

SC # 631,432

Ashe, Albert.

Sgt.

Co. C 14 U.S.C. Vol. H. A.

212885
MAR 14 1891

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:
Albert Ashe

No. *52,573*
Din. *Sp.*
Ex'r. *March 3, 1891*
Bureau of Pensions,
March 3, 1891.

SIR:
It is alleged that the above-named man enlisted
in *March, 1864*, and served as a *Sergeant*
in Co. *C*, *14th Reg't U.S.C. Cavalry*.
He was a *Capt. U.S. Cavalry*.
He was discharged at *March 3, 1865*
on *8 Dec 1865*.

No. of prior claim
The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,
Charles B. Randall
Acting Commissioner.

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

0-4

War Department,
Record and Pension Division,

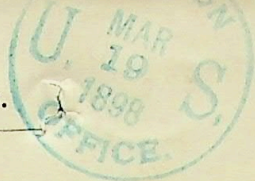
MAR 14 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that
Albert
Cash (and)
mentioned in the preceding indorsement, was enrolled
in *March 1, 1864*, and *March 3, 1891*
in *Co. B*, *11th Reg't U.S. Cavalry*.

BY AUTHORITY OF THE SECRETARY OF WAR:
William A. Rorer
Captain and Asst. Surgeon, U. S. Army.
Mr. R. R. Rorer, March 14/91
3355 b-50 m See new report.

3-173.  R. & P. Ex'r.
Southern Div. *631732*
Ow. *Alfred Ashe*
Co. *14* Reg't *U.S.C. 2nd MA.* BUREAU OF PENSIONS,
Department of the Interior,
Washington, D. C. *March 8*, 189*8*

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,

Alfred Ashe
Rich Square
N.C.

A. C. Evans
Commissioner.

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

Answer: *yes, Edith Ashe - Edith Hartig*

No. 2. When, where, and by whom were you married? Answer: *December 15 - 1891*

at her home, by Rev. P. W. Diggs

No. 3. What record of marriage exists? Answer: *I don't know*

you mean

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: *Martha A. Ashe.*

Died. September 6th. 1888. at my house.

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *I have children but none*

under 16

Date of reply, *March 17*, 189*8*.

Alfred Ashe
(Signature.)

SOLDIER'S DECLARATION FOR PENSION.

UNDER DISABILITY ACT OF 51st CONGRESS, APPROVED JUNE 27, 1890.

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

On this *22nd* day of *July* A. D. one thousand eight hundred and ninety *9*, personally appeared before me, *J. E. Buxton*, Clerk of

Superior Court in the County and State aforesaid, *Albert Ashe*
(Full name of Claimant.)

aged *60* years, a resident of *Rich Square* County of *Northampton*

State of *North Carolina*, who, being duly sworn according to law, declares that he is the

Albert Ashe
(Full name of officer, soldier, sailor, or marine.) who served the full period of ninety days in the

military service of the United States in the War of the Rebellion, 1861-1865, who enlisted at

New Bern N.C. on the *March* day of *1864*, as

a *Sergeant* in company of Captain *W. E. Moss* in the *14* regiment

which was commanded by Colonel *C. C. U. S. C. Heary Ark.*
(Name the service—Infantry, Cavalry, or Artillery—and the State in which Regt. organized.)

and was honorably discharged as a *Sergeant* at *P. F. Mason*
(Rank at time of discharge.)

on the *8* day of *October* 1865.

That his personal description at the time he enlisted was as follows: Age *34* years; height *5* feet,

10 inches; complexion *Light*; color of hair *Black* color of eyes *Black*; was

born *in Northampton*, occupation when enlisted *Farmer*

That he is at this time afflicted with a disability which is not the result of his own vicious habits, and as he verily

believes is permanent in character.

That said disability is *Rheumatism and piles*

That by reason of said disability he is incapacitated from the performance of manual labor, which renders him

unable to earn a support *In consequence of said diseases*

he is able to do about one half of an ordinary laborer's work
(State in what degree your disability incapacitates you for performing manual labor.)

That he makes this declaration for the purpose of being inscribed upon the Pension Rolls of the United States as

a disabled ex-soldier of the last war, being incapacitated from performing manual labor to earn his support as provided for

under the act passed by the 51st Congress of the United States for disabled soldiers and sailors, approved June 27,

1890, and hereby constitutes and appoints, with full power of substitution and revocation,

That he has ever been a loyal citizen of the United States and will support the Constitution of the United States.

That his post-office address is at *Rich Square* County of *Northampton*

State of *N. Carolina*

J. E. Buxton
(Two persons who can write sign here.)

Albert Ashe
(Signature of claimant.)

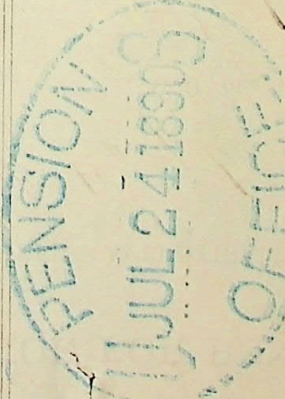
CLAIM FOR PENSION.

DISABILITY ACT OF 51st CONGRESS,

Approved June 1890.

DECLARATION.

Co. *Albert Ashe* Applicant.
"E" "14" Regt.
U. S. C. Heavy Art.
 Enlisted *March 1* 186*8*
 Discharged *March 28* 186*8*



FILED BY
 T. W. TALLMADGE,
 ATTORNEY,
 WASHINGTON, D. C.

10/19
1890
When claimed

UNSOLICITED LETTERS

From Parties who have Tested the
 PIONEER CLAIM AGENCY OF T. W. TALLMADGE,
 WASHINGTON, D. C.

MORENO, MICH., May 14, 1886.
 I recommend you as a man that does just what he says.
 LEONARD McMASTERS, Co. K, 38th Ohio Vols.

NEW PLYMOUTH, Aug. 4, 1887.
 I return my sincere thanks for the efforts you made in my behalf.
 JOHN K. McDONALD, Co. F, 1st La. Vols. (Mexican War.)

ESSEXVILLE, Bay Co. Mich., Nov. 14, 1887.
 Your favor of Nov. 8 duly to hand. Many thanks for your success
 in securing our claim.
 JOHN GEROUX, "H," 1st E. & M. Mich. Vols.

NORTH MADISON, OHIO, Jan. 16, 1888.
 Allow me to thank you for the very efficient way you prosecuted my
 claim. It was through your colossal fighting and management that
 my pension was granted. I will herald your name far and wide.
 SAMUEL BUTTERMORE, Co. D, 120th O. V. I.

CORVACA, OHIO, May 30, 1887.
 I can say truthfully that I believe you are one of the most prompt
 attorneys in the business. You have done me justice in my claim, and
 have my best wishes and sincere thanks. I shall endeavor to persuade
 other soldiers to place their claims in your hands.
 JACOB BRIGGS, Co. B, 6th Ohio Vols.

LIMA, OHIO, Oct. 31, 1887.
 You have my grateful thanks for the interest you have taken in my
 pension claim. Will advise all soldiers and sailors to place their busi-
 ness in your hands, as I have full confidence in your integrity.
 M. J. MORRIS, U. S. Navy.

WEST NASTICOM, April 11, 1887.
 I have received my pension all right and I cannot express my feelings
 for the interest you have taken in my behalf. You have my thanks,
 and I will do all the favors I can in getting claims for you.
 HIRSH W. BROWN, Co. H, 123 Pa. Vols.

CINCINNATI, O., April 1, 1887.
 I have received my pension, and thank you for the interest you have
 taken in the matter. I shall be pleased if at any time I can be the
 means of doing something for you, and will advise all soldiers to place
 their business in your hands, knowing that their interest will be well
 taken care of. I can certify that you are one of the most prompt
 attorneys in the business.
 HUGH MARTIN, Co. E, 174th Ohio Vols.

Also personally appeared *E. E. Roberts*, residing at *Jacksonville*
 and *W. J. Burton*, residing at *Rockmouth Va*
 persons whom I certify to be reputable and entitled to credit, and, who, being by me duly sworn, say that they were present
 and saw *Albert Ashe* the claimant sign his name (make his mark) to the
 foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance
 with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution
 of this claim.

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

E. E. Roberts
W. J. Burton
 (Signature of affiants.)

Sworn to and subscribed before me this *22* day of *July* A. D. 1890, and
 I hereby certify that the contents of the above declaration, &c., were fully made known, read, 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.



Clerk of the *J. E. Burton*
Superior Court

EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF THE SEAL.

Donthorn Div. *McArthur*, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. March 8, 1898.

Respectfully replied to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier full personal description
and name of former owner

No other report on file.

but No. 631432

Name, *Albert Ash*

Co. E, 14 Reg't W. G. M. A. at

Henry Edward

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Albert Ash

Co. E, 1 Reg't W. G. M. A. at

was enrolled *Mar. 1*, 1864,

and *W. G. M. A.*, 11, 1865,

with Co. E, 14 W. G. M. A. to

which designation was

changed *Mar. 1, 1865*

Name *Albert Ash* not

found

From *Enl.*, 186, to *W. G.*, 186,

he held the rank of *Capt. and Surg.*

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

Born in Northampton

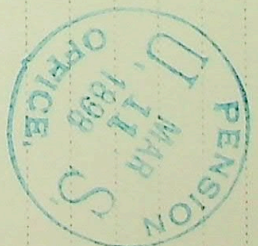
Co. E, 14 W. G. M. A. at

last seen and fair. 1865

Enrollment. Height 5 ft 10 in

Free Age. 19 1861

The medical records show him treated as follows
No record found.



By AUTHORITY OF THE SECRETARY OF WAR:

W. A. Smith

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

P. M.

Washington, D. C.

MAR 10 1898

(COMMISSIONER OF PENSIONS.)

RECORD & PENSION OFFICE

MAR 10 1570605 81

WAR DEPARTMENT

Application for 'Accrued Pension.

(WIDOWS.)

State of North Carolina, County of Northampton, SS:

ON THIS 17th day of April, 1902, personally appeared

Edith Ashe, who, being duly sworn, declares that she is the lawful widow of Albert Ashe, deceased; that he died on the 30th day of March, 1902; that he had been granted a pension by Certificate No. 631,432, which is herewith returned (if not, state why not)

that he had been paid the pension by the Pension Agent at Knoxville Tennessee up to the 4th day of February, 1902; after which date he had not been employed or paid in the Army, Navy or Marine service of the United States, except

; that she was married to the said Albert Ashe on the 15th day of December, 1891, at New Jackson N. C., in the State of N. C.; that her name before said marriage was Edith Hasty

; that she had (~~or had not~~) been previously married; that her husband had (~~or had not~~) been previously married; that she hereby makes application for the pension which had accrued on the aforesaid Certificate to the date of death. She hereby appoints Carule & Co. Attorney

of Washington D.C. her true and lawful attorney to prosecute this claim.

Her residence is Rich Square Street, City of

County of Northampton, State of North Carolina, and her

Post-Office address is Rich Square North Carolina

John W. Ashe
Eliza B. Ballard Edith Ashe
Two witnesses who can write sign here. Widow's signature

Also personally appeared John W. Ashe residing at Rich Square and Eliza B. Ballard

residing at Rich Square, who, being duly sworn, say that they were

present and saw Edith Ashe sign her name (or make her mark) to the foregoing

declaration: that they know her to be the lawful widow of Albert Ashe

who died on the 30 day of March, 1902, and that their means of

knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

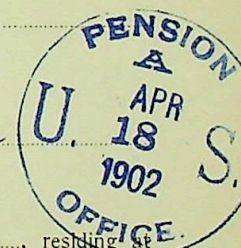
That they are both Albert Ashe's children and were present at his marriage and also at his death & have all the time since known them & know that they were husband & wife

John W. Ashe OK.
Eliza B. Ballard OK.
Signatures of witnesses

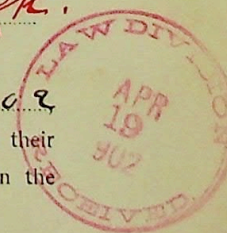
Sworn to and subscribed before me on this 17th day of April, 1902

and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

J. P. Antland
Official signature



ATTY FILED



State of _____, County of _____, ss :

I, _____, Clerk of the _____ Court of the
County and State aforesaid, do hereby certify that _____
is _____, duly commissioned and qualified; that his commission was dated
on the _____ day of _____, 18_____, and will expire on the _____ day
of _____, 19_____, and that his signature within written is genuine.

Given under my hand and the seal of said Court this _____ day of _____, 19_____.

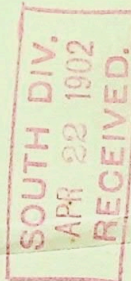
_____, Clerk.

When the amount of Accrued Pension is large, the following evidence of marriage should accompany the application for
Accrued Pension:

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye-witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce
from the same, must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.
It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.



Application for Accrued Pension.

no WIDOWS.

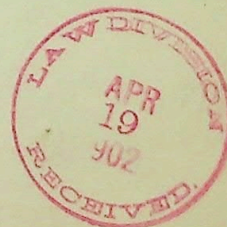
Certificate No. 631, 432 et seq

Pensioner *Albert A. Crake*

14 W 22 St. N. A.

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

*No Family Data Provided in
Abandoned Files
APR 25 1902*



ETM

GENERAL AFFIDAVIT.

13

State of North Carolina, County of Northampton, ss:

IN the matter of the application for pension of

Edith Ashe, Widow of
Albert Ashe

ON THIS 19th day of May, A. D. 1902, personally appeared before me, a

Notary Public

in and for the aforesaid County, duly authorized to administer oaths.

J. S. Walden aged 40 years, a resident of Rich Square

in the County of Northampton and State of North Carolina

whose Post Office address is Rich Square N.C. and

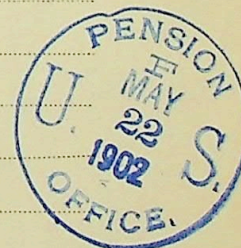
John W. Ashe aged 45 years, a resident of Rich Square

in the County of Northampton and State of North Carolina

whose Post Office address is Rich Square N.C.

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

Affiants state that they were acquainted
Affiants should state how they gain a knowledge of the facts to which they testify
with Albert Ashe living close neighbors to him
for a long time They state that there is no Public Record
kept of deaths here & that there was not any of Martha
Ashe Albert Ashe former wife They state that Martha
Ashe his former wife died September 8th 1888
Says they were both present at her burial and know
that she is dead They were also both present at Albert
Ashe death & burial John Ashe one of the affiants
states that he was present at Albert Ashe
Marriage to Edith Haaty which was on Dec. 25th
1891 They both state that Edith lived with the
soldier to the date of his death as his wife



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

J. S. Walden

John W. Ashe

State of North Carolina, County of Northampton, ss:

SWORN TO and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words.....erased, and the words.....added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant are personally known to me and that they are credible person.

[L. S.]

E. P. Amstutz
Official signature

Notary Public
Official character

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

WITNESS my hand and seal of office, this day of, 190 ..

[L. S.]

Clerk of the

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

No Revenue Stamps Required.

Southern Division.

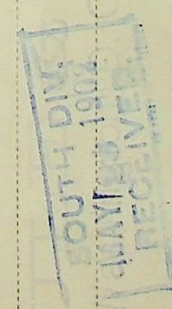
Additional Evidence

No. 631, H 32
Edith Ashe, Indiana
Name of claimant

Calbert Ashe
Name of soldier
14" Regt. H. 26
Co. S.

Nature of Claim Indiana Pension
J. G. Halden
J. G. Halden
J. G. Halden

FILED BY



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

16
2

3-1081.

Act of June 27 1890.

PENSIONER DROPPED.

No other claim
United States Pension Agent,

Knoxville, Tenn.

FEB 28 03, 190

J.

Certificate No. 63,432

Class **INVALID.**

Pensioner *Albert Ashe*

Soldier

Sgt Co B 14 USC Vol Hyatt

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$12, to 4 July, 1902
has been dropped because of death

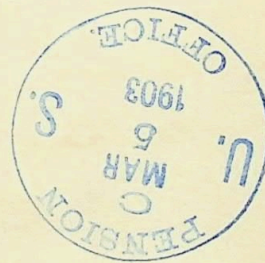
Died mch 30 1902

Very respectfully,

J. J. Wilder
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.

RECORD DIVISION,
Section E.-A. & N. S.



ACCRUED PENSION.

Act of March 2, 1895.

Southern Division.Certificate No. *631439* Last issue *May 13*, 1901 ✓Pensioner, *Albert Ashe* Act June 27 1890 ✓Date of death, *March 30*, 1902 ✓Claimant, *Edith Ashe, Widow,**Rich Square,**Northampton County,**North Carolina,*Certificate was filed *April 18 1902*Submitted for admission *January 10 1905**O. J. Briggs* Examiner.

BOARD OF REVIEW.

Approved for *Admission**Payable as above**J. G. Robert* Reviewer, *January 21*, 1905 ✓*C. A. Meyers* Rereviewer, *Jan. 13*, 1905 ✓

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued *Jan. 16*, 1905 ✓{ Mailed *4 19*, 1905 ✓Payable to *Widow*

Original certificate and voucher.

no M. C. Claimant *does not* writes.*mut.
knot.*

SOUTHERN.

*For the
Board of Review**sent*

GENERAL AFFIDAVIT.

13

State of North Carolina County of Northampton, ss:

IN the matter of the application for pension of Edith Ashe, Widow of
Albert Ashe

ON THIS 19th day of May, A. D. 1902 personally appeared before me, a

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

William Long aged 42 years, a resident of Jackson

in the County of Northampton and State of North Carolina

whose Post Office address is Jackson N.C. and

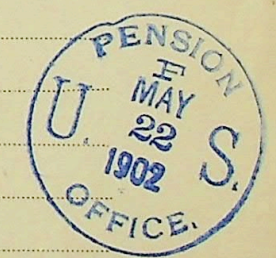
Simon Barmer aged 59 years, a resident of Jackson

in the County of Northampton and State of North Carolina

whose Post Office address is Jackson N.C.

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

There was no public record kept of death of
Affiants should state how they gain a knowledge of the facts to which they testify
Jease Haaty former husband of Edith Haaty now Ashe
Affiant states that they lived close neighbors to
Jease & Edith Haaty while they were married. They
also state that they all belonged to same church &
that they were present at the burial of Jease Haaty
and know that he is dead died June 19th 1889
Affiant further state that they were at the marriage
of Albert Ashe and Edith Haaty which was
done on December 15th 1891 & that they often
saw her and Albert Ashe the soldier together & know
that they lived as husband and wife to the date of
his death



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

W. E. Overland

John W. Ashe

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

William Long

Simon Barmer

Signatures of affiants

State of North Carolina, County of Northampton, ss:

SWORN TO and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words.....erased, and the words.....added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant are personally known to me and that they are credible person.

[L. S.]

E. P. Buntland
Official signature

Natary Public
Official character

I,, Clerk of the County Court in and for aforesaid County and State, do certify that....., Esq., who has signed his name to the foregoing declaration and affidavit was, at the time of so doing,.....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
WITNESS my hand and seal of office, this.....day of....., 190 .

[L. S.]

Clerk of the.....

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

No Revenue Stamps Required.

<u>Satchew</u>	Division.
Additional Evidence	
No. <u>631.432</u>	
Name of claimant <u>Eath Cash</u>	
Name of settler <u>Albert Cash</u>	
Co. <u>14th Regt. S. V. 2nd Dist.</u>	
Nature of Claim <u>Indemnity for loss</u>	
<u>William D. King</u>	
<u>James D. Hannon</u>	
FILED BY	
For sale by J. H. Soule, Washington, D. C.	

Claimant's
GENERAL AFFIDAVIT.

State of North Carolina, County of Northampton, ss:

IN THE MATTER OF

Albert Ashe

ON THIS 25th day of April A. D. 1906, personally appeared before me, a

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

Albert Ashe aged 70 years, a resident of Rich Square

in the County of Northampton and State of North Carolina

whose Post-office address is Rich Square
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 entered the service of the war in
Affiants should state how they gain a knowledge of the facts to which they testify
1864 on or about the 1st of March That he
was never in the war prior to 1864 That
he never enlisted in any company before
his enlistment in Co. E. 14 U.S.C.T.

His Post-office address is Rich Square

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

M. J. Overland

Albert Ashe

Signature of affiant

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

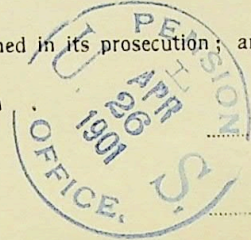
State of North Carolina, County of Northampton, ss:

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

added, and acquainted _____ with its contents before _____ executed the same. I further certify that I am in

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

[L. S.]



E. P. Outland
Official signature

Notary Public
Official character

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

Witness my hand and seal of office, this _____ day of _____, 19 _____.

[L. S.]

Clerk of the _____

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

 No Revenue Stamps Required.

Southern Division.

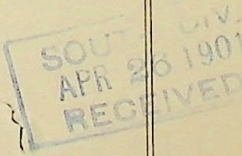
Additional Evidence.

No. Cent. 631 #82

Albert Ashe
Name of Claimant

H. H. Regd. 10 of 100.4
Name of Spitzer

Nature of Evidence
Nature of Evidence



FILED BY

SOULÉ & CO
Washington, D. C.

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

CLAIMANT'S AFFIDAVIT

---:o:---

STATE OF *North Carolina* }
COUNTY OF *Northampton* } ss.

In the matter of Pension Claim No. *85-25-19* of

Albert Ashe

Personally came before me, a *Justice of the Peace*
in and for aforesaid State and County, *Albert Ashe*

who, being duly sworn, according to
law, states: That he *Albert Ashe* is the

claimant in said case; and that he has not been in the Military or
Naval service of the United States since *Dec 8*

1865 when he was discharged from *Sergeant "B" 14* Regiment

U.S. Heavy Art Vols.

Vols.,

Albert Ashe

Sworn to and subscribed before me this day, by the af-
fiant herein named; and I certify that I read said affidavit to
said affiant, and acquainted him with its contents before he exe-
cuted the same. I further certify that I am in no wise interested
in said case, nor am I concerned in its prosecution.

WITNESS my hand and official seal this *2d*
day of *April* 189/.

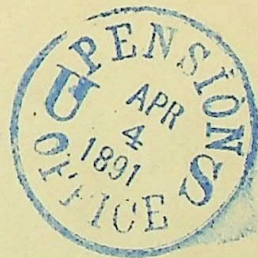
W. A. Barker
J.P. Seal

DEPT. OF JUSTICE
JUNE 27, 1890.

852.5-13.

White Paper.

St. G. & Co. 140 N. 7th St.
St. Louis, Mo.



—FROM—
T. W. TALBOT
ATTORNEY AT LAW
and SOLICITOR
IN CHARGE
OF THE
CASE

ACT JUNE 27, '90.
3-402.

6 Certificate No. 631432 Department of the Interior,
Name, *Albert Ashe* BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

McLaur Brand
Commissioner.

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

Answer. *yes Edith Ashe Edith Harty*

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

Answer. *Dec. 15th 1892 at Jackson by Rev P. W. Riggs*

Third. What record of marriage exists?

Answer. *Records at Jackson recorded*

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

Answer. *yes Martha A Roberts died Sept 8th 1888 at Niche Square*

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

Answer. *Caroline Ashe born April 28 1855 J. W. Ashe born Jan 12 1857*

M. J. Ashe born Aug. 1 1859 M. A. Ashe Nov. 4 1861
E. T. Ashe born Oct 12 1866 E. L. Ashe Sept. 7 1868 E. B. Ashe born Jan 12 1871
E. B. Ashe born Aug. 6 1873.

Date of reply, *May 4th*, 1898.

0-8

(Signature.)

5301b750m1-98

631432

Act of June 27, 1890.

Knop. Increase INVALID PENSION.

Claimant, *Albert Ashe.*

Cert # 631432.

P. O., *Rich Square.*

Rank, *Sergeant.*

County, *Northampton.*

Company, *C.*

State, *North Carolina*

Regiment, *14th N.C. Vol. H. a. Vol.*

Rate, \$ *8* per month, commencing *May 11, 1898*

Disabled by *Rheumatism & disease of rectum.*

RECOGNIZED ATTORNEY:

Name, *Soulé & Co.*

Fee \$ *2*

Agent to pay.

P. O., *City*

Articles filed

, 189...

APPROVALS:

Submitted for *May 29th, 1899.*

W. S. Johnson, Examiner.

Approved for *rheumatism and dis. of rectum old weakness of knees belied to be covered by approval*

Approved for *rheumatism and disease of rectum \$8.00 from May 11, 1898. No other disability affecting rate.*

June 29, 1899, Nutt, Legal Reviewer.

Byrne, Medical Referee.

Enlisted *March 1st, 1864* Honorably discharged *December 11th, 1865* Last paid

to *at \$ 6-*, for *Rheumatism & disease of rectum.*

act of June 27, 1890 from July 24th, 1890.

Not Pension under other laws at \$

ended

Original declaration, act June 27, 1890, filed

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *June 28*, 189*7*, alleges *increase of pensioned disabilities, also weakness of the knees.*

No M.C.

Writs.

Declaration for Increase of Pension.

Under the Act of June 27, 1890.

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

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

ON THIS *24th* day of *June* A. D. one thousand eight hundred and ninety-*seven*

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

and State aforesaid, *Albert Ashe* aged *67* years, late a member

of Co. *E* *14th* Regiment, *U.S. Colored Vols.* *Heavy artillery Served in N.B.*

a resident of the *Rich Square* County of *Northampton*

State of *N.C.* who being duly sworn according to law, declares that he is a pensioner

of the United States under the Act of June 27, 1890, enrolled at the *X* *Knoxville Tenn.*

Pension Agency, at the rate of *six* dollars per month, by reason of partial

inability to earn a support by manual labor, his Pension Certificate being numbered *X* *681438*

That he believes himself to be entitled to an increase of pension on account of the DISABILITIES HERETOFORE ALLEGED, namely:

rheumatism & piles which is so bad at times
Here insert the disabilities alleged in original and subsequent declarations.
so that he cannot sit down for 3 or 4 months
at a time & also a weakness in the knees that
hinders him from getting about

Also on account of *X* *Piles & weakness of the knees*
Here insert the disabilities not previously alleged.

incurred *Says he thinks it was incurred while in*
State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.
line of duty in the war

That none of said disabilities are due to vicious habits, and that they are, to the best of his knowledge and belief, of a permanent character

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

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys, to prosecute his claim.

That his Post Office address is *Rich Square* County of *N.C.*
Northampton State of *N.C.*

Claimant's signature *Albert Ashe*

Attest *M. E. Outland*

W. C. Outland
Two witnesses who can write sign here

ATTY FILED

Also personally appeared M. E. Outland residing at Eagletown
Nb. and W. C. Outland
residing at Eagletown Nb. 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
Albert Ashe, 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.

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

M. E. Outland
W. C. Outland
Signatures of Affiants

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

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

and witnesses before swearing, including the words

erased, and the words

added;

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

[L. S.]

E. P. Outland
Official Signature

Notary Public
Official Character

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

Soldier's Application

FOR INCREASE.

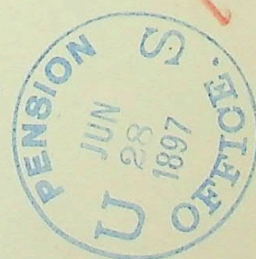
Under the Act of June 27, 1890.

Albert Ashe, Applicant.

Co. C, 14th Regt.

U. S. Colored X Inf

681432
Pension Certificate No.



FILED BY
SOULÉ & CO.,
ATTORNEYS,
WASHINGTON, D. C.

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

ACT JUNE 27, 1890.

INVALID PENSION.

Claimant.

P. O.

County

State

Rate, \$

12.- per month, commencing

Rank

Company

Regiment

Pensioned for

Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

P. O.

Fee, \$

Agent to pay.

APPROVALS

Submitted for

exam April 29, 1901

U. S. Wallace

Examiner.

Approved for

rheumatism and disease of rectum Old and weakness of knees & feet new alleged Sept 7, 1899.

Approved for

rheumatism and disease of rectum and lameness

Aggregate of disabilities shown, permanent in character: \$ 12.00

from August 15, 1900.

May 8, 1901,

O. M. Wall

Legal Reviewer.

May 10, 1901,

Re-Reviewer.

Bryington

Medical Examiner.

Wilson

Medical Reviewer.

May 10, 1901,

J. J. Rank

Medical Referee.

Enlisted

March 1st, 1864

honorably discharged

Dec. 11th, 1865

Enlisted

not

honorably discharged

1865

Pensioned at \$

8.00

per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

Sept 7, 1899

alleges

rheumatism, piles, and weakness of sinews and feet.

Claimant does not write.

Certificate not filed.

HISTORY OF CLAIM.

Pensioner, Albert Asher, Certificate No. 631432,
 1st service Sgt-C-14-11th H.A. Co. enlisted Mar 1, 1864, discharged Dec 11, 1865,
 2nd service, _____; enlisted, _____, 18____; discharged _____, 18____.

Pensioned from July 24, 1890, at \$ 6- per month for Rheumatism
& disease of vertebrae, Act of June 27-1890.

Increased to \$8.00 per month from May 11, 1898, for rheumatism,
and disease of vertebrae, under act of June 27, 1890.

Original declaration, Act of June 27th, 1890, filed July 24th 1890,
 alleged Rheumatism and Piles, admitted as above.

Declaration act of June 27, 1890, filed June 28, 1897, alleged
increase of pensioned disabilities, and weakness of knees, ad-
mitted as above.

Declaration for Increase of Pension.

Under the Act of June 27, 1890.

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

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

ON THIS *5th* day of *September* A. D. one thousand eight hundred and ninety-*nine*

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

and State aforesaid, *Albert Ashe* aged *68* years, late a member

of Co. *"E"*, *14th* Regiment *U.S. H.A.* Vols.,

a resident of the *Rich Square* County of *Northampton*

State of *N.C.* who, being duly sworn according to law, declares that he is a pensioner

of the United States under the Act of June 27, 1890, enrolled at the *Knoxville*

Pension Agency, at the rate of *eight* dollars per month, by reason of partial

inability to earn a support by manual labor, his Pension Certificate being numbered *631,432*

That he believes himself to be entitled to an increase of pension on account of the DISABILITIES HERETOFORE ALLEGED, namely:

rhumatism, piles and weakness of knees, as

he believes that his disabilities have greatly

increased.

Also on account of *weakness of feet*

incurred

That none of said disabilities are due to vicious habits, and that they are, to the best of his knowledge and belief, of a permanent character

That he appoints, with full power of substitution and revocation, *Louie & Co*

of *Washington, D.C.* County of _____

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

His post-office address is *Rich Square* County of *Northampton*

State of *N.C.*

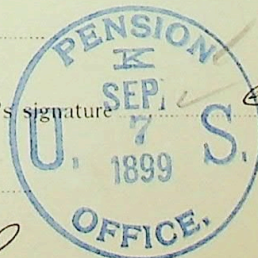
Claimant's signature *Albert Ashe*

Attest *J. E. Johnson*

M. S. Capelouel

Two witnesses who can write sign here

ATTY FILED



Also personally appeared J. E. Johnson residing at Rich Square
and M. S. Copeland residing at Rich Square
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 Albert Ashe
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.

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

J. E. Johnson
M. S. Copeland
Signature of affiants

Sworn to and subscribed before me, this 5th day of September, A. D. 1898,
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.

No Revenue Stamps Required.

[L.S.]

E. P. Custard
Official signature

Notary Public
Official character

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not
required by law to use a seal, must be certified by the Clerk of the proper Court, giving dates of beginning and close of official term. If
certificate on file, so state

Soldier's Application

FOR INCREASE.

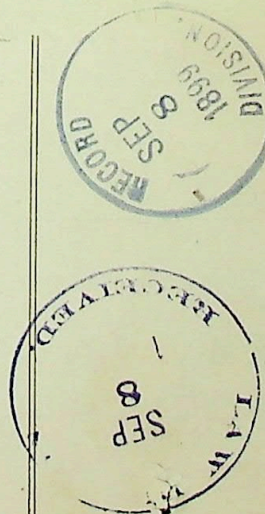
Under the Act of June 27, 1890.

Albert Ashe Applicant.

"1" Co. 14th Regt.

W. S. L. H. A. Vols.

Pension Certificate No. 631,432



FILED BY

SOULE & CO.
ATTORNEYS

WASHINGTON, D. C.

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

631 432
Knot

Act of June 27, 1890.

INVALID PENSION.

Claimant, *Albert Ashe*
P.O., *Rich Square*
County, *Northampton*
State, *North Carolina*
Rank, *Sergeant*
Company, *6*
Regiment, *14th U.S.C.V.A.A.*
Rate, \$ *6*, per month, commencing *July 24th 1890.*

Disabled by *Rheumatism & disease of rectum.*

no m.c.

RECOGNIZED ATTORNEY.

Name, *J. M. Talbroad*
P.O., *Washington, D.C.*
Fee, \$ *10*
Articles filed, *-*, 189 *-*

APPROVALS.

Submitted for *Admission*, *June 8th 1891*, *Moore*, Examiner.

Approved for *Admission*
Rheumatism and disease of rectum \$6.00
No other reliable disability shown
Cook, Legal Reviewer, *June 22, 1891.*
Graham, Medical Referee, *July 9, 1891.*

now pensioned under other laws. Last paid to *-*, 189 *-*, at \$ *-*
Pensioned from *-*, 18 *-*, at \$ *-*, for *-*

SERVICE SHOWN BY RECORD.

Enlisted *March 1st*, 18 *64*, honorably discharged *11th December*, 18 *65*
Re-enlisted *-*, 18 *-*, honorably discharged *-*, 18 *-*
Declaration filed *July 24th*, 189 *0*, alleges permanent disability, not due to vicious habits,
from *Rheumatism and Piles.*

Check copies.

service OK
mother " OK
death 3-30-1902 OK
mgs 12-15-91 OK
prior mgs both OK
death 1 mgs 9-6-1888 OK
" 1 mgs 6-19-88 OK
no chs. OK

In response to a call
for post office address
over her own signature
claimant files an affi-
davit covering other points
and on the back of same
appears the P. O. Address
Rich Square.

N.B.
apparently intended
to answer call for
claimant's address and
as holder's address was
corrected above and
two credible witnesses
stated they have lived
near dominant property
years and given ad-
dress of ~~Rich Square~~ ^{Rich Square}
accepted ~~Rich Square~~ ^{Rich Square}
as claimant's address.

3-871.

RECORD DIVISION.

Department of the Interior,
BUREAU OF PENSIONS.

Briefed by *E. T. M.*

Claim No. _____

D.
Certificate No. *631.432*

Claimant _____

Soldier *Albert Ashe*

Service *614 U.S.C. H.A.*

Additional Service _____

6126.602. H.A.

No ~~claim~~ ^{claim} State records *10/20, 1904*

Other N.C.
No claim, combination records *10/21, 1904*

J.H.W.

REMARKS:

Records Corrected

0-8

J. H. Wood
Acting Chief Division

392702
392702
Form 2993.
MIL. CLAIMS DIVISION.
(Ed. Jan. 21-05—3,000.)

INQUIRY AS TO STATUS OF PENSION CLAIM.

392702
In answering this letter address "Auditor
for the War Department," and refer
to above number.

Treasury Department,
OFFICE OF THE
AUDITOR FOR THE WAR DEPARTMENT,

Washington, D. C., May 23, 1901

The COMMISSIONER OF PENSIONS.

Sir:

If an application for Pension has been filed in your office in behalf of
anyone (soldier or relative) in case of Albert Ashe

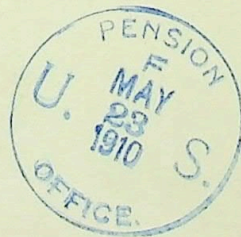
Co. B, 14 Regiment U. S. G. A. Art. Vol.

please furnish this Office the applicant's name, post-office address, and the
present condition of the claim; and state whether a special investigation has
been made, or is contemplated. A loan of the Special Examiner's report is

requested, if there has been a special investigation.

*If the widow has applied for a pension
Please furnish an abstract of marriage and death*
Respectfully,

2-4675



B. F. Harbor
Auditor
Ryden

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A INVALID. A

Be it known, That I, Albert Ashe, do solemnly swear that I am the identical person named in pension certificate No. 631432, dated 13 day of May, 1901, in my possession and now exhibited; that I served in Company B, 14 Regiment, 1st Brigade, 26 Volunteers; that my name is inscribed on the rolls of the KNOXVILLE Agency, at the rate of \$12 dollars per month

† When there is a change in the rate, either by an increase, release, etc., note the former rate at which paid.
That I have not been employed or paid in the Army, Navy, or Marine Service of the United States from (1) 4 day of February, 1902, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my present post-office address is No. _____ Street, _____ County of _____, State of _____

(If pensioner signs by mark, two witnesses who can write.)
(Pensioner's signature.)
(Signature must be written letter for letter as it is written in the pension certificate.)

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of _____, County of _____, ss:
Subscribed and sworn to before me this _____ day of _____, 1902, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(The magistrate must certify to any erasures or alterations.)
(Magistrate's signature.)
(Official character.)
(P. O. address.)

SEAL

ORIGINAL.

\$ 36 _____, 190 _____
Received of JOHN T. WILDER, U. S. Pension Agent at Knoxville, Tenn.,
THIRTY-SIX _____ dollars by check No. _____
dated _____, 190 _____, being for 3 months' and _____ days' pension due me
on pension certificate above described, from the 4 day of February, 1902, to the
4 day of May, 1902, for which I have signed duplicate receipts.
(Witness who can write.)
(Sign name as above.)

Asst. Tr. U. S.
N. Y.

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

DUPLICATE.

\$ 36 631432 (A.) _____, 190 _____
Received of JOHN T. WILDER, U. S. Pension Agent at Knoxville, Tenn.,
THIRTY-SIX _____ dollars by check No. _____
dated _____, 190 _____, being for 3 months' and _____ days' pension due me
on pension certificate above described, from the 4 day of February, 1902, to the
4 day of May, 1902, for which I have signed duplicate receipts.
(Witness who can write.)
(Sign name as above.)

Asst. Tr. U. S.
N. Y.

NOTICE! Your Check will not be in title unless your Post Office Address appears both on the FACE and BACK of this Voucher.

APR 14 1902

Issued No.

(A.)

Act of June 27, 1800.

ARMY VOUCHER No.

INVALID

Walter A. Ahe

PAID \$ 36, 190

Feb. 4, 1902, to May 4, 1902.

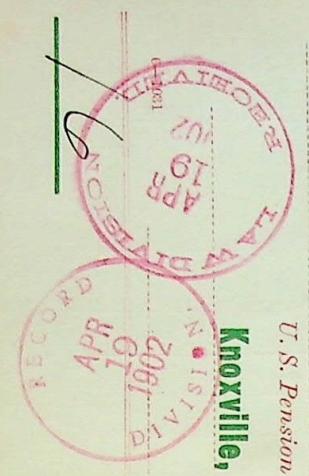
Return this voucher for payment to

JOHN T. WILDER,

U. S. Pension Agent.

Knoxville,

Tenn.



STATE OF _____, COUNTY OF _____, ss:

I, _____, Clerk of the _____ Court of the
County and State aforesaid, do hereby certify that _____
is _____, duly commissioned and qualified, and that he has authority to
administer oaths for general purpose; that his commission was dated on the _____ day of
_____, 1 _____, and will expire on the _____ day of _____, 190 _____, and
that his signature within written is genuine.

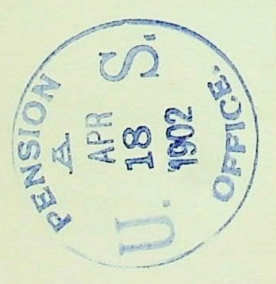
GIVEN under my hand and the seal of said Court this _____

day of _____, 190 _____

Clerk.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER
IS EXECUTED.

The magistrate must carefully compare this voucher with the pension certificate exhibited to him.
Vouchers may be executed before any officer authorized to administer oaths for general purposes. If he has a seal and is required by law to use it to authenticate his official acts, it must be affixed: if not, a certificate of the proper officer, showing the commencement and termination of his term of office, and his signature, must be filed in this Agency. Vouchers may also be executed before fourth-class postmasters, their mailing stamps to be used as seals.
The officer will also see that the correct post-office address of the pensioner is inserted in face and in back of voucher, giving street and number (when so designated). He will also give his own post-office address after his official title on face of voucher.
No checks will be sent in care of any person.
The officer will be held strictly responsible for the correctness of his certificate of identity of pensioner, in every particular, pursuant to Act of July 7, 1898.



WRITE NAME AND P. O. ADDRESS PLAINLY HERE

Name: _____

Street: _____

City or Village: _____

County: _____

State: _____



5-23-10

WDC

June 3, 1910.

Auditor for War Department,

Sir:

In reply to your call of the 13rd ultimo, received the same date (C.H.L. 319-392, 702) relative to the case of Albert Ashe, deceased, late of Co. C, 14th U.S.C. H.A., Cert. 631, 432, you are advised as follows:

On April 18, 1902, Edith Ashe of Rich Square, N.C., filed an application for accrued pension in this Bureau as widow of Albert Ashe, who she stated served in the aforesaid organization, and that he died March 30, 1902. She further alleged that she was married to said Albert Ashe on Dec. 15, 1891, at New Jackson, N.C.

William Long and Simon Berner of Jackson, N.C. testified May 19, 1902, that Albert Ashe and Edith Hartz were joined in marriage on Dec. 15, 1891, and that they lived together as man and wife up to the date of the soldier's death.

J.S. Walden and John W. Ashe of Rich Square,

N.C., testified May 19, 1902, that they were acquainted with Albert Ashe, and lived near neighbors to him a long time; that Albert Ashe's former wife, Martha, died Sep. 6, 1888. Affiants were also present at Albert Ashe's marriage to Edith Hartz, December 25, 1891.

Very respectfully,

Commissioner.

Musculi

Ex'r

No

20/23

Act of June 27, 1890.

1123

W. V. A.

John

[illegible]

Alfred Lake
Rich Square
P.O.

P.O

Northampton Co. N. H.

Service:

W. H. W. H. A.

2196. *Colp. H.A.*

Enlisted

Mar 1

1864.

Discharge

ged: Dec 8

1865.

Application filed: July 24

1890.

Alleges:

Any other Claim filed: No

Numerical No. 212,352

18/11/9

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

Attorney
P. O. _____

10.10.1941
Lithuania

Recognized.

Contract.

Cert. of Dis. Searched for

18

 $\mathcal{ON}$

INVALID. (Series _____)
 (3-230.)
 Cert. No. **631432**
 Name, Albert B. Bohl
 Rank, 1st ; Service, 1st
1st
1st

8/28 903
Heath.

See in order 51.

10-25-04 *concordia*

June 3 1910

154

2 Issue. Class. *One*
Entered *Fee # 2*

Issued *2*
Mailed
Rate and Period, \$*8*, from *May 11, 1898*
Act June 27, 1890.

Deductions:
Disability: *Pharmaceutical*
Mailed *July 19, 1899*
Rate and Period, \$*24*, from *July 11, 1898*

1" Issue. Class. *Orig.*
Entered *Fee # 10*

Issued *July 25, 1899*
Mailed *July 4, 1899*
Rate and Period, \$*10*, from *May 20, 1899*

DEAD.

Issued,	May 13, 1901
Mailed	11.01.17, 1901
Rate and Period, \$12	from Aug 15, 1899 to
Acct of June 21, 1899	
Deductions:	
Disability	of disability, 1899
Issued	, 18
Mailed	, 18
Rate and Period, \$	, from , 18
Accrued Pensions, ACT OF MARCH 3, 1896.	
Deductions:	for Pension Comm. Date and
Disability	Payable to and 5

GENERAL AFFIDAVIT.

13

State of North Carolina, County of Northampton, ss:

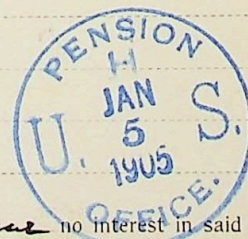
IN the matter of the application for pension of Edith Ash widow
of Albert Ash Co. 14 Regt. N. C. Inf. 1888

ON THIS 15 day of Nov, A. D. 1904 personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths
Charles Bullock aged 76 years, a resident of
in the County of Northampton and State of North Carolina

whose Post-Office address is Richsquam and
William Ash aged 78 years, a resident of
in the County of Northampton and State of North Carolina

whose Post-office address is Richsquam
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows:

We have been living in the same community and
neighbourhood near Edith Ash for the last
thirty years or perhaps forty years. We know
her to be the widow of Albert Ash who
is dead. We also knew Albert Ash for
forty years. They have both been married
twice. Edith Ash being Albert Ash's last
wife. The dissolution was caused by
the death of the parties, his first wife is
dead. When first married they both were
of a marriageable age. We know Edith Ash
to be the lawful widow of Albert Ash.
and believe her to be entitled to pension.
We further know Edith Ash and the Soldier
had only been married but once.
formerly.



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

J. G. Calvert
J. S. Blythe

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

Charles Bullock
William Ash

Signatures of affiants

but one pr name of either

State of North Carolina, County of Northampton, ss:

SWORN to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted them with its contents before I 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 they are credible person.

April 18, 1901,
April 1, 1907,
6.2.13,

J. A. Parker
Official signature

[L. S.]

Certificate on file of Washington D.C.
J. P. Peace
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.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

No Revenue Stamps Required.

P. C. Address
Richsquam
N.C.

Do. Division.

Additional Evidence

63/432

Walter Andrew
Name of claimant
and
of West Lake
Name of soldier

Co. 14 Reg. D. L. 8. 9.
Vol.

Nature of Claim Accused

FILED BY

SOUTH DIV.
JAN 6 1903
RECEIVED

WASHINGTON, D. C.

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

PHYSICIAN'S AFFIDAVIT.

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

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instruction must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given.

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

In the Pension Claim No. *852513*

of *Albert Ash* late of

Co. G. 14th U.S. C. I.
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a *H. J. Weaver* in and for the aforesaid

County and State *North Carolina* a citizen of *North Carolina*

whose Post Office address is *North Carolina*

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about *25* years, and that

and during that time he has never been
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted

a strong or active man, having
unless the magistrate certifies in his jurat that they were made before executing the paper.

suffered often with Rheumatism
and Gout, and still suffers
with the latter, he is now sixty years
old having attained that age on 4th July
last.

His age and general debility in my
judgment & disables him in such a way
performing manual labor.

The undersigned Physician has
practiced in applicant's family for
several years and has had every
opportunity of knowing his general
condition & constitutional weakness.

NOTE.

The Physician's Affidavit must show the following fact:

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.

He further declares that he has been a practitioner of medicine for 40 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

R. D. Weaver M.D.
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 9th day of June A. D. 1890

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

W. A. Barber
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.]

I, J. T. Tilythe Clerk of the County Court in and for aforesaid County and State, do certify that W. A. Barber, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace 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 12th day of Dec, 1890.

[L. S.]

Clerk of the Superior Court
Northampton County

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.

DEP. PEN. ACT. JUNE 27, 1890. 88-2,513.	PHYSICIAN'S EVIDENCE. Act of June 27, 1890.	CLAIM OF <u>Albert Cook</u> <u>Serg. Co. 14th U.S. Inf.</u>	Nature of claim _____ Soldier _____ Co. <u>14th U.S. Inf.</u> Reg't. <u>1st</u>	Filed by <u>T. W. TALLMADGE,</u> ATTORNEY, WASHINGTON, - - D. C.
---	--	---	--	---

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

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

Insert character and number of claim.

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

Pension Claim No. *852513*

Name and rank of claimant.

Albert Ashe

Rank, *Sergeant*

Company *C, 14 Reg't U.S.C.H.A.*

Eliz. City, D.C. State,

Claimant's post-office address.

April 15, 1891.
[Date of examination.]

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

Cause of disability.

in the service, viz: *Rheumatism Eyes & Piles*

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

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

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

He makes the following statement upon which he bases his claim for *Original*
[Original, increase, restoration, &c.]
Has been suffering with Rheumatism for the last 20 years, 90 15 years ago was confined for 6 weeks with pain in right hip & thigh. Eyes are weak from old age. Has had piles for 15 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, *112*; respiration, *16*; temperature, *99*; height, *5* feet *8²* inches; weight, *141* pounds; age, *61* years. *A slight tenderness over*

right hip. No atrophy of muscles. Eyes only weak from age. No arcus Senilis.

Hemorrhoidal Vessels all enlarged. A tumor on left side 1/2 inches up the bowel. Measuring 1/2 inch across. Tumor tender not ulcerated nor bleeding. Slight prolapsus of rectum. Impulse of heart weak. Condition index. Rates general muscular weakness.

No other disability is found to exist.

Rate for EACH cause of disability.

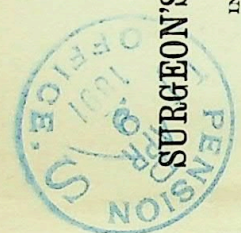
He is, in our opinion, entitled to a *8/8* rating for the disability caused by *Result of Rheumatism*, *4/8* for that caused by *Piles*, and _____ for that caused by _____

M. Whigg, Pres. *J. E. Wood*, Sec'y. *W. J. Lumsden*, Treas.

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

Continue record of examination here.

6



SURGEON'S CERTIFICATE

IN CASE OF

Albert Ashe
Co. C, 14 Reg't U. S. C. H. A.

Applicant for Original

No. *852513*

DATE OF EXAMINATION:

April 1st, 1891.

W. J. Lumsden, Pres.,
J. E. Staal, Sec'y,
W. J. Lumsden, Treas., } BOARD.

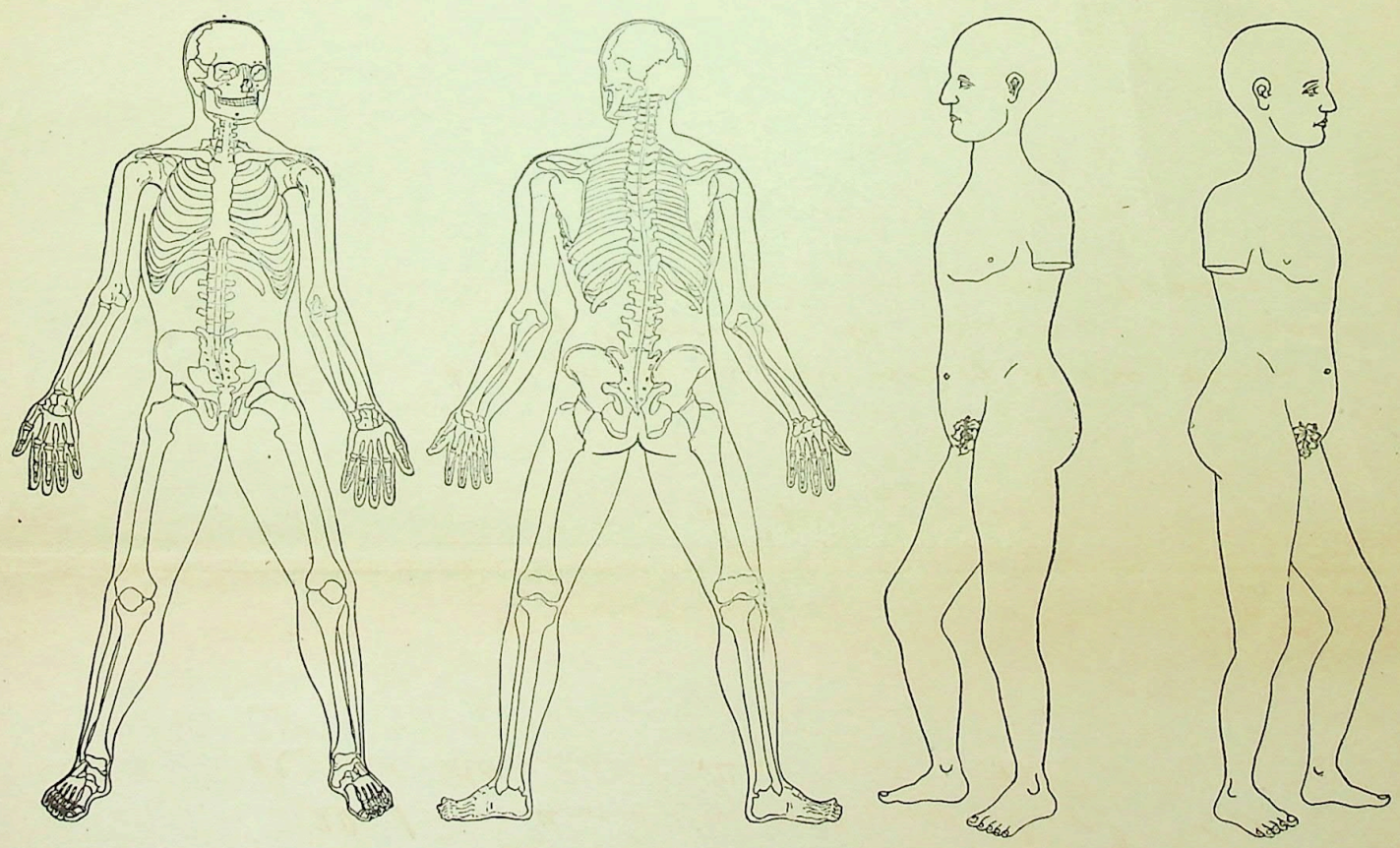
Post office, *Eliz City*

County, *Pangloss*

State, *Ala.*

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

RF



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

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

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 631432
 Name of claimant. Albert Ashe Address of Board. Aulander P. O. North Carolina State.
 Claimant's post-office address. Rich. Square, N.C. August 15th, 1900
 Cause of disability. Rheumatism and piles

He receives a pension of eight dollars per month.

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

He makes the following statement upon which he bases his claim for Inc.
Claimant states that his knee and ankle joints are stiffened by rheumatism, and that he has fistula of anus, with periodical abscesses

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, 74 74 80, respiration, 19 19 20, temperature, 98 $\frac{2}{3}$, 36 in 64
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 7 $\frac{1}{2}$ inches; actual weight, 128 pounds; age, 70 years.

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

Upon examination of claimant I find spine straw color, 42-1020. Acid reaction. No sugar as by Fehling's test. Slight trace of albumen by Heller's. Stomach regular in action and normal in location. An area of flaccid, dullness. Distended and ankle joints are somewhat stiffened. Motion slightly impaired. Due to the thickened condition of the fibrous structures around the ankle and joint. For chronic articular rheumatism of the knee and ankle joint. He is entitled to a rating of \$6.00 a month. I find an incomplete fistula of rectum with a small area of induration externally with a history of abscess, followed by frequently recurring discharge of pus. No hemorrhoids or prostatic vesicles. No fissures. For fistula of rectum since rate given at \$2.00 a month. The workmen of anus and rectum are not wholly due to rheumatism but to debility of age, which proved entitle him to a rating of \$6.00 a month, if he had no disease. No other disease found to exist. Do not think his disease due to or aggravated by vicious habits.

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.

, Pres. C. H. Horton, Sec'y. _____, Treas.

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

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

"I hereby certify that Dr. _____, 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 _____."

(Signature.) _____

PENSION DIV.
SEP 1 1900
RECEIVED

PENSION DIV.
AUG 21 1900
U. S. OFFICE

SURGEON'S CERTIFICATE

IN CASE OF
Albert J. [Signature]
Co. C. 14th Reg't U.S. C. H. Art.

APPLICANT FOR PENSION

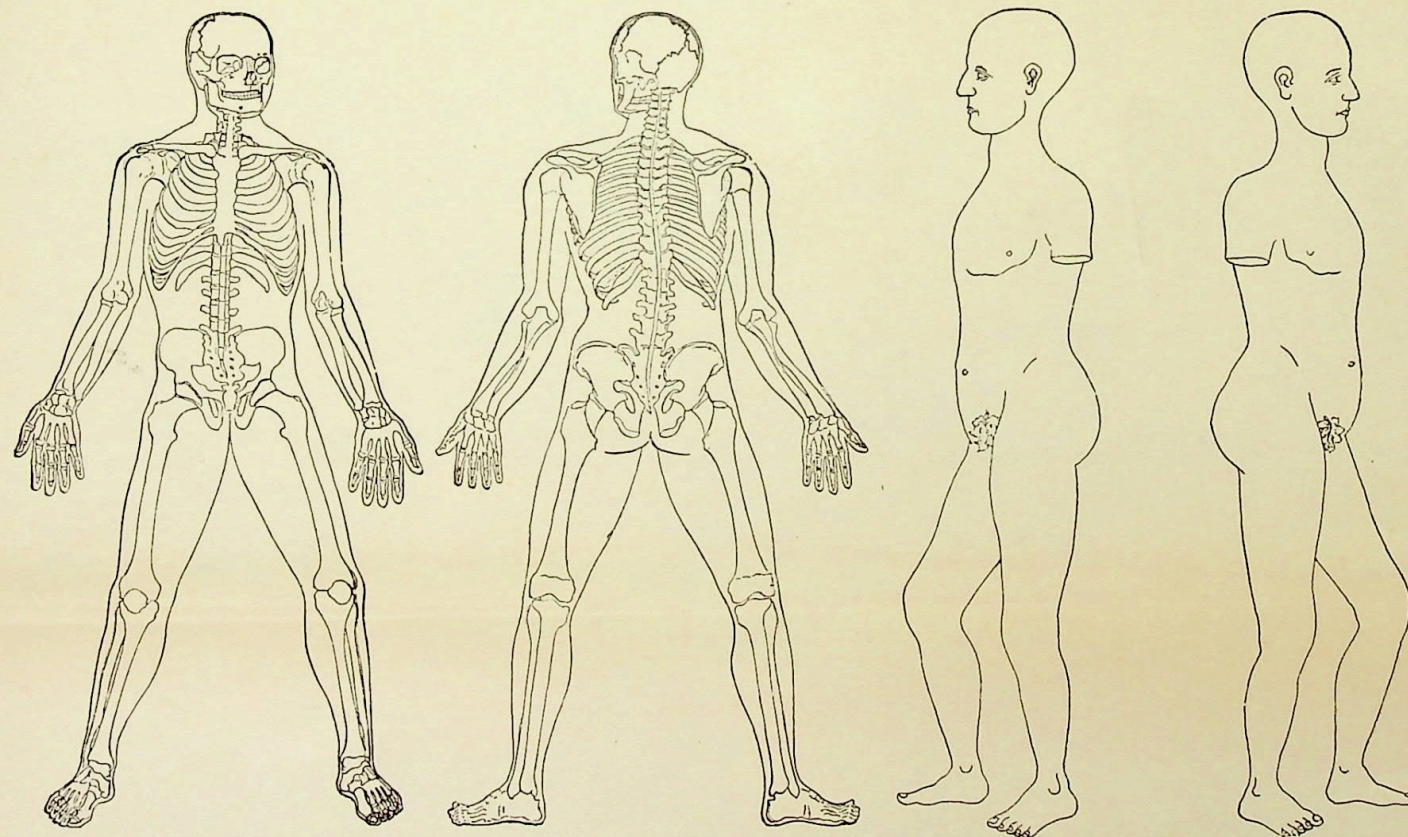
No. *631432*

DATE OF EXAMINATION:
Aug. 15th, 1900

Pres., _____
Sec'y, *E. G. [Signature]*
Treas., _____

BOARD.
Post office, *Dulander*
County, *Bertie*
State, *North Carolina*

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



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

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1892.]

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. Spic Pension Claim No. 631,432
[State above whether for original, increase, or restoration.]
 Name and rank of claimant. Robert Ashe, Rank, Sgt
 Company Co. 14 Reg't A.D. Inf. Aubander W.P. State, Ind.
[Post-office address of the Board.]
 Claimant's post-office address. Rich Square N.C. May 11th, 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 in the service, viz: Rheumatism

If pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Six dollars per month.
 He makes the following statement upon which he bases his claim for Disa
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
That he suffers with stiffness of the joints produced by Chronic Articular Rheumatism and fistula in ano with hemorrhoidal abscesses

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 19; temperature, 98.3; height, 5 feet 7 1/4 inches; weight, 133 pounds; age, 68 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.
Upon examination I find claimant suffering with Chronic Articular Rheumatism, which very likely will progress as age advances. The fibrous structures around the joints are thickened and as a consequence these joints are somewhat stiff. There are no objective signs and the joints are not altered in form. The heart is normal in its action and no limitation in motion that his age would warrant associated with a mild form of Articular Rheumatism. I think from this disease he is entitled to six dollars per month. Also find a small, hard excrescence near and just above the pubic arch, the result of disordered circulation in the hemorrhoidal vessels, or as he states the result of an abscess. Owing to a probable occasional remedy from this source I think he is entitled for this trouble to a ruling of two dollars a month.

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."
I do not think the disease due to or aggravated by vicious habits. He is a farmer, and his labor verifies that he does manual labor. His physical appearance is fairly good. State of nutrition and muscular development tolerably good.

_____, Pres. A. H. Worlow, Sec'y. _____, Treas.

~~N. B. Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.~~

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. _____, 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

Albert Asher
Co. C, 4th Reg't Ind. Cav.

Applicant for *Disch.*

No. *631432*

DATE OF EXAMINATION:

May 11, 189*8*

W. H. H. H., Pres.,
W. H. H. H., Sec'y,
W. H. H. H., Treas.,

BOARD.

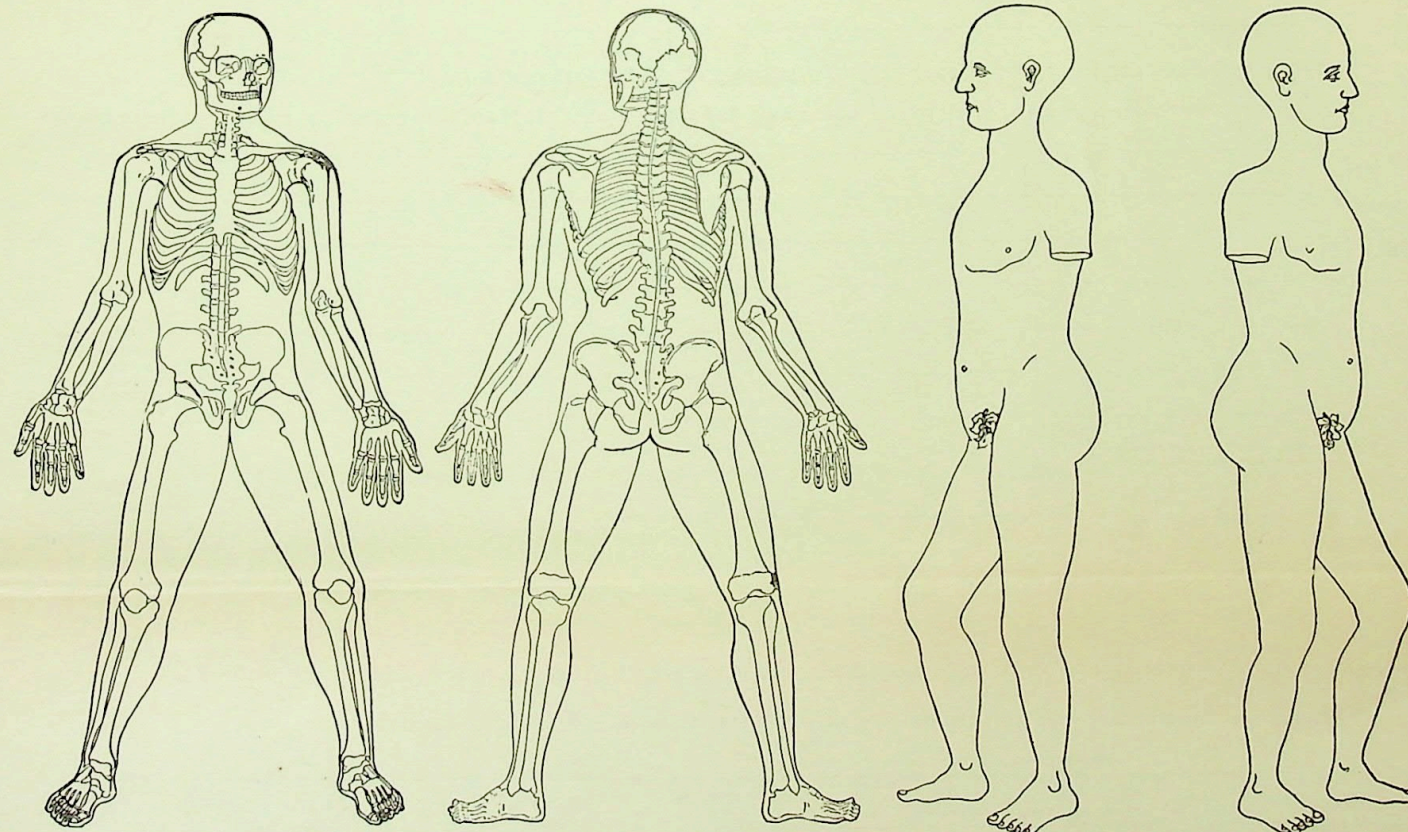
Post office, *Durand*

County, *Denton*

State, *North Carolina*

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.]