

REQUEST FOR MILITARY RECORDS				1. DATE	2. PULLTIME/STAFF INITIALS
3. NAME OF REQUESTER			4. RESEARCHER CARD NO.		
Ann Trewer			100190		
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY	5. STACK AREA	6. ROW	7. COMPARTMENT	8. SHELF	9. SEARCHER
	17W4	16	15	2	
10. RECORD IDENTIFICATION (Check one only)					
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND					
(If Military or Bounty Land checked – complete items 11, 13, 14, and 15. If Pension is checked – complete items 11, 12, 13, 14, 15, and 16.)					
11. NAME OF SOLDIER			12. NAME OF DEPENDENT		
Andrew HANIBAL					
13. UNIT (CO, BN, or REGT.)			14. STATE SERVED FROM		15. WAR, OR DATE OF SERVICE
Pvt, 18th (27th) INFANTRY			KANSAS		
16. PENSION FILE NUMBERS					
a. INVALID		APPLICATON		CERTIFICATE	
3/15/1897		1038187		963971	
b. WIDOW					
c. MINOR					
d. MOTHER					
d. FATHER					
e. OTHER NUMBERS (XC, etc.)					
17. RECEIVED BY		18. DATE		19. RETURNED TO	
				20. DATE	



THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 963971

VETERAN Andrew Hannibal

RANK Private

SERVICE Co H - 1st Kansas Inf.

CAN No. 19866

BUNDLE NO. 27



Act of June 27, 1890.  
INVALID. (Series \_\_\_\_\_)

Cert. No. **963971**

Name, *Andrew Hamibal*

Rank, *Priv*; Service *Co. H 1st Reg. Inf. 1st Div. 1st Army*

Original Roll: *Louisville*

Agency: Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

“ \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued *June 13, 1898*

Mailed *" 17", 1898*

Rate and Period, \$ *6*, from *Feb 13, 1897*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deductions: **DEAD**

Disability: *Partial inability to earn a*

*support by manual labor.*

\_\_\_\_\_

\_\_\_\_\_

Issued *Nov 15, 1900*

Mailed *" 21, 1900*

Rate and Period, \$ *12*, from *Dec 12, 1900*

\_\_\_\_\_

\_\_\_\_\_

*Act of June 27, 1890*

Deductions: \_\_\_\_\_

Disability: *Inability to earn a*

*support by manual labor.*

\_\_\_\_\_

Issued, *May 14, 1907*, 18

Mailed *" 15", 18*

Rate and Period, \$ *20*, from *Feb 21, 1907*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deductions: *0*

\_\_\_\_\_

Disability: *a*

\_\_\_\_\_

\_\_\_\_\_

Issued *Dec 13, 1912*, 18

Mailed **DEC 14 1912**, 18

Rate and Period, \$ *30*, from *May 25, 1912*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deductions: *0*

**ACT OF MAY 11, 1912.**

Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDORSEMENTS.

*Nov 20, 1912 - A. G. for age of claimant - G. F. D.*

\_\_\_\_\_

**DROPPED**

**SEP 1 2 1914**

**DEAD** *191*

*ABT*

\_\_\_\_\_

\_\_\_\_\_

Entered  
1 Issue. Class *Ordg* Fee, \$ *10*

Entered  
2 Issue. Class *Inv* Fee, \$ *20*

Entered  
3 Issue. Class *Rein* Fee, \$ \_\_\_\_\_



O. W. & N. DIV.

[3-216 a.]

Full Ex'r.

No.

Act of June 27, 1890.

REJECTED.

us, 4/128 4/170

1/17 Rems

n-8-10-91-S.

IND.

ILL.

IOWA.

Mar. 28/92  
Bd. Fayette Co. Ky. H  
to atty. D. S. Pub. Service  
and prior claim H.  
July 7/93 ctt. v atty give cause  
of rej: H.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

April 30/97. A-G for  
prior ser - E.H.  
June 8-97. med. Ex. Board,  
Lexington, Ky. atty: S.H.M.  
Bughes & Co.

Andrew Hamibal  
P.O. Lexington  
Fayette Co., Ky.  
Service: Pvt. H. Kans. Inf  
E 18 & E 27 - U. S. Inf  
(U. S. U. S. Inf) at War  
Enlisted: May 31, 1861.  
Discharged: June 16, 1864.  
Application filed: July 11, 1891.  
Alleges:  
Any other Claim filed: None  
Numerical No. 679363. S.

Attorney: T. W. Tallmadge,  
P. O. City



Recognized. 10 Contract.  
Cert. of Dis. Searched for 18  
(2917-60,000.)

No.

APR 27 1897

n.o



[3-216 a.]

Hughes Ex'r.

D.O. No. 1038187

Act of June 27, 1890.  
7/128 4/17/11

RE-OPENED 1/17 Kans

Andrew Hannibal

P. O. 206 E. 3rd St Lexington

Layette Co. Ky.

Service: Co 2nd Reg Inf.

3rd Reg U.S. Inf

Enlisted: May 31 1861

Discharged: June 16 1864

Application filed: Mch 15 1897

Alleges:

Any other Claim filed: D.O. 1038187

Numerical No.

Attorney: T. H. Merritt

P. O. Louisville

Ky.

Recognized. Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 1897

(8372-3,000.) 6-606

any filed

ms

of Apr 12/97  
re 8-97. med. 94, Board, Lexington  
Ky (Atty: C. H. M.) Hughes

Jan. 20/98. Atty A. J. Train  
not rec. + Atty J. J. Merritt.  
for con + claim sent -  
merritt ev. E.P.H.

April  
May 3/98. S.E.D for  
cred. of Skillman (M.D.)  
E.P.H.

APR 13 1897



1/17.

3-1647.

Act of Feb. 6, 1907.

E/18  
E/27

Cert. 963.971

Name Andrew Hannibal

Application filed Feb 21, 1907

Service, No. 1. Kans Inf ✓

E. 18 + E. 27 U.S. Inf  
(d. 5 - U.S. Inf) old war.

*mm*



Civil War Division

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

Washington, D. C., \_\_\_\_\_, 191

No. Claim, \_\_\_\_\_

Cert. No. 963971

Claimant, Andrew Hammel

Soldier, \_\_\_\_\_

Co. E 18, E 27 Reg't US Inf

Respectfully, \_\_\_\_\_

Referral

to Chief Army Navy

Div

Order 10

Chief of Civil War Division  
Luffy  
Ex



BUREAU OF PENSIONS,  
Office of the Disbursing Clerk,

AUG 19 1914

To the Chief, Finance Division:

You are hereby notified that check No. 5351024, for \$ 90  
dated AUG 4 - 1914 in favor of ANDREW HANNIBAL,  
post-office LEXINGTON, KY.  
Certificate # 963971  
300 E. THIRD,

Class FOUR

Section 5, has been returned to this office by the

Postmaster, with the information that the pensioner died 19 May 1914  
and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,  
Disbursing Clerk.

(D-3)

PLATE DESTROYED

30  
MAY 4 1914



3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

SEP 1 2 1914, 191

Certificate No. 963,971

Class ACT OF MAY 11, 1912

Pensioner Andrew Hannibal

Soldier

Service H. I. Kans. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at \$ 30, to May 4, 1914. has this day been dropped from the roll because of death May 19, 1914

Very respectfully,

*[Signature]*

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.



*Dep Louis*

*Reissue*

ACT OF MAY 11, 1912.

Cert. No. *963,941*

Claimant, *Andrew Hannibal*  
 P. O., *309 East 3<sup>rd</sup> Street* Rank, *Private*  
 County, *Lexington* Service, *Co. 10*  
 State, *Kentucky* *1<sup>st</sup> Kansas Infantry*  
 Rate, \$ *30* per month, commencing *May 25, 1912*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_; Agent to pay.  
 P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 19

APPROVAL.

ARMY AND NAVY DIV.

Submitted for Adm., *Nov. 22, 1912*, *E. F. Salazar*, Examiner.  
 Approved for *Admission* Rate \$ *30* per month; age *81* years.

*Reissue from Act of February 6, 1907.*

Length of pensionable service: *3* years, *0* months, *16* days.

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

on account of \_\_\_\_\_

*Dec 10*, 1912, *W. H. Stearns* *Dec. 11*, 1912, *W. G. Penney*  
Legal Reviewer. Re-Reviewer.

~~Enlisted *Jan 4*, 18*63*; honorably discharged *Jan 4*, 18*65*~~

~~Enlisted *May 31*, 18*61*; honorably discharged *June 15*, 18*64*~~

~~Enlisted *Oct 3*, 18*65*; honorably discharged *Oct 3*, 18*68*~~

Length of pensionable service: *3* years, \_\_\_\_\_ months, *16* days.

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

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 25*, 1912

Age shown by evidence *81* years; date of birth alleged *Sept. 11, 1830*

Claimant does \_\_\_\_\_ write. \_\_\_\_\_, M. C.







# Declaration for Pension.

ACT OF MAY 11, 1912.

The Pension Certificate should not be forwarded with the application.

**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.

State of Kentucky, County of Fayette, ss:

ON THIS 23 day of May, A. D. one thousand nine hundred and 12,

personally appeared before me, a Notary Public within and for the County and State aforesaid, Andrew Hannibal, who, being duly sworn according to law,

declares that he is 81 years of age, and a resident of Lexington County of Fayette, State of Kentucky; and that he is the identical person who was ENROLLED at \_\_\_\_\_ under the name of

Andrew Hannibal, on the 31 day of May, 1861,

as a private, in Co "A", Kansas Inf.  
(Here state rank, and company and regiment in the Army, or vessels in the Navy.)

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

at Fort Leavenworth Mo, on the 16 day of June, 1864

That he also served from 186 to 186 in Co. \_\_\_\_\_ Regt. \_\_\_\_\_ Vols.  
(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 8 1/2 inches; complexion, flourid; color of eyes, hazel; color of hair, brown; that his occupation was soldier; that he was born Sept 11, 1830 at Germany.

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

Lexington Ky  
(State the date of each change as nearly as possible.)

That he is \_\_\_\_\_ a pensioner. That he has \_\_\_\_\_ heretofore applied for pension 963971.

(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 May 11, 1912.

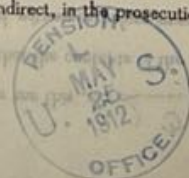
That his Post-Office address is 300 E 3<sup>rd</sup> Lexington, County of Fayette

State of Kentucky

ATTEST: A J Fair Andrew Hannibal  
(Signature of Claimant - full name.)

Mary E Fair  
(Two witnesses who can write must sign here)

Also personally appeared A J Fair, residing in Lexington Ky and Mary E Fair, residing in Lexington Ky, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Andrew Hannibal, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 20 years and 20 years respectively, that he is the identical person he represents himself to be; and that they have no interest, direct or indirect, in the prosecution of this claim.



A J Fair  
Mary E Fair  
(Signatures of witnesses.)



*J.W. Louisville*

Original No. \_\_\_\_\_

Certificate No. *963971*

RE-ISSUE ACT OF FEBRUARY 6, 1907.

Claimant, *Andrew Hannibal*  
 P. O., *300 East 3rd Street* Rank, *Private*  
 County, *Lexington* Company, *A*  
 State, *Kentucky* Regiment, *1. Kan. Vol. Inf.*  
 Rate, \$ *20* per month, commencing *February 21, 1904*

RECOGNIZED ATTORNEY.

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_  
 P. O., \_\_\_\_\_ Agent to pay. \_\_\_\_\_

APPROVAL.

Submitted for *Adm*, APR 30 1907, 190, *M. J. McE...*, Examiner. *W.R.R.*  
 Approved for *Admission*.

*Age over 45*  
*Rate \$ 20 per month*  
*Reinstated under Act of February 6, 1904. Subject only pay-  
 ments and drop name from rolls under Act of June 27, 1890*  
*May 11, 1907*, *J. H. Davis* Legal Reviewer. *May 14, 1907*, *Langman* Re-Reviewer.  
 Enlisted *January 7*, 1853, honorably discharged *January 7*, 1858  
 Enlisted *May 31*, 1861; honorably discharged *June 6*, 1864  
 Enlisted *October 3*, 1865; honorably discharged *October 3*, 1868  
 Pensioned at \$ *12* per month, under *Act of June 27, 1890*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *February 21*, 1907.  
 Date of birth alleged, *September 11, 1830*  
 Approximate age shown by evidence, *Seventy-six* years.

Claimant does \_\_\_\_\_ write.

Certificate not filed.

*South Trumble*  
*W.R.R.*  
 M. C.

ARMY DIV.



# Declaration for Pension.

Act of February 6, 1907.

The Pension Certificate should not be forwarded with the application.

**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.

State of Kentucky, County of Fayette, ss:

ON THIS 18 day of Feb, A. D. one thousand nine hundred and seven personally appeared before me, a Notary Public within and for the County and State aforesaid, Andrew Hannibal, who, being duly sworn according to law, declares that he is 77 years of age, and a resident of Lexington County of Fayette, State of Kentucky; and that he is the identical person who was ENROLLED at Fort Leavenworth Kans under the name of Andrew Hannibal on the 31 day of May, 1861 as a Private, in Co. B. 1<sup>st</sup> Regt Kansas Infy 2<sup>o</sup>  
Here state rank, and company and regiment in the Army, or vessels if in the Navy

in the service of the United States, in the civil War, and was HONORABLY DISCHARGED at Fort Leavenworth Kansas on the 16 day of June, 1864  
State name of war, Civil or Mexican

That he also served C. S. 5<sup>th</sup> Infy Regular, 3<sup>rd</sup> day of Jan 1853 at Chicago, and discharged Fort Bridge Utah 3 day of Jan 1858, enrolled Oct 3/1865 in Co E 27<sup>th</sup> Infy Discharged Oct 3/1865 at Leavenworth  
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 8 1/2 inches; complexion, Florescent; color of eyes, Hazel; color of hair, Golden; that his occupation was a Soldier

that he was born Sept 11, 1830, at Nassau, Germany

That his several places of residence since leaving the service have been as follows: \_\_\_\_\_ State the date of each change

as nearly as possible

That he is \_\_\_\_\_ a pensioner. That he has ~~heretofore~~ applied for pension \_\_\_\_\_

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

That he makes this Declaration for the purpose of being placed on the Pension-Roll of the United States, under the provisions of the Act of February 6, 1907.

That he appoints, with full power of substitution and revocation, Andrew J. Fair of Lexington County of Fayette State of Kentucky, his true and lawful attorney, to prosecute his claim, and requests and directs that \_\_\_\_\_ be allowed and paid, upon the issuance of a Certificate, or thereafter, such fee as may be hereafter provided by law, NOT EXCEEDING TEN DOLLARS.

His post-office address is 300 E Third St Lexington County of Fayette State of Kentucky

Attest: M. R. Leggin Claimant's signature Andrew Hannibal

Attest 1 \_\_\_\_\_  
2 Mary E. Fair  
Two witnesses who can write must sign here



ATTY FILED



ALSO personally appeared M. R. Cozine, residing in Leopington and Mary E. Gain residing in Leopington Ky., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Andrew J. Gain, the claimant, sign his name, (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 10 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.

M. R. Cozine  
Mary E. Gain  
 Signatures of witnesses

SUBSCRIBED and sworn to before me this 18 day of Feb, A. D. 1907,

Valid  
 S. C. S.  
 Lane

and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Lucy C. Gaden  
 Official Signature  
M. P. G. Ky.  
 Official Character

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled: That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act: and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

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

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension under this Act.

APPROVED: February 6, 1907.

Act of February 6, 1907.

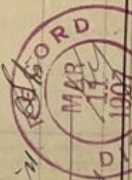
CLAIM FOR PENSION

Certificate No. 963.971  
 Name Andrew Hannibal  
Son of 1st. Kans. Inf.  
Co. "E" 2 + 4 Regt.  
618 + 627 U. S. Inf.  
15 - M. S. Inf.

FILED BY

Andrew J. Gain

151 W Main St  
Leopington Ky



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



2  
963971  
Louisville

INCREASE INVALID PENSION.

Claimant, Andrew Hamilton ~~963971~~

P. O., 206 East 2. Street

County, Henry

State, Kentucky

Rank, Private

Company, 1st

Regiment, 1st Mass. Vol. Inf.

Rate, \$ 12.00 per month, commencing September 12 1900

Disabled by Rheumatism and senile debility.

RECOGNIZED ATTORNEY:

Name, Andrew J. Fay Fee \$ 2 Agent to pay.

P. O., Henry Articles filed \_\_\_\_\_, 189\_\_\_\_

APPROVALS:

Submitted for ad Oct 30, 1900 Duckingham, Examiner.

Approved for Rheumatism and senile debility (old); and lumbago, sciatica, neuralgia, and general debility (new), alleged Jan 15, 1900. Approved for rheumatism and senile debility

Former rejection to Med. Ref. under Act March 6/96. Nov. 9, 1900, H. B. Baker, Legal Reviewer. September 12 1900 Former rejection adhered to May 12, 1900, J. B. Baker, Medical Referee.

Enlisted May 31, 1864 Honorably discharged June 16, 1864 Last paid to \_\_\_\_\_, at \$ \_\_\_\_\_, for Rheumatism and senile disability

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 January 15, 1900 189\_\_\_\_ alleges Chronic Rheumatism lumbago sciatica. neuralgia and general disability

to U.S. \_\_\_\_\_ unites,



# HISTORY OF CLAIM.

Pensioner Andrew Kamitval, Certificate No. 963971  
 1st service, 5th Regt; enlisted, Jan 7, 1863 discharged Jan 7, 1868  
 2nd service, 1st Kansas Col; enlisted, May 31, 1864 discharged Jan 14, 1864  
 3. 3rd Regt Oct 3 1865 1st Oct 3/868  
 Pensioned from March 14, 1897 at \$ 8 per month for Neurasthenia  
and senile dementia

Original Declaration, Act of June 27 1890 filed March 14, 1897  
 alleged Neurasthenia, decrease of retinal  
afferent sight, chronic neuralgia of  
head, general and senile dementia



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

act June 27<sup>th</sup> 1890

State of Kentucky } ss:  
County of Fayette

On this 10 day of January, A. D. one thousand eight hundred and ninety-1900 personally appeared before me, a Notary Public within and for the county and state aforesaid, Andrew Hannibal, aged 67 years, a resident of the City of Lexington, county of Fayette, state of Ky, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Louisville Pension Agency at the rate of Eight dollars per month, by reason of disability from Chronic Rheumatism lumbago Sciatica and Neuralgia, and general disability of 1096 3971

(Here name the disability for which pension was granted.)

incurred in the 1<sup>st</sup> Regt Kansas Vol Infantry service of the United States while in Co. H.  
(Military or Naval.) (Here state rank, company and regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of the above disabilities, which renders him entirely unable to perform manual labor that he desires to be examined by the Board of Examining surgeons at Lawrenceburg Ky.

If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.



INVALID

that he appoints Andrew J. Fairis of Lexington county of Fayette, state of Kentucky, his true and lawful attorney, to prosecute his claim. That his Post Office address is 206 E 3<sup>rd</sup> St Lexington county of Fayette, state of Kentucky

Claimant sign: Andrew Hannibal

Two witnesses who can write.

James P. Keller  
Ed. J. M. Mamas

(Two witnesses to Claimant's signature.)

ATTY FILED



Also personally appeared Ed F. Mc Namara residing at Lexington Ky, and James P Keller residing at Lexington Ky, persons whom I certify to be reputable and entitled to credit, and who, being by me duly sworn, say they were present and saw Andrew Hannibal 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.

When signed by mark, two persons must sign as witnesses to mark.

Signatures of two identifying witnesses.

Ed F. Mc Namara  
James P Keller

Sworn to and subscribed before me this 10 day of January, A. D. 1899 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, (L. S.) including the words \_\_\_\_\_, erased and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Bryce C. Yader  
(Signature.)

A. P. H. Co. Ky.  
Official Character.)

**INVALID.**

**CLAIM FOR INCREASE.**

Andrew Hannibal, Applicant.

1st Co., 1st Reg't,

1st Mass as Vol. Inf. Vols.

96397 (Pension Certificate No. I)

25 U. S. Inf.  
27 U. S. Inf.  
18 U. S. Inf.



FILED BY  
Andrew J. Dean  
Lexington, Ky.  
JAN 17 1900

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

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

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

If executed before a Justice of the Peace or Notary Public, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached, unless the officer already has his official certificate on file in the pension department.



# PHYSICIAN'S AFFIDAVIT.

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

State of Lepington, Conty of Fayette, 55:

IN THE PENSION EXIM NO. 963971

of Andrew Hannibal late of Co. H, 1st Regt Kansas vol Inf  
Company and Regiment of service if in the army, or vessel and rank if in the navy

Personally came before me, a Natary Public, in and for the aforesaid County and

State H. M. Skillman a citizen of Lepington Ky.

whose Post Office address is Lepington Ky  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 20 years, and that

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

**NOTES.**  
The Physician's Affidavit must show the following facts:  
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
2d. If between claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE of his disability and dates of treatment.  
3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.  
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

*No acquaintance before enlistment.*

*No knowledge of claimant during his service*

*Has been under my advice and treatment for chronic rheumatism, lumbago, sciatica and neuralgia at different times during the past fifteen years, often confined to his bed and room, and at all times unable to perform manual labor, as to the degree of disability I would place it at two thirds.*







He further declares that he has been a practitioner of medicine for 50 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

*H. M. Killman, M.D.*  
Affiant's signature—give rank and service if in the army

Sworn to and subscribed before me this 11 day of January, A. D. 1900

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

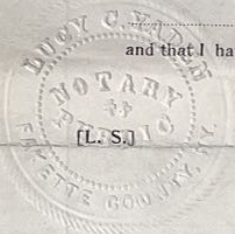
erased, and the words

added,

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

*Lucy C. Yaden*  
Official signature

*J. O. F. Fry*  
Official character



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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 189 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

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

Division.

**MEDICAL EVIDENCE.**

No. 968971  
Andrew Hamibal  
Name of Claimant

Andrew Hamibal  
Name of Soldier  
Co. H. 1st Reg't. Kansas

Nature of Claim increased  
AFFIDAVIT OF  
H. M. Killman M.D.  
Leopington Ky

FILED BY

Andrew J. Fain  
Leopington Ky

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





# Department of the Interior,

BUREAU OF PENSIONS.

Searched by *Fressman*

Claim No. *1038187*

Certificate No. \_\_\_\_\_

Claimant \_\_\_\_\_

Soldier *Andrew Hannibal*

Service *27 U.S., 1 Kan. Inf.*

Additional service *5 U.S. (Old War)*

No. Claim, New Records \_\_\_\_\_

No. Claim, Old Records \_\_\_\_\_

Remarks *N. O. War Inv.*

*May 25-98*

*O. W. And N. Div. OK. C.*

*D. H. Dalton*

Chief of Division.

*Hales*

*S.C.C.*

RECORD DIVISION

# Department of the Interior,

BUREAU OF PENSIONS.

Briefed by *J.P.*

Claim No. *1038.187*

Certificate No. \_\_\_\_\_

Claimant *A*

Soldier *Andrew Hannibal*

Service *H. 1. Kans. Inf.*

Additional Service *(I. 5. U.S. Inf)*

*E. 2. Battalion 18. U.S. Inf*

*E. 27. U.S. Inf*

No. Claim, New Records *Jan 24/98 248*

" " " " *Jan 24/98 248*

No. Claim, Old Records \_\_\_\_\_

REMARKS:

*G. C. Kniffen*

Chief Division.

*0/8*



Act of June 27, 1890.

cal  
963971

O. Louisville

# 1038187

INVALID PENSION.

Claimant, Andrew Hannibal.

P.O. 206, E. 3<sup>rd</sup> St.

County, Lexington

State, Ky.

Rate, \$ 8 per month, commencing March 15, 1897.

Rank, Private

Company, H.

Regiment, 1 Kan-Vol-Inf

Disabled by Rheumatism and senile debility

RECOGNIZED ATTORNEY.

Name, Andrew J. Fair, (A. 03.)  
P.O., Lexington, Ky.

Fee, \$ 10. Agent to pay.  
Articles filed, 189 .

APPROVALS.

Submitted for Ad. May 27, 1898, E. S. Hughes, Examiner.

Approved for rheumatism, disease of rectum, defective sight, chronic neuralgia of head, and general and senile debility.

Approved for Rheumatism and Senile debility \$ 8.

No other ratable disability. Hays J. Roub, Medical Referee. June 7, 1898

A. D. Spangler, Legal Reviewer. June 3, 1898

not now pensioned under other laws. Last paid to 189 , at \$

Pensioned from , 18 , at \$ , for

SERVICE SHOWN BY RECORD.

Enlisted Jan. 7, 1858 honorably discharged Jan. 7, 1868  
Re-enlisted May 3, 1861 honorably discharged June 16, 1864  
Re-enlisted Oct. 3, 1865 honorably discharged Oct. 3, 1868

Declaration filed Mar 15, 1897, alleges permanent disability, not due to vicious habits, from Rheumatism, disease of rectum, defective sight, chronic neuralgia of head, general and senile debility. Dr. M. C. Clinant writes.



Act of June 27, 1890.

# INVALID PENSION.

Claimant, *Andrew Hannibal*  
 P.O., *Lexington* Rank, *priv.* *Pat*  
 County, *Fayette* Company, *H.* *E.*  
 State, *Ky.* Regiment, *1. Kans. Vol. Inf. 15. U.S. Inf.*  
 Rate, \$ \_\_\_\_\_, per month, commencing *July 11, 1891.*

**REJECTED**

Disabled by *rheumatism and disabled back.*

## RECOGNIZED ATTORNEY.

Name, *J. M. Tallmadge* Fee, \$ *1.00* Agent to pay.  
 P.O., *City* Articles filed, \_\_\_\_\_, 189 .

## APPROVALS.

Submitted for *ad. Dec. 8*, 1892, *Osborne Hunter Jr.*, Examiner.

Approved for *admission* Approved for \_\_\_\_\_

*Rejection. No notable disability under act of June 27, 1890*  
*J. M. Tallmadge*  
*Thos. D. Ingram*  
 Legal Reviewer. Medical Referee.

*Dec 20/92* *H. Louie*  
Legal Reviewer.

*Jan. 5, 1893.*

*not* now pensioned under other laws. Last paid to \_\_\_\_\_, 189 , at \$ \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted *May 31*, 1861, \_\_\_\_\_, honorably discharged *June 16*, 1864

Re-enlisted *Oct. 3*, 1865, \_\_\_\_\_, honorably discharged *Oct. 3*, 1868

Declaration filed *July 11*, 1891, alleges permanent disability, not due to vicious habits, from *rheumatism and disabled back.*

*clt. writes*



# SOLDIER'S DECLARATION FOR PENSION.

UNDER ACT OF CONGRESS, APPROVED JUNE 27, 1890.

THE APPLICATION SHOULD BE EXECUTED BEFORE THE CLERK OF A COURT OF RECORD OR HIS DEPUTY OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS FOR GENERAL PURPOSES, SUCH AS NOTARY PUBLIC OR A JUSTICE OF THE PEACE, AND IF BEFORE A NOTARY WITH A SEAL OF OFFICE NO CERTIFICATE OF OFFICIAL CHARACTER IS REQUIRED.

State of Kentucky, County of Hayden, ss:

On this 8th day of July A. D. one thousand eight hundred and ninety one, personally appeared before me, Notary Public

in the County and State aforesaid, Andrew Hannibal (Official character.) (Full name of Claimant.)

aged 59 years, a resident of Lexington County of Hayden

State of Kentucky, who, being duly sworn according to law, declares that he is the same Andrew Hannibal who served the full period of ninety days in the

military service of the United States in the War of the Rebellion, 1861-1865, who enlisted at Leannworth Ky, Kansas, on the 31st day of May 1861, as

a private in company "16" in the First regiment

Kansas Infantry vols., (Name the service—Infantry, Cavalry, or Artillery—and the State in which Regt. organized.)

and was honorably discharged as a private at Fort Leannworth

on the 16th day of June 1864. (Rank at time of discharge.)

That his personal description at the time he enlisted was as follows: Age 29 years; height 5 feet, 8 1/2 inches; complexion Floris; color of hair Brown color of eyes Blue; was born at Kussaw, Germany; occupation when enlisted Stone Mason

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

That said disability is Rheumatism in right arm & shoulder.

So as to render the use thereof almost entirely useless; also is disabled in the back so that when he stoops can scarcely get up again

That by reason of said disability he is incapacitated from the performance of manual labor, which renders him unable to earn a support by physical labor & is wholly incapacitated by said disability

(State in what degree your disability incapacitates you from performing manual labor.)

That he makes this declaration for the purpose of being inscribed upon the Pension Rolls of the United States, as a disabled ex-soldier of the last war, being incapacitated from performing manual labor to earn his support as provided for under the act passed by the 51st Congress of the United States for disabled soldiers and sailors, approved June 27, 1890, and hereby constitutes and appoints, with full power of substitution and revocation,

**T. W. TALLMADGE, OF WASHINGTON, D. C.,**

his true and lawful attorney to prosecute this claim and obtain a certificate for pension under the act aforesaid.

That he has not received or applied for a pension under the laws of the United States.

That he has applied for a pension as an invalid, Claim No. \_\_\_\_\_ which is \_\_\_\_\_ (State whether pending or rejected.)

That he is now a pensioner on the Pension rolls of the United States, Certificate No. \_\_\_\_\_ payable at \_\_\_\_\_ agency, at the rate of \$ \_\_\_\_\_ per month. (Applicant will erase such portion of the above in regard to applying for and receiving a pension as does not conform to the facts of the case.)

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

That his post-office address is at Lexington County of Hayden

State of Kentucky Fee of Attorney to be \$10.00

G. E. Billingsley Andrew Hannibal (Signature of claimant.)



67933

CLAIM FOR PENSION.

ACT OF CONGRESS, APPROVED JUNE 27, 1890.

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

DECLARATION.

*Andrew Hanson*  
Co. *H*  
*Rearses Infants,*  
Enlisted *31 May 1861*  
*Discharged 6 June 1864*



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

Date of execution *July 17/91*

*O. P. Adams*  
*Lexington Ky*

Sworn to and subscribed before me this *9<sup>th</sup>* day of *July* A. D. 189*0*,  
I hereby certify that the contents of the above declaration, &c., were fully made known, read, and explained to the  
applicant and witnesses before swearing, including the words  
erased, and the words \_\_\_\_\_ added; and that I have no interest,  
direct or indirect, in the prosecution of this claim.

*W. F. White*  
(Official signature.)  
*Notary Public*  
(Official character.)

persons whom I certify to be reputable and entitled to credit, and who, being by me duly sworn, say that they were present  
and saw \_\_\_\_\_ the claimant sign his name (make his mark) to the  
foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance  
with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution  
of this claim.

Also personally appeared *George Clarke*, residing at *Lexington Ky*  
who has known the claimant *40* years,  
and *George E. Bellingsley*, residing at *Lexington*  
*Kentucky* who has known the claimant *20* years,

*George Clarke*  
*G. E. Bellingsley*  
(Signature of affiants.)

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



I recommend you as a man that does just what he says.  
LEONARD McMASTERS, Co. K, 38th Ohio Vols.  
New Plymouth, Aug. 4, 1867.  
JOHN K. McDONALD, Co. F, 1st La. Vols. (Mexican War.)  
Essexville, Bay Co. Mich., Nov. 14, 1867.  
JOHN GEROUX, "H," 1st E. & M. Mich. Vols.  
I return my sincere thanks for the efforts you made in my behalf.  
JOHN K. McDONALD, Co. F, 1st La. Vols. (Mexican War.)  
I can say truthfully that I believe you are one of the most prompt  
attorneys in the business. You have done me justice in my claim, and  
have my best wishes and sincere thanks. I shall endeavor to persuade  
other soldiers to place their claims in your hands.  
JACOB BRIGGS, Co. B, 6th Ohio Vols.  
You have my grateful thanks for the interest you have taken in my  
pension claim. Will advise all soldiers and sailors to place their busi-  
ness in your hands, as I have full confidence in your integrity.  
M. J. MORRIS, U. S. Navy.  
West Nestrucke, April 1, 1867.  
I have received my pension all right and I cannot express my feelings  
for the interest you have taken in my behalf. You have my thanks,  
and I will do all the favors I can in getting claims for you.  
HIRAM W. BROWN, Co. H, 122 Pa. Vols.  
I have received my pension, and thank you for the interest you have  
taken in the matter. I shall be pleased if at any time I can be the  
means of doing something for you, and will advise all soldiers to place  
their business in your hands, knowing that their interest will be well  
taken care of. I can certify that you are one of the most prompt  
attorneys in the business.  
HUGH MARTIN, Co. E, 174th Ohio Vols.



# DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

[To be executed before a Court of Record or some officer thereof having custody of its seal.]

State of Kentucky County of Fayette S. S.

On this 11<sup>th</sup> day of March A. D. one thousand eight hundred and ninety 7, personally appeared before me a notary Public within and for the county and State aforesaid Andrew Hannibal aged 66 years, a resident of the City of Lexington, county of Fayette State of Ky, who being duly sworn according to law, declares that he is the identical Andrew Hannibal who was enrolled on the 31<sup>st</sup> day of May 1861, in Co "76" 1<sup>st</sup> Regt Kansas, Infantry, Vol. (entered in 5<sup>th</sup> 21<sup>st</sup> Inf. Jan 3rd 1850)  
(Here state rank, company, and regiment in military service, or vessel if in the Navy.)

He has not been employed in the Military or Naval service of the United States since Oct 3rd 1864 (From Co "8" 27<sup>th</sup> U.S. Inf) or prior to Jan 3rd 1853 in the war of the Rebellion, and served at least ninety days, and was honorably discharged at Fort Leavenworth Kas, on the 16<sup>th</sup> day of June 1864. That he is Wholly unable to earn a support by reason of Rheumatism in a severe form - disease of rectum - very defective eyesight - both eyes - right eye is almost devoid of sight - severe and chronic neuralgia of head - General and severe debility -

above disabilities wholly incapacitate him for the performance of any kind of labor

that said disabilities are not due to his vicious habits, and to the best of his knowledge and belief permanent. That he has applied for pension under application No. 1038.187. That he is a pensioner under certificate No. \_\_\_\_\_

That he served his Country as a soldier for more than eleven years. and while he is sure his disabilities are due to his army service he simply asks that he be pensioned under act of June 27<sup>th</sup> 1890.

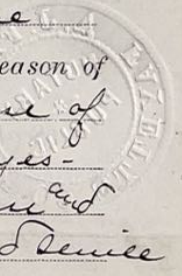
That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the act of June 27, 1890.

He hereby appoints T. H. MERRITT, of Louisville, State of Kentucky, his true and lawful attorney to prosecute his claim. That his Post-Office address is No 206 East 3rd street

Lexington County of Fayette  
State of Kentucky Andrew Hannibal  
Claimant's Signature.

Attest: Wm R. Snyder Jr.  
Shelby H. Moore

ATTY FILED





Also personally appeared Wm R Snyder Jr residing at Lexington Ky and Shelby Kinshead residing at Lexington 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 Andrew Hannibal the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 15 years and 20 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.

Signature of witnesses: } Wm R Snyder Jr  
Shelby Kinshead

Attest:

Sworn to and subscribed before me this 11<sup>th</sup> day of March 1897 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.



A. J. Fran  
 (Signature.)  
Notary Public F. C. Ky  
 (Official Character.)

This act of June 27, 1890, requires, in case of a soldier,  
 (1) An honorable discharge (but the certificate need not be given unless called for.)  
 (2) A minimum service of ninety days.  
 (3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)  
 (4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.  
 (5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

1,038,187  
 ACT JUNE 27, 1890.  
**SOLDIER'S APPLICATION.**  
Andrew Hannibal  
 Name Private Co 76  
 Service 1st Regt Kas, Inf  
 Address No 206 E 3rd St  
Lexington Fayette City Ky

8-27-1897  
8-5-1897  
**PENSION OFFICE**  
**MAR 31 1897**  
**RECEIVED**  
**U. S. LAW OFFICE**  
**MAR 20 1897**  
**RECEIVED**  
**T. H. MERRITT,**  
 Attorney.  
**LOUISVILLE, KY.**  
 Address:  
 Date of execution March 11 1897





CLAIMANT'S AFFIDAVIT.  
-----0-----

STATE OF *Kentucky* )  
COUNTY OF *Fayette* ) ss:

In the matter of Pension Claim No. \_\_\_\_\_ of \_\_\_\_\_

Personally came before me, *A Notary Public*  
a \_\_\_\_\_ in and for a-  
foresaid County and State

who, being duly sworn, according to law, states: That he *Andrew Hannibal*  
claimant in said case; and that he has ~~not~~ been in the Military or  
Naval service of the United States since *Enlisted 3<sup>d</sup> October 1865*  
1865 when he was discharged from Co. *E. 24<sup>th</sup>* Regiment  
*Oct 3<sup>d</sup> 1868 Reg<sup>ts</sup> Vols. Army*, during ~~the last War~~

*Andrew Hannibal*

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

WITNESS my hand and official seal this *8* day  
of *July* 188*1*.



*W.F. White*  
*Notary Public*



DEP. PEN. ACT.  
JUNE 27, 1890.

Andrew Hannibal  
No. 1<sup>st</sup> Kansas.  
Inft.

Affidavit of  
Claimant.

~~FROM~~  
T. W. TALLMADGE,  
ATTORNEY AT LAW,  
And SOLICITOR OF CLAIMS,  
WASHINGTON, D. C.



PENSION UNDER ACT OF JUNE 27, 1890.

Affidavit as to the Service of the Soldier in the Army and Navy of the United States and making other Application for Pension.

STATE OF Kentucky } ss:  
COUNTY OF Fayette }

Personally appeared Andrew Hannibal, who, being duly sworn  
(Name of Claimant or witness making oath.)  
according to law, states in relation to the service of Himself  
(Soldier's name in full.)  
in the United States Army:

That he has been in the Military ~~or Naval~~ Service of the United States since June 16<sup>th</sup> 1864 when he was discharged from Co. A 1<sup>st</sup> Kansas Inf vols. re-enlisted on 31<sup>st</sup> of October 1865 at Dodge Mo and was discharged at Dodge Mo 10<sup>th</sup> 9<sup>th</sup> of October 1868 at Dodge Mo 10<sup>th</sup> 9<sup>th</sup> of October 1868 (if any other service either during the war or since, either in the Army or Navy, give Company and Regiment, or Vessel, stating when enlisted and discharged as near as possible.) no other service

That he has not made a previous application for pension—No. \_\_\_\_\_—or received a Certificate—No. \_\_\_\_\_ (Erase and add in this statement to conform to facts in the case.)

Andrew Hannibal  
(Signature of claimant or witness.)  
No 206 E 3<sup>rd</sup> St Lexington Ky  
(Post-office address.)

(Attest by two witnesses ; if the affiant signs, by mark.)  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF Kentucky, COUNTY OF Fayette, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.



W F White  
(Official Signature.)  
Notary Public  
(Official Character.)



Pension Act, June 27, 1890.

Claim No. 11, 038, 87.

Andrew Hannibal

Co. H. 1st Regt. Kansas  
Infantry

Affidavit as to Service of Soldier and  
any previous Application  
for Pension.



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



W56  
U. W. and N.

3-173.

E. A. Ex'r.

Div.

O. I. No. 1038187.

Andrew Hannibal.

Department of the Interior,

BUREAU OF PENSIONS,

Co. H, 1 Reg't Kan. Inf't -  
E 24 Ws. Inf't -

Washington, D. C., Jan. 20, 1898.

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

*[Handwritten Signature]*

Commissioner.

*Mr Andrew Hannibal.*  
*206 East 3rd St.*  
*Lexington Ky.*

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

Answer: *Mariah Hannibal Maiden name Mariah Madden*

No. 2. When, where, and by whom were you married? Answer: *Sept 5<sup>th</sup> 1858*

*Lexington Ky. Rev. M. Martin St. Peter's Catholic Church.*

No. 3. What record of marriage exists? Answer: *County Court*

*Record*

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: *No Previous Marriage*

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

birth. Answer: *Ratie Hannibal Born Aug 5 - 1860*

*Annie Hannibal Born July 19 1863*

*Mary C. Hannibal Born May 21<sup>st</sup> 1866*

*Margaret Hannibal Born June 4<sup>th</sup> 1869*

*Mary Clarassen Hannibal Born May 4<sup>th</sup> 1872*

*Cecelia Hannibal Born March 2 1876*

*Michael Andrew Hannibal Born Aug 18 1878*

Date of reply, *Jan 26*, 1898.

*Andrew Hannibal.*



State of Kentucky, County of Fayette ss:

In the matter of C. I. Claim # 1038187 of Andrew Hannibal Co "E" 27th U.S. Inf.

Personally came before me, a Notary Public in and for said County and State, Andrew Hannibal, aged claimant years, whose post-office address is 206 E 3rd St. Lexington (Name in full) (P. O. Address)

County of Fayette State of Kentucky, well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

I am claimant above named and have to state that my Attorney T. H. Merritt of Louisville & Lexington Ky. lost his life on July 9th 1897 and about Aug 4th 1897. I filed the power of Attorney with Andrew J. Fain of Lexington Ky. I therefore desire the Hon. Commissioners to recognize said Andrew J. Fain as my Attorney and advise me through said Atty of any evidence necessary to complete my claim.



(SIGN ON THE OTHER SIDE.)



~~and~~ ..... further says that ..... Knowledge of the above facts is ob-  
tained from the following sources, viz: .....

~~and that he has no interest nor concern in the matter~~

Alibi - When any Alibi signs BY MARK.  
(Two Persons)

Signature  
of  
Affiant

Andrew Hannibal  
Plaintiff

Sworn to and subscribed before me this day by the above named affiant; and I  
certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents  
before he executed the same. I further certify that I am in no wise interested in  
this case, nor am I concerned in its prosecution, and that said affiant is personally  
known to me; that he is a creditable person and so reputed in the community in  
which he resides.  
Witness my hand and official seal, this 26 day of January 1898.

Signature ..... Lucy C. Parker  
Notary Public  
for  
Admission to NY



2  
No. 1034187

# GENERAL AFFIDAVIT.

CASE OF

Andrew Hannibal

FOR

J. O. Pension

Co. H. 1 Kan Inf - 8' 27 1/2 2nd

AFFIDAVIT OF

Plaintiff



FILED BY

Andrew J. Kain

Leopoldus Ky



W. W. Record  
Apr 27 / 1977 P.-A.

POWER OF ATTORNEY.

No. 038187

CLAIM OF

Andrew Hannibal  
#1 Kans. Inf.  
Co. ~~6~~ 27<sup>th</sup> Reg't

~~U.S. Inf.~~ Vols.  
Inv Orig  
FOR PENSION.

FILED BY

Andrew J. Kani  
Attorney at Law and Solicitor,

Levington  
LANDS. PATENTS. PENSIONS.

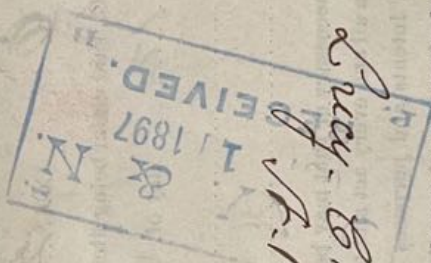


Handwritten initials



above written.  
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office, the day and year last

Lucy B. Gladen  
R.P. 65 E. St.



STATE OF *Kansas*  
County of *Gray*

Be it known, That on this *24* day of *August* in the year *1897* eighteen hundred and ninety-*seven* before me, the undersigned, a *Notary Public* in and for said County and State, personally appeared *Andrew Hannibal*

to me well known to be the identical person who executed the foregoing Letter of Attorney, the same having been first fully read over to him, and the contents thereof duly explained, acknowledged the same to be his act and deed, and that I have no interest, present or prospective, in the claim.



MA

P.-A.

# POWER OF ATTORNEY.

**NOTE.**—To be executed before a CLERK OF COURT with seal, NOTARY PUBLIC, MASTER IN CHANCERY or JUSTICE OF THE PEACE, with any two acquaintances, who need not have been soldiers. It must NOT be executed before a Commissioner of Deeds.

Know all Men by these Presents, THAT I, *Andrew Hannibal*

of *Lexington* County of *Layette* in the State of *Kentucky*  
have made, constituted and appointed, and by these presents do make, constitute and appoint,

*Andrew J. Ross* of *Lexington Ky*

my true and lawful Attorney, irrevocable, for me, and in my name, place and stead, hereby annulling and revoking all former Powers of Attorney or authorizations whatever in the premises to prosecute my claim for *Inv Orig*

Pension No. *1038187* as *Co* Co. *27* Reg't *US Inf Vols.*

now pending before the Pension Office, Washington, D. C., said claim being filed there by *7th Meritt Disc*  
of *Louisville Lexington* on or about the *12* day of *April* 18*87*

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

IN WITNESS WHEREOF, I hereunto set my hand and seal, this *24* day of *July*  
eighteen hundred and ninety-*Seven*

*Andrew Hannibal* [SEAL]

[TWO WITNESSES WHO CAN WRITE.]

*W. G. Masnie*  
*Lucy C. Gaden*

ATTY FILED.



No. 1038187

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner  
of Pensions.

Andrew Hannibal  
Co. H, Reg't 1<sup>st</sup> Kan. Inf.  
was enrolled May 31, 1861  
and was with Co. June 16, 1861

Write nothing to the left of this line.

From enroll, 1861, to M. C. A., 1861  
he held the rank of Priv.

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

Aug. 31, 61 - Ab. sick in  
Hosp. in St. Louis.  
Same report Oct. 31, 61.  
Dec. 31, 61 - Sick in Hosp.  
Feb. 28, 62 - Ab. with leave.

The medical records show him treated as  
follows, as Andrew Hannibal  
Priv. Co. H 1<sup>st</sup> Kans. U. Aug 19,  
61, Del. Remitters.  
Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Ainsworth  
Major and Surgeon, U. S. Army.

Per

Washington, D. C., APR 1 1892

(COMMISSIONER OF PENSIONS.)





Write nothing above this line.

(3-060.)

*Just.* Div.  
*O.H. Jr.* Ex'r.

# Department of the Interior,

## BUREAU OF PENSIONS,

No. *1038.187*

Washington, D. C., *March 28*, 1892

*Andrew Hammebal*  
*Co. H, 1 Kans. vols.*

SIR:

It is alleged that *Andrew Hammebal* enlisted *May 31*, 1861  
and served as a *private* in Co. *H*, *1* Reg't *Kans. vols.*  
also as a "*"* in Co. *E*, *27* Reg't *—*  
*enlisted 3 of Oct. 1865 and was discharged Oct. 3, 1868.*

and was discharged at \_\_\_\_\_, 18\_\_\_\_

It is also alleged that while on duty at \_\_\_\_\_  
on or about \_\_\_\_\_, 18\_\_\_\_, he was disabled by *rheumatism.*

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 Braun*

Commissioner.

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



# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., May 3rd, 1897.

Respectfully returned to the Commissioner of Pensions.

It appears from the records of this office that Andreas Hammappel was enlisted on the 7th day of January, 1853, at Chicago Ill., and was assigned to Company I, 5th Regiment of U. S. Infantry.  
Joined Co. June 15, 53, from New York City.  
Musters rolls show him as follows:

Sept. & Oct. 53 "Present"  
Nov. & Dec. 53 "Present"  
Jan. & Feb. 54 "Present"  
"Present" "no further remarks"  
Sept. & Oct. 54 "Absent sick at Ft. McIntosh since Oct. 30, 54."  
Jan. & Feb. 58 "Discharged Jan. 7, 58, at Camp Scott U. S. by expiration of service. A private.  
A private during."

Not shown sick on any muster-roll other than quoted during service.

Name borne on rolls as "Andreas Hammappel."

There is no record of the enlistment in the Regular Army of any soldier by the name of Andreas Hamilton during the year 1853.

Geo. D. Puggles.

Adjutant General.  
(260.)

By [Signature]



# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., March 31, 1892.

Respectfully returned to the Commissioner of Pensions

It appears from the records of this office that Andrew Hannibal was enlisted on the 3<sup>rd</sup> day of October, 1865, at Louisville, Ky., and was assigned to Co. "E," 18<sup>th</sup> Regiment of U. S. Infantry, 2<sup>nd</sup> Battalion, which in Dec 1866 became Co. "E," 27<sup>th</sup> Infantry. Muster roll June 30/66 reports him: "Absent sick, at Plum Branch, N. I., since May 31/66" Muster roll April 30/67 reports him: "Present sick" at Fort Philip Kearny, D. T. Muster roll June 30/67 reports him: "Absent sick" at Fort Philip Kearny, D. T. Muster rolls Aug 31/Oct 31/67 report him: "Absent on detached service, at Fort Philip Kearny, D. T., as hospital attendant." Muster roll Oct 31/68 reports him: Discharged, at Lodge Pole Station, U. P. R. R. Oct 3/68 by expiration of service, as Private (which grade he held during this service) Nature of sickness not stated.

H. K. Kelton  
Adjutant General.  
(260.)



OPMN Div. MSC Exr.

RECORD & PENSION OFFICE

1452205

1997

WAR DEPARTMENT

Department of the Interior,

BUREAU OF PENSIONS,  
OFFICE,

Washington, D. C., April 30, 1897

C. & E. DIVISION

ROLLS

Respectfully returned to the  
Adjutant General U. S. A.  
with the information that  
claimant alleges prior  
service in the 5<sup>th</sup> U. S. Inf.  
enlisted Jan 3<sup>d</sup>, 1853, no  
further date, and requesting  
a full military and medical  
history of same

1.038.187

Andrew Hamilton

*A. C. Evans*

Commissioner.

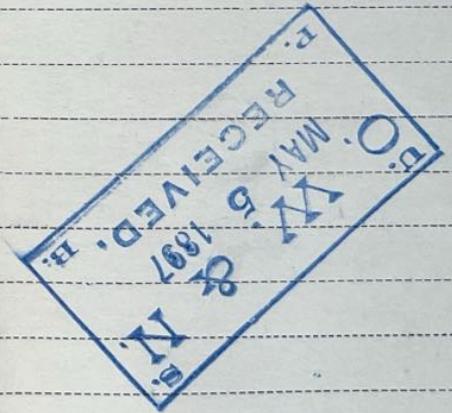
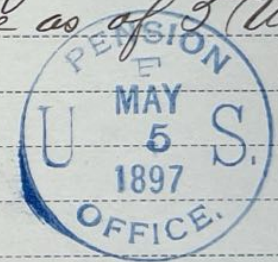
Record and Pension Office,

WAR DEPARTMENT,  
**MAY 4 1897**  
Washington, -----

Respectfully returned to the

Commissioner of Pensions,

with the information that No  
Medical record has  
been found in this  
Case as of 5<sup>th</sup> U. S. Inf



BY AUTHORITY OF THE SECRETARY OF WAR:

*J. S. ...*

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

Per *m.*



NOV 21  
3145377  
1912  
WAR DEPARTMENT  
ADJUTANT GENERAL'S OFFICE

DEPARTMENT OF THE INTERIOR  
Bureau of Pensions  
Washington

*E. F. C.*  
Nov. 20, 1912

Respectfully referred to the Adjutant General, War Department, requesting a report showing age and ~~personal description~~ at date of enlistment of the soldier named below.

Inv. Ctf. 953, 941  
Name Andrew Hannibal  
Service Co. 16, 1 Kan. Inf.

*J. Davenport*

(Inclosures)

Commissioner.

ARMY AND NAVY DIV.

War Department, A. G. O., Nov. 21, 1912. To the Commissioner of Pensions.

The age of Andrew Hannibal, Co. H, 1 Regiment Kans. Inf., is shown by the records of this office as 1 years. m.o. Roll shows; age 29 years.

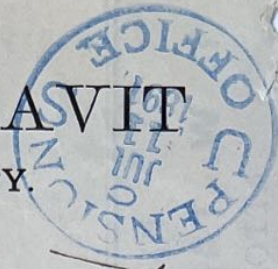
Army and Navy Division  
FILES  
NOV 22 13  
RECEIVED

PENSION  
NOV 22 1912  
OFFICE

*Geo Andrews*  
per *E* The Adjutant General.



PHYSICIAN'S AFFIDAVIT  
PROVING PHYSICAL DISABILITY.



State of Kentucky, County of Fayette, ss:

Personally came before me, a Notary Public in and for the aforesaid  
County and State to W Grapp  
whose Post-Office address is Lexington Kentucky

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 as a Practising Physician he has knowledge of Andrew Hannibal  
who is reputed to have served during the War of the  
Rebellion in Co. "A" 1st Regt. Kansas Light, Vols.

That he is now afflicted with the following physical disabilities:

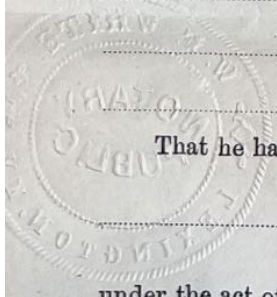
Chronic Rheumatism of Right Shoulder  
(Here embody all the facts known to the affiant in accordance with the instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)  
& back & right arm rendering  
movement of either arm or back Painful & difficult

That he verily believes said disabilities are of a permanent nature, and not the result of his own vicious habits; that he is thereby incapacitated to perform manual labor to the extent of

That he has been disabled in the same manner and degree since  
when he represents he made application for a pension  
under the act of June 27, 1890.

He further declares that he has been a practitioner of medicine for 2 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

W Grapp  
(Affiant's signature. Give rank and service, if in the army.)





Original, No. ....

ACT JUNE 27, 1890.

PHYSICIAN'S EVIDENCE.

AFFIDAVIT OF

Dr. *C. W. Toops*

Soldier *Andrew Hannibal*

Co. *H*, *2<sup>d</sup>* Regt. *Kans. Inf.* Vols.

Application filed

Filed by

**T. W. TALLMADGE,**  
ATTORNEY,  
WASHINGTON, D. C.

Sworn to and subscribed before me this *5<sup>th</sup>* day of *July*, A. D. 189*1*  
and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words ..... enased, and the words ..... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

*M. J. White*  
(Official Signature.)

*Christiana O'Brien*  
(Official Character.)

NOTE.

The Physician's Affidavit must show the following facts:

- 1st. That the soldier is suffering at present from a mental or physical disability of a permanent character, not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated. Should be written by the physician, who should specify all the disability of the claimant.
- 2d. May be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached as to official character of the Justice of the Peace or other Officer who administers the oath, unless a general certificate has been filed in the Pension Office.



# PHYSICIANS'S AFFIDAVIT.

State of Kentucky, County of Fayette, SS:

In the Pension Claim No. 288187 of Andrew Hannibal

late of Co H. 1st Regt 5th Cavalry 2nd & 3rd U.S. Inf  
(Company and Regiment of service if in the Army, or vessel and rank if in the Navy.)

Personally came before me, a Notary Public in and for the aforesaid County and State, H. M. Skillman M.D. a citizen of Lexington in the County of Fayette and State of Kentucky

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

That he is a regular practicing physician of 50 years' standing, and has given medical advice and treatment to Andrew Hannibal, ad. follows:

- Andrew Hannibal has been under my advice and treatment at different times from 1885 to 1893.

- January 24<sup>th</sup> - was under advice for neuralgia, inflamed eyes, with impaired vision.

- February 27<sup>th</sup> - 1892. he was the subject of Bronchitis, with rheumatic pains.

- May 5<sup>th</sup> and 10<sup>th</sup> was treated for rheumatism, which became chronic sub acute in character.

- The same trouble has continued, and increased.

- It principally affects the shoulder joints, and his back. He is at times almost disabled.

- His disabilities from rheumatism have so increased, that in my judgement he is incapacitated to perform manual labor.





MEDICAL EVIDENCE.

CLAIM OF

Andrew Hammit  
Co. C 1st Kan vol inf  
Co E 27 U.S. Inf.

No 1038187

FOR Sw Oath

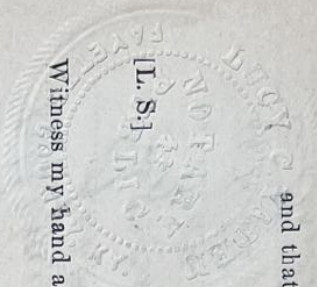
of H. M. Stillman M.D.  
Lexington  
Ky

Filed by

Andrew J. Train  
Lex Ky

[L. S.]

Clerk of the



[L. S.]

Witness my hand and seal of office, this ..... day of ..... A. D. 1895

Direct to Olathe  
[Magistrate's Signature]  
A. P. H. & Co  
[Official character.]

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

contents of the above Declaration, etc., were fully made known to him before swearing,.....

and I hereby certify that the affiant is a practicing physician in good professional standing; that the

Sworn to and subscribed before me this 23 day of January A. D. 1895

[Affiant's signature. Give rank and service if in the army.]  
H. M. Stillman, M.D.

He further declares that he has no interest, either direct or indirect, in the prosecution of this claim.



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. 1038187

Name and rank of claimant.

Andrew Hannibal, Rank, Private

Claimant's post office address.

Company H, 1 Reg't, Tennes Vol., Lexington, Ky, State,

April 6, 1892 [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.

Act of June 27/90

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

and that he receives a pension of \_\_\_\_\_ dollars per month.

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

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.] has had rheumatism in arms and lumbar region more or less for five years. His back occasionally lays him up in bed. His rheumatism followed a general eczema from which he suffered some six weeks ago. It lasted a month. He had four or five boils in right arm pit. Never had any venereal disease. No other anomaly.

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

Upon examination we find the following objective conditions: Pulse rate, 90; respiration, 20; temperature, 98.4; height, 5 feet 6 inches; weight, 133 pounds; age, 62 years.

Obtund is a well grown man. He bends forward with difficulty. He is also tender on pressure over lumbar region. We find no other objective evidence of lumbago - though, knowing him to be an honest man we believe that he suffers from lumbago and is thereby incapacitated six-eighths for manual labor. Joints, muscles, tendons, fascial and fibrous structures are all normal. Heart is rather rapid but is normal in position, impulses, size, rhythm and sounds. We find no evidence of rheumatism unless it be the lumbago which we have rated. Skin is smooth and no evidence of eczema or other cutaneous lesion. No other disability is found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 7/8 rating for the disability caused by lumbago, for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

Pres. M. G. Post, Sec'y D. H. Goodwin, Treas.

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





### SURGEON'S CERTIFICATE

IN CASE OF

*Andrew Hanzibal*  
Co. *H, 1* Reg't *Kansas Vol.*

Applicant for *Original*

No. *1,038,187*

DATE OF EXAMINATION:

*April 6*, 189*2*

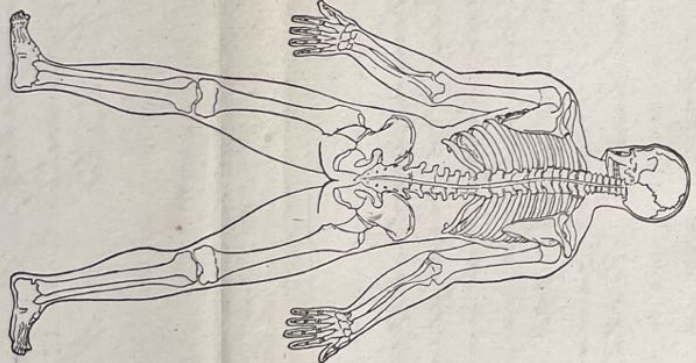
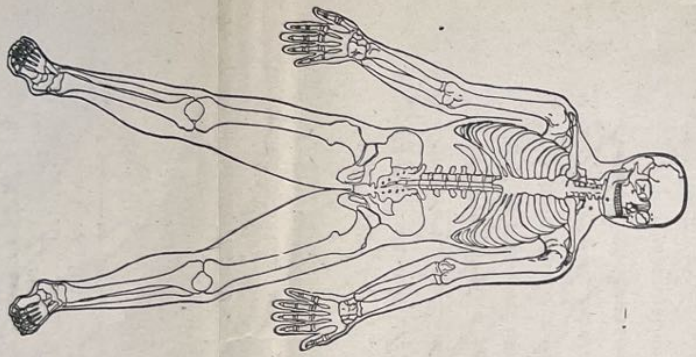
*A. D. Dwyer*, Pres.,  
*W. J. Scott*, Sec'y,  
*A. D. Dwyer*, Treas., } BOARD.

Post office, \_\_\_\_\_

County, \_\_\_\_\_

State, \_\_\_\_\_

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



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

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



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. orig Inl. Pension Claim No. 1038187  
(State above whether for original, increase, or restoration.)  
Name and rank of claimant. Andrew Hammbul, Rank, Pri.  
Company, E. 27 Reg't 2nd Inft Herrington Ky. State,  
Herrington Ky July 21 1897  
Post-office address of the Board. [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: rumatism, disease of rectum,

Cause of disability. defective sight, chronic neuralgia, general, & senile debility,  
and that he receives a pension of \_\_\_\_\_ dollars per month.

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

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

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

Had rumatism for 10 years, on right  
upon left hip & all of back. Myself  
had acute attack. Have piles, at times,  
pulls badly but not now. Suffer with  
sign pain over right eye. Have no  
other neuralgia except that over eye  
suffer with general debility, also senile  
debility.

Upon examination we find the following objective conditions: Pulse rate, 100;  
respiration, 18; temperature, 98.4; height, 5 feet 3 1/4 inches; weight, 127  
pounds; age, 67 years. Occipital greenish

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

heads & muscles, soft, poorly nour.  
ished. There is crepitation in right  
shoulder joint. Have left leg in walk  
ing, crepitation found in left knee  
drags feet in walking, does not  
lift feet from floor. The heart is  
normal in sign on pulse force-  
tion & sound, rate, 10. There is no  
evidence of disease of ureter  
no. fissure or fistula, no prolapus  
or hemorrhoids - or ulceration, no rate,  
best right eye reads by snellen  
test, at 20 feet D.C.C. with difficulty,  
with left eye same distance &  
same test. D.C. + R, no rate

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

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

The evidence of neuralgia is sub-  
jective, no rate, Claudant is suffer-  
ing from senile debility, rate, 8.  
There is no evidence of ~~senile~~  
habits. Except as above all organ  
normal,

H. D. Bueloch, Pres. A. J. Nelson, Sec'y M. P. Robinson, 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.



OLD WAR & NAVY.  
AUG 11 1897  
FILED.



**SURGEON'S CERTIFICATE**

IN CASE OF

And. Hummel  
Co. E, 27 Reg't Vol. Inf.  
Applicant for Orig. Inv.

No. 1038184

DATE OF EXAMINATION:

July 21, 1897  
J. O. Byrnes, Pres.,  
J. P. Nelson, Sec'y,  
M. R. Robinson, Treas., } BOARD.

Post office, Leicester  
County, Jayceville  
State, N.C.

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

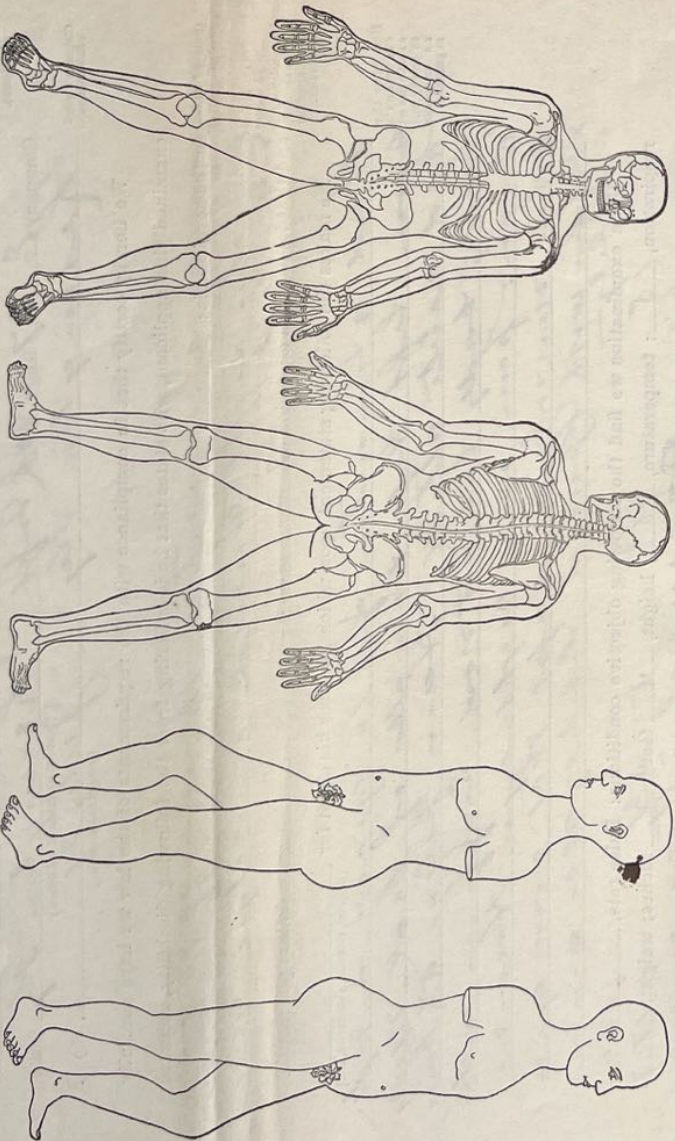
*[Handwritten initials]*

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

"I hereby certify that Dr. W. B. Bell and Dr. J. P. Nelson, and  
Dr. M. R. Robinson were personally present and actually participated in the  
examination of And. Hummel, the claimant in this case, on \_\_\_\_\_ day  
of July, 1897 (Signature) J. P. Nelson

(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 \_\_\_\_\_, 1897 (Signature) \_\_\_\_\_



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 certifi-  
cate contain a full description of the physical condition of the claimant at the time, which shall  
include all the physical and rational signs and a statement of all the structural changes. [Ex-  
tract from Section 4, Act of Congress approved July 25, 1882.]



# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 263,971

Name of claimant.

Andrew Annibal

Address of Board.

Lawrenceburg  
Kentucky

P. O.

State.

Claimant's post office address.

Company N 1<sup>st</sup> Reg't Cavalry  
Lexington Ky # 216 east 3<sup>rd</sup> St

September 12<sup>th</sup> 1890

[Date of examination.]

Cause of disability.

Simple debility rheumatism sciaticum, defective  
right aneurysm of rectum, general debility lumbago  
and sciatica. He receives a pension of \$8<sup>00</sup> dollars per month.

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

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

I am very weak & thin, my right shoulder and arm of the back and in my legs severe pain in both big toes, I am bedridden on right side of leg and one eye sight has had vision in my leg.

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

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

Pulse rate, 96 96 120, respiration, 18 18 26, temperature, 98 2/5;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
height, 5 feet 5 1/4 inches; actual weight, 112 1/2 pounds; age, 70 years.

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

Simple debility. Muscles are soft and atrophied from want of use. As the appearance of advanced senility. Rheumatism. Compensative muscular movements some of which are atrophy of muscles from this all his motions are very slow and he complains of pain in joints when moved. When on toes & heels can't arise without assistance. He suffers more pain in damp weather. No actual limitation of motion.

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.

Neuralgia. He has no localized neuralgia the pains he complains of are rheumatic being mostly in joints and in inclement weather. Defective sight V. R. 1/20 V. L. 1/20. Cause simple, hypermetropia. In operation of affection of deep sphygma. Blush in circulation. Pus in fistula in nose or in place.

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

Has several small, irregular hemorrhoids. Not bleeding but at times causes some trouble from them and has not for several years. General debility. This is embraced under simple senility. The complaints of pain in leg and feet, some stiffness and no effort to rheumatism sciatica, no enlargement of superficial nerves no history of any recent trouble of this kind. The superficial veins of both legs below knee are varicose in tendency to ulcerating in large tumors being about size of a pea. He has a small central hernia about the size of a hen egg in incision above the middle of Pore posts ligament on right side. Sent specimen of mitespace in incision dullness in mitespace pedema cyanosis & hyperemia June 34-33-35. No redness or dullness.

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

Some days 1015. If albuminuria eyes. We find that the aggregate disability for carrying a support by manual labor is due to (continued)

A. S. Caldwell, Pres. N. S. Karmay, Secy. Bishop W. C. Treas.

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



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

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

"I hereby certify that Dr. H. Caldwell, Dr. C. H. Kavanaugh, and Dr. Bushnell, were personally present and actually participated in the examination of Andrew Campbell, the claimant in this case, on 17 day of September, 1899."

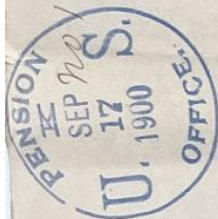
(Signature.)

C. H. Kavanaugh

(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

Andrew Campbell  
Co. A, 1st Jan's Reg't

APPLICANT FOR

No. 26,397

DATE OF EXAMINATION:

September 17th, 1899

BOARD.

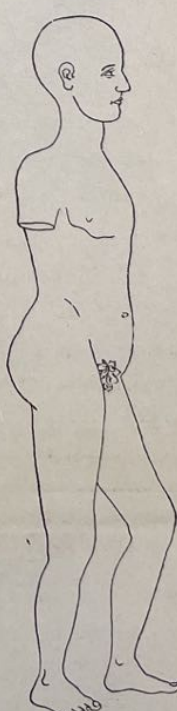
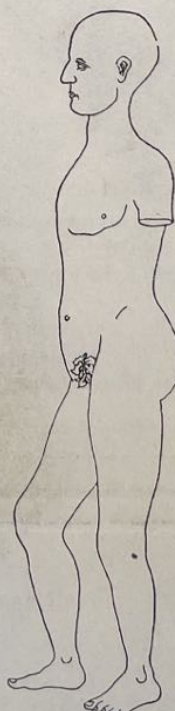
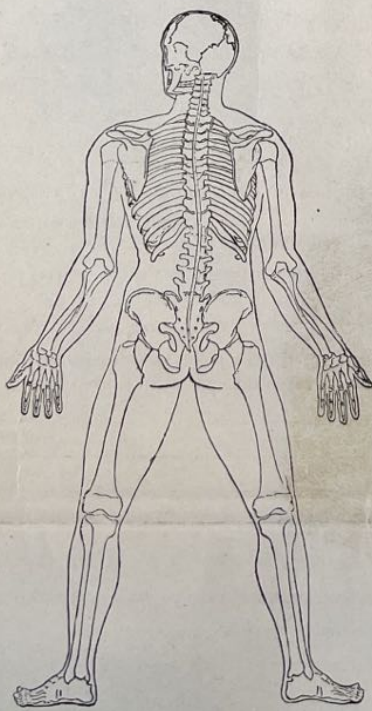
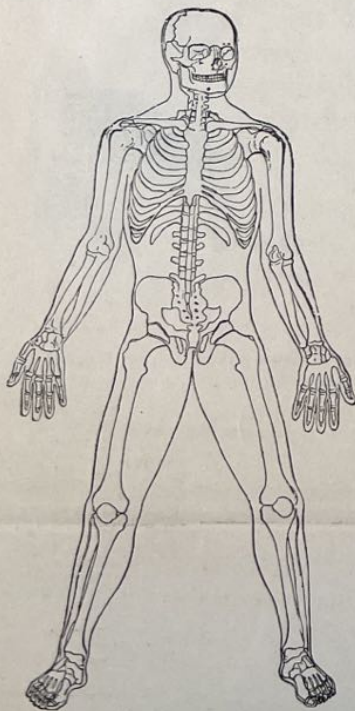
H. Caldwell, Pres.,  
C. H. Kavanaugh, Sec'y,  
Bushnell, Treas.,

Post office, Lawrenceburg

County, Madison

State, Kentucky

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



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

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



# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No. 963971

Address of Board.

P. O.

State.

[Date of examination.]

Insurance  
Andrew Hamigal  
 [Bank.] Company of Reg't Kans Coy  
Louisburg P. O.  
Kentucky State.  
September 12<sup>th</sup> 1890

He receives a pension of \_\_\_\_\_ dollars per month.

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

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

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

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

Pulse rate, \_\_\_\_\_, respiration, \_\_\_\_\_, temperature, \_\_\_\_\_,  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet \_\_\_\_\_ inches; actual weight, \_\_\_\_\_ pounds; age, \_\_\_\_\_ years.

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

J. B. Examination Continued  
Seriously and rheumatic, not due to  
vicious habits and warrants a rate of  
\$12.00 disabilities are permanent  
No other disability found to exist

The actual or probable origin of every existing disability must be fully set forth.

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

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

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

A. G. Caldwell Pres W. K. ... Sec'y B. S. ... Treas.

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



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

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

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.) \_\_\_\_\_

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

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

(Signature.) \_\_\_\_\_

# SURGEON'S CERTIFICATE

IN CASE OF

*Andrew Hummel*  
Capt. 1st Reg't Mass Inf

APPLICANT FOR *Increase*

No. *963971*

DATE OF EXAMINATION:

*September 12, 1899*

*A. Caldwell*, Pres.,  
*W. H. ...*, Sec'y,  
*Bishop Wash*, Treas.,

BOARD.

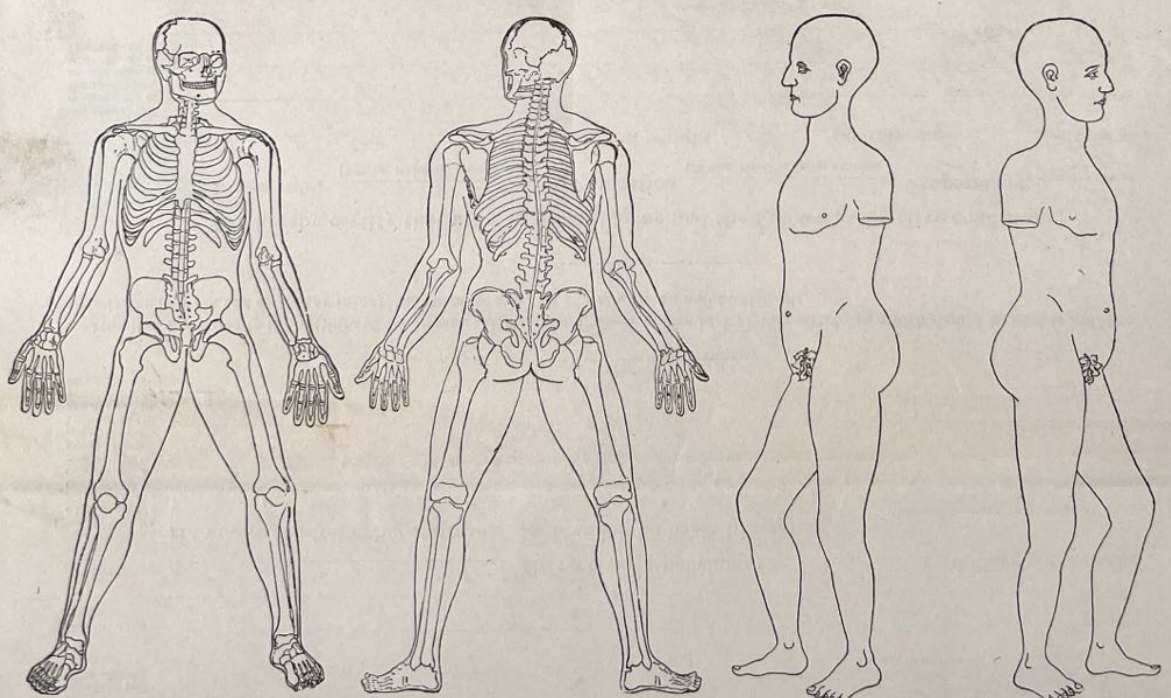
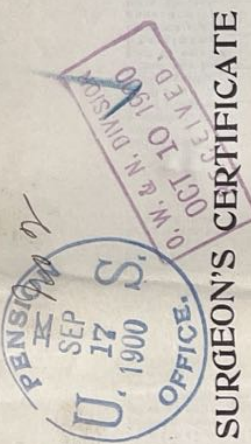
Post office, *Summerville*

County, *Sumner*

State, *Georgia*

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

*Wm. ...*



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.]