine ^{his} Claypool
mark

Subscribed and sworn to before me by
by Leavine Claypool who is a credible person



W. B. Johnson
NOTARY PUBLIC, WARREN CO., KY.,
RES., COR. 11TH & COLLEGE STS.,
BOWLING GREEN, KY.
COM. EXPIRES FEBRUARY 17TH, 1910.

BUREAU OF PENSIONS

BOARD OF REVIEW.

Dec 13, 1907

No. 1019.850

Soldier, Calvin Claypool

Co. D, 108 Reg't U.S. C. Vol Inf

When Certificate is issued, return
papers to ~~Post Office~~Div. for action on ~~notice~~or ~~rejection~~ of claim as to
of 5 years old.

T. W. DALTON,

Chief Board of Review.

M. & M.
State of Indiana
County of Floyd ss



Before me a notary
Public in and for said county and personally
came Calvin Blaypool who being duly sworn
says that he is a pensioner of the civil war
enrolled at the Louisville agency certificate
#1019850 at the rate of fifteen dollars per
month that on or about Feb 25-1908 he moved
from Bowling Green Ky to 513 7th St New Albany
Indiana in moving to this city on the above
date he lost or has misplaced his certificate
and has made diligent search for the
same but is unable to find the same
and hereby request a reissue in place
of the one lost Post office address is 513
E 7th New Albany Floyd County Indiana
Was Priv Co D 108 Regt H S Col 22nd
Calvin Blaypool
mark

Witness
Esther Davis.
Sarah B Davis.



Subscribed and sworn to
Before me. This 25th day of March
1908 Witness my hand and seal

Curtis V. Roby

NOTARY PUBLIC

NEW ALBANY, IND.

My Commission expires

October 26th, 1908.

18 will
44

from

1019850
Curtis V. Roby

APPLICATION FOR A NEW CERTIFICATE.

A blank space is left at the close of applicant's affidavit that the time, place, and manner of the loss or destruction of the original certificate may be set forth. In case of loss of certificate, it should be shown that proper efforts have been made for its recovery.

The pensioner's oath must be supported by the evidence of another person as to identity. The witness must swear that he or she well knows applicant to be the same person described in his or her affidavit, and the magistrate must certify that the deponent is a person of veracity.

When a person other than a pensioner loses the certificate, the affidavit of that person, duly authenticated, is also required.

The official character and signature of the officer before whom the affidavits are made must be authenticated by the certificate of the proper officer, under his seal of office.

State of Indiana, County of Floyd, ss:
 On this 10th day of Apr, 1908, before the subscriber,
 a Notary Public for said county, personally
 appeared Calvin Claypool, who on oath declares that he is
76 years of age and the same Calvin Claypool, who belonged to
 Company "5", in the 108 Regiment of U S Col Inf, in the service
 of the United States, in the war Civil War; that his name was placed on the
 pension roll of the State of Ky; that he received a pension certificate num-
 bered 1019850 and bearing date the 14 day of Dec, 1907; that
he was last paid at Louisville Agency, to include the 14th day
 of Feb, 1908; that he has not bartered, sold, assigned, or pledged his
 pension certificate, or any interest therein; but that on or about the 20th day of Feb,
 1908, at or near Bowling Green Ky he lost on
misplaced his certificate in moving
from Bowling Green Ky to New Albany
Ind and, having made diligent search
for it - but am unable find it - and
makes this application for a duplicate

My post-office address is 513 E 7th St New Albany Indiana
 [The pensioner should not give his or her post-office address in case of another person.]

(Signature of applicant.)

Calvin Claypool
mark

Also, personally appeared Sarah Bowers, who on oath declares
 that she well knows Calvin Claypool, who has executed the foregoing
 affidavit, to be the identical pensioner named therein.

(Signature of witness.)

Sarah Bowers

Subscribed and sworn to before me the day and year aforesaid, the contents being first made known, and I
 certify that the affiants are persons of veracity.

Curtis B Roby
 NOTARY PUBLIC

NEW ALBANY, IND.
 My Commission expires
 October 26th, 1908.

Affidavit filed

APPLICATION FOR A NEW CERTIFICATE

1019850
BY

Calvin Claypool

Act of Feb. 3, 1907.

Louis

EXECUTE AND RETURN TO

COMMISSIONER OF PENSIONS.

*Stating whether you have
been paid for*

In applying for "Pension," pensioner must state distinctly whether the certificate has been sold or pawned, and if mislaid the circumstances should be set forth, and evidence furnished that due diligence has been exercised to recover the same.

If certificate is hopelessly lost or destroyed, an application should be made for a new certificate with a full statement of how the loss occurred, and other satisfactory evidence corroborating his statement.

Attention is called to instructions at head of this blank.

The pensioner should not give his or her post-office address in care of another person.

FILED BY



State of _____, County of _____, ss:

I, _____, Clerk of the _____ Court

of the County and State aforesaid, certify that _____ is

a _____, duly commissioned and qualified; that his commission

was dated on the _____ day of _____, 1 _____, and will expire on

the _____ day of _____, 1 _____, and that his signature above written

is genuine.

GIVEN under my hand and the seal of said _____

this _____ day of _____, 190 _____



BRIEF FOR A Duplicate CERTIFICATE.

Act of Feb. 6, 1907.

In the case of

Calvin Claypool
 Pvt., Co. D - 108th Reg't., U. S. C. Vol. Inf.
 Louisville Agency.

CLAIM FOR NEW PENSION CERTIFICATE FILED April 13, 1908.

PROOF EXHIBITED:

Pensioned as per brief attached.

May permit issued

Issued in lieu of Reissue certificate dated Dec. 14 - 1907.

Pensioner alleges loss of certificate
 February 20 - 1908.

Submitted for Duplicate July 22^d, 1908.

Geo. R. Marable

Examiner.

NAME AND POST-OFFICE ADDRESS OF CLAIMANT—

Calvin Claypool,
 513 E. 7th St.,
 New Albany, Ind.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Indiana }
 County of Floyd } ss.

On this 20 day of May, A. D. one thousand nine hundred and Eight, personally appeared before me, Notary Public within and for the county and State aforesaid, Calvin Claypool who, being duly sworn according to law, declares that he is 75 years of age, and a resident of New Albany county of Floyd, State of Indiana; and that he is the identical person who was ENROLLED at Bowling Green Ky under the name of Calvin Claypool, on the 7 day of July, 1864 as a Private, in Co B 108 Regt U S Col Buff Vols
 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Vicksburg Miss, on the 21 day of March, 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 9 inches; complexion, Dark; color of eyes, Dark Blue; color of hair, Black; that his occupation was Farmer; that he was born May 1, 1833, at Warren Co Ky.

That his several places of residence since leaving the service have been as follows: Allen Co Ky 5 years Warren Co Ky until Feb 1908 New Albany Ind
 at the present time
 (State date of each change, as nearly as possible.)

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

Cert # 1019850

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

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

That his post-office address is New Albany (573 7th St) County of Floyd, State of Ind.

Attest: (1) Esther Davis

(2) Sarah Bowers

Calvin Claypool
 (Claimant's signature in full.)
mark

Also, personally appeared Esther Davis, residing in New Albany Ind and Sarah Bowers, residing in New Albany Ind, 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 Calvin Claypool, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 36 years and 15 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

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

Esther Davis
Sarah Bowers
 (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 20 day of May, 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.



NOTARY PUBLIC

NEW ALBANY, IND.

My Commission expires

October 20th, 1908.

Curtis B. Roby
 NOTARY PUBLIC

NEW ALBANY, IND.

My Commission expires

October 20th, 1908.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 101985-0Name, Calvin BlaypoolService, Co B 108 US ColVol Infl-RECEIVED
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.



AN ACT

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

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

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and 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, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application 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.

APPROVED: February 6, 1907.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Indiana }
 County of Floyd } ss.

On this 30 day of March, A. D. one thousand nine hundred and Nine, personally appeared before me, a Notary Public within and for the county and State aforesaid, Calvin Claypool who, being duly sworn according to law, declares that he is 77 years of age, and a resident of New Albany county of Floyd, State of Indiana, and that he is the identical person who was ENROLLED at Bowling Green Ky under the name of Calvin Claypool, on the 7 day of July, 1864 as a Private, in Co D 108 Regt U.S. Colored 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 at icksburg Miss, on the 21 day of March, 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 11 inches; complexion, OK; color of eyes, Grey; color of hair, OK; that his occupation was Farmer; that he was born March, 1834 at Warren Co Ky.

That his several places of residence since leaving the service have been as follows: Bowling Green Ky New Albany Ind
(State date of each change, as nearly as possible.)

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

Cert # 1019850
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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

That his post-office address is 573 E 7th New Albany, county of Floyd, State of Indiana

Attest: (1) L. Beatrice Woods.

(2) Mary Ellen Woods.

Calvin Claypool
(Claimant's signature in ink)

Also personally appeared L. Beatrice Woods, residing in New Albany Ind and Mary Ellen Woods, residing in New Albany Ind, 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 Calvin Claypool, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 3 years and 2 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.



L. Beatrice Woods.
Mary Ellen Woods.
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 30 day of March, A. D. 1909, 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,

[L. S.]

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

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

Curtis B. Robe
 NOTARY PUBLIC

NEW ALBANY, IND.
(Official character.)

My commission expires Oct. 26th 1912

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION

Certificate No. 1019.850
O + T + ageName, Calvin ClaypoolService, Co D 108 Regt-
U S Col Inf.

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.

AN ACT

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

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

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and 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, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application 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.

APPROVED: February 6, 1907.

April 12, 1909.

Hon. W. E. Cox,

House of Representatives.

My dear Mr. Cox:

In response to your inquiry of the 8th instant, received the 10th, relative to the claim for increase of pension under the act of February 6, 1907, certificate No. 1,019,850, of Calvin Claypool, Company D, 108th United States Colored Volunteer Infantry, whose address is No. 513 East 7th Street, New Albany, Indiana, I have the honor to advise you that it is being considered with a view to its early settlement. Should it be determined upon review that the evidence now on file warrants final action, he will be informed of the result without unnecessary delay. Should the review show, however, that additional evidence is required, a proper call therefor will be issued.

Very respectfully,

Acting Commissioner.

ACT OF FEBRUARY 6, 1907.
3-1081.

PENSIONER DROPPED.

United States Pension Agency,
LOUISVILLE, KY.

JUL 10 1912, 190

Certificate No. 1019850

Class INVALID

Pensioner Calvin Claypool

Soldier "

Service Co. H. 108th U.S.C. 2^d

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$20, to Nov. 4", 1911
has been dropped because of death,
Dec. 14, 1911

Very respectfully,

A. T. Wood

United States Pension Agent.

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



FINANCE DIVISION
JUL 12 1912
BUREAU OF PENSIONS



Act of June 27, 1890.

INVALID PENSION. No. 543388.

Claimant, Calvin Claypool

P.O., Bowling Green,

County, Warren,

State, Ky.

Rank, Private

Company, 10

Regiment, 108 U.S.C. Vol. Inf.

Rate, \$ _____, per month, commencing _____

Disabled by _____

REJECTED

RECOGNIZED ATTORNEY.

Name, H. E. Milliken

P.O., Bowling Green, Ky.

Fee, \$ _____ Agent to pay.

Articles filed, _____, 189 _____

APPROVALS.

Submitted for refection June 19, 1896,

Cameron W.C. Examiner.

Approved for Rejection Rheumatism

Approved for Rejection. At rotation

Anemia of lungs Eye heart

disability under act June 27, 1890.

Genl disability pharyngitis Varicose veins

has not been shown.

An per action Med Ref.

H. E. Milliken

W. S. D. M. M. 7

Legal Reviewer.

Medical Referee.

June 30, 1896

June 27, 1896

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

Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted July 7, 1864, honorably discharged March 21, 1866

Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____

Declaration filed Oct. 12, 1893, alleges permanent disability, not due to vicious habits,

from Rheumatism and results, disease of eyes and lungs &

General debility. Nov 20, 1893 alleges Varicose veins, Pharyngitis, rhe-

umatism, Results of measles, disease of lungs, weak eyes and General debility.

May 1, 1895, results of measles and fever, Rheumatism and disease of heart & eyes

March 31, 1896 Hon. W. G. Hunter.

marks

Act of June 27, 1890.

INVALID PENSION. 593,388

Claimant: Calvin Claypool.

P. O.: Bowling Green, Room 7 ^{110 street} ~~Covington Bldg.~~

County: Warren.

State: Kentucky

Rate: \$ 8.00, per month, commencing July 29-1899.

Rank: Private,

Company: A.

Regiment: 108 U.S. Vol. Inf.

O. J. Paul.

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

RECOGNIZED ATTORNEY.

Name: C. H. Pennebaker,

Fee: \$10

P. O.: Washington, D. C.

Agent to pay.

APPROVALS.

Submitted for Adm. Jan. 23, 1901, ^{D. C. Cameron, Exr.} Don C. Cameron, Examiner.

Approved for Rheumatism disease of heart and senility age 65-years

Reject disease of head back + general debility no disability under act of June 27-1890. Subject to action of military

Former rejection Reformed Refunder act of March 6-1896.

July 5-1901. R. B. Cheesman
Legal Reviewer.

Approved for disease of heart and senility

Aggregate of disabilities shown, permanent in character: \$ 8

Former rejection adheres to.

M. D. Gallagher, Medical Referee.
Feb. 8, 1901.

Not pensioned under other laws at \$ per month for

Enlisted July 7, 1864, and honorably discharged March 21, 1866

Reenlisted Not, 18, honorably discharged, 18

Declaration filed Oct. 12, 1893, alleges permanent disability, not due to vicious habits, from rheumatism and results, disease of eyes and lungs and general

debility. Nov. 20/93, alleges varicose veins, pharyngitis, rheumatism, results of measles, disease of lungs, weak eyes and general debility. May 15,

1895, alleges results of measles and general rheumatism and disease of heart and eyes. Ref. June 27/96.

July 29, 1899, alleges disease of heart and head, rheumatism & general debility. Aug. 1, 1900, alleges rheumatism, heart trouble and misery in head and back.

No M. C.

6-1213

Claimant does not write.

ACT JUNE 27, 1890.

INVALID PENSION.

Claimant, *Calvin Claypool*

P. O. *Bowling Green*

County *Warren*

State *Kentucky*

Rate, \$ *10* per month, commencing *July 22, 1903*

Rank *Private*

Company *D*

Regiment *108 U.S. Vol. Inf.*

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

RECOGNIZED ATTORNEY.

Name *C. D. Pennebaker*

P. O. *Washington D.C.*

Fee, \$ *2.00*

Agent to pay.

APPROVALS.

Submitted for *Adm October 20*, 1903, *H. E. Warner*, Examiner.

Approved for *disorder of heart and senility (old) and rheumatism misery in head and general aching all over (new) alleged November 1, 1902.*

Approved for *disorder of heart and senile debility*

Aggregate of disabilities shown, permanent in character: \$ *8.810*

from July 22, 1903.

October 21, 1903, *A. H. Westerman*

Legal Reviewer.

South, D.C., 1903, *Re-Reviewer.*

Warner, *J. L. Lamm*

Medical Examiner.

Medical Reviewer.

Oct 23, 1903, *Sam Houston*

Medical Referee.

Enlisted *July 7*, 1864; honorably discharged *March 21*, 1866

Enlisted *July 7*, 1864; honorably discharged *March 21*, 1866

Pensioned at \$ *8.00* per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *November 1*, 1902, alleges *Rheumatism, Misery in head and general aching all over*

Claimant does *not* write.
Certificate not filed.

M. C.

Lucas INVALID PENSION.

Pensioned for inability to earn a support by manual labor

Sent Aug-1-05. *Med. of* APPROVALS. *H. T. Graves, Examiner*
referred for med. & Janu. 6-1-1906. *M. A. McDonald, Ex.*
 Submitted for _____, 190_____, Examiner.

<p>Approved for _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____, 190____,</p> <p style="text-align: right;"><i>Legal Reviewer.</i></p> <p>_____, 190____,</p> <p style="text-align: right;"><i>Re-Reviewer.</i></p>	<p>Approved for _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Aggregate of disabilities shown, permanent in character: \$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____, 190____,</p> <p style="text-align: center;"><i>Medical Examiner.</i></p> <p style="text-align: right;"><i>Medical Reviewer.</i></p> <p>_____, 190____,</p> <p style="text-align: center;"><i>Medical Referee.</i></p>
--	---

Enlisted July 7, 1864; honorably discharged March 21, 1866
Enlisted _____, 186____; honorably discharged _____, 186____
Pensioned at \$ 10.00 per month. Last paid to _____

Declaration filed December 26, 1903, alleges increase
 Declaration filed June 22-1905: Alleges increase

Claimant does not write.
Certificate not filed.

M. C.

car
1019850
Louisville

Cert. No. 1019.850

3-4
ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Calvin Layman
P. O. Bowling Green
County Warren
State Kentucky
Rank Private
Company D
Regiment 108. 2nd B. Vol. Inf.
Rate, \$ 12 per month, commencing January 17, 1906

Pensioned for Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name C. D. Pennebaker
P. O. Washington D. C.
Fee, \$ 2
Agent to pay.

APPROVALS.

Submitted for Ad. February 16, 1906 H. M. Dawson Examiner.

Approved for disease of heart and
senile debility. Old
Rheumatism, shortness
of breath, dizziness in
head, etc. alleged Dec 26/03.
Debility etc. alleged
June 22, 1905.

Approved for disease of heart
and senile debility

Aggregate of disabilities shown, permanent in character: \$ 12
from January 17, 1906.

July 16, 1906 C. D. Pennebaker
Legal Reviewer.
So. Dir
Re-Reviewer.

Lowe Feb. 19th, 1906
Medical Examiner.
Trisbee Thos Houston
Medical Reviewer.
Medical Referee.

Enlisted July 7, 1864; honorably discharged March 21, 1867
Enlisted 1864; honorably discharged 1867

Pensioned at \$ 10 per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed December 26, 1903 alleges increase and rheumatism
shortness of breath and dizziness in head
June 22, 1905 alleges increase and rheumatism,
dizziness in head and age.

Claimant does not write.
Certificate not filed.

M. C.

26. Louisville
Reissue
ACT OF FEBRUARY 6, 1907.

Claimant, *Isabell Blaylock*P. O., *Second and Park Street*County, *Warren Co.*State, *Kentucky*Rate, \$ *15* per month, commencing *March 1, 1907*Rank, *Private*Company, *D.*Regiment, *118th W. B. V. Inf.***STATE REPRESENTATIVE.**

(Order April 25, 1907.)

Name, _____

P. O., _____

APPROVAL.Submitted for *Ad. Member*, 27-1907, *G. M. VanSuren*, Examiner.Approved for *admission*.*Age over 70.**Rate \$15 per month**Reissue to allow under act of February 6, 1907. Deduct subpayments and drop name from rolls under act of June 22, 1890.**December 12, 1907. C. M. Butler*
Legal Reviewer.*Dec 13, 1907. J. R. Willey*
Re-Reviewer.Enlisted *July 7*, 1864; honorably discharged *March 21*, 1866.

Enlisted _____, 18; honorably discharged _____, 18

Enlisted _____, 18; honorably discharged _____, 18

Pensioned at \$ *12* per month, under *act of June 27, 1890***PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**Declaration filed *March 1*, 1907.Date of birth alleged, *March 1831*.Age shown by evidence *73* years.Claimant does *not* write.*A. D. James*
M. C.

Original No. _____

Certificate No. 1019850

ACT OF FEBRUARY 6, 1907. INCREASE.

Claimant, Calvin Claypool.P. O., 513, Seventh StreetCounty, New AlbanyState, IndianaRank, PrivateCompany, D.Regiment, 108. U. S. C. Vol. Inf.

Rate, \$ _____ per month, commencing _____

STATE REPRESENTATIVE.

(Order April 25, 1907.)

REJECTED

Name, _____

P. O., _____

June 25, 1908
SPB

APPROVAL.

Submitted for adm. June 20, 1908, E. F. Bingham, Examiner.

Approved for rejection on the ground that the evidence fails to show and claimant is unable to prove that he was 75 years of age at date of the execution of his claim and there for not entitled to increase under the Act of February 6, 1907

June 23, 1908, A. H. Chapin Legal Reviewer. June 23, 1908, A. S. Jones Re-Reviewer.

Enlisted July 7, 1864 honorably discharged March 21, 1866.Enlisted ✓, 18 _____ ; honorably discharged _____, 18 _____

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

Pensioned at \$ 15- per month, under act of February 6, 1907

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed May 22, 1908.Date of birth alleged, May 1, 1833 -Age shown by evidence (seventy five) years.Claimant does not write.

INCREASE.

Original No.

Certificate No. 1019850.

ACT OF FEBRUARY 6, 1907.

2553084

Claimant,

P. O., 513 East 7th Street.

County, New Albany.

State, Indiana.

Rate, \$ 20 per month, commencing

Rank,

Company,

Regiment, 108 U. S. C. Vol. Inf.

Private.

"D."

April 7, 1909.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

APPROVAL.

Submitted for Adv. April 12, 1909, J. T. Hunt, Examiner.

Approved for

Increase.

Age over 75.

Rate \$20 per month.

Enlisted July 7, 1864, honorably discharged March 21, 1866.

Enlisted, 18; honorably discharged, 18

Enlisted, 18; honorably discharged, 18

Pensioned at \$ 15⁰⁰ per month, under Act of February 6-1907.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed April 7, 1909.

Date of birth alleged, March-1834-May 1-1833, and March 1831-

Age shown by evidence 5 75 years.

Claimant does not write.

Hon. M. E. Cays, M. C.