

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. Pension Claim No. 677,664
Name and rank of claimant. John. Sangora, Rank, Private
Company, 5th Reg't Ohio Cav. State, Ala.
Claimant's post office address. Alto Jackson Co. (Post office address of the Board.)
(Date of examination.) 1889

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

Cause of disability. Erysipelas of left leg. Chron. diarrhoea & General debility

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.
Pulse rate per minute, 72; respiration, 18; temperature, 98.5; height, 5 feet 10 inches; weight, 175 pounds; age, 67 years.

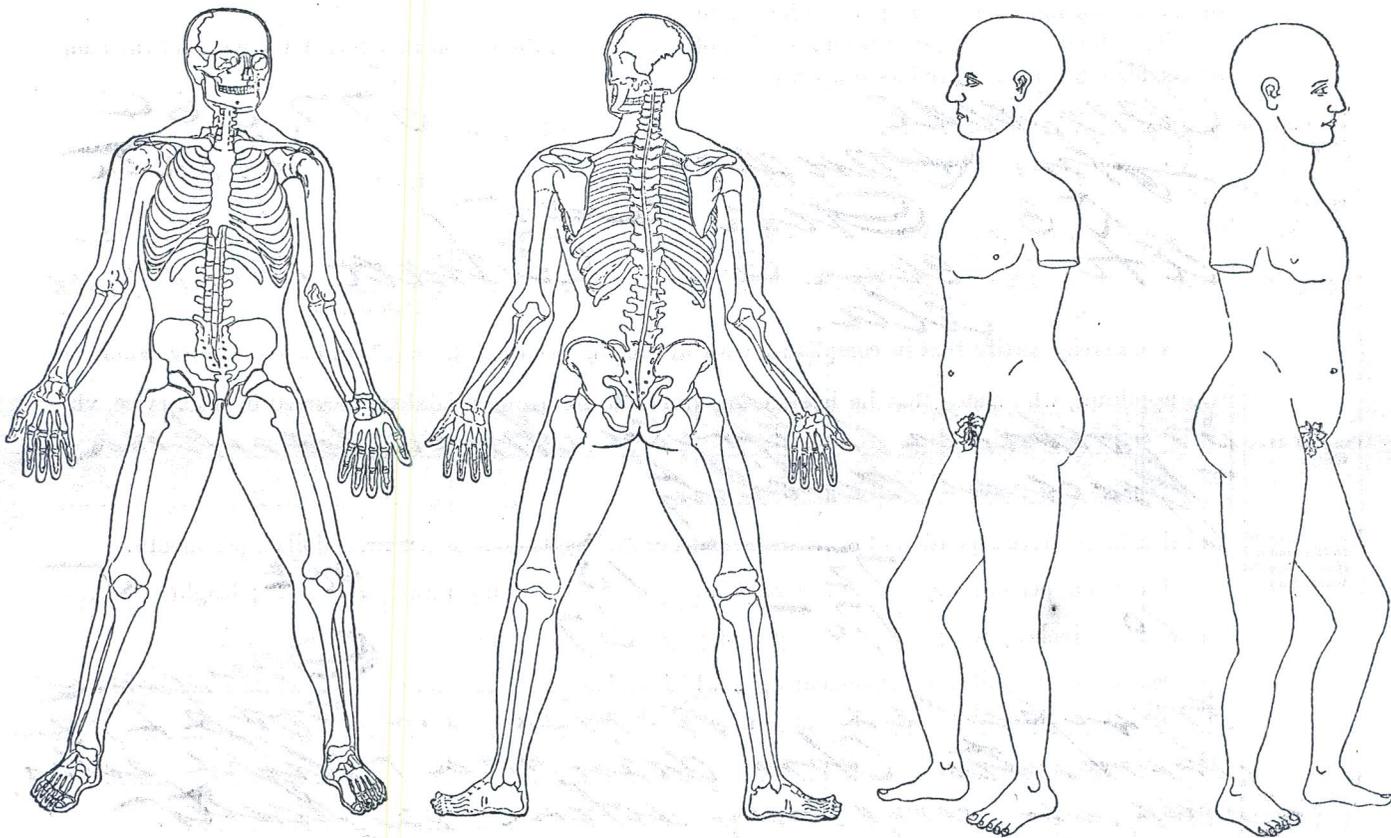
He makes the following statement upon which he bases his claim for _____
Erysipelas under the leg, in 1862. Chron. diarrhoea + slight piles. Since it was only when on the water. joints ache so can hardly walk at times. appetite variable. General health fairly good. has had Pneumonia & Typhoid fever since war. 15 yrs ago. Also Chills fever (Gm)

Upon examination we find the following objective conditions: _____
Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.
Here give the claimant's statement as briefly and as compactly as possible.
If must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/2, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.
For fresh matter, tongue white. Creaser muscles firm. bowels slow heavy labor. hyperaemia of eyelids. A taminae organs OK. Skin & extremities normal. appearance of legs normal. but lower pain in both. no present evidence of Erysipelas. No evidence of Chronic diarrhoea or piles. Tactile test. 7 feet & 5 inches normal

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

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the rating given.
rating for the disability caused by Erysipelas 70 and _____ caused by Chron. diarrhoea, and _____ caused by General debility

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
A. S. Dimes, Pres. J. M. H. Sec'y. E. A. Bobleigh, Pres.



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

SURGEONS CERTIFICATE



Co., 13th Reg't

Ohio Inf.

Applicant for major

No. 6775.664

DATE OF EXAMINATION:

Dec 11th, 1889.

W. J. D. Smith, Pres.,

J. H. Simmons, Sec'y,

W. H. Reynolds, Treas.,

BOARD.

Post office,

Washington

County,

Smith

State,

D.C.

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

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

AMA

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. 677,664
(State above whether for original, increase, or restoration.)

Name and rank of claimant. John Sanders, Rank, private
 Company D, 3rd Reg't Ohio Cav., Scottsborough, Ala., State,
(Post-office address of the Board.)

Claimant's post-office address. Alto, Ala. [Date of examination.] December 2, 1891.

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: Erysipelas of left leg, rheumatism & general debility, resulting from chronic diarrhoea, and any other disability,

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

He makes the following statement upon which he bases his claim for original;
(Original, increase, restoration, &c.)

Here give the claimant's statement as briefly and as compactly as possible. Says that he began to have diarrhoea in 1862 and has had it at times ever since, especially during the summer months; that he has been having attacks of erysipelas ever since 1863; that his feet were frost bitten in 1864.

Upon examination we find the following objective conditions: Pulse rate, 81; respiration, 21; temperature, 99; height, 5 feet 10 inches; weight, 183 pounds; age, 69 years. There is no indication of erysipelas in his left leg, or anywhere else at the present time.

Here give a full description of the disabilities, in accordance with Book of Instructions. Both knee joints are slightly enlarged and stiff; both shoulder joints are somewhat stiff; some tenderness and soreness of both hip joints; no affection of any other joint. The heart's action is very irregular, both heart sounds are distinct; no murmurs; area of cardiac dullness normal. There is no atrophy or contraction of any the muscles or tendons.

There is some deformity of both his great toes, caused, he says, by his toes being frost bitten in 1864. He says that these toes pain him a great deal.

The appearance of the skin is good; tongue normal; stomach, liver and spleen normal; rectum not inflamed, bleeding, or ulcerated; no fissure; no fistula.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 6/18 rating for the disability caused by rheumatism, 7/18 for that caused by dis ease of eyes, and 0/18 for that caused by Erysipelas

W. C. Womack, Pres. W. H. Maple, Sec'y Desart, Treas.

Continue record of examination here.

The conjunctivae are inflamed, and there is a blepharitis of each eye; no trachoma. There is ectropion of the lower lid of the left eye. No other affection of the eyes. Vision is normal.

Except as above, all organs normal.



SURGEON'S CERTIFICATE

IN CASE OF

John J. Anderson
Co. D, 3rd Ohio Cav. Reg't

Applicant for *Original*,

No. *677664*,

DATE OF EXAMINATION:

December 2, 1891.

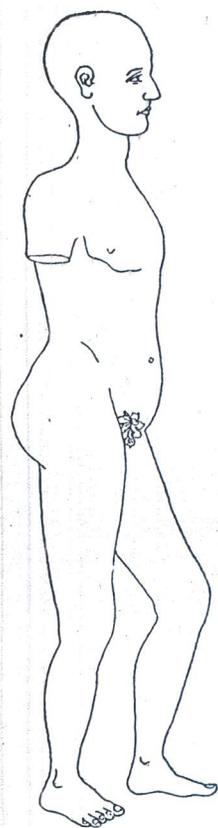
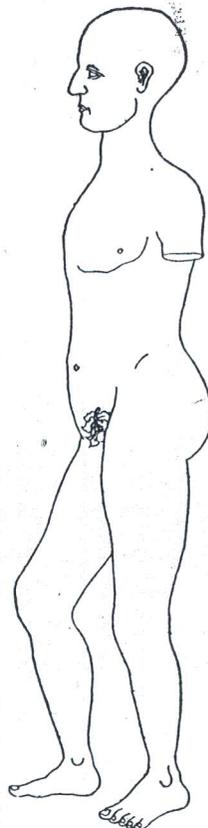
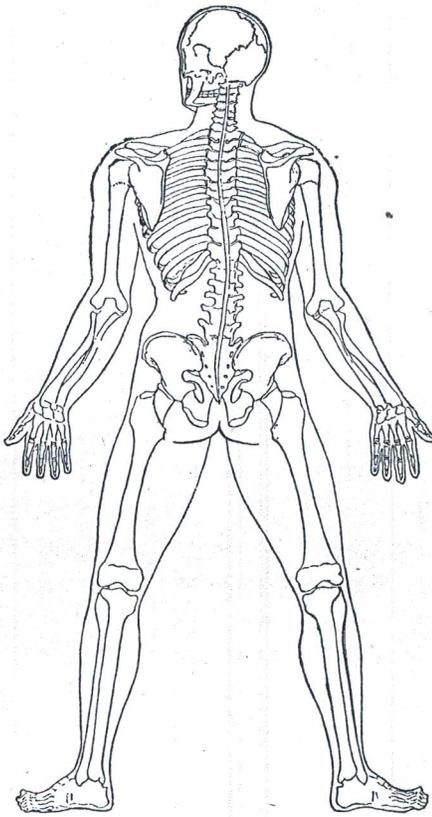
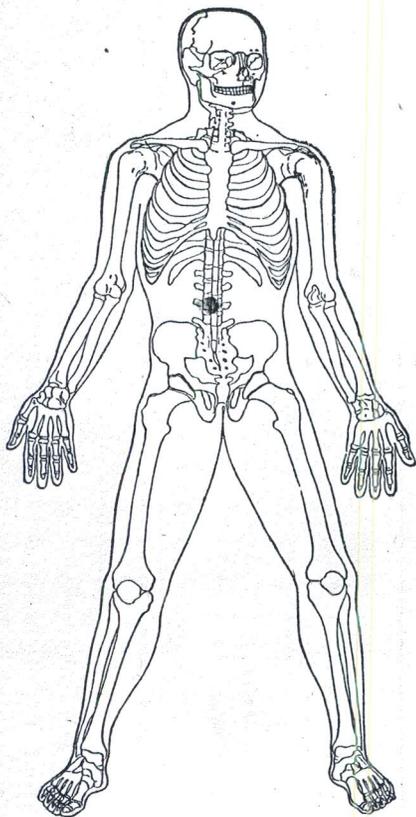
W. C. Womack, Pres.,
C. B. Samples, Sec'y,
A. B. Bess, Treas.,

BOARD.

Post office *Sackettborough*
County, *Jackson*,
State, *Alabama*.

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

JWC



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.]

[3-218 a.]

Ex'r.

No. 640763

Act of June 27, 1890.

15/85

Gilly Sanders,
Mudd Creek, Jackson Co., Ala.

wid

John Sanders,
S. 3 Ohio Cav & Old War

Died at

Aug. 11, 1896

no other claim than

S. C. 798,464^{0.} + J,

Sept. 28, 1896 marsh
Clerk.

Numerical No.

Application filed: Sept 10, 1896.

Attorney: James Beeson,
P.O. Scottsboro,
Ala.

(9308-7,000.)

Jan. 13. 97. Beeson, Death, Mar.,
Prov. Mar., ^{Deceased} Means & Inc.,
Clerk's affi. & Assess. Ck. as a Prop.,
& R. & P. O. Ala. Ind. Mar. Ser. - A.S.S.

Apr. 12. 97. P. M. Cuddehl Hill. Home-
keeper & the Trustees, & Law Dir.
Clerk. Char. M. Sec. as J. P. - A.S.S.

May 27. 97. P. M. Cuddehl. of the Trustees
A.S.S.

Dec. 2. 97. Beeson, Mar., &
Means & Inc. - Also P. M. Cuddehl
Cuddehl. of the Trustees. A.S.S.

Dec. 19. 97. Clerk. Edu. Nov. J.
Whelan, adv. (by exp.) as to no
change in status of Cl. since
call at atty. of Dec. 2. 1896. A.S.S.

OCT 1 1896

any file d. p. p.
James Beeson
att. - James Beeson
Sept 11 1896

[3-216 a.]

Schuyler
Inw. Orig No. 677664
15/85

Act of June 27, 1890.

John Sanders

P. O. *3*

Jackson Co. Ala

Service: *20. 35 Ohio over Car*

Enlisted: *Aug. 27*, 1862.

Discharged: *June 17*, 1865.

Application filed: *July 21*, 1890.

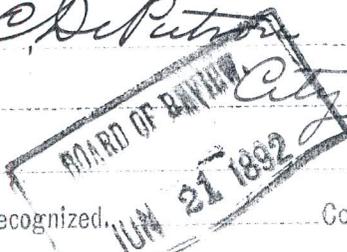
Alleges:

Any other Claim filed: *677664*

Numerical No. *33-5-992*

Attorney: *J. C. DePutre*

P. O.



Recognized. Contract.

Cert. of Dis. Searched for, 18 .

Ho. Wry - Nov. 7/90

Nov 14/91 Letter to atty
for Cmt of Clubs of Crust
to verify records a G.P.
Nov. 16/91. Hunt. In. Southborough, Ala. P.M.

Feb 5/92 to atty Dep. Cui
as to disburse pay as disability
not alleged

PA. ~~Mar 19/92 to same Dir for verif
off.~~

May 25/92 A Girope
and for correction of
name as Sanders.

OHIO. June 20/92 to clmt through
Hon Jas Wheeler claim
to Bd of Revs

MICH.

No.

The State of Alabama, }
JACKSON COUNTY.

L. L. Cargile
I, *Wm. B. Bridges*, Judge of the Probate

my detach. Not good for general reference
Court in and for said County, the same being a Court of Record having a seal of office,
do hereby certify that it appears of record in my office that *E. J. Kennedy*
was duly *electd* and that he gave bond and qualified as a
Justice of the Peace on the *1* day of *September* *1880*.
and that he is now acting as such officer, that his term of office will expire on the *31*
day of *August* *1889*. That his official acts are entitled to full faith
and credit, and his signature thereto I believe to be genuine.

Ginen under my hand and the seal of said Probate
; at office in *Scottsboro, Ala.*, on this the *8*
of *October* *1889*.



L. L. Cargile
Judge of Probate.

1906

[3-216.]

~~Valid~~ Ex'r. INVALID.
No. 677,664
Acts of July 14, 1862, and March 3, 1873.

14.
not. no. 20-88.
~~Dec-11-88- as by leg.~~
~~Jan 189. 13d. Co. 1st Regt. 1st Div. De. Patton~~

John Sanders
P. O. Alto.
Jackson Co. Ala.
Service: 3rd Cav. Ar.

REJECTED

Enlisted: Aug 27, 1862.

Discharged: June 17, 1865.

Application filed: Nov 2, 1888.

Alleges: Coy 1st Regt. 1st Div. De.
Col. d. 1860

Re-enlisted: 15/85

1889 = May 23 = Clerk & atty de
Prison both sent no diry

PA. Circulare
Oct 1st 1889. Conf ord.
Cahattadogoo. Tenn.

1890 Jan 30 = Clerk that
Claim in Completed Files,

OHIO. 1890 April 22 = Claimant
& atty de Prison both given date
& cause of Rejection of claim,

MICH.

Attorney: J. L. Peterson
P. O. Washington

ATTY FILED
Recognized.

Contract.

Cert. of Dis. Searched for _____, 18 .
(13167-20,000.)

No.

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

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

Insert character and number of claim. Original Pension Claim No. 677664

Name and rank of claimant. John Sanders, Rank, private.

Company D-3 Reg't Ohio Cav., Chattanooga Tenn. State, (Post office address of the Board.)

Claimant's post office address. Alto. Jackson Co. Ala., March 13, 1889. (Date of examination.)

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

Cause of disability. Erysipelas of left leg, Chronic diarrhoea and general debility.

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

Pulse rate per minute, 74; respiration, 18; temperature, normal; height, 5 feet 10 inches; weight, 174 pounds; age, 67 years.

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

In the Spring of 1864 near Ring old Ga. I began to have Erysipelas in my left leg - I was sent back to Chattanooga to Hospital - I remained there about 2 months. I began to be troubled with diarrhoea in Kentucky in 1862. I have suffered with this ever since - I am ^{3/4} disabled -

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

Upon examination we find the following objective conditions:

Claimant's general appearance not particularly unhealthy - Muscular system and nutrition reasonably good. Lungs clear on percussion and auscultation - Heart sounds normal and healthy. Skin moist and healthy - Tongue clean - No epigastric tenderness - No tenderness over abdomen - Liver, spleen and kidneys all normal and healthy - There is no evidence of any injury or disease of leg - No objective symptoms of any chronic diarrhoea - He is well preserved for one of his age - The only disability we find is a severe case of Conjunctivitis with granular lids, and Ectropia of lower lid of left eye.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as $\frac{1}{2}$, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a No

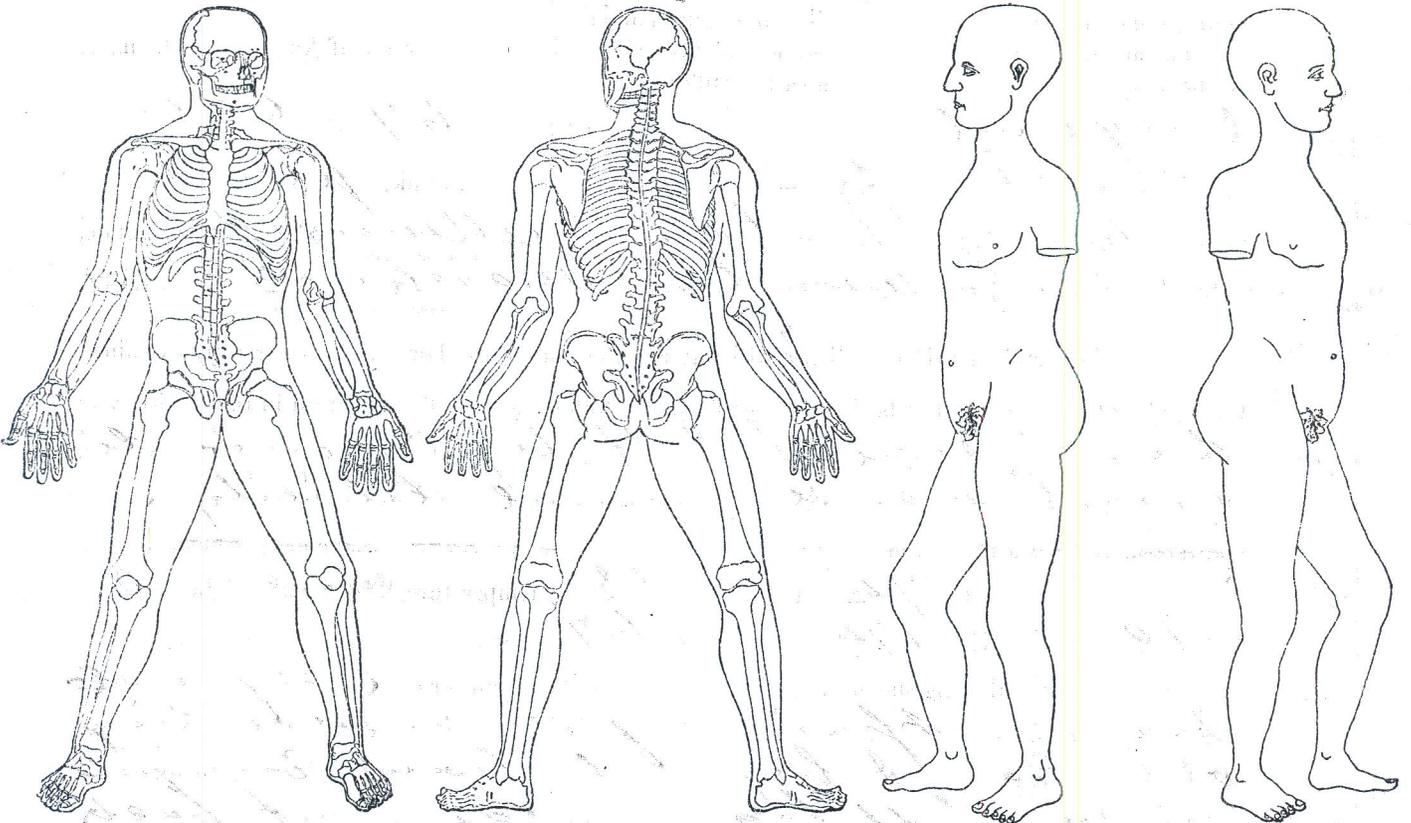
Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

rating for the disability caused by Erysipelas & none for that caused by Chron. diarrhoea, and general debility and $\frac{4}{8}$ for that caused by disease of eyes.

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

A. C. McKeay, Pres. J. G. Boston, Sec'y. C. B. Price, Treas.

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



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

1889
SURGEON'S CERTIFICATE
 IN CASE OF

John Henderson

Co. 1, 9, Reg't Ala Cav.

Applicant for Discharge

No. *477147*

DATE OF EXAMINATION:
March 19, 188*9*.

W. G. Westcott, Pres.,
A. G. Barber, Sec'y,
A. B. Blair, Treas.,
 BOARD.

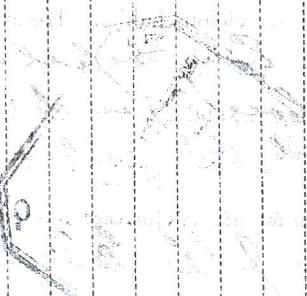
Post office, *Chattanooga*

County, *Hamilton*

State, *Tennessee*

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

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



PHYSICIAN'S AFFIDAVIT.

State of Ala County of Jackson 1864.

In the Pension claim, No. 677 664 of Claimant John Sanders
Private late of Co. D 35 Reg't. Ohio Cal. Vols.
Company and regiment of service, if in the army; or vessel and rank, if the navy.

Personally came before me, a clerk circuit court in and for the aforesaid
County, and State W. C. Womack M. D. a resident of Scottsboro
in the County of Jackson and State of Ala well known to me
to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a practicing physician, and that he has been acquainted with said Soldier for about 2 1/2
years, and that He has been the family
Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be

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

Physician of Claimant John Sanders at various times from first acquaintance 1860 up to present date, the physician with his physical condition, did not treat him any before he entered the service of the Union Army.

He has called me in his family and also in his own family which consist in chronic Diarrhea, Dyspepsia, the effect of Frost Bite all of above disease was contracted during his enlistment.

I further state that it is my opinion that he will never be able to perform manual labor by reason of above mentioned diseases including general debility. In consideration of all his symptoms I will say that he is disabled at least 7/8 up to this date his eyes becoming diseased in the service he still has granulated lids.

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

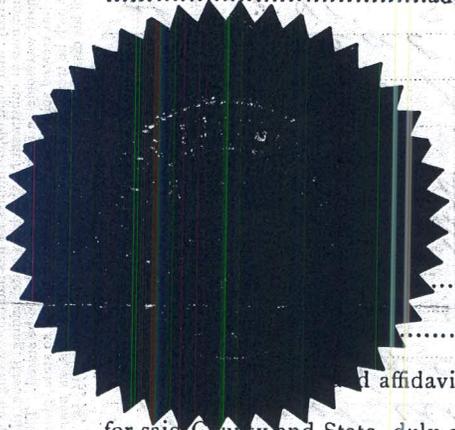
W. C. Womack M.D.
Affiant's Signature. Give rank and service, if in the army.

The Physician's Affidavit should be in his own hand writing and show the following facts: 1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately, and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment he should so state, adding, if true, that he had been unsound he would have known it. 2d. If he treated claimant while in the service, either as his regimental surgeon, while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature or character of the disability, the period during which he has been so disabled, and the date of his first treatment. 3d. The date of his first treatment, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis; what the extent to which claimant has been unable to perform manual labor since discharge, by reason of his disability should be shown fractionally, as 1/2, 3/4, 5/8, 7/8, or totally as the case may be.

NOTICE

SWORN to and subscribed before me this 22 day of May A. D. 1890
and I hereby certify that the affiant is a practicing physician in good professional standing ; that the contents of the
above affidavit were fully made known to him before swearing, including the words.....
.....erased, and the words.....
.....added ; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Clark
(Official Signature.)
Court Jackson County Alabama
(Official character.)



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

Witness my hand and seal of office, this..... day of..... 18.....

[SEAL]

Clerk of the.....

Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE, if before a JUSTICE or NOTARY then the CLERK OF COUNTY COURT must add his certificate of character hereon, unless said, JUSTICE or NOTARY has his CERTIFICATE on file in the Pension Department.

PHYSICIAN'S AFFIDAVIT.

No. 677,664

CLAIM OF

John Sanders



Date.

J. C. DePutron
Reg't *Albany* Vols.

For

W. G. Womack
AFFIDAVIT OF

FILED BY

J. C. DePUTRON,
ATTORNEY AT LAW,

WASHINGTON, D. C.

Agency inquiries

SPECIAL EXAMINATION DIVISION.

3-298

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
OFFICE OF SPECIAL EXAMINER

Stevenson Ala

July 21

1912

THE POSTMASTER,

Trenton

Ala

Sir:

Desiring to personally interview

Mrs Gilly Sanders a

pensioner of the United States

in connection with pension claim No. *462771*, I would

thank you to promptly inform me, by indorsement hereon and under cover of the inclosed envelope, whether *she* reside *s* within the delivery of your office, and, if so, at what distance and in what direction therefrom.

If *she* does not reside within your delivery, any information you may furnish with respect to *her* post-office address and nearest town or railway station will be appreciated.

Very respectfully,

J. H. Melborn

Special Examiner.

When did you last see pensioner?

6-2019

Has she remarried?

Princeton Ala.

....., 191.....

Respectfully returned to.....

J. W. WILBORN.

information.....

Gilly Sanders;

Distance ?

Direction ?

Last seen by P.M. ?

Has she remained ?

She lives at or
Near Princeton Ala
Not Remained
That is known of

J. T. Wilborn
Postmaster.

OFFICE OF SPECIAL EXAMINER
BUREAU OF PENSIONS
DEPARTMENT OF THE INTERIOR

REGISTERED MAIL SERVICE

Agency inquiries

SPECIAL EXAMINATION DIVISION.

3-298

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
OFFICE OF SPECIAL EXAMINER

Stevenson Ala

July 26, 1912

THE POSTMASTER,

Princeton

Ala

Sir:

Desiring to personally interview *Mrs Gilly Sanders a*
pensioner of the United States

in connection with pension claim No. *462771*, I would
thank you to promptly inform me, by indorsement hereon and under cover of
the inclosed envelope, whether *she* reside within the delivery
of your office, and, if so, at what distance and in what direction therefrom.
If *she* does not reside within your delivery, any information you may
furnish with respect to *her* post-office address and nearest town or
railway station will be appreciated.

Very respectfully,

When did you last see her?

J.W. Melborn

Special Examiner.

Has she remarried?

*I have been unable so far to find Mrs.
Sanders, and am not acquainted with her. P.M.*

Prince in Ala

....., 191.....

Respectfully returned to.....

Garnet

information

Edly Sanders;

Discharge?

Director;

Let me know

Wishes remained?

MANAGE DIVISION
MAR 29 1912
BUREAU OF PENITENTS

Postmaster.

OFFICE OF RECEIVING EXAMINER
BUREAU OF PENITENTS
DEPARTMENT OF THE INTERIOR

RECEIVED RECEIVING DIVISION

MAR 29 1912

PHYSICIAN'S AFFIDAVIT.

State of _____ County of _____ 55.

In the Pension claim No. 677,664 of John Sanders
late of Co. "D" Reg't. Ohio Cav. Vols.
Company and regiment of service, if in the army; or vessel and rank, if the navy

Personally came before me, a Justice of the Peace in and for the aforesaid
County, and State Alabama M. D. a resident of Leicester
in the County of Jackson and State of Alabama well known to me

to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:
That he is a practicing physician, and that he has been acquainted with said Soldier for about 28
years, and that he was a man of unusual robust

Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be
permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

Constitution when he entered the service and
at the present time while a man of fair
strength for his age being about 69 years
old; he is disabled from following his busi-
ness which is farming to a full degree of
effectiveness in consequence of Chronic Ophthalmia
as working in the heat and light in the field
injures his eyes to such an extent as to force
him remain indoors and nearly blind.
He has been severely frost bitten and his feet
in summer in consequence of heat and perspi-
ration become raw and sore that he can not
follow the plow. As I live some distance from
this soldier I cannot say anything concerning
the diarrhea from which he suffers occasionally.
He has some Bronchial Trouble which is
increased by exposure to cold or active
labor. I estimate his disability at one
half.

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

James O. Robertson M.D.
Affiant's Signature. Give rank and service, if in the army.
Late Surgeon U.S. Georgia Cavalry C.S.A.

The Physician's Affidavit should be in his own hand writing and show the following facts: 1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately, and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment he should so state. 2d. If the treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough that at such times should be clearly shown, as well as the nature of his disability, and dates of treatment. 3rd. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him should be stated with dates, as far as possible, of the prescriptions. 4th. The extent to which claimant has been unable to perform manual labor since discharge, by reason of his disability should be shown fractionally, as 1/4, 1/2, 3/4, or totally as the case may be.

NOTICE

SWORN to and subscribed before me this...24...day of ...November...A. D. 1890.

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above affidavit were fully made known to him before swearing, including the words...*Green P. McFfee* and *Ernest*...erased, and the words...*J. O. Robertson* and *Larkins Fork*...added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Certificate on file
[SEAL]

Solomon G. Haimoneth
(Official signature.)
Justice of the Peace
Official character.

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

Witness my hand and seal of office, this.....day of.....18

[SEAL]

Clerk of the.....

Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE, and sealed, if the officer has a seal. If the officer has no seal then the CLERK OF COUNTY COURT must add his certificate of character hereon, unless said JUSTICE or NOTARY has his CERTIFICATE on file in the Pension Department.

PHYSICIAN'S AFFIDAVIT.

No. 677664

CLAIM OF

John Sanders

Late *Private* Co. "D"

3^d Reg't *Ohio Cav.* Vols.

FOR

Invalid Pension

AFFIDAVIT OF

James O. Robertson, M.D.,
Larkins Fork, Ala.

FILED BY

J. C. DePUTRON,

ATTORNEY AT LAW,

WASHINGTON, D. C.

I.R.No. (3-105.)

Department of the Interior,
BUREAU OF PENSIONS,

Sept 13, 1889.

Nature of Claim *Orig*

No. *677,664*

Soldier: *John Sanders*

Service: *Pt U. 3 Ohio Cav*

It is desired in this case that the examination be made with special reference to—

Erysipelas of left leg.

Chrom. Ulcer & Gen. debility.

Comply with the requirements of

Para 51. & 56. Instructions of 1887

Show condition of leg as

due to Erysipelas. Note on

Chart seat of ravages of

this disease, and describe results

Gen. condition of skin, tongue,

stomach, heart, liver & spleen

general nutrition &c. &c.

Rate separately.

Chas. W. Russell

Medical Referee.

THE SURGEON WILL DETACH THIS SLIP FROM THE "ORDER" AND RETURN IT WITH THE CERTIFICATE OF THE EXAMINATION.
6-236

Montsville Ala Mch 18 1912

U.S. Pension Agent

Knoville Tenn.

Sir

For official use, please
note here on the last known
address and date to which
last paid:

Act April 19 1908

Wid. of 462771

Gilley Sanders

Paid 14 Nov 1910
 Died 2 Dec 1910

Very respectfully

J. W. Nelson

Special Examiner

U.S. Pension Bureau

[3-218.]

Ex'r.

W. Ct. No. 462,771

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

15/85

RECORDED

Gilly Sanders

Francisco Ala

Wid

John Sanders

D. 3 Ohio Cav & Old War

Died at

Aug - 11 - 1896
no other claim than

W. Ct. 462,771

I. Ct. 798,464

Apr 8, 1891

M. M. Clerk.

Application filed: Mar 30, 1891

Attorney: H. D. Phillips

P. O. City.

Attorney Print

3-1088.

Roll No. ACT APRIL 19, 1908

Name Sanders, Gilly

Certificate No. 462771

Name of Soldier:

Rank, Company and Regiment:

Rate and commencement of pension:

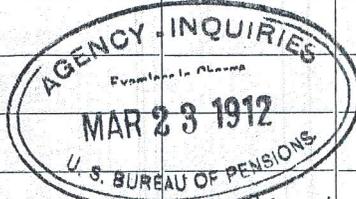
Date of certificate:

Names of Minors:

Commencement:

Ending:

28 April 1898



In P.M. Simula 2/20/12 To P.A. 3/18/12

To P.M. Henry 2/21/12

Post-office address and Remarks:

Trenton, Ala
Jackson Co

KNOXVILLE, TENN.

April 9 1901
 \$5.1901. Record by Pension
 Off. for medical history G.L.
 April 29. 1901, Phillips. origin
 continuance, clinical history
 and death record. *GL*
 Sep 27. 1901. Rj to Chut & atty
 Phillips O.L. Pension. *H.W.C.*

APR 11 1901

Monticello Ala March 20 1912

Returned without report, see replies also
from U.S. Pension Agent.

I could not learn definitely of this
pensioner while in Jackson Co. Ala.

U.S. Pension Agent has date of death
Dec 2 1910 which I trust will be accepted
without inquiring further as of deposition.
I could not learn when date of pension
awarded.

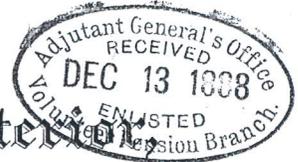
J.M. Wilborn
Special Examiner

BUREAU OF PENSIONS
 MAR 29 1912
 FINANCE DIVISION
 19.

CERTIFY THAT I HAVE THIS DAY
PERSONALLY INTERVIEWED THE ABOVE
NAMED PENSIONER, AND I AM SATISFIED
HE IS THE SOLDIER AND PENSIONER
HE REPRESENTS HIMSELF TO BE.

Special Examiner.

(3-06 D.)



Med. Div. No. P. P. Ex'r.

Department of the Interior

BUREAU OF PENSIONS,

No. 677664- John Saunders. priv. D. 3^d Ohio-Cav.

December 11, 1888

SIR:

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

John Saunders, who, it is claimed, enlisted

Aug. 27, 1862, and served as priv. in Co. D, 3^d Reg't Ohio-Cav. ; also in Co.

and was discharged at Nashville Tenn. June 17, 1865-

While serving in Co. D, 3^d Reg't Ohio-Cav. he was disabled by erysipelas on left leg, chronic diarrhoea, and results near Blickmananga Tenn. March 22^d 1863.

also

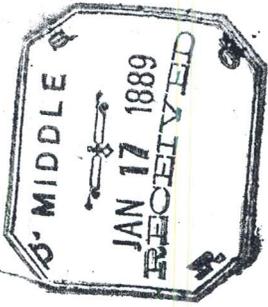
and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Very respectfully,

John C. Black, Commissioner

The Adjutant General, U. S. Army.

66 17



Mid. *148* Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No. 677664-

John Sanders.

pair. D. 3^d Ohio. Car.

Dec. 11- 1888-

Act of June 27, 1890.
(3-232.)

DEAD

No. 462771

Gilly Sanders

Widow of

John Sanders

Rank Private

Company D

Regiment 3rd Ohio Vol. Cav.

DEAD

Rate per Month \$ 8

Commencing Sep. 10, 1896

Ending

Knoxville Agency.

Issued Oct. 28, 1898

Mailed May 21, 1898

Fee, \$ 10

Nov. 21/900 Phillips then
Care given Oct. 1900 in
day and claimant is now
a pension under the act. The
act of May 9/90 does not
help her. White.

DROPPED

Aug. 29, 1911

Druid - NUM.

(3-230.)
107 June 27, 1890

INVALID. (Series _____)

Cert. No. **798464**

Name, *John Sanders*
Rank, *Pvt.*; Service, *Co D. 3 Ohio*
Vol Cav.

Agency { Original Roll: *Kennville*
Transf'd _____, 18____, to _____
" _____, 18____, to _____

Issued _____, 18 *92*
Mailed _____, 18 *92*
Rate and Period, \$ _____, from *July 21, 18 90*

Entered
Issue. Class _____
Fee, \$ *1.00*
Deductions: _____
Disability: *Rheumatism & dis of eyes*

Entered
Issue. Class _____
Fee, \$ _____
Issued _____, 18____
Mailed _____, 18____
Rate and Period, \$ _____, from _____, 18____

Entered
Issue. Class _____
Fee, \$ _____
Deductions: _____
Disability: _____

Issued, _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Disability: _____

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

ACCRUED PENSIONS--SEC. 4718.

Deductions: Accrued-Pension Certificate and Order issued *Apr. 28, 1898*
(Pen. Ctf. and voucher herewith)
Payable to *Wid.*
Disability: Mailed *May 2, 1898*

INDORSEMENTS.

Aug. 29, 1895, atty. De Putnam, dis. eyes not alleged under genl. law, nor rheumatism as of service injury. Recd. cert. 2/18/95
Oct. 2, 1895, atty. De Putnam, thro' Dep. Bell's Desk, req. genl. law clm. 8511
See Wid. Ct. 462771

Sept. 23. 96. Check # 109,353 for
\$ 30. to And. Info that Gillie
Sanders alleges in letter that
Penas died Aug. 11. 96 & she
is widow. Mrs. Gillie Sanders
info of above actions. Bal. Appl
for pens. sent to her. Info
when recd ex. title to acct &
widow's pens. will be considered.
(B. S. info Penas died Aug. 11. 96.)
K.M.