THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 926783

VETERAN Thomas Mansfield

RANK Pvt

SERVICE Co "G" 115th U.S.C. Vol. Inf

CAN No. 19027

BUNDLE NO. 16

INVALID

Cert. No. 926,783.

Name, Thomas Mansfield,

Rank, Pvt; Service, Co. G. 113 U.S. C.I.V.

Agency: Original Roll: Louisville
Transf'd ....., 1, to .....
" ....., 1, to .....

Issued Aug. 20-1908

Mailed AUG 21 1908

Rate and period, $ 20, from July 20 1908

mj2

Deductions: 0

Disability: a

Entered ..... Issue. 4 Class Reis Fee, $ .....

Issued Apr 17, 1913

Mailed APR 18 1913

Rate and Period, $ 24, from June 19, 1912

DEAD

Deductions: 0

ACT OF MAY 11, 1912.

Disability: .....

Entered ..... Issue. 5 Class Reis Fee, $ .....

Issued .....

Mailed .....

Rate and period, $ ....., from .....

Deductions: .....

Disability: .....

Entered ..... Issue. Class ..... Fee, $ .....

Issued .....

Mailed .....

Rate and Period, $ ....., from .....

Deductions: .....

Disability: .....

Entered ..... Issue. Class ..... Fee, $ .....

INDORSEMENTS.

DROPPED

FEB 27 1913 1

Dead 7444

(3–230.)

Act of June 27, 1890.

INVALID. (*Series* .....)

Cert. No. 926783

Name, Thomas Mansfield

Rank, Priv ; Service, Co G 113th U. S. C. Vol Inf

Agency. { *Original Roll:* Louisville
Transf'd ....., 18..., to .....
" ....., 18..., to .....

Issued Feb 24", 1902
Mailed Mar 11, 1902
Rate and Period, $ 8, *from* Feb 5, 1902

Class Original Fee, $ 10 Issue. Entered

Deductions: .....

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

Issued ....., 18
Mailed ....., 18
Rate and Period, $ ....., *from* ....., 18

Class ..... Fee, $ ..... Issue. Entered

Deductions: .....

Disability: .....

Issued June 12, 1903
Mailed " 22, 1903
Rate and Period, $ 10, *from* Jan 7, 1903

Class Inc. Fee, $ 2 Issue. Entered

Deductions: .....

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

Issued Dec. 30", 1903
Mailed Jan 9, 1904
Rate and Period, $ 12, *from* Nov 15, 1903

Class Inc. Fee, $ 2 Issue. Entered

Act of June 27, 1890.

Deductions: .....

Disability: .....

F. N. E.

INDORSEMENTS.

Dec 2" 1899
Original atty.
E. L. Local Vocal.
Claims & refer papers
under March 6" 1896
D. C.

H. E. Ryan [3—216.] Declr'd

Hanco Ex'r. INVALID.

Orig No. 1020901

Acts of July 14, 1862, and March 3, 1873.

Thomas Mansfield

P. O. ~~Cave City~~ Shanty

~~Barren Co.~~ Hart Co. Ky

Service: Pri. G-113-USC. Inf.

Enlisted: September 9, 1864.

Discharged: Febiy 10, 1866.

Application filed: Jan. 16, 1892.

Alleges: { Injury to back and shoulder not so; but for rheumatism in back and right shoulder.

20153

Re-enlisted:

Ind.

JA. Orig 1.020.901.

Attorney: P. J. Lockwood

P. O. Ohio

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(3645—15,000.) 20-153

1-26-92-K.

MD. A. G. amiv apr 8/92

VA. Jany 30-94 Atty L. for

Kist. orig sent.

W. VA. O.H

~~Oct 1-5-94~~ Called on Atty

N.C. for Cl. to state the time, place

S.C. and circumstances under which

FLA. the was injured

GA. SEP 17 1895

ALA. Atty L. for the

MISS. wid. pen. of

LA. affiants:—

TEX. R. Ritters & Jas Berry

KY. H. E. R.

TENN. JAN 29 1897

MO. A. G. verify Com ~~Ritter~~

ARK. H. E. R.

~~and Berry~~

Dec 7/99. A. x N. D. Div for

U.S. ~~List of commdes for Spec. Exa~~ Inf.

July 6/1900. Clt. Atty Lockwood rpts

reg. ~~Inq~~ qual. laws.

M.D.S.

Not. Feb. 15. '96. N. E. H.

[3—216 *a*.]

Ex'r.

D. O. No. 1.020.901

Act of June 27, 1890.

MD.
VA.
W. VA.

Thomas Mansfield

P. O. Shanty Hart Co. Ky.

Service: G. 115 - Mss. Inf.

Enlisted: Sept. 9", 1864

Discharged: Feby. 10", 1866

Application filed: Feby. 5", 1896

Alleges:

T. & D. O.

Any other Claim filed: 1.020.901

Numerical No.

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

Attorney: Claimant

P. O.

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(3041—50,000.)

No.

Harris H. E. Ryan
~~Williamson~~ [3—216 a.]
~~David Messer.~~ Ex'r.

No. 1020901

Act of June 27, 1890.

Thomas Mansfield

P. O. ~~Dave City~~ Ky.
~~Bluecity Hard Co~~ Ky

Service: G-115 U.S.C. Inf

Enlisted: Sept. 9, 1864.

Discharged: Feb. 10, 1866.

Application filed: Apr. 14, 1891.

Alleges: Rheumatism
10/83

Any other Claim filed: No
PR 3-19-91 ccm

Numerical No. 623,044

Attorney: P. J. Lockwood
10-83

P. O. Catty.

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

D- 10-8 (3041—50,000.) 6-9-91 Mark

~~Md.~~ 6-10-91 Ser'd.
Md. ~~July~~ Aug 1/91 Ab. Int Dr.
and Law Div filing P.J.
Va. Ex Bd Glasgow Ky do
W. Va.

N. C. Atty Lockwood for Police Judge Dickey to file?
S. C. 2 mo Int Apr. 8/92
Fla. Law Div. P. J. Dickey filed 2 m. Int Sep 9/92
Ga. Jan 25-94 Atty mile owned
Ala. Exit
Miss. PH Mar 23-94 Letts. reqst
La. Clmt atty L.
Tex. PH
Ky. April 23/96 atty Lockwood Ex. Bd. at Mumfordville Ky. J.C.W.
Tenn.
Mo. AUG 22 1896
Ark. Atty ~~.....~~ for prior ~~atty~~ claim.
D. C. ~~atty~~ other claim
U.S.C.T. For a formal declaration under the Durkee Decision. H. E. R.

No.

14
172

3-1647.

Act of Feb. 6, 1907.

Cert. 926,783

Name, Thomas Mansfield.
Northtown.
Hart Co. Ky.

Application filed July 20, 1908.

Service,
G 115 U S C Inf

Hd

SOUTH DIVISION
AUG
1
1908
RECEIVED

SECTION
JUL
31
1908

24

NOV 4 1914

BUREAU OF PENSIONS,
Office of the Disbursing Clerk,

FEB 11 1915

To the Chief, Finance Division:

You are hereby notified that check No. 69390086, for $72

dated FEB 4 1915 in favor of

THOMAS MANSFIELD,
HORSE CAVE KY

post-office

Certificate # 926783

R R 1

Class 5

Section FOUR, has been returned to this office by the Postmaster, with the information that the pensioner died Jan 6-1915, and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.

(D-3)

DESTROYED
PLATE

FINANCE
FEB 15 1915
DIVISION

3—1081

HHL

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

FEB 27 1915, 191

Certificate No. 926.783

Class .....

Pensioner Thomas Mansfield

Soldier .....

Service Civil War

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $ 24, *to* Nov 4, 1914 *has this day been dropped from the roll because of* death Jan 6. 1915

Very respectfully,

W. Mansfield

Chief, Finance Division.

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

6—2249

JCB Louisville

3—364

Reissue

ACT OF MAY 11, 1912.

Cert. No. 926783.

Claimant, Thomas Mansfield

P. O., North town, Hart

County,

State, Kentucky

Rank, Private

Service, Co "G" 11th U.S.C. Inf.

Rate, $24. per month, commencing June 10, 1912

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

Fee, $; Agent to pay.

Articles filed , 19

APPROVAL.

Submitted for ad, Mar 7, 1913, a. a. Hanks, Examiner.

Approved for admission Rate $24, per month; age 82 years.

Reissue from act of February 6, 1907

Length of pensionable service: 1 years, 5 months, 2 days.

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

on account of

April 14, 1913, M. A. Goff Legal Reviewer. April 15, 1913, [signature] Re-Reviewer.

CIVIL WAR

Enlisted Sept. 9, 1864 honorably discharged Feb. 10, 1866

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 1 years, 5 months, 2 days.

Pensioned at $20 per month, under Act Feb. 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 10, 1912

Age shown by evidence 82 years; date of birth alleged Feb. 1st, 1827.

Claimant does not write.

Geo. , M. C.

6—3317

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Kentucky, County of Hart, ss:

On this 7 day of June, A. D. one thousand nine hundred and 1912, personally appeared before me, a Notary Public within and for the county and State aforesaid, Thomas Mansfield who, being duly sworn according to law, declares that he is 85 years of age, and a resident of Northtown, county of Hart, State of Kentucky; and that he is the identical person who was ENROLLED at Bowling Green, under the name of Thomas Mansfield, on the 9 day of Sept, 1864, as a Private, in Company G. 115 Regiment Infantry Vol.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

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

(State name of war, Civil or Mexican.)

at Louisville, on the 8 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 6 3/4 inches; complexion, Dark; color of eyes, Black; color of hair, Black; that his occupation was Farmer; that he was born Feb 7, 1827, at Rowletts in Hart Co Ky.

Declaration valid as to execution.
S. A. Cudlipp
Chief. Law Division,
per JJS

That his several places of residence since leaving the service have been as follows: Always a Resident of Hart Co Ky

(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 926783. That he has not applied for pension under original No. 926783

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Northtown, county of Hart, State of Ky.

Attest: (1) Thomas Lewis
(2) E M Johnson

Thomas his X mark Mansfield
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 7 day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words , erased, and the words , added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

My Commission Expires Jan 4 1914

RECEIVED JUN 10 1912 PENSION OFFICE

G W. Martin
(Signature.)
Notary Public
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3—014.

RECEIVED
JUN 13 1912
PENSION OFFICE

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 926783

Name, Konrad Mansfield

Service, Land Force

INSTRUCTIONS.

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

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

ACT APPROVED MAY 11, 1912.

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

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

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

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

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

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

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

c 6—803

Act June 27, 1890.

3—402.

Certificate No. 926.783.

Name, Thos. Mansfield

Department of the Interior,

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

H. Clay Evans

Commissioner.

Thomas Mansfield

Shanty

Ky

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

Answer. yes I Betty Mansfield nee I Betty Paynter

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

Answer. Jan 1889

Third. What record of marriage exists?

Answer. in Hart County clerks office

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 I Fannie Williams I died in Hart County Ellen nee White Died in Hart County in 1887

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

Answer. yes I Jo Mansfield Aug 1852 Allice 1858 Samiel Born Aug 1890

(Signature.)

Date of reply, ----------, 189----

0-8

5301b750m1-98

3—364.

Original No. ____

Certificate No. 926783

RE-ISSUE

ACT OF FEBRUARY 6, 1907.

Claimant, Thomas Mansfield

P. O., Hartstown | Rank, Private

County, Hart | Company, G.

State, Kentucky | Regiment, 115 USC Vol. Inf

Rate, $ 20 per month, commencing July 20 1908

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ____

P. O., ____

APPROVAL.

Submitted for Adm, Aug. 14, 1908, A W Conlee, Examiner.

Approved for Admission

Age over 75.

Rate $20- per month.

Reissue to allow under Act February 6 1907 - Deduct pmts.

payments and drop name from rolls under Act June 27 1890

August 17, 1908, J M Stinson Legal Reviewer. Aug 18, 1908, Wm Mehn Re-Reviewer.

Enlisted Sept 9, 1864; honorably discharged Feby 10, 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 July 20, 1908

Date of birth alleged, Feby. 15, 1827

Age shown by evidence 78 years.

Claimant does not write.

Ben Johnson, M. C.

6—810

No. 142.

Declaration for Pension

Under the Act of February 6, 1907

State of Kentucky, County of Hart, ss:

On this 11 day of July A. D. one thousand nine hundred and 1908, personally appeared before me G. W. Martin a Notary Public within and for the County and State aforesaid Thomas Mansfield a resident of the State of Kentucky County of Hart who, being duly sworn according to law, declares that he is the identical Thomas Mansfield who was ENROLLED on the 9th day of Sept, 1864, in Co. G, 115" Ind. Inf.

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

Private in the service of the United States in the Civil War, and served at least 90 days, and was HONORABLY DISCHARGED at Louisville, on the 13th day of Feb, 1866

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

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

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

That he is 81 years of age, having been born on the 13th day of Feb 1827, and asks for a pension of $20 per month [62 years of age, $12; 70 years, $15; 75 years or over, $20].

That he has Not applied for pension under application No. ..... That he is a pensioner under Certificate No. 926783

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

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

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

..... of .....

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

County of Hart, State of Kentucky

I G. W. Martin

2 Lalla Estes

(Two witnesses who write sign here.)

Thomas his X Mansfield

mark

(Claimant's signature—FULL name).

PENSION OFFICE. U. S. JUL 20 1908

RECEIVED JUL 21 1908 DIVISION

Also personally appeared Eduard Estes, residing at

, and Lalla Estes

residing at Northtown, 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 Thomas Lee Mansfield

(Name of Claimant.)

claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of 20 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.

Eduard Estes

Lalla Estes

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

Sworn to and subscribed before me this 11 day of July, A. D. 1908, 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.

Validity accepted
S. A. Cuddy,
Chief of Law Division,
per C B F

My Commission Expires Jan 10 1909

G W Martin

(Official Signature.)

[L. S.]

Notary Public

(Official Character.)

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

Act of February 6, 1907

SOLDIER'S APPLICATION

Name: Thomas Mansfield

Service: Co. G. 11th Md. Inf.

Co. G. 11th Md. Inf.

Act 1907

Address:

FILED BY

RECEIVED
JUL 20 1908
LAW DIVISION

Date of Execution

For Sale by GOUDICK'S DIGEST COMPANY, 908-914 G St. N. W Washington, D. C.

3—357.

Ct. No. 926,783
02 rejected

cav 926783 Louisville Increase

ACT JUNE 27, 1890.

INVALID PENSION.

Claimant, Thomas Mansfield

P. O. Nolintown

County Hart

State Kentucky

Rank Private

Company G

Regiment 113 Ind Vol Inf

Rate $ 12 per month, commencing November 18 1903

Pensioned for total — inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Cyrus Edwards — Fee, $ 2

P. O. Horse Cave Kentucky — Agent to pay.

APPROVALS.

Submitted for Dec 19, 1903, J D Buckley, Examiner.

Approved for Rheumatism, disease of heart and senile debility, (old)

Dec 21, 1903 O M Mabrett, Legal Reviewer.

, 190, Re-Reviewer.

Approved for Rheumatism, disease of heart, and senile debility

Aggregate of disabilities shown, permanent in character: $ 12 per

from November 18, 1903

Dec 29, 1903, Medical Examiner.

Medical Reviewer.

Medical Referee.

Enlisted September 9, 1864; honorably discharged February 10, 1866

Enlisted , 186; honorably discharged , 186

Pensioned at $ 12 per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed August 18, 1903, alleges increase on pensioned causes viz Rheumatism disease of heart and senile debility. over 75 years old

Claimant does not write.

Certificate not filed.

No, M. C.

0-4

DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900.

State of Kentucky }
County of Hart } ss:

On this 4 day of Aug. A. D. one thousand nine hundred Three, personally appeared before me, Jamis W. Mellown a Deputy County Clerk within and for the County and State aforesaid. Thomas Mansfield, aged 76 years, a resident of near Northtown, County of Hart, State of Kentucky, who, being duly sworn according to law, declares that he is a pensioner of the United States under the Act of Congress approved June 27, 1890. by Certificate number 926783, and duly enrolled at the Louisville Ky Pension Agency, at the rate of 10 dollars per month, having served in the Military service of the United States As Private

(State whether military or naval.)

Co G 115 Regiment United States Colerd volenteer Ganfantry

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that his present physical condition is such that he believes himself entitled to receive an increased rate under the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; and that he now suffers from

Senility and old age, being over 75 years of age; Also from Rheumatism

(Here state the name or nature of each disability with which you are afflicted.)

all of which are permanent in character, and not due to vicious habits.

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

Cyprus Edwards, of Horse Leave Kentucky, his true and lawful Attorney to prosecute his claim.

That his Postoffice address is Northtown, County of Hart State of Kentucky.

his
Thomas X Mansfield
mark

(Signature of claimant.)

PENSION B AUG 18 1903 U. S. OFFICE.

ATT'Y FILED

Also personally appeared John B Duke, residing at Northtown Ky, and James Tapscott, residing at Northtown 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 Thomas Mansfield (Name of claimant.) the claimant make his mark (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.

John B Duke

Jas M Tapscott

(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

(1) _____

(2) _____

SWORN TO AND SUBSCRIBED before me this 4 day of Aug, 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 thereto, including the words _____

(If any words have been erased in the application, enter them here.)

_____

[L. S.] _____, erased, and the words _____, added;

(If any words have been added in place of any erased, enter them here.)

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Charles Richardson Clk

(Signature.)

By J M Mellowan D C

(Official character.)

☞ The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

Certificate No. 926,783

File

INVALID.

CLAIM FOR ADDITIONAL PENSION.

Acts of June 27, 1890, and May 9, 1900.

Thomas Mansfield, Applicant,

Co., 115th Reg't,

U.S. Letwood Inf., Vols

Enlisted _____, 18__

Discharged _____, 18__

RECORDED AUG 20 1903 DIVISION.

Filed AUG 20 1903

By _____

Cyrus Edwards

Pension Agent

Horse Cave Ky

Cert. 926783
Louisville

3—357.
(Old No. 3—145 b.)

Cert. No. 926783

ACT JUNE 27, 1890.

O.C. claim rejected

Increase INVALID PENSION.

Claimant, Thomas Mansfield

P. O. Northtown

County Hart

State Kentucky

Rank Private

Company G.

Regiment 11th Ky Vol Inf

Rate, $ 10 per month, commencing January 7, 1903.

Pensioned for Partial inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

Name P. J. Lockwood, Fee, $ 2

P. O. Washington, D. C. Agent to pay.

APPROVALS.

Submitted for June 4, 1903, Lt Chesnutshon Examiner.

Approved for rheumatism and disease of heart. old.

June 6, 1903, J S Roy Legal Reviewer.

, 190 , Scott Ellis Re-Reviewer.

Approved for Rheumatism. disease of heart. and senile debility

Aggregate of disabilities shown, permanent in character: $ 10. from January 7 - 1903

Wellman Medical Examiner.

June 8, 1903, Gallagher Medical Reviewer.

Thos Houston Medical Referee.

Enlisted Sept 9, 1864; honorably discharged Feb 10, 1866

Enlisted , 186 ; honorably discharged , 186

Pensioned at $ 8. per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug 26, 1902 alleges increase — rheumatism and disease of heart.

Claimant does not write.

Certificate not filed.

No. M. C.

U-1

New Law,

Declaration for Increase, Act of June 27, 1890.

Amended by Act of May 9, 1900.

STATE OF Kentucky COUNTY OF Hart SS:

On this 4 day of August A. D. 1902, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County, and State aforesaid Thos. Mansfield aged 75 years, who, being duly sworn according

The claimant's name here

to law, declares that he is a pensioner of the United States enrolled at the rate of 8 dollars, per month (Act of 1890) under Pension Certificate No. 926783 by reason of a partial inability to earn a support by manual labor.

That he believes himself to be entitled to an increase of pension on account of disability of a permanent character not due to vicious habits entitling him to a higher rate and he makes this declaration for the purpose of being increased and fully rated under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900.

That he appoints P. J. Lockwood, of Washington, D. C., his true and lawful attorney to prosecute his claim and agrees to pay him a fee of two dollars therefor if successful, that his Postoffice address is Northtown, County of Hart, State of Ky

☞ Claimant sign here. his Thomas X. Mansfield mark.

Also personally appeared J B Duke, residing at Northtown Ky. and W H Logsdon residing at Northtown, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Thos Mansfield, 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.

J B Duke

W H Logsdon

Signatures of witnesses.

RECEIVED PENSION OFFICE. AUG 26 1902 U. S.

Sworn to and subscribed before me on the 4 day of August 1902, and I hereby certify that the contents of this affidavit were fully made known to the applicant and witnesses before signing and I have no interest in this claim or its prosecution.

L. S.

Charles I Richardson

Official Signature.

By J H Mellon DC

RECEIVED FILED

R. F.

APPLICATION FOR AN

Increase Under the Act of June 27, 1890.

Thos Mansfield *Claimant.*

Co. G, 115 *Regiment of*

U.S. Col Inf *Volunteers.*

Cert. No. 926,783

074

This application should be used by a soldier who is drawing less than $12 per month under the Act of June 27, '90 and who believes his rate should be increased.

LAW DIVISION AUG 28 1902

WAR DEPT. AUG 28 1902 DIVISION

FILED BY

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

Under this Act it is required that there be a permanent disability not due to vicious habits (it need not have originated in the service) and at least 90 days of service must have been performed. The rate is from $6 to $12 per month, proportioned to the degree of disability.

Physician's Affidavit.

STATE OF _____ COUNTY OF _____ SS:

In claim No. 926783 of Thos Mansfield of Co. G of the 115 Regt. of U.S.C. Inf. Vols., Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Dr. B. F. Hillard aged 62 - years, whose P. O. is North town, County of Hart State of Kentack, who being duly sworn, states in relation to said claim as follows to-wit:

I Have Examined Thos Mansfield & find His injury to Be Chronick Muscular Rheumatism Lumbodynia & Lumbago situated in the Mass of Muscles & fascear Which occupy the Lumbar Region equally and Effects Both sides & Extend to the Muscles of Shoulders NECK & Brest in Wet or Damp Wether Becomes Extremly sore & tender to the slitest Movement or touch of Effected parts in those Chronic Cases it Returns frequently & finally Becomes Constant & aggravated When the Wether is Damp as is the Case With the patient in Question In My opinion he is not able to Manuel Labor at all his injury is Gradually Getting Woes as I Have Known Him for seveal years

B. F. Hillard MD

PENSION BUREAU SEP 29 1902 U. S. OFFICE.

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

B. F. Hillard. MD

If affiant signs by mark two witnesses sign here.

Affiant's Signature.

Sworn to and subscribed before me on the 13 *day of* Sept *1902, 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.*

Charles S. Richardson Clerk

By J. McMellan D C

Official Signature.

L. S.

Orig.

Affidavit.

Physician's

Name Manufield Applicant,

Co. I 11th Regiment of

U.S.C. Infy Volunteers.

No. 726783

FILED BY

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

SOUTH DIV.
SEP 6 1902
RECEIVED

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he is disabled by injury to back and shoulder

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 afflictions or saw symptoms of the same, and what these symptoms were

3-584.

BUREAU OF PENSIONS.

BOARD OF REVIEW.

When Certificate is issued, return papers to

Sq. Div.

for action on gen'l law

Claim

Cf. 926,783

Thos Mansfield

G. 113th U.S.P. Cy

Paul

Nov. 17, 99

F. D. STEPHENSON,

Chief Board of Review.

o-3

(3—145 b.)

Act of June 27, 1890.

Increase and rerating INVALID PENSION.

Ind. Cf. no. 926.783.

Claimant, Thomas Mansfield

P. O., Shanty. (Northtown)

County, Hart.

State, Kentucky.

Rank, Private.

Company, "G"

Regiment, 115th U.S.C. Vol. Infantry.

Rate, $ ---- per month, commencing ----

Disabled by ----

REJECTED Dec 2nd 1899.

RECOGNIZED ATTORNEY:

Name, P. J. Lockwood.

P. O., Washington, D.C.

Fee $ 5., ---- Agent to pay.

Articles filed ----, 189---

APPROVALS:

Submitted for Admission November 9th, 1899

Approved for rheumatism and disease of heart (old) Reject injury of back and shoulder. No disability therefrom effective prior to approval of Medley claim under Act of Mar. 6. '96, to Med. Ref.

Nov. 17, 1899, H. A. Paul, Legal Reviewer.

Samuel Pollock., Examiner.

Approved for rheumatism and disease of heart $8. No increase No other disability affecting rate. Former rejection adhered to

Wilson

Nov. 22nd, 1899, J. J. Rogers, Medical Referee.

Enlisted September 9, 1864, Honorably discharged February 10., 1866 Last paid to pensioned, at $ 8., for rheumatism and disease of heart. under Act of June 27, 1890. from February 5, 1896.

No Pension under other laws at $ ----, for

---- ended ----

Original declaration, act June 27, 1890, filed ----, 189---; alleged ----

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed November 13., 1897, alleges Injury to back and shoulder rheumatism, and heart disease and claims rerating

0-4

No M. C.

Claimant does not write

HISTORY OF CLAIM.

Pensioner, Thomas Mansfield, Certificate No. 926.783.

1st service, Co. "G" 115th U.S.C. Vol. Inf'y, enlisted, Sept. 9, 1864, discharged, Feby 10, 1866.

2nd service, ; enlisted, , 18 ; discharged , 18

Pensioned from February 5, 1896, at $ 8.00 per month for rheumatism and disease of heart. (Act of June 27, 1890.)

Original declaration, Act of June 27, 1890, filed April 14, 1891,
alleged alleged injury to back & shoulder ~~Rejected March 12, 1894.~~
~~Declaration filed Sept. 21, 1896.~~ Feby 5/96. alleged injury to back &
shoulder and rheumatism, Declaration filed Sept. 21, 1896. alleged disease
of heart. Allowed from Feby 5/96 at $8.00 as above.

AFTER ISSUE

SEND TO

ADJ. DIVISION.

under the **ACT OF JUNE 27, 1890,** *is* —

shown in the case from Rheumatism, and disease of heart.

Newell

Acting Medical Examiner.

Approved: J.M. Thos. Featherstonhaugh

Medical Referee.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Feby 8, 1897

No. Claim, 1020901

Claimant, Thomas Mansfield

Co. G, 1/3 Reg't U.S.C.Inf

Respectfully returned to the CHIEF of the Board of Review with the opinion that a ratable disability, under the ACT OF JUNE 27, 1890, is — shown in the case from rheumatism, and disease of heart.

Newell

act Medical Examiner.

J.M.

Approved: Thos. Featherstonhaugh

Medical Referee.

0-4

926783 S

Louisville

(3–145 a.)

ACT OF JUNE 27, 1890.

C. & P.

INVALID PENSION. #1,020,901.

Claimant, Thomas Mansfield

P. O., Shanty, Rank, Pvt

County, Hart. Company, G.

State, Ky. Regiment, 15th U. S. C. Vol. Inft.

Rate, $ 8, per month, commencing Feby. 5=1896.

Disabled by Rheumatism and disease of heart.

RECOGNIZED ATTORNEY.

Name, P. J. Lockwood. Fee, $ 10 Agent to pay.

P. O., City. Articles filed, ..., 189...

APPROVALS.

Submitted for rejection. JAN 29 1897, 189..., S. E. Ryan, Examiner.

Approved for Rheumatism and diseased of heart. Reject injury to back and shoulder. Not ratably disabled thereby. Subj. to appl. of Med Referee. (See rej. slip.)

Fenley
Legal Reviewer.

Feby 11, 1897

Approved for Rheumatism and disease of heart & S.C. No other ratable disability.

Thos. Featherstonhaugh
Medical Referee.

Feb 16 1897

Not now pensioned under other laws. Last paid to ..., 18..., at $...

Pensioned from ..., 18..., at $..., for ...

SERVICE SHOWN BY RECORD.

Enlisted Sept 9, 1864, and honorably discharged Feby 10, 1866.

Re-enlisted Never, 18... honorably discharged ..., 18...

Declaration filed Feby 5, 1896, alleges permanent disability, not due to vicious habits,

from injury to back and shoulder, rheumatism

and In declaration filed Sept. 21, 1896 from heart disease.

o-4

No M. C.

Claimant signs by mark.

(3—145)

Act of June 27, 1890.

INVALID PENSION 1020901

Claimant, Thomas Mansfield

P.O., Cave City

County, Barren

State, Ky

Rank, Private

Company, G

Regiment, 115 - USC Vol Inf.

Rate, $ ____, per month, commencing ____

REJECTED,

Disabled by ____

RECOGNIZED ATTORNEY.

Name, P. F. Lockwood

P.O., City

Fee, $ —. Agent to pay.

Articles filed, —, 189 .

APPROVALS.

Submitted for rejection, Jany 29 1894. Pauline Harris, Examiner.

Approved for Rejection for injury to back & shoulder in accordance with action of Med. Ref.

Vaughn

Legal Reviewer.

Mar. 12, 1894

Approved for rejection: not ratably disabled under Act of June 27, 1890.

Byrne. Thos. Fountaine Longhlough

Medical Referee.

Mar. 8, 1894.

Val now pensioned under other laws. Last paid to ____, 189 , at $ ____

Pensioned from ____, 18____, at $ ____, for ____

SERVICE SHOWN BY RECORD.

Enlisted Sept 9, 1864 honorably discharged Feb 10, 1866

Re-enlisted —, 18____, — honorably discharged —, 18____

Declaration filed April 14, 1891, alleges permanent disability, not due to vicious habits, from injury to back and shoulder

signs by mark no Wit. G.

Index Sheet, Claim No. 926.783.

Thomas Mansfield.

Service, Co. "G" 115th U.S.C. Vol. Infantry.

6—113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1.	Claimant	Apl 14/91.	Declaration.
2.	"	Feby 5/96.	"
3.	"	Sept. 21/96	"
4	"	Nov. 13/97.	" Increase.
5.	Of. Bd. Exmg. Surgeons. Glasgow. Ky.	Sept 2/91.	
6.	Of. Bd. Exmg. Surgeons' Munfordville. Ky.	May 13/96.	
7.	Of. Bd. Exmg. Surgeons Munfordville. Ky.	Nov. 2/98.	
8	same.		

Act of June 27, 1890.

AA Declaration for Invalid Pension. AA

STATE OF Kentucky COUNTY OF Boone SS:

On this 11th day of April A. D 189Ø, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Thos. Mansfield aged 62 years, who, being duly sworn, according

The claimant's name here.

to law, declares that he is the identical Thos. Mansfield ENROLLED on the 9th day of Sept 186[illegible], in Co. G of the 11th Regt. of Col. Cav Vols., in the war of the rebellion, and ~~served~~ at least ninety days, and was honorably DISCHARGED at Indianola Tex on the 10 day of Febry, 186 6; that he is unable to earn a support by reason of injury in back and

Here fully describe your injury, or if disabled by disease, state its character as well as you can.

shoulders.

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

Here state the number of your application for a pension, if you ever made one; or if you are now drawing a pension give the number of your certificate.

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.

That he appoints P. J. Lockwood of Washington, D. C., his true and lawful attorney to prosecute his claim; that his Postoffice is Carr City County of Barren. State of Ky.

☞ Claimant sign here. his Thos + Mansfield mark

Also personally appeared T J Stephens, residing at Mammoth Cove Ky and J H Page, residing at Cave City 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 Thos. Mansfield, 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 14 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.

T J Stephens

J H Page

Signatures of witnesses.

Sworn to and subscribed before me this 11th day of April, A. D. 1890 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 and that I have no interest, direct or indirect, in the prosecution of this claim

[L. S.]

E Dicky P.J.C.C.

Signature.

Police Judge Cave City Ky

Official character.

1

Certificate of official character on file d-warning

IF SUCCESSFUL, ONLY TO BE TEN DOLLARS, PAYABLE FEE TO BE TEN DOLLARS, PAYABLE ANY JUSTICE OR NOTARY PUBLIC BEFORE WHOM THIS EXECUTED

623044 F.

AA AA

APPLICATION,

ACT OF JUNE 27, 1890.

Thos. Mansfield *Claimant.*

Co. G. — 115th *Regiment of*

N. H. Col. Inf. *Vulunteers.*

No.

FILED BY

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

Under this Act it is required that there be a permanent disability not due to vicious habits (it need not have originated in the service) and 90, days at least of service must have been performed. The rate is from $6 to $12 per month proportioned to the degree of disability.

☞ *You can apply under this act and it will not effect any claim now on file or that you may hereafter file under any other law. If you can show a disability that you contracted in the service, which under any law would entitle you to more than $12. per month, you will receive it just the same as if you had not applied under this act. Therefore it is to your interest to apply hereunder if your rate is less than $12. and you have any permanent disability that you may not be able to PROVE is due to the service.*

PENSION OFFICE APR 14 1891

Act of June 27, 1890.

AA

Declaration for Invalid Pension.

AA

STATE OF Kentucky COUNTY OF Hart SS:

On this 27 day of January A. D 1896 personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Thomas Mansfield aged 67 years, who, being duly sworn, according

The claimant's name here.

to law, declares that he is the identical Thomas Mansfield ENROLLED on the 9 day of Sept 1864, in Co. G of the 115 Regt. of U.S. Colored Vols., in the war of the rebellion, and served at least ninety days, and was honorably DISCHARGED at Indianapolis Ind on the 10 day of Feb, 1866, that he is unable to earn a support by reason of injury to back & shoulder, rheumatism

Here fully describe your injury, or if disabled by disease, state its character as well as you can.

That said disabilities are not due to his vicious habits, and are, to the best of his knowledge and belief, permanent. That he has heretofore applied ~~app.~~ #1.020.901

Here state the number of your application for a pension, if you ever made one; or if you are now drawing a pension give the number of your certificate.

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.

That he appoints ~~P. J. Lockwood~~ of Washington, D. C., his true and lawful attorney to prosecute his claim; that his Postoffice is Shanty County of Hart State of Ky.

☞ Claimant sign here. his Thomas × Mansfield mark

Also personally appeared J. B. Duke, residing at Shanty and John Sell, residing at Memmath Cross, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Thomas Mansfield, 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 6 years and 10 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. B. Duke

John Sell

Signatures of witnesses.

Sworn to and subscribed before me this 27 day of January, A. D. 1890 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 and that I have no interest, direct or indirect, in the prosecution of this claim

[L. S.]

2

J. L. Richardson clerk by C C

by J. N. Mellon Deputy Clerk

Signature.

Official character.

IF SUCCESSFUL, COUNTY PAYABLE QUARTERS, TEN DOLLARS TO BE

ANY JUSTICE OF THE PEACE OUTSIDE

S. Cong.

A A

APPLICATION,

ACT OF JUNE 27, 1890.

A A

Under this Act it is required that there be a permanent disability not due to vicious habits (it need not have originated in the service) and 90, days at least of service must have been performed. The rate is from $6 to $12 per month proportioned to the degree of disability.

☞ *You can apply under this act and it will not effect any claim now on file or that you may hereafter file under any other law. If you can show a disability that you contracted in the service, which under any law would entitle you to more than $ 12. per month, you will receive it just the same as if you had not applied under this act. Therefore it is to your interest to apply here-under if your rate is less than $12. and you have any permament disability that you may not be able to PROVE is due to the service.*

PENSION OFFICE. U.S. FEB 6 1896

LAW DIVISION. FEB 6 1896 P. M. RECEIVED.

RECORD DIV. FEB 8 1896 RECEIVED.

Act of June 27, 1890.

AA Declaration for Invalid Pension. AA

STATE OF Kentucky COUNTY OF Hart SS:

On this 10 day of Sept A. D 189 6 personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Thomas Mansfield aged 61 years, who, being duly sworn, according

The claimant's name here.

to law, declares that he is the identical Thomas Mansfield ENROLLED on the 1 day of Sept 1864 in Co. G of the 113 Regt. of U S C Inf Vols., in the war of the rebellion, and served at least ninety days, and was honorably DISCHARGED at Louisville Ky on the 13 day of Feb, 1865; that he is unable to earn a support by reason of disease of heart

Here fully describe your injury, or if disabled by disease, state its character as well as you can.

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

Here state the number of your application for a pension, if you ever made one; or if you are now drawing a pension give the number of your certificate.

N 1020901

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.

That he appoints P. J. Lockwood of Washington, D. C., his true and lawful attorney to prosecute his claim; that his Postoffice is Shanty County of Clark State of Ky.

Atty G. W. Martin

his
Thomas X Mansfield
mark

Claimant sign here.

Also personally appeared G W Martin, residing at Shanty and J. C. Smith, residing at Shanty, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Thomas Mansfield, 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 26 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.

G W Martin

J C Smith

Signatures of witnesses.

Sworn to and subscribed before me this 10 day of Sept, A. D. 189 6 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 and that I have no interest, direct or indirect, in the prosecution of this claim

[L. S.]

J L Richardson clerk H C C

Signature.

by J W Mellowar D C

Official character.

3,

ATTY FILED.

ONLY IF SUCCESSFUL. FEE TO BE TEN DOLLARS, PAYABLE OR NOTARY PUBLIC BEFORE THIS EXECUTED ANY JUSTICE

Orig

AA D AA

APPLICATION, 940

ACT OF JUNE 27, 1890.

Dr Orig. 1,020,901

Thos. Mansfield Claimant.

Co. E 11th Regiment of

10th S.C. Inf Vulunteers.

No. 1020901

RECORD DIV.
OCT 9 1896
RECEIVED.

PENSION
U. S.
SEP 21 1896
OFFICE.

LAW DIVISION,
SEP 23 1896 P.
RECEIVED.

FILED BY

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

Under this Act it is required that there be a permanent disability not due to vicious habits (it need not have originated in the service) and 90, days at least of service must have been performed. The rate is from $6 to $12 per month proportioned to the degree of disability.

New Law,

Declaration for Increase Pension, Act of June 27, 1890.

STATE OF Kentucky COUNTY OF Hart SS:

On this 4 day of November A. D. 1897, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County, and State aforesaid

Thomas Mansfield aged 70 years, who, being duly sworn, according
The claimant's name here

to law, declares that he is a pensioner of the United States enrolled at the rate of 8 dollars, per month (Act of ~~1862.~~ 1890) under Pension Certificate No. 926783 by reason of a disability from

Partial inability to earn a support by manual labor
Here state your disability as it is in your pension certificate.

That he was a Private in Co. G of the 116 Regt. of U.S.C. Inf Vols. That he enlisted about the 2 day of September 1864, and was honorably discharged about the 13 day of February, 1866, and has not been in the service of the U. S. otherwise than above stated except

Here describe any and all other service, if any was rendered.

That he believes himself to be entitled to an increase of pension on account of disability for which he is not pensioned and which is of a permanent character not due to vicious habits and described as follows;

Injury to back and shoulder rheumatism & heart disease
Here state all additional disability of every character whether due to the service or any other cause whatever, no matter whether you have an application now pending on its account or not.

Also claims pension from date of filing 1st application under act of 1890.

that he served ninety days in the war of the rebellion and makes this declaration for the purpose of being increased and fully rated 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 pay him a fee of ~~ten~~ two dollars therefor if succesful, that his Postoffice address is

Shanty, County of Hart, State of Ky.
c/o W. A. Adair

ATT'Y FILED.

☞ Claimant sign here. his Thomas * Mansfield mark.

Also personally appeared G W Hendrick, residing at Shanty Ky. and B L Kidd residing at Shanty 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 Thomas Mansfield, the claimant, sign his name or make his mark to the foregoing declaration; that they have every reason to beleive 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.

B L Kidd
G W Hendrick
Signatures of witnesses.

Sworn to and subscribed before me on the 4 day of November 1897 and I hereby certify that the contents of this affidavit were fully made known to the applicant and witnesses before signing and I have no interest in this claim or its prosecution.

4.

L. S.

PENSION B NOV 13 1897 U S OFFICE.

J L Richardson Clk
Official Signature.
by J W Mellown Dc

Orig

AA AA

APPLICATION,

ACT OF JUNE 27, 1890.

Thos. Mansfield *Claimant.*

Co. G 11th *Regiment of*

U.S.C. Inf *Volunteers.*

No. 926783 O.J.

FILED BY

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

67th.

Under this Act it is required that there be a permanent disability not due to vicious habits (it need not have originated in the service) and 90 days at least of service must have been performed. The rate is from $6 to $12 per month proportioned to the degree of disability.

(3—146.) Certf. No. 926,783.

INVALID PENSION.

REISSUE TO ALLOW UNDER "GENERAL LAW."

Pensioner, Thomas Mansfield.

(v) P. O., ~~Shanty~~ Northtown

County, Hart

State, Kentucky.

Rank, Private.

Company, "G"

Regiment, 115th U.S.C. Vol. Infantry.

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

Pensioned for ..... REJECTED July 6/1900.

RECOGNIZED ATTORNEY.

Name, P. J. Lockwood.

P. O., Washington, D.C.

Fee, $ 25—; Agent to pay.

Articles filed March 7, 1892

APPROVALS.

Approved for .....

Submitted for Special Examination December 19 through Board of Review, 1899; Samuel Pollock, Examiner.

Approved for rejection of injury to back & shoulders also alleged as rheumatism on the ground of no record & no Med. testimony of treatment in service or since and Claimants inability to furnish the necessary competent proof to establish his claim as of service origin in line of duty. See slips attached.

Approved for .....

F. W. Vaughn, Legal Reviewer.

Jany. 25 1900 H. E. Ames, Re-Reviewer.

....., Med. Ex'r, ..., Med. Reviewer.

....., 18 , ..., Med. Referee.

January 30, 1900.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted September 9th, 1864

Discharged February 10th, 1866.

Last paid to ....., $ 8.

Pensioned from February 5th, 1896 at $ 8., under the Act of June 27, 1890,

for rheumatism and disease of heart.

In declaration filed ....., 18 , under Act of June 27, 1890, alleged

Declaration filed ....., 18 ; alleged .....

PRESENT CLAIM.

Declaration filed January 16th, 1897, under general law alleges that at Indianola Texas, about January 1. 1866. he received injury to back and shoulders. affidavit filed September 21. 1895. alleges same and claims rheumatism on back and shoulders. — Filed May 24. 1894 alleges his claim is for rheumatism & not injury to back & shoulders. Claimant does not write.

No. M. C.

HISTORY OF CLAIM.

Pensioner, Thomas Mansfield, Certificate No. 926,783.

1st service, Co. "G" 115th U.S.C. Vol. Inf., enlisted, Sept. 9th, 1864; discharged, Feby 10, 1866.

2nd service, ; enlisted, , 18; discharged , 18

Pensioned from Feby 5, 1896, at $ 8. per month for rheumatism and disease of heart. under Act of June 27, 1890.

Original declaration, Act of June 27, , 1890, filed April 14 1891.

alleged injury to back and shoulder - Rejected Mch 12. 1894.

Declaration filed Feby 5/96. alleged injury to back and shoulder and rheumatism - Declaration filed Sept 21. 1896. alleged disease of heart - Allowed as in Declaration filed Nov. 13. 1897. alleged increase & claimed rerating. Rejected November 27. 1899.

N. La.

for Special Examination.

Southern Div.
Inv. Cert. No. 926.785.
Thomas Mansfield
Co. "G", 115th Reg't U.S.C. Vol. Infy
P. O. Shanty Hart Co., Ky.
Enlisted Sept. 9th, 1864
Discharged Febry 10th, 1866.
Disability incurred Janry, 1866

3—514.

L. P. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., December 7th, 1899.

Chief, Army and Navy Survivors' Division:

Please furnish the names and post-office addresses of officers and comrades of Co. "G", 115th Reg't U.S.C. Vol. Infy

F. W. Allen

Chief, Southern Div.

NAME.	RANK.	PRESENT POST-OFFICE ADDRESS.	WITNESS ACCOUNTED FOR BY—
George Beauchamp	Corp.	Centralia, Marion Co, Ills.	
Morlon Carlee	Private	2026 East Main St, Richmond,	Va.
George Dickey	"	3748 Cottage Grove Ave, Chicago,	Ills.
Judson Harding	"	Centralia, Marion Co, Ills.	
Oliver Jones	"	Nuttallburg, Fayette Co, W. Va.	
James Martin	Corp.	502 Jacob Ave, Louisville,	Ky.
Isaiah Mitchell	"	9 D Street, S.E., Washington,	D.C.
Anthony Moseley	Private	Olmstead, Logan Co,	Ky.
Nelson Moore	"	Franklin, Simpson Co,	Ky.
William Porter	"	Rockport, Ohio Co,	Ky.
Jeremiah T. Sebring	2" Lieut.	Mayday, Riley Co,	Kansas.
Robert Gilbert	Sergt.	Harrodsville, Butler Co,	Ky.

Respectfully returned to Chief, Southern Division, with the desired information as far as known.

DEC 13 1899

E. O. Allen

Chief, Army and Navy Survivors' Division.

....., 189....

o-2

Army and Navy Survivors' Division.

LIST OF

OFFICERS AND COMRADES.

Co. G, 115 Reg't U. S. C. T.

FOR USE IN CLAIM

Ctf. No. 926783

SOUTH DIV.
DEC 18 1899
RECEIVED.

U. S.
Army & Navy Survivors'
DEC 8 1899
DIVISION.

Index Sheet, Claim No. 926783.

Thomas Mansfield

Service, Co. "G" 115th U.S.C. Vol. Infty.

6—113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
a	Fee Agreements.		
1.	Claimant	Janry 16/92.	Declaration.
1½.	"	Feby 17/94.	Statement
2.	"	Oct 17/96	"
3.	"	Dec 18/91.	"
4.	"	Feby 25/92.	" Hospital
5.	"	May 26/94.	" mutuality
6.	"	Sept. 21/95.	"
7.	"	Sept. 23/93.	"
8.	A.G. Report - canary.)	Augt 5/91.	Med. history
9.	" " "	April 11/92	" "
10.	" " "	Janry 27/94	" "
11.	Robert Ritter. Coon City. Barren Co. Ky.	Mch 26/92	Origin
		Feby 1/97.	Deposing Ritter.
12.	A.G. Rept.		
13.	R. Ritter.	May 12/94.	Origin
14.	James Berry. Coon City Barren Co. Ky.	Apl 9/92.	Origin
15.	same.	May 12/94.	Origin
16.	A.G. Report.	Feby 2/97.	Deposing James Berry.
17.	Jacob Rowletts. Rowletts. Hart Co. Ky.	June 16/94.	Continuance.
18.	W. H. Briggs. Jennie. Barren Co. Ky.	June 16/94.	Continuance.
19.	T. L. Cooper. Shanty. Hart Co. Ky.	June 16/94.	Continuance.

[This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the act of Congress approved July 4, 1884.]

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

Articles of Agreement.

Whereas, I, Thomas Mansfield

late a C in Co. of the 115" Regiment of Col. Cav, Vols.,

War of 1861, having made application for pension under the laws of the United States;

NOW THIS AGREEMENT WITNESSETH, That for and in consideration of services done and to be done in the premises, I hereby agree to allow my Agent, P. J. LOCKWOOD, of WASHINGTON, D. C., the fee of twenty-five dollars, which shall include all amounts to be paid for any service in furtherance of said claim; and said fee shall not be demanded by or payable to my said Agent in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions, and that the same shall be paid to him in accordance with the provisions of Sections 4768 and 4769 R. S.

W. D. Smith

Jeff H. Paynter

Two witnesses sign here.

his
Thomas × Mansfield
mark

Claimant's signature

Cave City, Ky.

and his Post-office address here.

State of Kentucky, *County of* Barren, *ss:*

BE IT KNOWN, That on this, the 24 day of July, A. D. 1892 personally appeared Thos. Mansfield, the above named, who after having had read over in the hearing and presence of the two attesting witnesses the contents of the foregoing Articles of Agreement, voluntarily signed and acknowledged the same to be his free act and deed.

{ L. S. }

W. E. Harris D.C.

N. P. B. Co.

Official signature.

ATTORNEY'S ACCEPTANCE.

THE PORTION OF THIS BLANK BELOW SHOULD BE LEFT FOR THE ATTORNEY'S USE.

And now, to wit, this 5th day of March A. D. 1892 I accept the provisions contained in the foregoing Articles of Agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises. I hereby certify I have received from the claimant above named the sum of ——— dollars and no more; ——— dollars being for fee, and the sum of 50 ¢ ~~dollars~~ being for postage and other expenses; and that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agent making no charge therefor.

Witness my hand the year and day above written.

P. J. Lockwood

Agent.

DISTRICT OF COLUMBIA, CITY OF WASHINGTON, *ss:*

Personally came P. J. LOCKWOOD, whom I know to be the person he represents himself to be, and who, having signed the above acceptance of agreement, acknowledged the same to be his free act and deed.

{ L. S }

J. Rathbone

Notary Public.

Approved for ——— dollars and payable to P. J. LOCKWOOD, of WASHINGTON, D. C., the recognized attorney.

———

Commissioner of Pensions.

FEE AGREEMENTS.

INVALID CLAIM FOR PENSION.

.....Applicant.

.....Regiment of

.....Volunteers.

Co.....

.....

No.....

FILED BY

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

NOTICE TO CLAIMANT.

THIS CONTRACT IS PERMISSIBLE UNDER THE LAW, BUT NOT COMPULSORY.

READ THE FOLLOWING COPY OF THE STATUTE.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, * *

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent, or attorney, or other person, shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty-land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10 or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

SEC. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement, without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty-land, and no agreement is filed with the Commissioner as herein provided, the fee shall be $10, and no more.* And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner, showing that the disability or cause of death on account of which the pension was allowed did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them, *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty-land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed: *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed, it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent, or attorney, or other person instrumental in prosecuting any claim for pension or bounty-land, who shall directly or indirectly contract for, demand, or receive, or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty-land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisonment at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

CT MAR 7 1884 BOSTON

[This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the act of Congress approved July 4, 1884.]

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

Articles of Agreement.

Whereas, I, Thos. Mansfield

late a ..... in Co. G of the 115" Regiment of Ky. Vols.,

War of 1861, having made application for pension under the laws of the United States;

Now This Agreement Witnesseth, That for and in consideration of services done and to be done in the premises, I hereby agree to allow my Agent, P. J. LOCKWOOD, of Washington, D. C., the fee of twenty-five dollars, which shall include all amounts to be paid for any service in furtherance of said claim; and said fee shall not be demanded by or payable to my said Agent in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions, and that the same shall be paid to him in accordance with the provisions of Sections 4768 and 4769 R. S.

W D Smith

Jas H Porter

Two witnesses sign here.

Thomas his + Mansfield

Claimant's signature

Dave City Ky.

and his Post-office address here.

State of Kentucky, *County of* Barren, *ss:*

Be it Known, That on this, the 26 day of Feby, A. D. 1892 personally appeared Thos Mansfield, the above named, who after having had read over in the hearing and presence of the two attesting witnesses the contents of the foregoing Articles of Agreement, voluntarily signed and acknowledged the same to be his free act and deed.

{ L. S. }

W Elbarnett

N. P. B. Co.

Official signature.

ATTORNEY'S ACCEPTANCE.

THE PORTION OF THIS BLANK BELOW SHOULD BE LEFT FOR THE ATTORNEY'S USE.

And now, to wit, this 5th day of March A. D. 1892 I accept the provisions contained in the foregoing Articles of Agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises. I hereby certify I have received from the claimant above named the sum of ..... dollars and no more; ..... dollars being for fee, and the sum of 50 ¢ ~~dollars~~ being for postage and other expenses; and that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agent making no charge therefor.

Witness my hand the year and day above written.

P J Lockwood

Agent.

District of Columbia, City of Washington, *ss:*

Personally came P. J. Lockwood, whom I know to be the person he represents himself to be, and who, having signed the above acceptance of agreement, acknowledged ~~the same~~ to be his ~~free~~ act and deed.

{ L. S }

J C Kalbfus

Notary Public.

Approved for ..... dollars and payable to P. J. Lockwood, of Washington, D. C., the recognized attorney.

Commissioner of Pensions.

Orig

FEE AGREEMENTS.

INVALID CLAIM FOR PENSION.

J. O'Mansfield Applicant.

Co. G 117 Regiment of

Pa. Vol. Infy Volunteers.

No. 1 1 2 3 4 5

FILED BY

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

PENSION OFFICE
MAR 7 1892

NOTICE TO CLAIMANT.

THIS CONTRACT IS PERMISSIBLE UNDER THE LAW, BUT NOT COMPULSORY.

READ THE FOLLOWING COPY OF THE STATUTE.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, * *

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent, or attorney, or other person, shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty-land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10 or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

SEC. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement, without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty-land, and no agreement is filed with the Commissioner as herein provided, the fee shall be $10, and no more.* And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner, showing that the disability or cause of death on account of which the pension was allowed did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them. *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty-land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed: *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed, it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent, or attorney, or other person instrumental in prosecuting any claim for pension or bounty-land, who shall directly or indirectly contract for, demand, or receive, or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty-land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisonment at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

A Declaration for Original Invalid Pension. A

STATE OF Kentucky COUNTY OF Barren SS:

On this 6 day of Jany A. D 1892 personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Thos. Mansfield aged 60 years, who, being duly sworn, according

The claimant's name here.

to law, declares that he is the identical Thos Mansfield ENROLLED on the 9 day of Sept 1864 in Co G of the 11th Regt. of Ky Vols. and honorably DISCHARGED at Indianola Tex on the 13 day of July 1866; that his personal description is as follows: Age 60 years; height 5 feet 6 inches; complexion Black; hair Black; eyes Black. That while a member of the organization aforesaid, in the service and line af his duty a or near Indiana in the State of Tex on or about the 1st day of Jan. 1866, he incurred injury to back and shoulder.

Here fully describe the wound or injury or if disabled by disease, state its character and the cause which produced it as well as you can.

That he was treated in hospitals as follows :

If you had any treatment while in the service state when, where and by whom, if known.

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

Here state all other service, if any, that you have rendered the United States.

That since leaving the service this applicant has resided at Hart County of Kentucky State of Ky, and his occupation has been that of a Farmer That prior to his entry into said service he was a man of sound, physical health, being when enrolled a Stout Man That he is now disabled for manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this application for the purpose of being placed upon the pension rolls of the United States.

That he has ~~received~~ applied for a Pension. under Act of June 27/90
That he appoints P. J. Lockwood of Washington, D. C., his true and lawful attorney to prosecute his claim; that his Postoffice is Card City County of Barren State of Ky.

ATTEST.

Louis Bynum

S B Stephenson

☞ Claimant sign here. Thomas his x Mansfield Mark

Also personally appeared Louis Poynter residing at Coeur City Id
and A B Stephens residing at Coeur City Id whom
I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and
saw Thos Mansfield, the claimant, ~~sign his name~~ (or make his mark) to
Claimant's name here.
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.

Louis Poynter
Witness sign here.

A B Stephens
Two witnesses sign here.

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

W E Garnett.
Signature.

N P B C Mg
Official Character.

L. S.

A

Oct 7.

DISABILITY,

ORIGINAL CLAIM.

Thos Mansfield *Applicant,*

Co. I 113 *Regiment of*

U S Vol Inf *Volunteers.*

No. 1,020,901

FILED BY

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

PENSION OFFICE D JAN 16 1892

Historical Statement.

I have lived in the following named places since my discharge: I lived at in Hart Co
State each place you have lived since your discharge,
State of Ky *from my discharge to* the present *about the* 9 *day of* Feb, *18*94, *and then*
giving the dates of changes as near as possible.
at ..... *State of* ....., *to about the* ..... *day of* .....
18....., *and then at* ....., *State of* ....., *to about the* .....
day of ....., *18*....., *and my occupation has been that of* Farmer
State your occupation.

I incurred wasury in back and shoulder about Jan 1/66
State the disability for which you claim a pension.
at Indianola Tex
for which I claim a pension as follows: by exposure in Service about Jan 1/66
State how the above disability came upon you and about when, as near as you can
at Inginnolia Tex a short time
and where you was or about where you was when it came upon you.
before I was mustered out of Service
These disability started me

and for which I have had the following treatment: I had no Doctors
State the name of each Physician from whom you have had treat-
but have tried to Doctar my self as
ment for your cause for which you claim a pension and where said Doctor then lived.
best I could

and of the above named Physicians the following are now dead: .....
State which if any of the Doctors are dead.

I have been afflicted about as follows since my discharge: all at once in my
Describe the manner of your affliction, whether you
Shalders & Back & some times confine in the
have been afflicted so as to confine you to your house and bed, or to totally disable you for a time and state when these times were if
House some 3 or 4 days & entirley disable me from labor
they occurred.
for the time being. & at all times
it Henders me from hard labar more or less

Attest
W. A. Adair J. P.
W. S. Tomberlin

1/2

Iris
Tom X Mansfield
mark
Sign your full name here.

☞ This should be filled up carefully so the facts in your case may be fully known. No reference to what can or cannot be proven should be considered, but what the truth actually is should be your sole guide. Observe the instructions herein—fill up carefully and sign and return to me.

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

☞ This statement is not to be sworn to.

Orig.

HISTORY OF CLAIM.

T. Mansfield *Applicant,*

Co. G 13th *Regiment of*

Ky Inf *Volunteers.*

No. 320.701

Claimants present P. O. address is Shanty Hart Co Ky.

RECEIVED U. S. PENSION OFFICE. FEB 17 1894

FILED BY

P. J. LOCKWOOD. WASHINGTON. D C

Claimant's Affidavit.

STATE OF _____ COUNTY OF _____ SS:-

In claim No 1020901 of Thos. Mansfield of Co. G of the 13 Regt. of N.S.C. Inf. Vols. personally appeared before the undersigned authority, duly authorized to administsr oaths within and for said County, the above named claimant, who being duly sworn, states that he ~~contracted~~ never filed prior Claim To A/G 14 – 1891 and That he never Served in the military or naval Service of the U.S prior To Sept 9 – 1864

~~for which he makes claim for pension, incurred in the line of duty, while a member of said Co. and Regt.~~

John Mellon
Hallie Mellon
If affiant signs by mark two witnesses sign here.

Thomas his X Mansfield mark
Affiant's Signature.

Sworn to and subscribed before me on the 3 *day of* Oct *189*6. *and I hereby certify that the contents of this affidavit was fully made known to the witness before signing and I have no interest in this claim or its prosecution.*

L. S.

J L Richardson Clerk HCC
Official Signature.

by J M Mellon DC

2

No prior service nor prior claim.

Orig D

Claimant's Affidavit.

Thos. Mansfield *Applicant*

Co. G *113* *Regiment of*

U.S.C. Inf *Volunteers*

No. ap 702961

PENSION OFFICE.
OCT 17 1896
U. S.

FILED BY

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

Claimant's Affidavit.

STATE OF Kentucky COUNTY OF Barren SS;

In claim No. 1020901 of Thos. Mansfield of Co. G of the 116

Regt. of Ky Vols. personally appeared before the undersigned authority, duly authorized to administer oaths within and for said County, the above named claimant, who, being duly sworn, states that he contracted Injury to back about the 1st day of Jany 1866 at or near Indiola State of Texas

Injury to shoulder, about the 1 day of Jany 1866 at or near Indiola State of Texas

under the following circumstances,— was in camp and took cold; was the cause I think

as that he has not been in the military or naval service of the U. S. since February 10 - 1866

for which he makes claim for pension while a member of said Co. and Regt. in the line of his duty.

Louis Poynter

J S Vaughn

If affiant signs by mark two witnesses sign here.

Thos his x Mansfield
mark

Affiants Signature.

SWORN to and subscribed before me on the 14 day of December 1891, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

W Eltarnell

Official Signature.

N. P. B. C

No subsequent service.

no seal

3

Orig

Claimant's Affidavit.

Thos. Mansfield *Applicant*

Co. G *115 Regiment of,*

Col. Inf. *Volunteers.*

No. 1020901

FILED BY

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

Hospital Statement.

I hereby state that I had the following treatment for injury to back and shoulder

the disability for which I claim a pension while I was in the U. S. service *to wit;* Nothing during my term of enlistment

Thos his + mark Mansfield
Claimant.

P. O. Cave City, State of Ky.

4 State fully all treatment had for your disability, for which you now ask a pension; name all hospitals, if you know the names, if not, describe those in which you were treated, if any such there be. Also state all other treatment or nursing of every kind that you receivedwhether from a Surgeon, or other persons, or yourself, before your discharge.

Orig.

Hospital Statement.

Thos. Mansfield Applicant.

Co. G. 115 Regiment of

Col. Inf. Volunteers.

No. 1020901

FILED BY

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

BOARD OF REVIEW [redacted]

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., July 19 1900

No. Claim,

Cert. No. 226,783

Claimant, Thomas Monafield

Soldier, " "

Co. G, 115 *Reg't* U.S.C.V.I.,

Respectfully referred to the Chief of the Special Examination Division for investigation in accordance with slip of Chief of the Southern *Division herewith.*

E. W. Tunison

Reviewer.

C-3

B. L. W.

(3-526.)

"Southern Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C. Decr. 19th, 1899.

No. Claim,

Cert. No. 926.783.

Claimant, Thomas Mansfield.

Soldier, same.

Co. "G", 115th "Reg't U.S.C. Vol. Infty.

Respectfully referred to the Chief of the Board of Review with a view to special examination of the claim under the general law to determine whether the alleged injury to back and stomach and Rheumatism originated in the service, and continued during each year since the soldiers discharge.

The claim is prima facie established, but in view of the absence of any record of treatment in service and the claimants ~~inability~~ to furnish medical evidence covering any portion of the time since his discharge - a special examination

(3[illegible]526.)

Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C......, *189*....

No. Claim,.....

Cert. No......

Claimant,.....

Soldier,.....

Co......, ... *Reg't*.....

~~*Respectfully*~~ is deemed necessary and proper, and is believed to be the only way in which the facts can be definitely ascertained. All other points established. This claim is believed to be meritorious.

J. O. Watson.

Chief of Southern *Division.*

Samuel Pollock, Esq.

0-12

Re-rec'd (3 5th) Rec

Board of Review Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C. Jan. 24, 1900.

No. Claim,

Cert. No. 926,783

Claimant,

Soldier, Thomas Mansfield,

Co. G, 115th Reg't U.S.C. Vol. Inf.

Respectfully returned to

Col. Burlingham, Chf. Rec.

Mr. Vaughn, Rec.

In my judgment, the condition of this claim under general law warrants rejection. There is no record or medical evidence - no claim was made until 1892, & then a disability was alleged which was afterwards repudiated - lapse of back & absentees & claim made for the same time (can)

Chief of Division.

Can't Rec

0-12 rec

claim.

The testimony on all points is very weak; it can hardly be said to constitute a case of merit, prima facie.

The witnesses cannot possibly know much about claimant's disability than he himself, and the papers on file show that he did not at first claim for the same alleged

Special examination is not warranted in this, & other like claims.

Chas. F. Reeves.

Claimant's Affidavit.

STATE OF Kentucky COUNTY OF Hart SS.

In claim No. Ap. 1020901 of Thomas Mansfield of Co. D of the 11 5

Regt. of U.S. Vols., personally appeared before the undersigned authority, duly authorized to administer oaths within and for said County, the above named claimant, who being duly sworn, states that he ~~contracted~~ that he can not obtain the Testimony a Commissioned officer or 1st Sergeant is that he do not no of there where about & as to Surgeon I have last Seen or his where about Even if I new of his Whereabouts I could not use him as he never treated me While in Service for Rheumatism my claim is for Rheumatism and not injury in back & Rite Shoulder

for which he makes claim for pension while a member of said Co. and Regt. in the line of duty.

J. B. Duke

W. S. Emberton

If affiant signs by mark two witnesses sign here

my
Thomas Mansfield
mark. x
Affiants Signature.

SWORN to and subscribed before me on the 19 day of May 1894 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L. S.

W. A. Adair J.P. H.C.
Official Signature.

Justice of the Peace

5

Orig

I. C. 1,020,901

C.C.

Claimant's Affidavit.

Thomas Mansfield Applicant

Co. D. 115 U.S. Regiment of

Colored Inf. Volunteers.

No. Ap I.C 209 01

PENSION
U.S.
MAY
26
1894
OFFICE.

FILED BY

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

Claimant's Affidavit.

STATE OF Kentucky COUNTY OF Hart S. S.

In claim No. 1020901 of Thomas Mansfield of Co. G of the 115

Regt. of U. S. C. I. Vols., personally appeared before the undersigned authority, duly authorized to administer oaths within and for said County, the above named claimant, who being duly sworn, states that he contracted injury to back & shoulder about 15 day of January 1864 at or near Ingenolia Texas under following circumstances from Exposure & Exposure while on duty at the above name place in the months of December & January by Standing Camping out & by Exposure & Contracted Rheumatism in back & Shalders which I have had trubble with ever Since my encampment at Ingenolia Texas.

for which he makes claim for pension while a member of said Co. and Regt. in the line of duty.

J. E. Cumberland

Lohn Sanders

If affiant signs by mark two witnesses sign here

his
Thomas * Mansfield
mark

Affiants Signature.

SWORN to and subscribed before me on the 19 day of Aug 1896. and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L S.

J. L Richardson Clerk

Official Signature.

By W. B. Blair D. C.

6.

Orig.

Claimant's Affidanit.

Thos. Mansfield *Application*

Co. G 115 *Regiment of*

U. S. C. I. *Volunteers*

No. 1026901

PENSION OFFICE. U S SEP 21 1895 E

FILED BY

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

Physician's Affidavit.

STATE OF Kentucky COUNTY OF Barren SS:

In claim No. 1020901 of Thos. Mansfield of Co. G of the 115 Regt. of U.S.C.T. Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Mr. Thos Mansfield aged ..... years, whose P. O. is ....., County of .....

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

That he does not now remember the name of regimental or assistant surgeon of his regiment - nor does he know his residence - and for this reason cannot procure affidavit from them

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

Atts E Dicky

his
Thos + Mansfield
mark
Affiants Signature.

SWORN to and subscribed before me on the 15th *day of* July *1893 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.*

L. S.

E Dicky P.M.
Official Signature.

inability

Orig.

Medical Evidence.

Thos. Mansfield Applicant

Co. G. 115 Regiment of

U. S. C. Inf Volunteers.

Appn

No. 1020901

PENSION OFFICE. U SEP 23 1893

FILED BY

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

AUG 5 1891

435826

Write nothing above this line.

(3–060 a.)

MILITARY SERVICE.

NAME OF SOLDIER: Thomas Mansfield

Southern. Div.

Dn. Ex'r.

No. 1,020,901

Invalid.

Bureau of Pensions,
Aug 1", 1891

SIR:

It is alleged that the above-named man enlisted Sept 9th, 1864, and served as a Pri in Co. "G", 115th Reg't U.S.C. Inf

also as a _____ in Co. _____, _____ Reg't

_____, and was discharged at Indianola Tex on Feby 10th, 1866

Personal Description desired

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,

Jno. B. Raum

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT. 0—4

War Department,

Record and Pension Division,

AUG 5 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that Thomas Mansfield *mentioned in the preceding indorsement, was enrolled* Sept. 9, 1864, *and* M. O. Feb. 10, 1866

Age 34 yrs. Height 5 ft. 6 in.
Complexion Bro
Eyes Bro. Hair Bk
Where Born Ky
Occupation Farmer

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

Maj. Captain and Ass't Surgeon, U. S. Army.

Per mm

PENSION OFFICE AUG 5 1891

61

3958 b—100 m

Inv. No. 1020901

WAR DEPARTMENT,

RECORD AND PENSION DIVISION,

Washington, D. C., ..., 18....

Respectfully returned to the Commissioner of Pensions.

Thomas Mansfield,
Co. G, 115. Reg't U. S. C. Inf.,
was enrolled Sept. 9, 1864
and M. C. with Co., Feb. 10, 1866.

From Sept, , 1865, to M. C., ~~186~~
he held the rank of Pvt,

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

Other Records furnish nothing additional bearing upon this case.

The medical records show him treated as follows:

No record found.

Write nothing to the left of this line.

PENSION OFFICE
APR 11 1892

By authority of the Secretary of War:

Daimwood
May Captain and ~~Ass't~~ Surgeon, U. S. Army.

Per on.

APR 9 1892

18466 b—50 m

Write nothing above this line.

(3—060.)

Lo Div.
G. M. W Ex'r.
No. 1020901
Thomas Mansfield
G 115 w S. C Inf

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Apr. 8, 1892

SIR:

It is alleged that Thomas Mansfield enlisted Sept 9, 1864
and served as a pvt in Co. G., 115 Reg't W. S. C. Inf
also as a ____ in Co. ____, ____ Reg't ____

and was discharged at Indianola, Tex., July 13, 1866

It is also alleged that while on duty at Indianola, Tex.,

on or about Jany 1, 1866, he was disabled by injury to back and shoulder.

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

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

Very respectfully,

Green B Raum

Commissioner.

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

o-2

(3—464.—aa.)

Jo DIVISION. 24

Department of the Interior,

BUREAU OF PENSIONS,

JAN 26 971832 1894

Washington, D. C. January 20, 1894.

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history _____ (Descriptive _____ list.) of the soldier.

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

Orig Enc

Claim No. 1020901

Name Thomas Mansfield

Co. G 115 Regt. USC Inf

Wm Lochren

Commissioner.

12088—100,000. 6-843

No other report on file

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.

Thomas Mansfield

Co G, 115 Reg't US C. I.

was enrolled Sept 9, 1864,

and m o Feb 10, 1866,

From En, 186__, to Mo, 186__,

he held the rank of Pvt,

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

The medical records show him treated as follows

No record found.

PENSION OFFICE, U. S. JAN 27 1894

By authority of the Secretary of War:

J. C. Ainsworth

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

Per m.

Washington, D. C., JAN 26 1894

(COMMISSIONER OF PENSIONS.)

(280)

General Affidavit.

STATE OF Kentucky, COUNTY OF Barren, SS:

In claim No. 1020901 of Thos Mansfield of Co. G of the 115 Regt. of Col. Inf. Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Robert Ritter aged 62 years, whose P. O. is Cave City Ky, County of Barren State of Ky, who being duly sworn, states in relation to said claim as follows to wit:

I was in the Same Regt with Thomas Mansfield, While at Indiola Texas and remember that He was Complaining of the Rheumatism in Back & Shoulders about Jan 1st 1866 He was so Complaining for Several weeks that He Could not walk straight, and was very much Complaining on the route Home.

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

Louis Paynter

John Mellon — If affiant signs by mark two witnesses sign here

Robert his x mark Ritter — Affiants Signature.

SWORN to and subscribed before me on the 11 day of March 1892, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

11,

W E Garnett — Official Signature.

N P B C

Co A 115 USC Inft.

Orig

General Affidavit.

Thos. Mansfield *Applicant*

Co. G. 115 *Regiment of,*

Col. Inf. *Volunteers.*

No 1020901

PENSION OFFICE MAR 26 1892

FILED BY

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

RECORD & PENSION OFFICE
FEB 1 1423093 1897
WAR DEPARTMENT

B. R.

(3—061.) CALL No. 10.

Ex'r.
H. C. H.
Southern Division.

Department of the Interior,

BUREAU OF PENSIONS,

JAN 29 1897

, 189 .

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about January 1, 1866, *of* Robert Ritter Pvt.

of Co. A. 115 U. S. C. Inft.

and the station, at that date, of the Co's

and Regiment,

Claim No. 1,020,901.

Thomas Mansfield.
Pvt. Co. A. 115 U. S. C. Inft.

D. D. Mansfield

Commissioner.

6—222

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, FEB 1 1897 *189* .

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Robert Ritter

PENSION FEB 2 U. S. 1897 OFFICE

mentioned in the preceding indorsement was present during the period named in that indorsement ~~except~~ as follows:

Other records furnish nothing additional as to pres. or abs. during period named.

During the period named the station of the company and regiment was as follows:

Brownsville Texas

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

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

Per m.

(320)

General Affidavit.

STATE OF Ky. COUNTY OF Hart SS.

In claim No. 1020901 of Thos. Mansfield of Co. Ky. of the 115 Regt. of U.S.C.I. Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, R. Ritter aged 63 years, whose P. O. is Cave City, County of Barren State of Ky, who being duly sworn, states in relation to said claim as follows to-wit:

1. State when and where and under what circumstances claimant contracted the afflictions named on the back of this affidavit, and if you do not know that he contracted the same as stated, whether you believe he contracted them as he claims and why you believe so.

I was with Thos. Mansfield the above named Claimant about Jan 1st 1866. when encampt at Ingenia Texas & of my own personally Knowledge know him to at that place for about a Month or longer to have a Severe attack of Rheumatism in Shoulder & Back. very Marley at quite pass. duly

I was was also with him when he first enlisted in the U.S. Service had not heard him Complain of any disease of That Kind until at the above named place and time I have also been with him Since the Service and have heard him Complain of the Same Sense and of Late I know all Reasonble Grounds to Know that the Rheumatism contracted by Exposure in Service

I also State that I dictated this Affidavit to W.A. Adair at James Bingham in Hart Co. & the Said Adair penned the Same & that My Statement was not Given any Memorandum written or Printed and that I was present when this Affidavit was riten by W.A. Adair

2. State, who wrote this affidavit and if written by any one other than yourself, state who and whether you was present at the time and dictated its contents.

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

Henry Gossett

Harrison Bingham

his
R X Ritter
mark

If affiant signs by mark two witnesses sign here.

Affiants Signature.

13.

SWORN to and subscribed before me on the 3. day of May 1894 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L. S.

W. A. Adair J.P.H.C.

Official Signature.

Shanty Ky

Certificate on file Pension office June 1895

filed June 9/1894. to June 1. 1895.

Orig

General Affidavit.

Pvt. Co. G. 113 Regiment of Ind. Vol. Inf.

Name of Applicant Mansfield

No. 10 [illegible] 91

FILED BY

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

Origin of Disability.

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he incurred injury to back and shoulder January 1866 at Indiana, Texas.

And that an order of the Pension Office requires that the witnesses who testify in support of the claimants claim should state in their own hand writing if they can write and from their own memory, what they know and now remember about the facts and circumstances stated above. To entitle their statement to full credit they should state how it is that they know or believe he incurred these disabilities, whether present as a comrade or officer and saw claimant at or about that time, observing his afflictions or saw symptoms of the same and what these symptoms were, The affidavit should state that it was written by affiant himself if such was the fact, or if written by some one else, state whom and whether or not affiant was present and dictated the contents of this affidavit.

PENSION OFFICE U.S. MAY 12 1894

General Affidavit.

STATE OF Kentucky, COUNTY OF Barren, SS.

In claim No. 1020901 of Geo. Mansfield of Co. G of the 115 Regt. of Ky Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, James Berry aged 53 years, whose P. O. is Glasgow City, County of Barren State of Ky, who being duly sworn, states in relation to said claim as follows to wit:

I know that while he was at Indianola Miss about the 1st day of Nov 62 Geo Mansfield was complaining of his shoulder & back very much. and was under the doctors for some time. and he was complaining all the time untill we reached home in March 63 he was able to be about, but was very much complaining all the time

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

Louis Poynter

Charles Poynter

14, If affiant signs by mark two witnesses sign here.

James his + Berry mark

Affiants Signature.

SWORN to and subscribed before me on the 26 day of March 1892, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

W. E. Garnett

Official Signature.

N. P. B. C.

Co G. 115 M.S.C. Inft.

PENSION OFFICE APR 30 1892

PENSIONS OFFICE APR 9 1892

Origt.

General Affidavit.

Thos. Mansfield *Applicant*

Co. A 115 *Regiment of,*

Col. Inf *Volunteers.*

No 1020901

FILED BY

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

PENSIONS OFFICE APR 9 1892

General Affidavit.

STATE OF Kentucky COUNTY OF Hart SS

In claim No. 1020901 of Thomas Mansfield of Co. G of the 115 Regt. of U S C Inf Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, James Berry aged 53 years, whose P. O. is Cave City, County of Barren State of Ky, who being duly sworn, states in relation to said claim as follows to-wit:

1. State when and where and under what circumstances claimant contracted the afflictions named on the back of this affidavit, and if you do not know that he contracted the same as stated, whether you believe he contracted them as he claims and why you believe so.

that he was with Thos Mansfield in 1866. when encamp at Ringgold Ga. & by my own personal knowledge & new him about — Jan 1st 1866. to be very near confined from Service by an attact of Rheumatism in back & Shoulder caused by Exposure in Service and I have been with Him often Since Service & have heard Him complain often of the aildisment of Rheumatism

I further State that I dictated this Affidavit to W. T. Adair at James Bingham's in the aforesaid County & the Same was Written by Said Adair & I was present at the Time

2. State who wrote this affidavit and if written by any one other than yourself, state who and whether you was present at the time and dictated its contents.

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

Henry Gossett

Harrison Bingham

If affiant signs by mark two witnesses sign here.

his
James + Berry
mark

Affiants Signature.

15

SWORN to and subscribed before me on the 3. day of May 1894 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L. S.

W. T. Adair J. P. H. C.
Official Signature

Shanty Ky

filed June 1/91
& June 1-1895

Certificate on file in Washington

Orig.

Affidavit.

General

Thomas Manns Fields Applicant

Co. G 113 Regiment of

Ind'a Vol's Infantry

No. 420901 Volunteers.

PENSION
MAY
U 12 S
1894
OHIO

FILED BY

P. J. LOCKWOOD,

WASHINGTON, D. C.

Origin of Disability.

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he incurred injury to back and shoulders Jan. 1, 1866 while at Indiana, Pen.

And that an order of the Pension Office requires that the witnesses who testify in support of the claimants claim should state in their own hand writing if they can write, and from their own memory, what they know and now remember about the facts and circumstances stated above. To entitle their statement to full credit they should state how it is that they know or believe he incurred these disabilities, whether present as a comrade or officer and saw claimant at or about that time, observing his afflictions or saw symptoms of the same and what these symptoms were. The affidavit should state that it was written by affiant himself, if such was the fact, or if written by some one else, state whom and whether or not affiant was present and dictated the contents of this affidavit.

RECORD & PENSION OFFICE
FEB 1423094 1897
WAR DEPARTMENT

B.R.

(3—061.) CALL No. 10.

Ex. B.R. Bd Rev 1-30-97

Southern Division.

Department of the Interior,

BUREAU OF PENSIONS,

JAN 29 1897, 189 .

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about January 1, 1866, *of* James Berry, Pvt

of Co. C. 115 U. S. C. Inft.

and the station, at that date, of the Co's

and Regiment,

Claim No. 1020,901.

Thomas Mansfield.

Pvt. Co. G. 115 U. S. C. Inft.

D. L. M.

Commissioner.

6—222

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, FEB 1 1897.

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

James Berry Co F

Not found on rolls Co E

mentioned in the preceding indorsement was present during the period named in that indorsement ~~except~~ as follows:

Other records furnishing additional information concerning soldier and

PENSION OFFICE FEB 2 U. S. 1897

During the period named the station of the company and regiment was as follows:

Indianola Texas

BY AUTHORITY OF THE SECRETARY OF WAR:

16

H. C. Ainsworth

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

Per M.

(320)

RECORD & PENSION OFFICE
FEB 1 1423094 1897
WAR DEPARTMENT

B.R.

(3—061.) CALL No. 10.

H. C. Ex. Bd Rec'd 1-30-97
Southern Division.

Department of the Interior,

BUREAU OF PENSIONS,

JAN 29 1897, 189 .

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about January 1, 1866, *of* James Berry Pvt

of Co. C. 115 U. S. C. Inft.

and the station, at that date, of the Co's *and Regiment.*

Claim No. 1,020,901.

Thomas Mansfield.
Pvt. Co. I. 115 U. S. C. Inft.

D. L. M.

Commissioner.

6—222

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, FEB 1 1897.

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

James Berry Co F.
Not found on rolls Co E.

mentioned in the preceding indorsement was present during the period named in that indorsement ~~except as follows~~:

Other records fur-
nishing address
to prove he is living
& entitled to pension.

PENSION OFFICE U. S. FEB 2 1897

During the period named the station of the company and regiment was as follows:

Indianola Texas

BY AUTHORITY OF THE SECRETARY OF WAR:

I. C. Ainsworth

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

Per M.

(320)

Oregon

General Affidavit.

STATE OF ..... COUNTY OF ..... SS:

In claim No. Ap. 1,020,901 of Thomas Mansfield of Co. D of the 115 Regt. of U.S.C. Inf. Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Jacob Rowletts aged 64 years, whose P. O. is Rowletts, County of Hart Co. State of Ky., who being duly sworn, states in relation to said claim as follows to-wit:

I have known Thoms Mansfield Every Since the war & work with him in 1866. just after he Came out of the Servis & have work with him 2 years Since 1866 & believe it was 1874. & 1875. & I have known him to Complain with a hurting in Stauder & Back. & have known him to completly give out at Manul labar & in Conversing with him from the farm. To House & have known him to become so Helpless the he cood not Ride on a horse.

& all this from the effect of the Disease the he Complains of.

and I do not think that he is Able at this time nor has been for Sevn years able to do one half Manuel Labar.

This was dictated by me to W. A. Adair at the Resident of W B Bowman in the (co) of Hart State aforesaid & from the above Statement & do believe the the above Name Claim Jeffers Sally & have Since his discharge This affidavit are by Spoken by me & written by W. A. Adair aforesaid

4. State who wrote this affidavit and if written by any one other than yourself, state who and whether you was present at the time and dictated its contents.

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

Sarah T Bowman

17. Melissa J Godman

If affiant signs by mark two witnesses sign here.

his
Jacob + Rowletts
Mark
Affiants Signature.

SWORN to and subscribed before me on the 4 day of June 1894 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L. S.

W A Adair
Official Signature.

Justice of the Peace.

filed June 1/91, 6
June 1/95 $8, Exs

Orig

General Affidavit.

Thomas Mansfield Applicant.

Co. G 115 Regiment of

US Inf Volunteers.

No. 401090

FILED BY

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

PENSION H JUN 16 1894 U S OFFICE.

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he has suffered from an injury of shoulder & back ever since discharge

And that an order of the Pension Office requires that the witnesses who testify in support of the claimants claim should state in their own hand writing and from their own memory, memoranda or diary or both if they can write, what they know about the facts written above To entitle their statement to full credit they should state how it is that they know he suffered from these disabilities since his discharge, whether they have lived near or worked with the soldier since his discharge and observed his afflictions or saw symptoms of the same and what these symptoms were, describing them as well as possible and stating how much he has been disabled as near as can be estimated. The affidavit should state that it was written by affiant himself, and prompted by these instructions herein contained, or if written by some one else, state whom and whether or not affiant dictated the contents of this affidavit. In your affidavit to guide you I suggest that you state in your own language so as to answer the following, "whether you believe that the claimant had suffered from the disabilities above named, and from discharge to date and if you do so know, do you remember this or are you prompted by the memory of others? Were you guided in this affidavit by any other written or printed statements than these on the back of your affidavit, and if so what were they and are they attached to this affidavit?"

PENSION H JUN 16 1894 U S OFFICE.

Orig

General Affidavit.

STATE OF ..... *COUNTY OF* ..... *S S:*

In claim No. ap. 1070901 of Thomas Mansfield of Co. ..... of

the 118 Regt. of Ky Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, W H Briggs

aged 63 years, whose P. O. is Jennie, County of Barren

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

I have Known Thomas Mansfield for the last 14 years or longer but for the last 14 years the Thomas Mansfield has lived in about one mile of me & has work for me & Cultivated land on my farm nearly every year above mention & I have Known him to Complain with Sholders arms & back. along the above mention time & have Known him to often give out at farm and other Labor while working for me Some times be intirley disable for from one to four (4) weeks at a time that he was not able to do any thing atall I have seen his arms & Hands Swolen even ~~Stiff~~ Stretch ~~Stiff~~ Simptoms I have Known him to Suffer Gratly from the above Truble and he has often tole me that he contracted this Truble while in the late Surviel of the U. S. by Laten Cold while lying on the Damp ground & other Exposures while in Duty. And I do not think that he is at present able to do one ½ half Labor from the disease the above Statement was orly Dictated by me. & writen by W. a. adair at Shanty (Ky) on the 6th day of June 1894. and I was not aded by any Printed or writen Statement except the one on the back of the affidavit & I also believe that the Said Mansfield has Suffered from Sholders back ever Sence the date of his discharge from to Simptoms & other grounds

4.

State who wrote this affidavit and if written by any one other than yourself, state who and whether you was present at the time and dictated its contents.

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

Jas Reynolds

J B Duke

If affiant signs by mark two witnesses sign here.

W. H. Briggs

Affiants Signature.

18,

SWORN to and subscribed before me on the 6 *day of* June *189*4 *and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.*

L. S.

W A Adair N.P.K.C.

Official Signature.

Justice of the Peace

filed June 1/91. E
June 1-'95 R Elmore

Affidavit.

General

Thomas Mansfield Applicant.

Co. Y 1st Regiment of Md Vol Inf Volunteers.

No. 46,120,901

FILED BY

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

PENSION OFFICE. U.S. JUN 16 1894

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he has suffered from an injury of back and shoulder ever since discharge

And that an order of the Pension Office requires that the witnesses who testify in support of the claimants claim should state in their own hand writing and from their own memory, memoranda or diary or both if they can write, what they know about the facts written above To entitle their statement to full credit they should state how it is that they know he suffered from these disabilities since his discharge, whether they have lived near or worked with the soldier since his discharge and observed his afflictions or saw symptoms of the same and what these symptoms were, describing them as well as possible and stating how much he has been disabled as near as can be estimated. The affidavit should state that it was written by affiant himself, and prompted by these instructions herein contained, or if written by some one else, state whom and whether or not affiant dictated the contents of this affidavit. In your affidavit to guide you I suggest that you state in your own language so as to answer the following, "whether you believe that the claimant had suffered from the disabilities above named, and from discharge to date and if you do so know, do you remember this or are you prompted by the memory of others? Were you guided in this affidavit by any other written or printed statements than these on the back of your affidavit, and if so what were they and are they attached to this affidavit?"

Orig

General Affidavit.

STATE OF Kentucky COUNTY OF Hart SS:

In claim No. Ap 1030901 of Thomas Mansfield of Co. Hart of the 115 Regt. of Ky Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, J. L. Cooper aged 59 years, whose P. O. is Dhanty, County of Hart State of Ky., who being duly sworn, states in relation to said claim as follows to-wit:

I have Knowen Thomas Mansfield for (18) years. I have lived within ¼ of a mile of him (17) years. I'm about One mile the other year of the (18) I have been with him a great pration of the Time I have Worked with him & have had him to work for me after and I have Seen him give out So that he Coad not labor for me a Drubble in his Shalders & Back & Harms Which Drubble he Said that he contracted when he was in the Durnis of the Late War.

I have Knowen him when he wood be taken with these Spells with Back & Shalders & Times to be down for Dame 2 or 3 weeks at a Time that he Coad do nathen & he is now failing more or faster then when I first Saw him with the Dame Drubble & he is not able to do a Manuals labor. & from his own Statemnt & Simtoms & others Grounds I believe that he has Suffered from this Drubble from the date of his discharce Cant of Cerse I have no others Grounds to believe this & from these I have Stated the above affidavit has ben dictated by me & written by W. A. Adair at the Same Time & I have not been aided by any printed or Written Statement nor by the dictations of others the Same Commited to Writens by W. A. Adair at Dhanty (Ky) in my presents on ths 7th day of June 1894.

4. State who wrote this affidavit and if written by any one other than yourself, state who and whether you was present at the time and dictated its contents.

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

19. James Reynolds
his
J. L. Cooper
Mark
Affiants Signature.

If affiant signs by mark two witnesses sign here.

SWORN to and subscribed before me on the 7 day of June 1894 and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution.

L. S.

W. A. Adair
Official Signature.

Justice of the Peace.

Filed June 1-91 to June 1-1895, S.O.

Orig

General Affidavit.

Wyatt Mansfield ..... Applicant.

Co. I 1st ..... Regiment of

Kansas Inf ..... Volunteers.

No. 961,090 ...

PENSION OFFICE
JUN 16 1894
U. S.

FILED BY

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

TO THE WITNESS WHO EXECUTES THIS AFFIDAVIT.

You are informed that the claimant claims that he has suffered from an injury of back and shoulder ever since discharge.

And that an order of the Pension Office requires that the witnesses who testify in support of the claimants claim should state in their own hand writing and from their own memory, memoranda or diary or both if they can write, what they know about the facts written above To entitle their statement to full credit they should state how it is that they know he suffered from these disabilities since his discharge, whether they have lived near or worked with the soldier since his discharge and observed his afflictions or saw symptoms of the same and what these symptoms were, describing them as well as possible and stating how much he has been disabled as near as can be estimated. The affidavit should state that it was written by affiant himself, and prompted by these instructions herein contained, or if written by some one else, state whom and whether or not affiant dictated the contents of this affidavit. In your affidavit to guide you I suggest that you state in your own language so as to answer the following, "whether you believe that the claimant had suffered from the disabilities above named, since from discharge to date and if you do so know, do you remember this or are you prompted by the memory of others? Were you guided in this affidavit by any other written or printed statements than these on the back of your affidavit, and if so what were they and are they attached to this affidavit?"

(3—111.)

☞ 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. 1020901
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Thomas Mansfield, Rank, Pri

Company G, 118 Reg't U.S.C. Infy Glasgow Ky State,

Claimant's post-Office address. Cave City, Ky [Post-office address of the Board.] Sept 2, 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: An injury to Back and Shoulders. "Ack of June 27" 1890"

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. I Claim a pension on account of pain in small of my Back and Shoulders and arose contracted since the war. I claim I am disabled 1/2 for manual labor.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature 98.5; height, 5 feet 6 inches; weight, 150 pounds; age, 62 years. This man says he has never recvd any injury to back or shoulders but that he has Rheumatism and in damp Weather especially in Winter months he has great stiffness and soreness of shoulder and elbow Joints as well as of the muscles of the small of the back. He says his elbow Joints frequently swell, but at present all the Joints muscles and tendons are healthy apparently. The muscles of Lumbar region are somewhat atrophied and rigid and his claim to Lumbago is regarded as Valid His heart and lungs are entirely healthy— Habits good—

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

dlis 2/3

5 " No other disfmd to Exist"

Rate for *EACH* cause of disability. . He is, in our opinion, entitled to a 6/18 rating for the disability caused by Lumbago and Rheumatism for that caused by , and 0 for that caused by injury — to back and shoulders—

F. J. Taylor, Pres. Jo S Leach, Sec'y. R H Greenstead, Treas.

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

(632- M.) 6—552

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Edward Mansfield

Co. G, 11th Reg't Vet. Vol's.

Applicant for Original

No. 1020901

DATE OF EXAMINATION:

March 2nd, 1891.

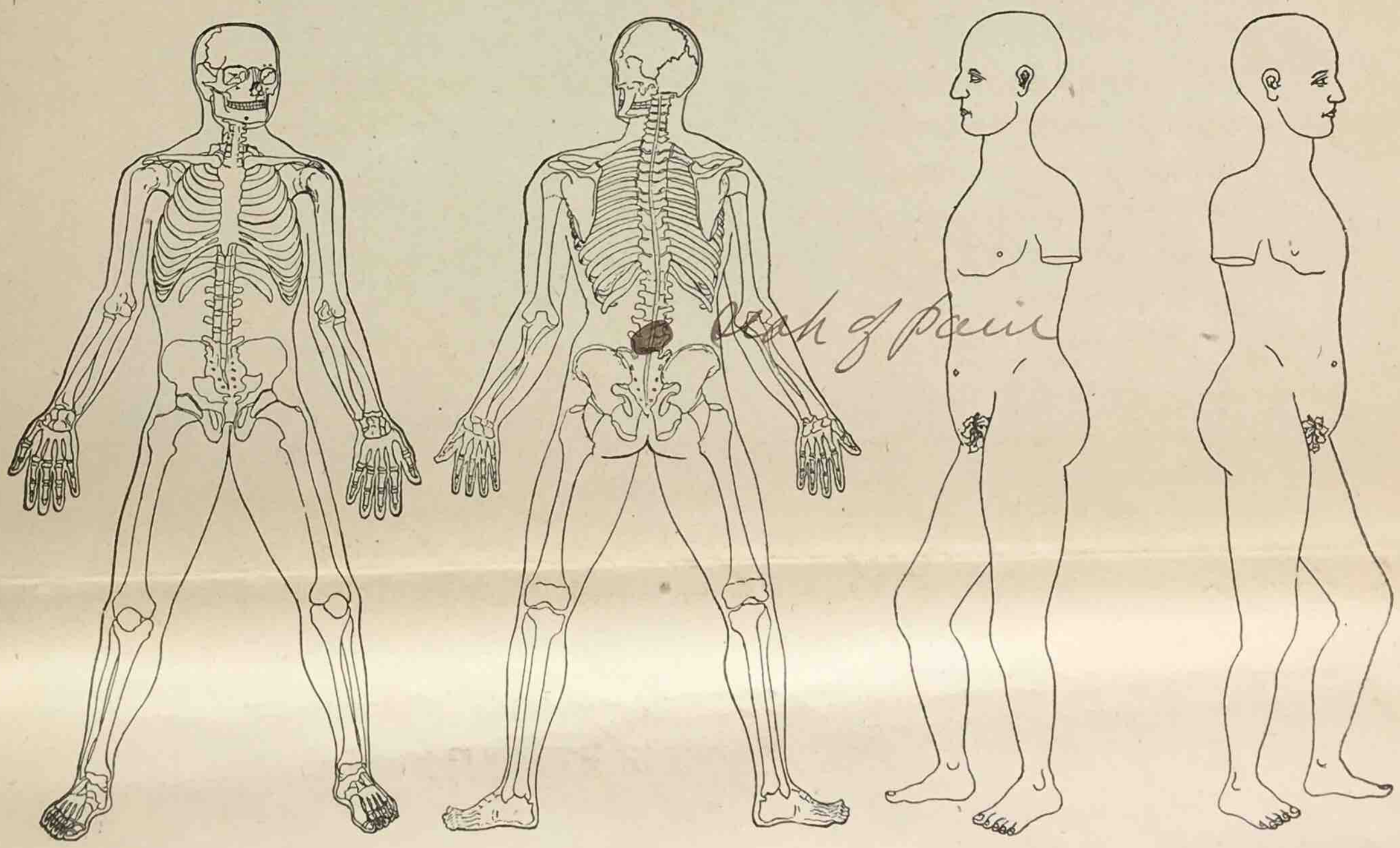
Subscribed before me, [illegible], Pres.,
A. D. Faulk, Sec'y,
A. H. Gunn, Treas.,
BOARD.

Post office, Glenzer

County, Barnum

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. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—6782

(3—111.)

☞ 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. 1.020.901.
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Thomas Mansfield, Rank, Private

Company G, 115 Reg't U. S. C. Inft. Hunnewell Ky State,

Claimant's post-office address.

Shanty, Hart Co. Ky. [Post-office address of the Board.] May 13th, 1896
[Date of examination.]

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

Cause of disability.

in the service, viz: Rheumatism Also Injury to Shoulder and back

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.

Claimant states he is Three Fourths Disabled from Manual labor by reason of Rheumatism and Stiffness in back Shoulders, and Shortness of Breath On Exertion. Has had no injury to back or Shoulder other than Contusion caused by Rheumatism. 74

Upon examination we find the following objective conditions: Pulse rate, ____; respiration, 22; temperature, 98⅘; height, 5 feet 6 inches; weight, 138 pounds; age, 69 years.

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

Claimant presents White aged appearance, We find that the old Man is Considerably Stiffened With Chronic Articular and Muscular Rheumatism. Both Shoulders, Knees Hips, and Elbow Joints are Stiffened Left Joints to a greater Extent.

Left Shoulder is the largest by 7/8 inches
Left Elbow Joint largest by 3/8 inches.
Left Knee largest by 3/4 inches.
Both Knees Crepitate distinctly, Left Shoulder Crepitates, Both Hips badly Stiffened. We find no injury to Should-er or back or back other than Muscular Rheumatism Muscles Sore and tender Stoops with difficulty, We rate Rheumatism at 1/2 of

We find a murmur with 2nd Sound of Heart, Heard just above the Nipple — Apex beat, diminished and 1 3/4 inches Below Nipple. No dilatation, Nor Oedema

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

6

Rate for *EACH* cause of disability.

A. R. Bellamy, Pres. L. D. Dawson, Sec'y. S. A. Lisby, Treas.

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

(3504—300,000.) 6—552

Continue record of examination here.

He regard as roughening of Aortic Valves and Orifice. We rate disease of Heart at 6/18 — No other disability was found.

SURGEON'S CERTIFICATE

IN CASE OF

Thomas Mansfield
Co. G, 1st U.S. Light Art'y
Applicant for Original
No. 1,020,901.

DATE OF EXAMINATION:

May 13th, 1896

Post office, Zanesville

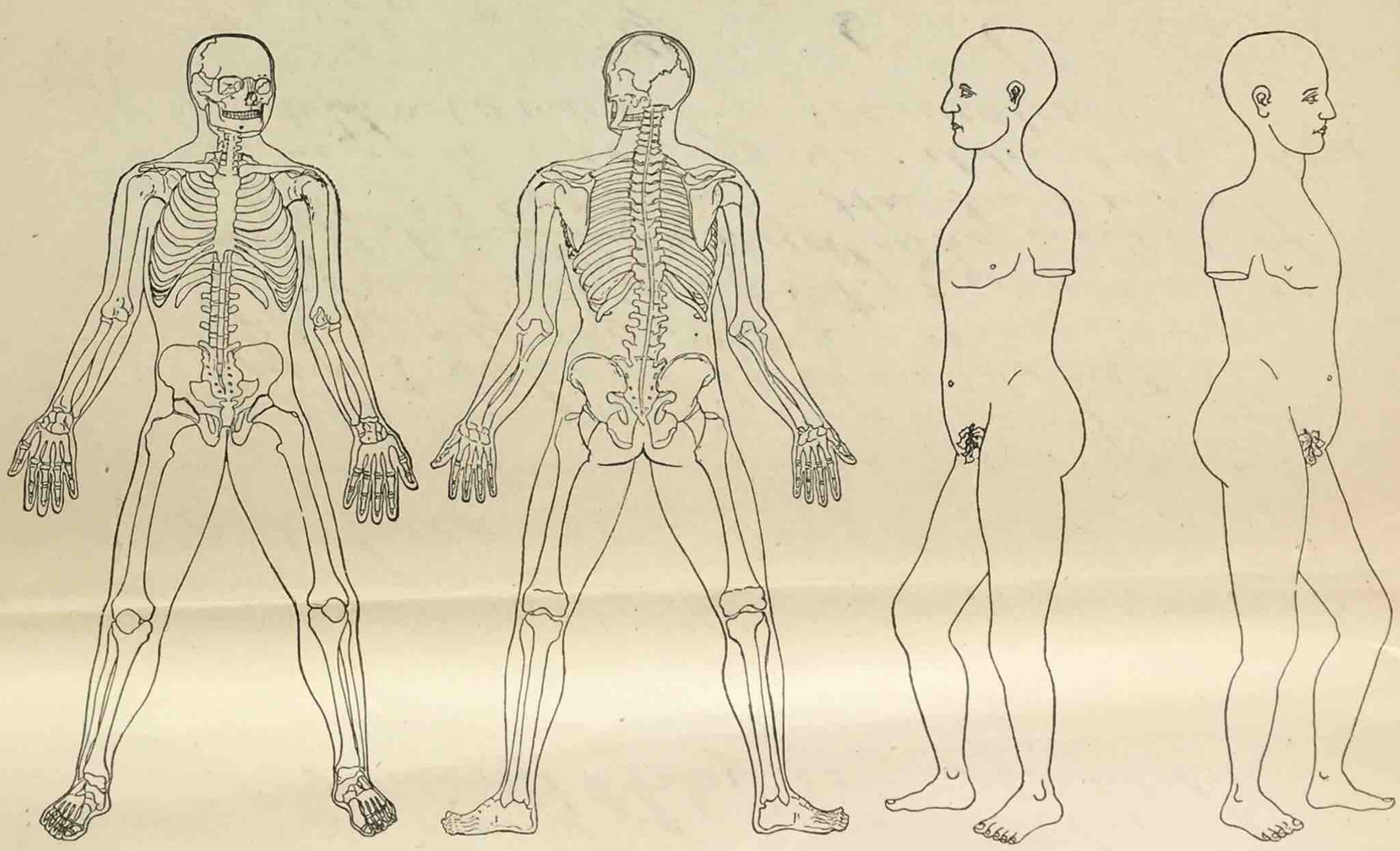
County, Muskingum

State, Ohio

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

U. S. PENSION OFFICE. MAY 15 1896

Angus



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

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

6—552

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, 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. Inc. Pension Claim No. 926783
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Thomas Mansfield, Rank, Privt.

Company G., 115 Reg't U. S. C. Vol of Munfordville State, Ky

Claimant's post-office address. P.O. changed from (Shanty) to North town Hart co Ky [Post-office address of the Board.]

Nov. 2. 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: Injury to back & shoulders, Rheumatism & heart disease

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of $8 per Eight dollars per month.

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

Here give the claimant's statement as briefly and as compactly as possible. Says his back & shoulders & rheumatism are getting worse all the time & that he Cant work much now & has not been able to do much for a long time.

68

Upon examination we find the following objective conditions: Pulse rate, 56 at rest 68 Exercise 60 standing; respiration, 20; temperature, 96.6; height, 5 feet 6 inches; weight, 1408 pounds; age, 70 years. Back — Has an enlarged place on left side of the back above the lumbar region & very tender on pressure — Cause — Possibly Rheumatism. We can find no injury to back only in muscles of left side which all up to shoulder seem to be a little enlarged & very tender — Has rheumatism of left shoulder which is very tender on pressure to muscles — On measurements — right Shoulder 16 inch in circumfrence — left Shoulder in circumfrence 17 in chs — Motion of left arm limited about 30 %

Has rheumatism of right Knee in muscles. Knee measures 14 3/4 in ~~Circumference~~ & very tender on pressure. Left Knee 14 inches in ~~Circumfrence~~ all muscles of right leg — from hip to knee ~~to~~ are tender to touch & Motion of right leg seem to be limited about 10 %

All other joints & muscles seem to be normol

Rating $6 per

Heart — We cannot locate the apex beat on account of the feebleness of heart's action — Just can hear the heart beat occasionally & it is very weak & irregular. Heart beat is not plain to inspection & palpation. Area of dullness about 4 1/2 inches in diameter & apex seems to be below the normal place — He has a very slow heart which we can find nothing to account for, or to Produce it.

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."

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.

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

7

J. H. Black, Pres. G. W. Smith, Sec'y. W. M. Shaw, Treas.

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

6—552

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

"I hereby certify that Dr. J. H. Clark, Dr. G. R. Smith, and Dr. Wm. Pherson, were personally present and actually participated in the examination of Thomas Mansfield, the claimant in this case, on 2 day of Nov., 18 98."

(*Signature.*) G. R. Smith Pres.

(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

Thomas Mansfield

Co. G, 115 Reg't U. S. C. Vol Inf

Applicant for 2nd C

No. 926783

DATE OF EXAMINATION:

Nov 2, 189 8.

J. H. Clark, *Pres.*,
G. R. Smith, *Sec'y*,
Wm. Pherson, *Treas.*,
BOARD.

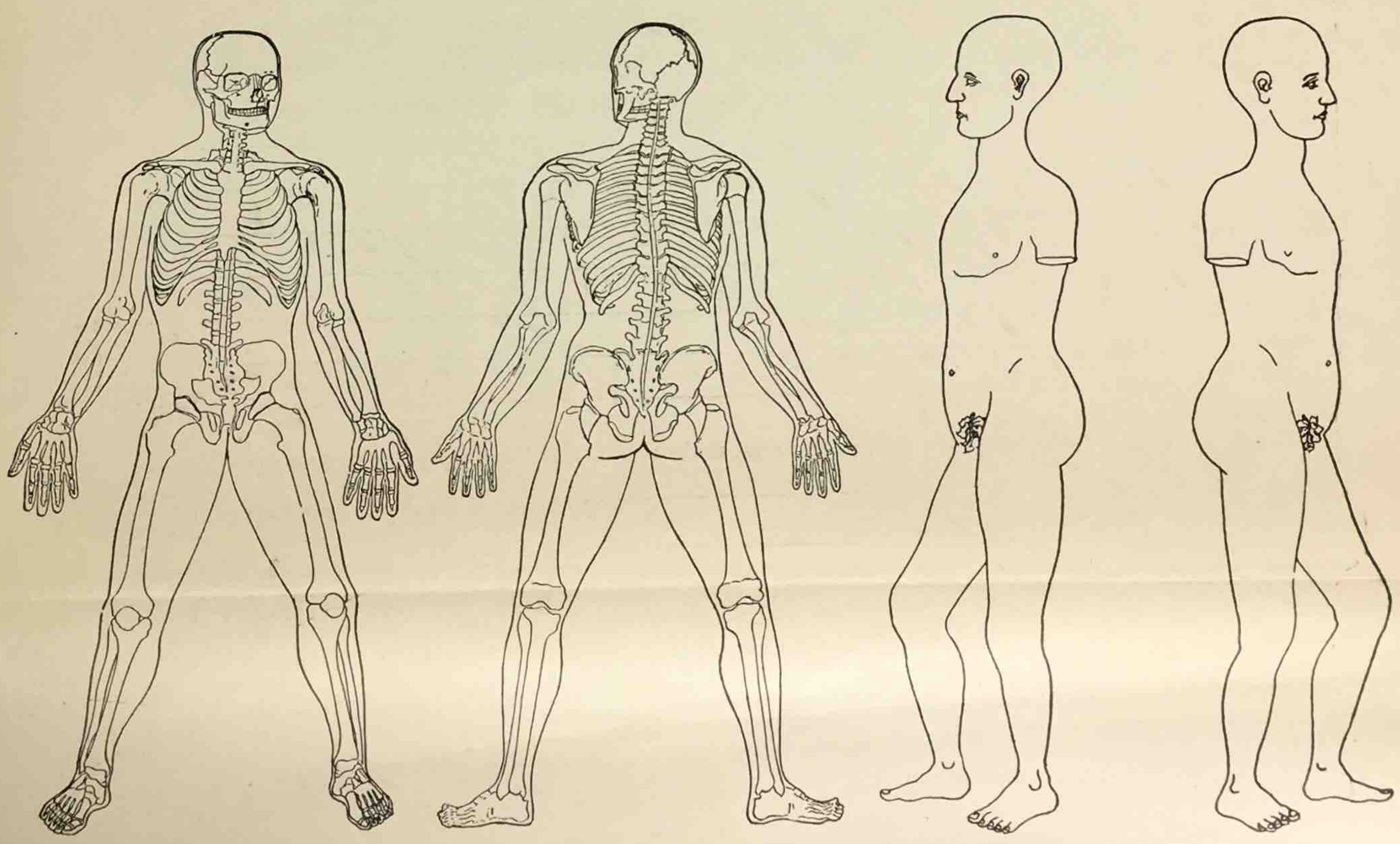
Post office, Mansfield

County, Knox

State, Ky.

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

U. S. PENSION OFFICE. NOV 12 1898



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.*]

[illegible] 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 [illegible]

including all the physical and rational signs and a statement of all the structural changes. [Ex-

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

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

Insert character and number of claim.

Increase Pension Claim No. 926783

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

Name and rank of claimant. Thomas Mansfield, Rank, Private

Company G. 115 Reg't U. S. C. Vol Inf. Munfordville State, Ky

Claimant's post-office address. North Town Ky. [Post-office address of the Board.]

Nov. 2 [Date of examination.], 1898

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: _____

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.

This man - we think has simple dilatation of heart - symptoms - feeble pulse - syncope & cough occasionally, apparently arteries seem empty - but veins are not distended - & he has no head-ache which occurs frequently & this trouble is not aggravated by the upright position -

Cardiac dullness extends transversile & especially increased on right side. We can hear no murmurs of any kind

Rating $6 or

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.

We see no symptoms of vicious habits in this man

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."

8.

J. H. Clark, Pres. G. M. Smith, Sec'y. Wm. McPherson, Treas.

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

6—552

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

"I hereby certify that Dr. J. W. Clark, Dr. G. W. Smith, and Dr. U. W. McPherson, were personally present and actually participated in the examination of Thomas Mansfield, the claimant in this case, on 2 day of Nov., 18 98."

(*Signature.*) G. W. Smith, Secy.

(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

Thos. Mansfield

Co. E, 11th Reg't U.S.C. vol Inf

Applicant for 2nd C.

No. 926783

DATE OF EXAMINATION:

Nov. 2, 1898

J. W. Clark, Pres.,
G. W. Smith, Sec'y,
U. W. McPherson, Treas.,
BOARD.

Thomas Mansfield

Post office, Mt. Vernon

County, Knox

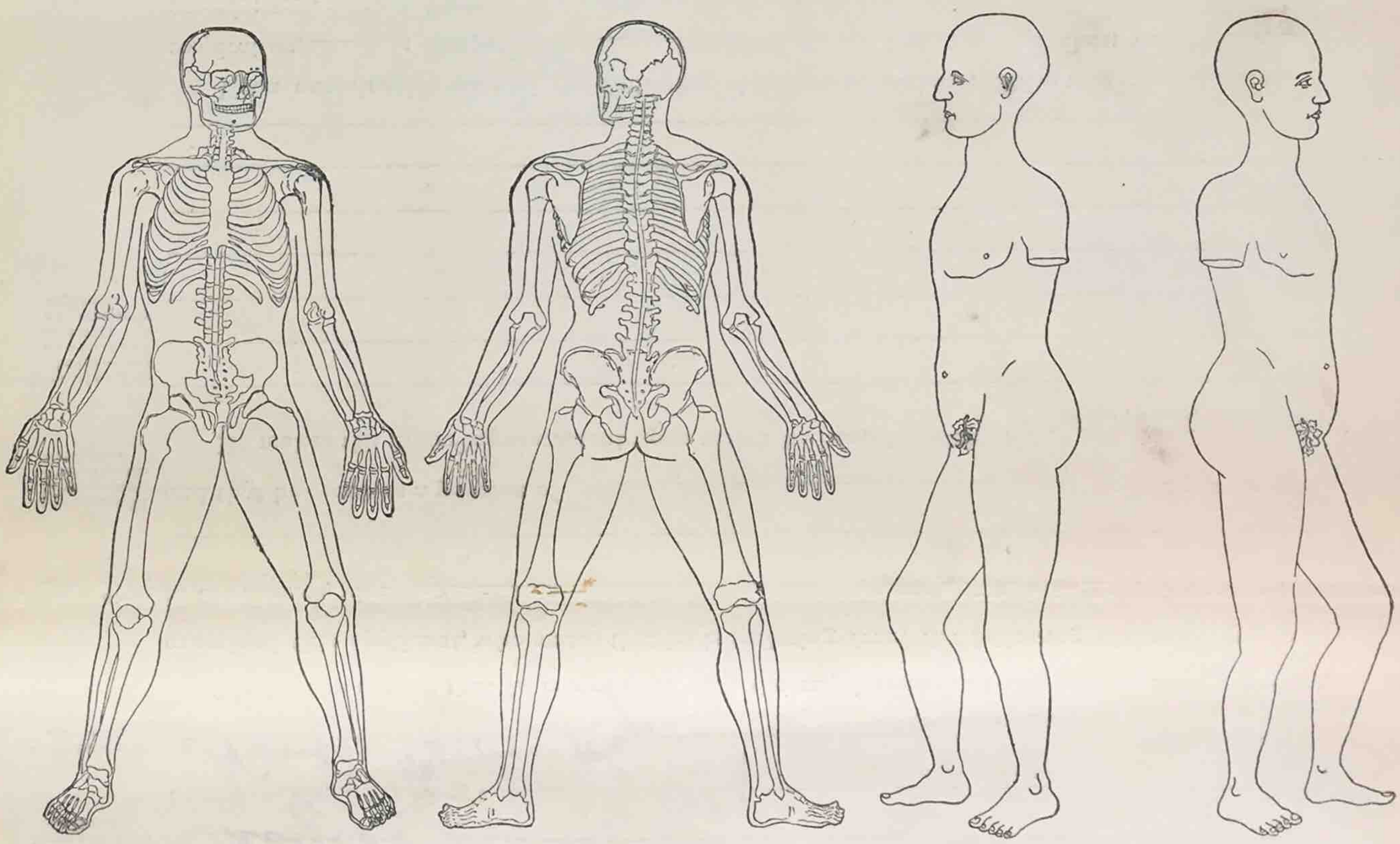
State, Ky.

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

SOUTH DIV. NOV 26 1898

PENSION BUREAU NOV 12 1898 OFFICE

Refused



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

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

6—552

MEDICAL DIVISION.

3—151.
(Old No. 3—516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Jan. 17, , 1903.

DOCTORS:

Please amend or complete the attached certificate, complying fully with the requests made below, and return without unnecessary delay.

SAM HOUSTON,
Medical Referee.

Please state if there are any evidences of venereal disease or vicious habits. See paragraphs 68, 94, 97 and 127 in book of instructions 1902.

F B Mc

Urinalysis shows Spec grav 1020: acid reaction: No albumen or sugar found to exist

Age This claimant being past 75 years of age sensibly becomes a factor in his case

This soldiers aggregate disability from rheumatism and advanced age warrants a rating of $12.00

No disabilities other than above described found to exist

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

J. Thompson, Pres. F. J. Taylor, Sec'y. S. T. Purcell, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—156, 3—111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6450b20m12-02 0-4

6—552

Glasgow Ky
Jan 26th 1903

Medical Referee
Pension Office

Sir: In answer to your communication within I have the honor to State that we found no evidences of venereal disease or vicious habits in the case refered to.

Very Respectfully
F. J. Taylor
Secretary Board

Insert character and number of claim. Invalid Pension Claim No. 926.783

Name of claimant. Thomas Mansfield

Company G-11th Reg't U.S.C.I.

Claimant's post-office address. Northtown Kentucky

Address of Board. Glasgow P. O. Kentucky State.

January 5th, 1903 [Date of examination.]

Cause of disability. Rheumatism & disease of heart and injury to back & shoulders

_____. He receives a pension of $8.00 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted rheumatism at Ondiarola Texas in fall of 1864: Heart-trouble came on since the war. I am 3/4 disabled for manual labor as result-

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

(73)

Birthplace, Hart-county Ky; age, 76 years; height, 5- 5½; weight, 158 pounds; complexion, copper; color of eyes, brown; color of hair, black; occupation, farmer; permanent marks and scars other than those described below, none

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

Pulse rate, 60 - 68- [Sitting, standing, after exercise.]; respiration, 20 [Sitting, standing, after exercise.]; temperature, 98½;

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

This claimant is a sufferer from general rheumatism as evinced by the soreness and stiffness manifested in locomotion- in dressing and undressing, especially in back in Stooping and regaining upright position, all of which seems to be executed by an effort. The injury to back and shoulders so named is evidently rheumatic in character. We discover no enlargements, atrophy or contraction of any parts, but motion of arms and legs we estimate is limited to one half by the stiffness from rheumatism

Heart- area of dullness and apex normal- acts with subnormal force and frequency which we presume is natural No murmurs, or dilitation or hypertrophy. No dyspnoea oedema or cyanosis or other cardiac abnormality

Chest & Lungs- Tape shows rest 34; exp 33; insp 35; Normal resonance over both lungs and respiratory murmur full and distinct. No cough soreness or other diseases of lungs found

Kidneys- This Soldier has trouble holding his water which we attribute to a relaxation of the muscular fibers of the bladder, a condition common to men of his age. Urinalysis shows Spec grav 1020; acid reaction; No albumen or sugar found to exist-

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.

Age This claimant being past 75 years of age senility becomes a factor in his case

This Soldiers aggregate disability from rheumatism and advanced age warrants a rating of $12.00

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

No disabilities other than above described found to exist-

J. Jefferson, Pres. F. J. Taylor, Sec'y. S. T. Purcell, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—156, 3—111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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

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

"I hereby certify that Dr. J J Jepson, Dr. S. T. Purcell, and Dr. H. J. Taylor, were personally present and actually participated in the examination of Thomas Mansfield, the claimant in this case, on 7th day of January, 1903."

(*Signature.*) H. J. Taylor

(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.*) _____

PENSION OFFICE. U.S. JAN 28 1903

SURGEON'S CERTIFICATE

IN CASE OF

APPLICANT FOR Increase

No. 926,783

DATE OF EXAMINATION:

January 7, 1903

J. J. Jepson, *Pres.*,
H. J. Taylor, *Sec'y*,
S. T. Purcell, *Treas.*,
} BOARD.

Post office, Glasgow

County, Barren

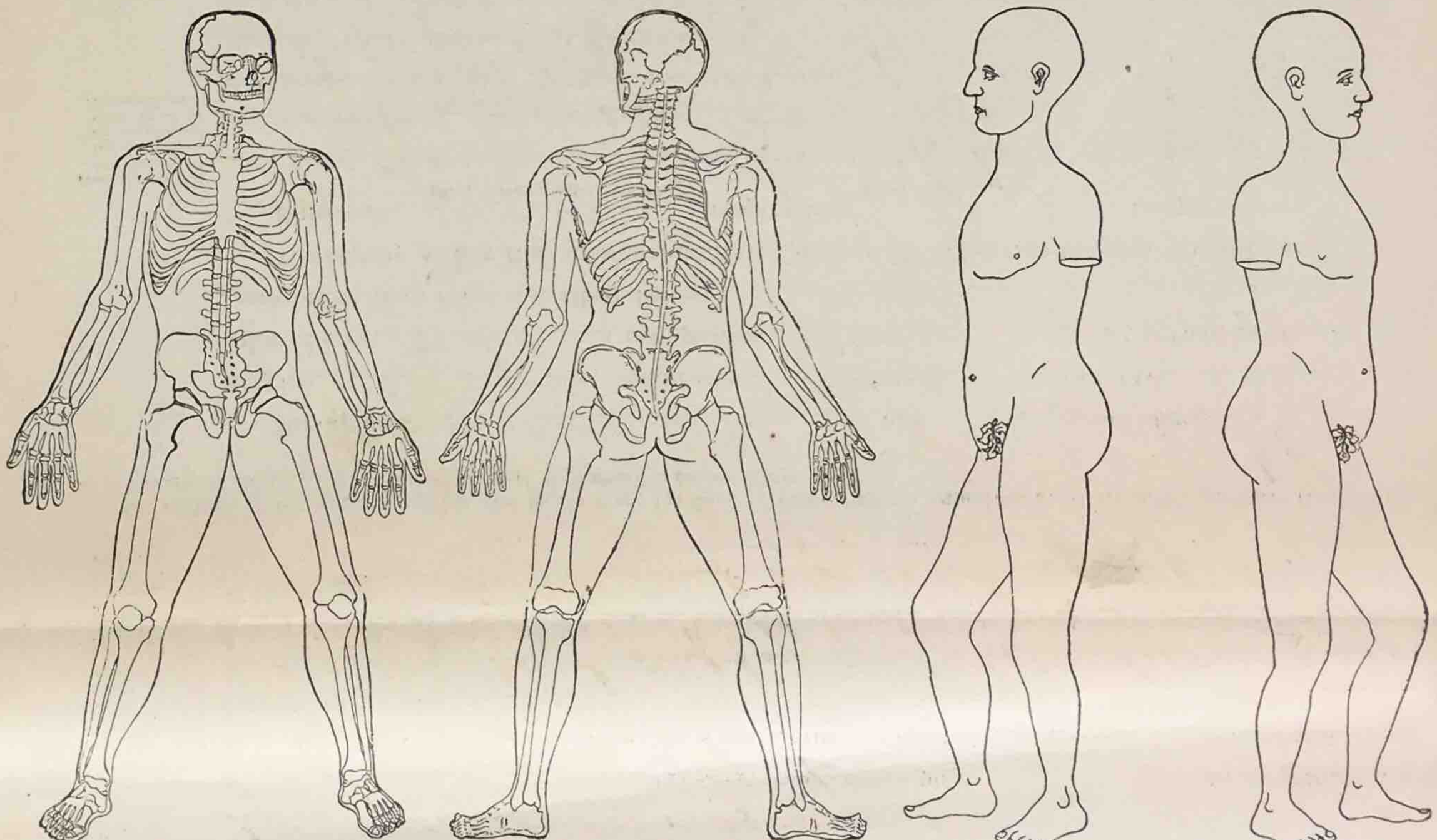
State, Kentucky

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

PENSION OFFICE. U.S. JAN 15 1903

CERTIFICATE SOUTH DIV. FEB 11 1903 RECEIVED.

CERTIFICATE JAN 30 1903 DIVISION SECTION



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

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

6—552

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 926.783

Name of claimant. Thomas Mountfield

Claimant's post-office address. Company E. 115 Reg't M. S. I. July 7 Northtown Hart Co. Ky

Address of Board. Munfordville P. O. Ky State.

Nov 18, 1903 [Date of examination.]

Names of disabilities. Rheumatism Dis of Heart Senile debility. Sty. of back and shoulder

He receives a pension of 10 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: First suffered with rheumatism in Texas in 1866, Heart gave trouble last 18 years. Injury to back and shoulder. Claimant says is rheumatism

Birthplace, Hart Co. Ky; age, 76 years; height, 5 ft 6 in; weight, ~~[illegible]~~ 140 pounds; complexion, Black; color of eyes, Black; color of hair, Gray; occupation, Farmer; permanent marks and scars other than those described below, One scar on breast 2 by 3 in

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

Pulse rate, 72 80 100 [Sitting, standing, after exercise.]; respiration, 18 20 26 [Sitting, standing, after exercise.]; temperature, 97 1/4;

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

Rheumatism. Claimant is suffering with general Muscular rheumatism. Muscles of right shoulder is very tender and painful on pressure and motion. Right shoulder joint measures 15 inches. Left 14 in Motion of right Arm is limited 40%. Muscles of back is sore and tender. interfere with motion of body.

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

Dis of Heart. Carotid & radial Impulse Cardiac Dullness is normal. Heart is very weak in action. Pulse is intermittent and very weak in the radial Artery. The radial Arteries are hard and full like wires under the skin. Sounds are very weak and faint. No murmurs. No dilatation or hypertrophy Slight Dyspnea. No edema or Cyanosis.

Senile debility. This is a feeble man. His body is but he is unable to perform manual labor. The skin is dry and harsh. and wrinkled. Sty of back and shoulder Rheumatism. Chest measure at rest 38 in Forced Insp. 38½. Forced Exp. 36½ in

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.

Urine of his straw color. Sp gr. 1018. Acid reaction No albumen. No sugar. The sediment is loaded with Mucous and Phosphates.

Claimant is entitled to a rating of 1½ for Rheumatism and Senile debility and Weak heart.

Except as above. No other disability is found to exist

No evidence of vicious habits

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

J. K. Clark, Pres. W. W. McPherrin, Sec'y. F. L. Cissna, Treas.

6—552a

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

Marginal entries must never be made.

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

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

"I hereby certify that Dr. J. V. Clark, Dr. F. L. Cessna, and Dr. W. W. McPherson, were personally present and actually participated in the examination of Thomas Mansfield, the claimant in this case, on 18 day of Nov., 1903."

(*Signature.*) W. W. McPherson

(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.*) _____

V

SURGEON'S CERTIFICATE

IN CASE OF

Thomas Mansfield

Co. I, - 15th Reg't Ill. S. E. Inf.

APPLICANT FOR Increase

No. 726783

DATE OF EXAMINATION: Nov. 18, 1903

J. V. Clark, Pres.,
F. L. Cessna, Sec't. } BOARD.
W. W. McPherson, Treas.,

Thomas Mansfield

Post office, Lewistown

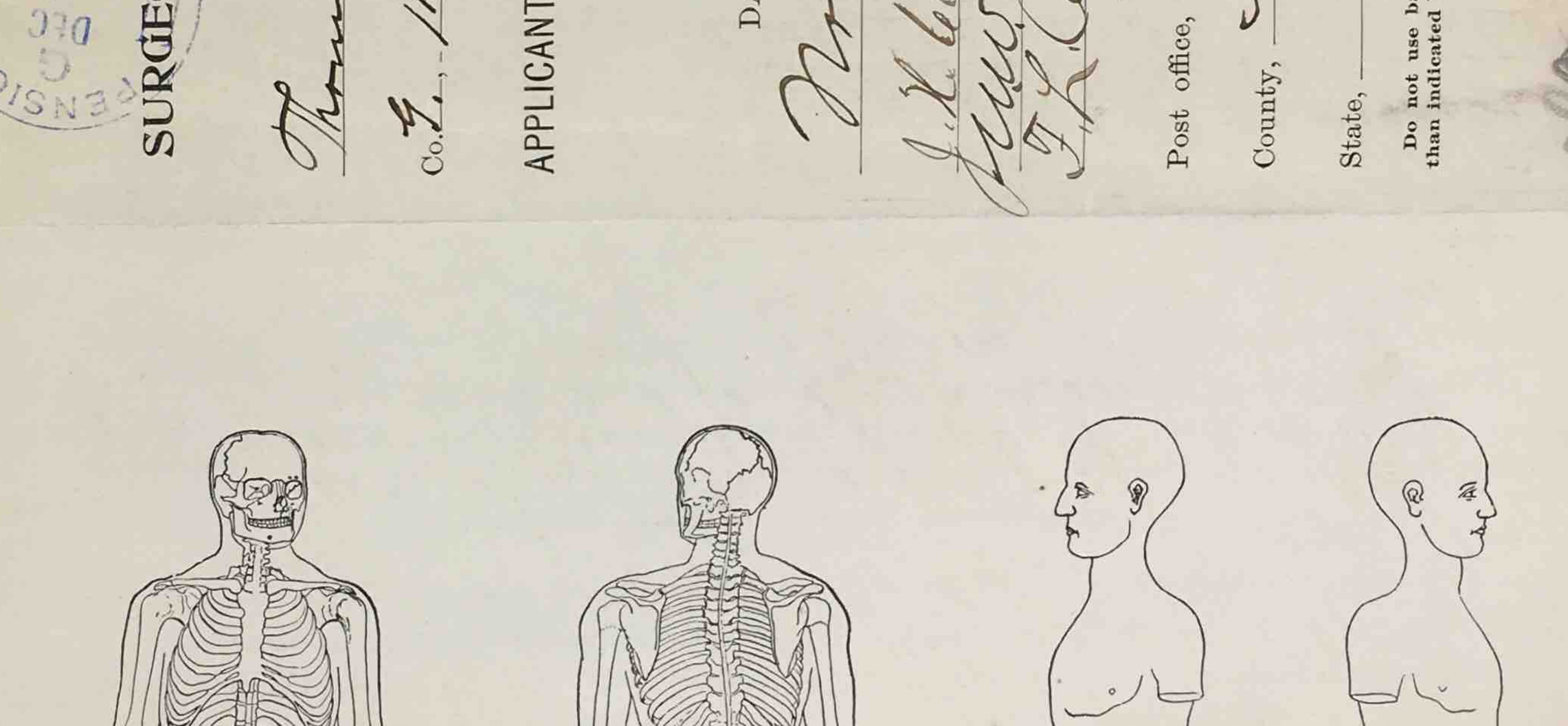
County, Fulton

State, Ill.

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

PENSION OFFICE. U. S. DEC 4 1903

SOUTHERN DEC 18 1903 RECEIVED.



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

(Paste continuation sheet, if used, here.)