

Dear Patron:

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BEST AVAILABLE COPY.



THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 603,164

VETERAN John Knight

RANK Private

SERVICE Co C 1st CD 9 Jenn H Reg

CAN No. 13386

BUNDLE NO. 39

Subs

Knoxville

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

21.50 2/4/17

JAN 27 1917, 191

FEB 4 - 1917
Canceled
Dues

Certificate No. *623164*

Class *ACT OF MAY 11, 1912*

Pensioner

Soldier *John Knight*

Service *C 11 & 9 Tenn Cav*

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ *21.50* to *Nov 4*, 1916
has this day been dropped from the roll be-
cause of *death Jan 11, 1917.*

3487946
Exec No.

JOHN KNIGHT,
SCRANTON ARK
623164

Very respectfully,

W. H. Campbell
Chief, Finance Division.

PLATE DESTROYED

RECALL FEB 1 1917

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

493.817

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, September 21, 1887.

Respectfully returned to the Commissioner of Pensions.

John Hight, a Private of Company C,
 11th Regiment Tenn. Cav. Volunteers, was enrolled on the
 27th day of May, 1863, at Lebanon, 3 yrs,
 and is reported: Mustered in Aug. 13, 1863, at Camp
 Nelson, Ky. Roll from enrollment to
 Feb. 29, 1864. (first roll on file.) Absent
 captured Feb. 22, 1864, near Wirmans
 Mill, Lee, Co., Va. Regtl. Return for
 January, 1864, at Wirmans, Mill, Lee, Co.,
 Va. (first on file.) does not report him
 absent, or otherwise. Co. Returns. Co. &
 Regtl. Books. & Regtl. Hospital Records
 not on file.

The Records of this Office, furnish no
 further information, as to presence, or
 absence, time called for, and no further
 evidence of disability.

R. C. Dwyer,

Assistant Adjutant General.

(Signature)

353
18

PO

493,817

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 18th, 1884.

Respectfully returned to the Commissioner of Pensions.

John Wright, a Private of Company "C",
11 Regiment Tenn. Cav. Volunteers, was enrolled on the
27 day of May, 1863, at Lebanon 3 years,
and is reported: on roll from enrollment to Feb. 29
64, absent. Captured Feb. 22, 64, near
Museum's Mill Lee Co. Va. Same to April,
30/64, May & June, 64 present. Same to
Dec. 31/64, Sub. rolls not on file. Roll of
Co. "I" 9 Tenn. Cav. to which transferred,
from Dec. 31/64 to April 30/65, ^(4 months muster) presence or
absence not shown. Another roll for March
& April 65, reports him absent sick in Hospital
at Knoxville Tenn. Mustered out on Ind.
muster out roll at Knoxville Tenn. May 24/65,
a private. Name also borne as John Knight.
Returns of 11 Tenn. Cav. prior to May 64, not on file. Co. was
in action at Museum's Mill Va. Feb. 22/64.

Prisoner of War Records, show him
Captured in Lee Co. Va. Feb. 22, 64.
Confined at Richmond Va. Mar. 9, 64,
jailed at City Point Va. Mar. 21, 64,
reported at College Green Barracks Ind.
Mar. 24, 64. Admitted to Hospital Dir.

1. Annapolis Md" same day Cause not
given. No other evidence of disability and
no further information on said records.
Company Return (S) 9th Term, leave for April 1865, shows
him absent sick. Nature of sickness not stated. No
evidence of alleged disabilities. Regt. Receipt Records
of either Organizations, not on file.

W.H.P.
M.J.B.
83m
S.H.S.
C

M. P. ...
Assistant Adjutant General.

(3-464.)

M. W. J.

Southern Adjutant General's Office
DIVISION

JUN 6 1887

Department of the Adjutant General's Office
BUREAU OF PENSIONS, RECEIVED

WASHINGTON, D. C., June 3, 1887.

Respectfully returned to the

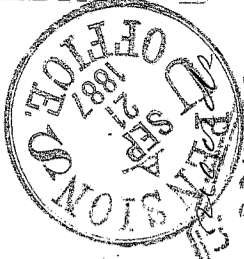
Adjutant General, N. S. Gramp.

For a further report from
the record of his office
showing whether the
within named soldier

was present with his
company from enrollment
to February 22, 1864,
and whether treated in
regimental hospital, at
Camp ~~McLean~~ *Argonne*
1863; and ~~whether~~ *whether*
hospitalized ~~at~~ *at*
name of the disability
be furnished, of which

Commissioner.

(8607-50 M.) (C 6-089)



By *A. C. ...*

SOUTH
SEP. 22. 4
493 847

John Knight,
Law, Co. 11 Iowa, Cav.

Wm. O. McLean
Acting Commissioner

203
18

(3-060.)

S. A. W.

~~Encls~~ DIVISION.

W. 78

Department of the Interior,

PENSION OFFICE,

240 West 2d.,

1883.



Respectfully requested of the ADJUTANT

GENERAL U. S. A. a report of service and dis-

ability in the case No. 493817, of

John Knight
private 1st term Co.

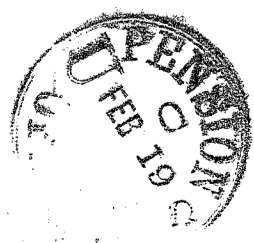
Disabled by Chronic Diarrhea
and weak breast.

Contracted about
March, 1864.

Discharged May 24, 1865.

Please furnish full
military history.

Wm. A. Kelley
Commissioner.



DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Arkansas, County of Logan, ss:

On this 18th day of June, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, John Knight who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Brown, county of Logan, State of Arkansas; and that he is the identical person who was ENROLLED at Camp Nelson on the 27 day of May, 1863 as a Private, in Company I Ninth Regiment & Co. C. 11 Regiment (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 Knopville Tenn, on the May day of May, 1865. (State name of war, Civil or Mexican.)

That he also served _____ as to _____ (Here give a complete statement of all other services, if any.)

Validity as to execution S. A. Cuddy, Chief, Law Division.

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, 6 feet inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was, Farmer; that he was born 14th day of May, 1840 at Hanilton Co. Tennessee, Illinois, Tennessee and Arkansas.

That his several places of residence since leaving the service have been as follows: Illinois Tennessee and Arkansas (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 623164. That he has _____ applied for pension under original No. 623164.

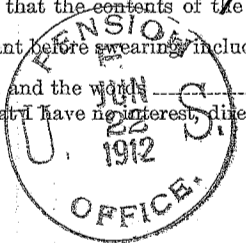
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Brown, county of Logan, State of Arkansas.

Attest: (1) H. L. Bauer (2) H. L. Gardner John Knight (Claimant's signature in full.)

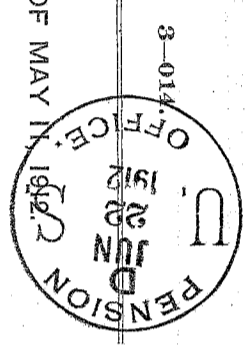
Subscribed and sworn to before me this 19 day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing including the words _____

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



E. H. Thompson (Signature.) Notary Public (Official character.)

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



CLAIM FOR PENSION.

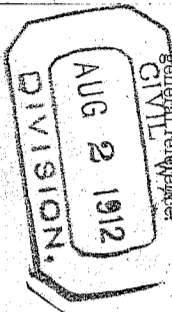
Certificate No. 629164

Name, J. W. Kincaid

Service,

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



ACT APPROVED MAY 11, 1912.

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

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

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

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

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

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

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

RECORD & PENSION OFFICE
NO 2271972
WAR DEPARTMENT

3-404 a-c

To: *J. V. M.*
Dir. *J. V. M.*, Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *July 22, 1903*

Respectfully referred to the Chief of the

Record and Pension Office, War Department,

requesting a full military and medical his-

tory of the soldier *and personal*
description.

No other report on file.

Serial No. 6093-16 H.

Name, *John Reynolds,*

Co. *H. 1st Reg't. 10th Cavalry*

B. F. Warr Commissioner.

0-4

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, JUL 22 1903

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

John James Felt

born abt. as right

Co. B. 11th Tenn Cav.

and Co. I. 9th Tenn Cav.

military records

furnish nothing

additional to

former statement

submitted.

Age 19 yrs. Farmer,

born in Hampton Tenn,

blue eyes, light hair,

fair complexion. H. 5 ft. 10 in.

RECEIVED
JUL 23 1903
SOUTH DIV.

PENSION
OFFICE
U. S.
JUL 23
1903

The medical records show him treated as follows:

No record found
additional to that
furnished in statement
dated Mar. 1884, based

BY AUTHORITY OF THE SECRETARY OF WAR:

Garment

Chief, Record and Pension Office.

Per *M.*

(328-a-c)

No. 271831

WAR DEPARTMENT,

Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., Mch 1, 1884.

SIR:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 493817, with such information as is furnished by the records filed in this Office, viz: that John Knight, Private Co. C. 11 Tenn. Cav. entered Division 1. G. H. Annapolis. Md. Mch 24. 1864 with Debilitas and returned to duty May 27. 1864, and that John Knight Private Co. I. 9 Tenn. Cav. was admitted to Asylum G. H. Knoxville. Tenn. April 26. 1865 from Field with Debility, and discharged from service May 24. 1865. remarks. By order of War Department. The records of Hospitals at Annapolis. Ind from Mch to Nov. 1864 furnish no additional evidence in this case. No records of the Regiment on file.

By order of the Surgeon General:

To the
Commissioner of Pensions.

per *LMB*

N. F. Pope
Assistant Surgeon, U. S. Army.
(125)

M. L. C.

Act of June 27, 1890, as amended by act of May 9, 1900.

DECLARATION FOR INVALID PENSION.

STATE OF Arkansas }
COUNTY OF Logan } ss:

On this 17th day of June, A. D. one thousand nine hundred and 1905 personally appeared before me, a Notary Public within and for the county and State aforesaid, John Knight, who, being duly sworn according to law, declares that he is 65 years of age, and a resident of Morrison Bluff county of Logan, State of Arkansas, and that he is the identical person who was ENROLLED at Lewington Ky under the name of John Knight on the 4th day of May 1865 as a Private in Co. C, 11 Regiment and Co. B, 9 Regiment Tennessee Volunteer Cavalry [Here state rank, and company and regiment in the Army, or vessel, if in the Navy.] in the service of the United States, in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at Knoxville Tenn, on the 4 day of May 1865 That he also served _____ [Here give a complete statement of all other services, if any.]

That he was _____ 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, 6 ft; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born April 4th, 1840 at Morrison, Tenn

That his several places of residence since leaving the service have been as follows: Pully Mill Johnson Co. Ills., Pettus Bluff Ark + Morrison Bluff Arkansas [State date of each change, as nearly as possible.]

That he is suffering from disability of a permanent character, not the result of his own vicious habits, which incapacitates him for the performance of manual labor in such a degree as to render him _____ [Wholly or partially.] unable to earn a support, to wit: for Disease of heart and digestion organs and Genual Disabilities and Kidney & Bladder disease and Rheumatism of feet & Leg [Here state cause of disability, as age, or name of disease, or nature of injury.]

That he is is a pensioner. That he has _____ heretofore applied for pension. No 623164 [If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]

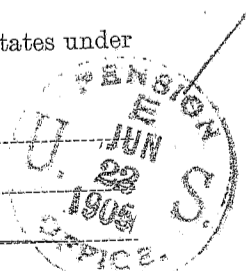
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of June 27, 1890, as amended by the act of May 9, 1900.

That his POST-OFFICE ADDRESS is Morrison Bluff Ark. county of Logan, State of Arkansas

That he hereby appoints _____ [If he desires to employ an attorney.] of _____ his true and lawful attorney to prosecute his claim.

Attest: (1) R Embury
(2) S D Sherburne

John Knight
[Claimant's signature in full.]
mark



Also personally appeared R. E. Mahoney, residing at Wilkes
 and S. D. Sherburne, residing at Morrison Bluff, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and
 saw John Knight, 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 25 years and one 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.

R. E. Mahoney

S. D. Sherburne

(Signatures of witnesses.)

SWORN to and subscribed before me this 17 day of June, A. D. 1905

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

[L. S.]

Validity accepted
 S. A. Cuddy
 Chief, Law Division
 per L. L.

George Herin
 Notary Public
 (Official character.)
 expires April 2-1908

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 a certificate has been filed in the Bureau of Pensions for general reference.

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.

Oct 6 23. 164

Act of June 27, 1890, as amended by act of May 9, 1900.

OST

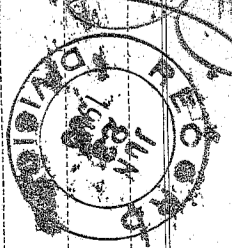
CLAIM FOR PENSION.

INVALID.

Name: John Knight
 Service: Co-11 Tenn. Cav.
29 Tenn. Cav.



FILED BY



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 Arkansas, County of Logan ss:

On this 2nd day of August A. D. one thousand eight hundred and ninety, personally appeared before me, A Notary Public in the County and State aforesaid, John Knight

aged 46 years, a resident of Pattersons Bluff County of Logan State of Arkansas, who, being duly sworn according to law, declares that he is the

Identical John Knight 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

Camp Nelson Ky, on the 1st day of April 1862, as a Private in company (C) in the 11 regiment

Tenn Cavalry vols., and was honorably discharged as a Private at Knoxville Tenn on the 24th day of May 1865

That his personal description at the time he enlisted was as follows: Age 18 years; height 6 feet, inches; complexion light; color of hair light; color of eyes Blue; was born at Hamilton Co. Tenn; occupation when enlisted Farmer

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

That said disability is Weak Breast + Chronic Diarrhea

That by reason of said disability he is incapacitated from the performance of manual labor, which renders him unable to earn a support three fourths of his time

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. 66,966 which is Pending

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.

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 Pattersons Bluff County of Logan

State of Arkansas Fee of Attorney to be \$10.00

George Davis John Knight

(Two persons who can write sign here.)

Involving 493 817
38553
9/16

CLAIM FOR PENSION

ACT OF CONGRESS, APPROVED JUNE 27, 1890.

DECLARATION.

John Knight Applicant.
Co. C - 11. Regt.

Tennessee Cavalry Vols.

Enlisted *Apr 1st* 1862

Discharged *May 24* 1865

Claim pending No. 65966

Pattersons Bluff, Logan Co. Arkansas.

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

Date of execution *Aug 2/90*

Noty 10-31-90 R.D.

UNSOLICITED LETTERS

From Parties who have Tested the

PIONEER CLAIM AGENCY OF T. W. TALLMADGE,
WASHINGTON, D. C.

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

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

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

NORTH MADISON, Ohio, Jan. 16, 1888.
Allow me to thank you for the very efficient way you prosecuted my claim. It was through your colossal figuring and managing that my pension was granted. I will board your name for all time.
SAM'L BUTTERMORE, Co. D, 178th O. V. I.

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

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

WEST NANTICOKE, April 11, 1887.
I have received my pension all right and I cannot express my feelings for the interest you have taken in my behalf. You have my thanks, and I will do all the favors I can in getting claims for you.
HIRAM W. BROWN, Co. E, 132 Pa. Vols.

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

Also personally appeared *George Davis*, residing at *Patterson Bluff*
who has known the claimant..... years,
and *Jeff Johnson*, residing at *Patterson Bluff*
who has known the claimant..... years,

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 *John Knight* 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.

George Davis
J. P. Johnson
(Signature of affiants.)

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

Sworn to and subscribed before me this *2nd* day of *August* A. D. 1890, and I hereby certify that the contents of the above declaration, &c., were fully made known, read, and explained to the applicant and witnesses before swearing, including the words..... erased, and the words..... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Baile
(Official signature.)
Natay Public's
(Official character.)

NOT JUNE 27, '90.

3-402.

Certificate No. 623164

Name, John Knight

Department of the Interior,

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

McKay Grand

Commissioner.

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

Answer. Rachel Melvina Knight. Rachel Melvina Hampton

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

Answer. 1867 Henderson Guthrie

Third. What record of marriage exists?

Answer.

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

Answer.

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

Answer. James W Knight July 3 1868 Mary A Knight Nov 22 1870
Jacobs W Knight Feb 18 1872 Thomas R Knight May 15 1875
Charles S Knight March 15 1880

Date of reply, May 4, 1898

John Knight

(Signature.)

0-8

5301b750m1-98

REIMBURSEMENT.

Claimant Addie Wages ✓ Pensioner John Knight ✓
 Street and No. _____ Class Invalidee ✓
 P. O. Scranton ✓ Law Act of May 11, 1912 ✓
 State Arkansas ✓ Agency Group 2 ✓

Rate, \$ 21.50 ✓ Last paid to Nov. 4, 1916 at \$ 21.50 ✓
 Last illness commenced Dec. 17, 1916 Date of death Jan. 11, 1917 ✓
 Accrued pension \$ 48.73 ✓

AMOUNTS CLAIMED.		CHARGES APPROVED.	DEDUCTIONS.	
Physicians' bills	\$	\$ <u>23.00</u> ✓	State aid	\$
Medicine		<u>1.00</u> ✓	Assets	<u>16.00</u> ✓
Board			Insurance	
Nursing and care			Amount waived	
Rent				
Living expenses for pensioner				
Undertaker's bill		<u>40.75</u> ✓		
Livery				
Cemetery charges			TOTAL	<u>16.00</u> ✓
OTHER EXPENSES.			SUMMARY.	
			Charges approved	\$ <u>64.75</u> ✓
			Deductions	<u>16.00</u> ✓
			Amount approved	<u>48.75</u> ✓
TOTALS		<u>64.75</u> ✓		

Approved for 48.73 ✓

May 28, 1917, Geo. J. Gosson Examiner.
 MAY 28 1917 W. V. ... Reviewer.
 MAY 28 1917 ...

Department of the Interior,
PENSION OFFICE.

Oct 20, 1883.

Sir:

Please furnish this Office a report of hospital treatment in the Claim No. 493817, of John Knight, late a priv. Co. D. 1st Tenn Cav., from the data given below.

1. Disability from Chronic Diarrhoea and weak breast contracted while a prisoner at Bell's Island Va. in March 1864. from exposure

2. Treatment, as follows: Treated at Annapolis Md Gen Hospital in Sept. 1864. 10 weeks, also in Genl Hospital Knoxville Tenn. in March 1865 until discharge. Has also treated in Regt Hospital at Camp Nelson Ky. in Aug. 1863

3. The Adjutant General's report shows: none received

4. Discharged May 24, 1865, at Knoxville Tenn

Very respectfully,

J. M. Dudley
Commissioner.

The Surgeon General U. S. A.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Arkansas
County of Logan } ss.

On this 5th day of March, A. D. one thousand nine hundred and 7, personally appeared before me, a Notary Public within and for the county and State aforesaid, John Knight, who, being duly sworn according to law, declares that he is 67 years of age, and a resident of Morrison Bluff county of Logan State of Arkansas; and that he is the identical person who was ENROLLED at Levinton, Ky. under the name of John Knight, on the 14 day of May, 1862, as a Private, in Co "H" Regiment and Co. "D" 9th Regiment Tennessee Volunteer Cavalry (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 Knoxville Tenn (State name of war, Civil or Mexican) on the 4th day of May, 1865. That he also served _____ (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 6 feet _____ inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was farmer; that he was born 4th April, 1840, at Hamilton Tenn.

That his several places of residence since leaving the service have been as follows: Morrison P.O. Tenn and, about to 1869, then moved to, Johnson Co. Shelby Mill, P.O. Ills., about 9 years, then moved Logan County, Arkansas, near by where he now lives (State date of each change, as nearly as possible.) That he is _____ a pensioner. That he has _____ heretofore applied for pension No 623164 (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

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

That his post-office address is Morrison Bluff, county of Logan State of Arkansas

Attest: (1) M J Heerin (2) John Ashour John Knight (Claimant's signature in full.)

Also personally appeared M. J. Heerin, residing in Morrison Bluff and John Ashour, residing in Morrison Bluff, 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 John Knight, 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 27 years and 2 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted
S. A. Cuddy,
Chief, Law Division.

SUBSCRIBED and sworn to before me this 5th day of March, A. D. 1907,
per T. A. Cuddy and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. s.]

M. J. Heerin
John Ashour (Signatures of witnesses.)
My commission expires April 2 - 1907 Notary Public (Official character.)

W. D. R.
3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 623164

Name, *John Knight*
Service, *Private, Co. B, 11th*

Regiment and Co. B, 11th
of
Seaman John T. Coakley

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 name of office must be certified by the proper State, county or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



AN ACT

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

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

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

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

APPROVED: February 6, 1907.

6-803



Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

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

State of Arkansas, County of Logan, ss:

On this 20th day of June, A. D. one thousand nine hundred and

three, personally appeared before me A. Cravens

a Justice of the Peace within and for the County and State aforesaid,

John Knight, aged 59 years, a resident of the Township
of River County of Logan

State of Arkansas who, being duly sworn according to law, declares that he is

the identical John Knight who was ENROLLED on the 14th

day of _____, 18 68 in Private Co. 6th U.S. Cavalry 2nd Regiment
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

Tennessee Volunteer Cavalry in the service of the
United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Knoxville Tenn., on the 4th day of May, 18 65

That he has not been employed in the military or naval service otherwise than as stated
above
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he is _____ unable to earn a support by manual labor by reason of Disease of heart
(Here name the disease or
and digestive organs and general debility
injuries from which disabled.

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

applied for pension under application No. _____ That he is a pensioner under Certificate No.
623164.
(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 June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints with full power of substitution and revocation,

A. B. Webb of Washington D.C.,

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That
his POST-OFFICE ADDRESS is Brown, County of

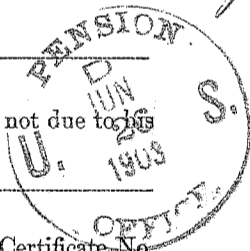
Logan, State of Arkansas

John Knight
(Claimant's Signature.)
mark

1. A. F. Cravens

2. J. H. Cravens

(Two witnesses who write sign here.)



ATTY FILED.

Also personally appeared C. F. Cravens, residing at Spiegelville Ark, and W. A. Cravens, residing at Spiegelville Ark, 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 John Knight, claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of 15 years and 15 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

C. F. Cravens
W. A. Cravens
 (Signatures of witnesses.)

Sworn to and subscribed before me this 20th day of June, A. D. 1903, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____

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

[L. S.]

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

Record Division
 Certificate covering
 Dec 27 1904
 30 1888

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A 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.

Off 623164 PM
 045
 Acts of June 27, 1890, May 9, 1900.

SOLDIER'S APPLICATION.

Name: John Knight
 Service: 99th Army Corps
Co. 11. Gen. Cav.
793,877

Address: Spiegelville Ark.

NOV 1903

FILLED BY
H. B. Webb
Washington
D.C.

Date of Execution: _____
 Printed and for sale by John F. Sherry, Claim Bank Printer,
 418-416 Ninth Street, N. W., Washington, D. C.

DISABILITY AFFIDAVIT.

State of Arkansas
County of Luzern ss.

In the Matter of the Original INVALID Pension Claim No. 493817
of John Knight

ON THIS 10th day of October A. D. 1883 personally appeared before me, a
Notary Public in and for the aforesaid County, duly authorized to administer
oaths John Knight, aged 39 years, a resident of
Prairie View in the County of Luzern and State
of Arkansas, well known to me to be reputable and entitled to credit, and who,
being duly sworn, declares in relation to his claim for pension as follows: My Post-office address is Prarie View

Arkansas
(Give present address in full.)

For 18 years immediately preceding my enlistment into the service of the United States on the 10th
day of May 1862, I resided in the following named places Horison
Hamilton County Tenn
(Give all the places in which you resided during the period above stated prior to your enlistment.)

and my occupation was that of a Farmer

Since my discharge from said service on the May day of 1865, I have resided in Horison
Hamilton County Tenn and Quyers Mill, Johnson Co,
Ill Prarie View Luzern Co Ark
(Give the name of each place with date of any change of residence.)

and my occupation has been that of a Farmer

I further state that the disability for which I claim a pension arises from Chronic Diarrhea
which was contracted from exposure Bell Island March 1864
(Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.)

From my said discharge to the present time, I have received the following medical treatment for said disease.....

Dr. Mills Red clay Ga Dr. Rheinhardt Horison Tenn
(Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them
are deceased, so state.)
deceased and Dr. Moss Horison Tenn deceased
and Dr. Trammell Quyers Mill, Ill

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases.....

Chronic Diarrhea and Melancholy of Breast
(Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.)

for which I was treated by Dr. Chas. Marshall
(Name and address and date of treatment.)

And during all of the said time my physical condition and ability to perform manual labor has been as follows :.....

In 1867 & 1868 I was not able to do
[State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what
manual labor at all and since
period or periods; giving the dates as nearly as possible, you have been prevented from following your usual occupation,

then I have been prevented from doing
manual labor at least one third of the time

I further state that the entire service rendered by me is as follows :..... Enlisted in U.S.A.
[Here claimant should state the date of enlistment and dis-

11th Penn. Volunteers in May 1863 and
charge of each term rendered by him whether in the army or navy; and the company or regiment, or name of vessels in which
discharged in May 1865
he served.

and that I have not served in the army or navy either prior or subsequent thereto.

L. E. Gray
A. J. Baker
[Two witnesses who can write sign here.]

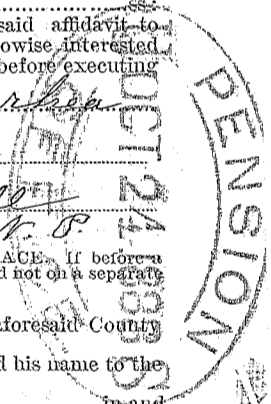
John Knight
Claimant

STATE OF Arkansas COUNTY OF Logan

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to
affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested
in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing
said affidavit..... Exposure traced back to various districts

interlined

W. C. Powell
Official Signature.



NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC OR JUSTICE OF THE PEACE. If before a
JUSTICE OR NOTARY, then CLERK OF COUNTY COURT must add his certificate of Official character hereon, and not on a separate
slip of paper,

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 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 thereunto is genuine.

.....
Clerk of the.....

FILED BY
A. B. WEBB,
WASHINGTON, D. C.

11:17
John Knight
FOI

CLAIM OF
John Knight

DISABILITY AFFIDAVIT.
No 493817.

A

DECLARATION FOR ORIGINAL INVALID PENSION.

A

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

State of Arkansas }
Logan County, } ss.

On this 10th day of August, A. D. one thousand eight hundred and eighty three personally appeared before me, Bella of the Circuit Court, a court of record within and for the County and State aforesaid, John Knight aged 39 years, a resident of the Town of Prairie View, county of Logan, State of Ark, who being duly sworn according to law, declares that he is the identical John Knight who was ENROLLED on the 1st day of Apr, 1867, in Company C of the 11th Regiment of Tenn Cav commanded by Dave Cassel and was honorably DISCHARGED at Knoxville Tenn on the 24 day of May, 1868; that his personal description is as follows: Age, 39 years; height 6 feet 6 inches, complexion fair; hair light; eyes, blue

That while a member of the organization aforesaid, in the service and in the line of his duty at Bella Island, in the State of Virginia on or about the 1st day of March, 1868, he contracted Chronic
Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

Quarries & weak Breast which a
prisoned at Bella Island - caused by
exposure from which he had
never recovered - & is still disabled
He claims Pension on account of
Weak Breast & Chronic Quarries

That he was treated in hospitals as follows: Indianaapolis, Maryland
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
and Knoxville Tenn

That he has not been employed in the military or naval service otherwise than as stated above. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in Town of Prairie View in the State of Ark, and his occupation has been that of a farmer

That prior to his entry into the service he was enrolled a farmer. That he is now very much disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States

He hereby appoints, with full power of substitution and revocation, A. B. WEBB of WASHINGTON, D. C., his true and lawful attorney to prosecute his claim. That he has not received not applied for a Pension. That his POST-OFFICE ADDRESS IS Prairie View county of Logan State of Arkansas

Claimant's signature, John Knight
J. P. Hampton
W. E. Judson

Also personally appeared *J. J. Hampton*, residing at *Bellevue Ark* and *Jacob Knight*, residing at *Patton Bluff Ark*, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw *John Knight*, 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.

Witness to the mark of Jacob Knight
H. S. Sadeer
Richard Garner

J. J. Hampton
Jacob Knight
 (Signatures of witnesses.)

Sworn to and subscribed before me this *10th* day of *August*

A. D. 188*3*, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

[SEAL.]

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

H. S. Sadeer
 (Signature.)

Clark Circuit Court
 (Official character.)
Logan Co. Arkansas

U AUG 27 1883 S
 OFFICE.

INVALID.
 CLAIM FOR PENSION.

ORIGINAL.

John Knight Applicant
 Regt. *11th Regt*
 Vols.
 Enlisted *Apr 1*, 18*62*
 Discharged *May 24*, 18*62*

A. B. WFBP,
 WASHINGTON, D. C.

FILED BY

The claimant's identity and loyalty and must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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.

Please give or send this blank to some one who may need it.

READ LAW AND INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT.

3-044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Arkansas }
COUNTY OF Leflore } ss:

On this 7th day of March, A. D. one thousand nine hundred and 17, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Addie Hayes, aged 48 years, a resident of Scranton, County of Leflore, State of Arkansas, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of John Knight, who was a pensioner of the United States by certificate No. 623164, on account of the service of Soldier (Name of soldier or sailor.) in Co. Co. 11, Tennessee Cav (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.) That pension was last paid to 62 Nov 11, 1916

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? John Knight

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Soldier

- 3. If decedent was pensioned as an invalid soldier or sailor—
 - (a) Was he ever married? (Answer yes or no.) Yes
 - (b) How many times, and to whom? One time
Melvin Hampton
 - (c) If married, did his wife survive him? (Answer yes or no.) No
 - (d) If so, is she still living? (Answer yes or no.) Yes
 - (e) If not living, give full names and dates of death of all wives _____
 - (f) Was he ever divorced? (Answer yes or no.) No
 - (g) If so, is the divorced wife still living? (Answer yes or no.) _____ (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death _____

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No

5. Is any such child still living? (Answer yes or no.) _____

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid None

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No

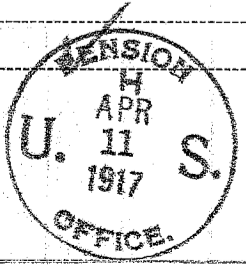
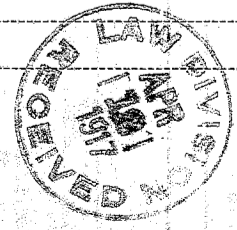
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written _____

9. Who was the beneficiary named in each policy? _____

10. What was the relation of each beneficiary to the pensioner? _____

11. Were the premiums paid by the deceased pensioner? _____

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account _____



13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no

14. Did the deceased pensioner leave any money, real estate, or personal property?

15. If so, state the character and value of all such property \$ 16.00 Cash

16. What was the assessed value (last assessment) of the real estate?

17. How was the pensioner's property disposed of? none

18. Did pensioner leave an undorsed pension check? (Answer yes or no.) no

19. What was your relation to the deceased pensioner? Daughter

20. Are you married? (Answer yes or no.) yes

21. What was the cause of pensioner's death? Pneumonia

22. When did the pensioner's last sickness begin? 17th Decr 1916

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? 11th day January 1917

24. Give the name and post-office address of each physician who attended the pensioner during last sickness

Dr. E. H. Lips
Scranton Ark.

25. State the names of the persons by whom the pensioner was nursed during the last sickness

Addie Wages

26. Where did the pensioner live during last sickness? With Addie Wages

27. Where did the pensioner die? At her home

28. When did the pensioner die? 11 day of Jan 1917

29. Where was the pensioner buried? Ellsworth Arkansas

30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) no

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<u>Dr. E. H. Lips</u>	Physician		23 00 ✓
	Medicine		1 00 ✓
	Nursing and care		
<u>Smith Trading Co.</u>	Undertaker		\$ 40.25
	Livery	<u>Credit Card</u>	16.44
	Cemetery		24.00
	Other expenses and their nature:		24.75 Bal
<u>Medicine</u>			50
	TOTAL		\$ 48.25
			64.75

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes

That my post-office address is No. _____, on _____ street,
town or city of Scranton, County of Logan,
State of Arkansas

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Addie Wages
(Claimant's signature in full.)

Also appeared E E Coleman and W L Brown who, being duly sworn, say that they saw Addie Hayes, the claimant, sign name (or make _____ mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no

2. When did the pensioner die? 11th Jan 1917

3. Did pensioner leave any property? If so, state its character and value no

4. We knew pensioner 10 years. We believe above statements to be true because _____

Name E E Coleman Name W L Brown

P. O. Address Scranton Ark P. O. Address Scranton Ark

Subscribed and sworn to before me, this 7th day of March

A. D. 1917; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is _____

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 28, 1908.

X J A Jarrard (Signature) Justice of the Peace (Official Character)

CHIEF, LAW DIVISION.

STATEMENT OF ATTENDING PHYSICIANS.

PER [Signature]

date. Indicate on file to cov.

Give date of the pensioner's death Jan. 11, 1917

Give date of commencement of pensioner's last sickness Jan. 1, 1917

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Had Dr. Grubbe (Personal Physician) two weeks prior to my seeing him with the whole family at my house.

During what period did you attend the pensioner? Jan 1, 1917 - Jan 11, 1917

State nature of disease from which pensioner died Acute Cardiac Dilatation

Following an attack of Acute Lobes Pneumonia

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Mrs Addie Hayes

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes -

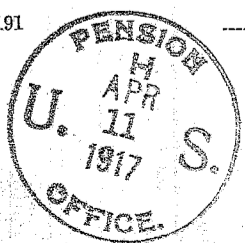
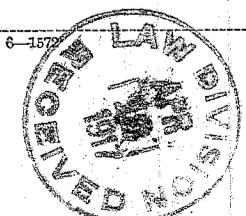
Has your bill been paid; if so, by whom? No.

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

Apr. 7, 1917

E N. Lipe, M.D. Attending Physician.



Attending Physician.

20
DROPPED
W.C. Dept. B

APPLICATION FOR REIMBURSEMENT.

Law Certificate No. 628,164

Arthur W. ...
Deceased Pensioner.

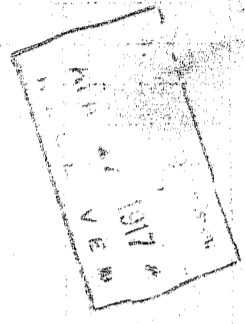
Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty and of payment thereof purports to be made, or who knowingly or willfully makes or aids or assists in the making, or presents or attorney or other paper or writing in such prosecution, and who knowingly or willfully makes or aids or assists in the making, or presents or attorney or other paper or writing in such prosecution, shall be deemed to have committed an offense against the laws of the United States, and shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.



The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

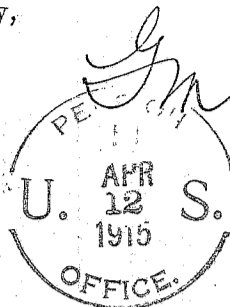
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please 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 widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JOHN KNIGHT,
SCRANTON ARK
623164



Commissioner.

No. 1. Date and place of birth? *Answer. April 1840 near Harison Tenn*
 The name of organizations in which you served? *Answer. Co. J. 4th Regiment of Tenn Cavalry and Co. B. 11. Regiment Tenn Cavalry*
 No. 2. What was your post office at enlistment? *Answer. Harison Tenn*
 No. 3. State your wife's full name and her maiden name. *Answer. Rachel Melissa Hampton*
 No. 4. When, where, and by whom were you married? *Answer. Aug. 1867. Harison Tenn by minister Guthrie*
 No. 5. Is there any official or church record of your marriage? *no*
 If so, where? *Answer.*
 No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.*

name
 No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer. name*

No. 8. Are you now living with your wife, or has there been a separation? *Answer. Dead*

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

John W. Knight	July the 3-	1868
M. A. Knight	Nov	22 1870
J. W. Knight	Feb	14 1872
J. M. Knight	May	10 1874
J. B. Knight	May	15 1876
C. J. Knight	March	5 1880

Date *April 7 1915*

(Signature) *John Knight*

Act of June 27, 1890.

O. ler Pending

INVALID PENSION.

623164
Huron

Claimant, John Knight

P.O., Pattersons Bluff

County, Logan

State, Ark

Rank, Private

Company, C

Regiment, 11th Tenn. Vol. Inf. 9th Tenn. Vol. Cav.

Rate, \$ - per month, commencing August 11, 1890

Disabled by dis of heart, digestive organs and general debility

RECOGNIZED ATTORNEY.

Name, J. H. Palluadger

Fee, \$ 10 Agent to pay.

P.O., Wash., D.C.

Articles filed, none, 189 .

APPROVALS.

Submitted for Adm. June 2, 1891 / J. W. Schmitt, Examiner.

Approved for

Approved for disease of heart, digestive organs and general debility \$ 8.00

Admission

Pratt

Legal Reviewer.

No other notable disability shown

Bidwell M.D.

Medical Referee.

June 19, 1891

July 2, 1891

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

Pensioned from , 18 , at \$, for

SERVICE SHOWN BY RECORD.

Enlisted May 27, 1863, and honorably discharged May 24, 1865

Re-enlisted , 18 , honorably discharged , 18

Declaration filed August 11, 1890, alleges permanent disability, not due to vicious habits, from rotach breast and chronic diarrhoea.

Claimant does not write

J. H. C.

LAW: _____

Reissue to _____

Claimant, John Knight

P. O., _____ Rank, Private

County, _____ Company, "C" 11th Tenn. Col. Cav.

State, _____ Regiment, "I" 9th Tenn. Col. Cav.

Rate, \$ _____ per month, commencing _____

ACT OF JUNE 27, 1890.

Revision under Departmental Decision of May 27, 1893, and Office Orders (No. 225) of June 9, 1893. and (No. 240) of August 26, 1893.

Respectfully referred to the Medical Referee for his opinion whether, under the above decisions, the pensioner is entitled to his present rate of \$ 8.00 ?

The pensioner is entitled to _____ for 8.00.

(Call attention to any pending claim for increase, former pension and rate under another law, or other essential fact.)

May 21st, 1894. H.H. Drough, Reviewer.

Capt. W. F. Fetherstonburgh
Dec. 18, 1894, Medical Referee.

NOTE.—If the present rate is continued on the above action, cut off the remainder of this blank at this point.

Reference for Notice of Reissue under another Law, Reduction, or Dropping.

Respectfully referred to the Chief of the Finance Division for Notification Sec. for legal notice to _____

ACT JUNE 27, 1890.

D. L. Ham.

Increase INVALID PENSION.

Claimant, *John Knight*
P. O. *Morrison Bluff*
County *Logan*
State *Oklahoma*

Rank *Private*
Company *C*
Regiment *11 Tenn Vol Cav and 9 Tenn Vol Cav*

Rate, \$ _____ per month, commencing _____

Pensioned for _____ inability to earn a support by manual labor

no RECOGNIZED ATTORNEY. REJECTED *W.P.*

Name *None* Fee, \$0
P. O. _____ Agent to pay.

Referred July 8-05 Med Ex APPROVALS. *D. P. Gray Ex*
Referred, September 26, 1905 Med Ex *M. A. McDonald Ex.*
Submitted for *November 21, 1905* *W. P. Pegues*, Examiner.

Approved for *disease of heart and digestive organs and general debility.*

Approved for *disease of heart and disease of digestive organs, rheumatism and debility*

Disease of Kidneys and bladder and rheumatism, new, relieved June 22, 1905

Aggregate of disabilities shown, permanent in character: \$ *8*

Disease of liver & acidity, cured 71
Nov. 24, 1905 *J. W. Culleton*
Legal Reviewer. *S. D. Duv*
Re-Reviewer.

Wilson
Medical Examiner. *Wilson*
Medical Reviewer. *Wilson*
Nov. 24, 1905 *Wilson*
Medical Referee.

Enlisted *May 27*, 186*3*; honorably discharged *May 24*, 186*5*
Enlisted _____, 186____; honorably discharged _____, 186____
Pensioned at \$ *8* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *June 22*, 1905, alleges *increase - disease of heart and digestive organs, general debility, Kidney and bladder disease or rheumatism.*

Claimant does *not* write. Certificate not filed. *No*, M. C.

SOUTHERN.

27

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, *John Knight,*
P. O. *Logan,* Rank *Private*
County *Logan,* Company *Co. I,*
State *Arkansas,* Regiment *11. Tenn. Vol. Regt. 9. Tenn. Vol. Regt.*
Rate, \$ _____ per month, commencing _____

Pensioned for _____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

REJECTED ✓
Nov. 28/03

Name *A. B. Webb,* Fee, \$ *2*
P. O. *Washington, D.C.* Agent to pay.

APPROVALS.

Submitted for *Nov. 12, 1903* *Chas. R. Douglass,* Examiner

Approved for *disease of heart and digestive organs and general debility.*
Disease of heart order 711

Approved for *disease of heart and liver and general debility*

Aggregate of disabilities shown, permanent in character: \$ *0*
No increase

November 14, 1903 *W. P. McNeill* Legal Reviewer.
Arthur D. ... Re-Reviewer.

James ... Medical Examiner.
W. R. ... Medical Referee.

Enlisted *May 27,* 186*3*; honorably discharged *May 24,* 186*6*
Enlisted _____, 186____; honorably discharged _____, 186____
Pensioned at \$ *8* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *June 26,* 1903, alleges *increase pensioned cause: disease of heart, digestive organs, and general debility.*

Claimant does *not* write.
Certificate not filed.

No, M. C.

SOUTHERN.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 622.164

Name of claimant.

John Knight

Address of Board.

FORT SMITH P.O.
ARKANSAS State.

Claimant's post-office address.

Company C. 1st Regt. Co. I. 9th Tenn. Cav.

Brown, Logan Co. Ark.

August 19th 1903, 190
[Date of examination.]

Names of disabilities.

Dis. of Heart & Digestive Organs. Gen. Debility. Weak Breast.

Chronic Diarrhea.

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

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Dis. of Heart & Digestive Organs for 15 yrs.

General Debility for 6 yrs. - Weak Breast for 40 yrs. Chr. Diarrhea during and since service.

Birthplace, Tennessee; age, 60 years; height, 5ft. 11"; weight, 125 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, farmer; permanent marks and scars other than those described below,

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

Pulse rate, 108-120-125; respiration, 17-10-21; temperature, 98-1/2°
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Cardiac Hypertrophy. Apex beat 3" below and 2-1/2" to right nipple line. Increased area heart sounds. Dulness extends from 1" beyond right border sternum to 1" to left nipple line, from lower border 3rd rib to 8th rib. Dyspnoea, but no murmurs, cyanosis or edema.

Liver enlarged, extends from 1-1/2" below costal border right nipple line. Epigastric tenderness. Tongue furred; skin tawny. No further evidence of Dis. of Digestive Organs or Chr. Diarrhea. Spleen and other abdominal viscera normal.

Chest 33-1/2, 34-1/2, 36-1/2. Resp. murmur clear over both lungs. Percussion normal. No evidence of Weak Breast at this time.

No lim. of motion, enlarg't of joints or contraction of tendons.

Urine 1010, clear, acid; no albumin; no sugar.

We find that the aggregate permanent disability for earning a support by manual labor is due to Dis. of Heart & Liver, and General Debility, not due to vicious habits, and warrants a rate of \$10.00 a month.

No other disability found

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

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

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

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

N. W. Bailey, Pres.

Pres.

J. H. Keels, Sec'y.

Sec'y.

Geo. W. Myers, Treas.

Treas.

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. W. F. Failey, Dr. I. R. Ellis, and Dr. G. F. Hynes, were personally present and actually participated in the examination of John Knight, the claimant in this case, on the 19th day of August 1902, 1902."

(Signature.)

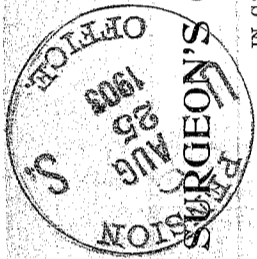
[Handwritten Signature]

(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 _____, 1902."

Witnesses to mark.

(Signature of Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

JOHN KNIGHT,

Co. C., 11th Regt. I. 9" Tenn. Cav.,

APPLICANT FOR INCREASE

No. 622, 164

DATE OF EXAMINATION:

19 AUGUST 19th 1902

BOARD:
W. F. Failey, Pres.,
I. R. Ellis, Sec'y,
G. F. Hynes, Treas.,

Post office, FORT SMITH

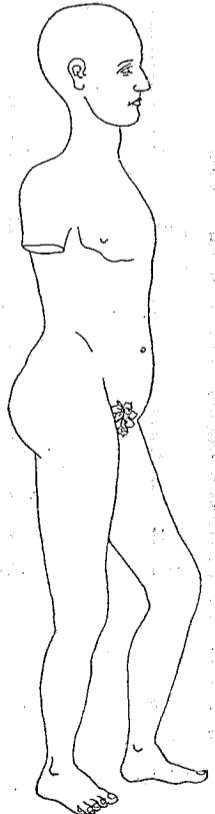
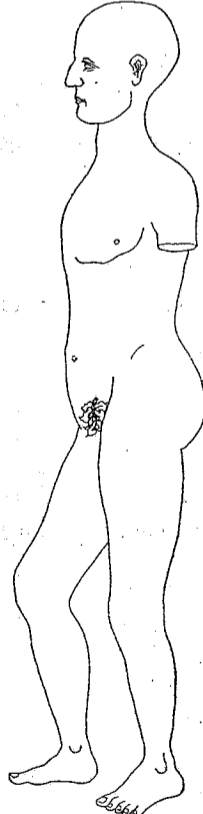
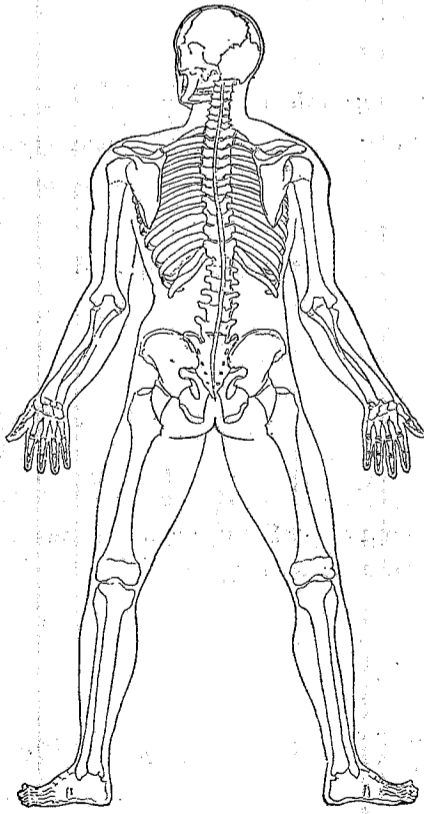
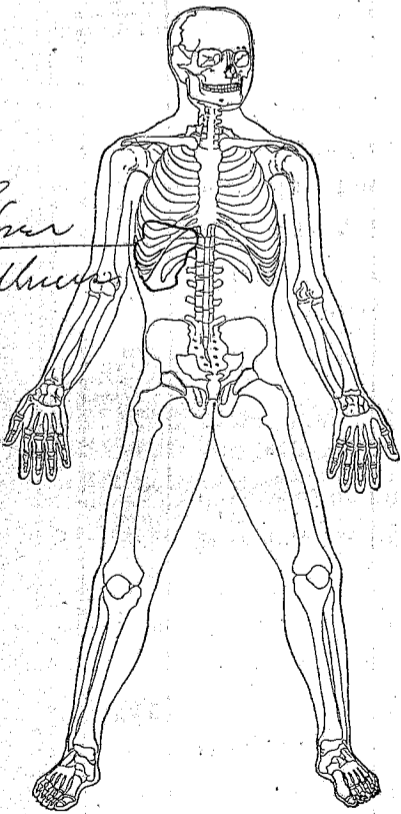
County, SEKASTIAN

State, _____

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

[Handwritten Signature]

*Liver
disease*



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

(Paste continuation sheet, if used, here.)

FEBRUARY 1907

3-1089.

Roll No.

Name:

Knight, John

Certificate No.

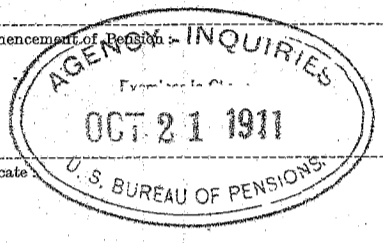
26623164

Disability:

See Co. 11 Tennes. Cav.

Rank, Co., and Regiment:

Rate and commencement of Pension:



Class of Certificate:

Date of Certificate:

7 Dec. 1907

Remarks:

P. O. Address:

*Brown, Ark.
Logan Co.*

KNOXVILLE, TENN.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Company

Names of disabilities.

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

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

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

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

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

Dyscrasia Pension Claim No. *623164*
 Name of claimant: *John Knight*
 Address of Board: *Fort Smith, Ark.* P. O. State. *Ark.*
 Company: *C-11 Reg't Tenn.*
 Claimant's post-office address: *Morrison Bluff, Ark.*
 Date of examination: *Nov 1*, 190*5*

Dyscrasia of heart, liver and digestive organs, kidneys and bladder, simple debility and rheumatism. He receives a pension of *8* dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Heart trouble for 8 years, dyscrasia of liver and stomach for 20 years, bladder trouble for 4 years, rheumatism for 4 years, debility for 2 years.*

Birthplace, *Tenn.* age, *65* years; height, *5-11*; weight, *130* pounds; complexion, *light*; color of eyes, *blue*; color of hair, *dark*; occupation, *farmer*; permanent marks and scars other than those described below, _____

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

Pulse rate, *90-96*; respiration, *18-20-20*; temperature, *98 1/2*;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
Cardiac hypertrophy, approx 3 in below and 2 1/2 in to right of nipple level - area of heart sounds increased, dullness extends from 1 in to left of nipple line to 1 1/2 in beyond right border of sternum and from 1 1/2 to 8 1/2 ribs. Dyspnea. No cyanosis. No oedema. No murmurs.

Lungs normal. Chest 32 1/2 - 33 1/2 - 35. respiratory murmur clear over both lungs. Liver enlarged 1 in below costal border on right nipple line. Spleen normal. Tongue furrowed. Nutrition poor. No proasarility. Palms of hands soft and doughy.

Tenderness over last lumbar vertebrae and both sciatic exits. Atrophy of gluteal muscles.

urine normal. acid. Char. 1020. no albumin or sugar. no resting for kidney or bladder. Spleen and other abdominal organs normal.

He gives the appropriate proasarment disability for performing a day's manual labor, due to heart disease, rheumatism, dyscrasia of liver and debility, and age, not due to vicious habits and warrants a rate of \$12.00 a year.

W. H. Bailey, Pres. J. S. Smith, Sec'y. G. F. Myers, Treas.

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

Marginal entries must never be made.

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

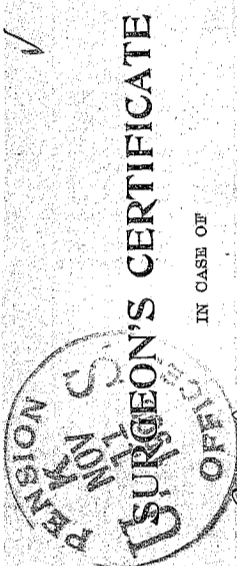
(This certificate to be filled in and signed by the secretary when the full board is present.)

I hereby certify that Dr. W. W. Bailey, Dr. Geo. F. Hyman, and Dr. James A. Smith, were personally present and actually participated in the examination of John Knight; the claimant in this case, on 1 day of Nov, 1905.
(Signature.) James A. Smith

(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 _____, 1905."

Witnesses to mark. _____ (Signature of Applicant.) _____



SURGEON'S CERTIFICATE

IN CASE OF

John Knight
Co. C, 11 Reg't 57th Me.

APPLICANT FOR Increase

No. 623-164

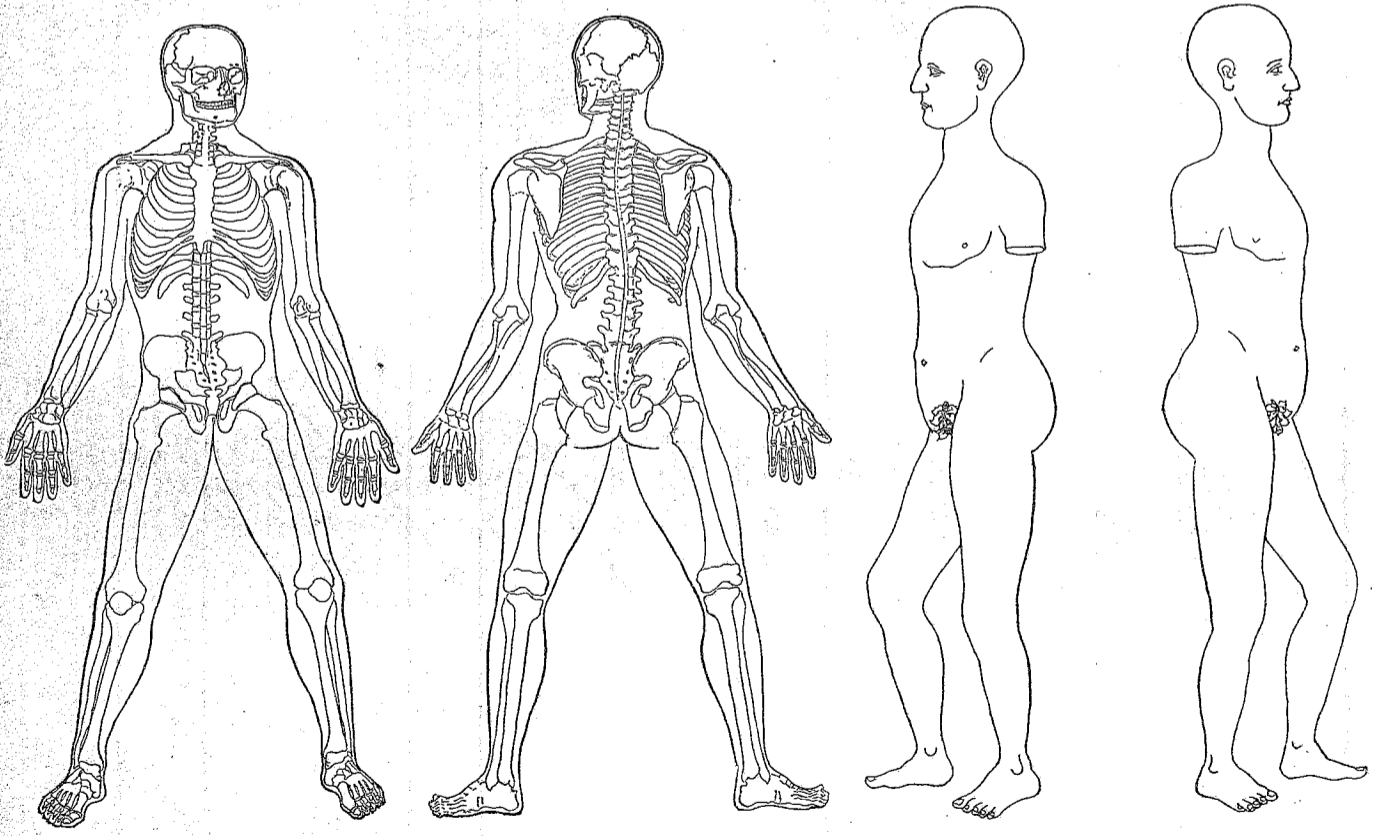
DATE OF EXAMINATION:

Nov 1st, 1905

BOARD.
Pres., W. W. Bailey
Sec'y, James A. Smith
Treas., Geo. F. Hyman

Post office, Port Smith
County, Sebastian
State, Ark.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 8-552a



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

(Paste continuation sheet, if used, here.)

INVALID

Cert. No. 623,164

Name, John Knight

Rank, Pri; Service, Co. 118 Co. 19 Penn.

Ad. Ser.

Agency: Original Roll: Knoxville
Transf'd, 1, to
" 1, to

Issued Dec. 7 1907
Mailed DEC 9 1907
Rate and period, \$ 12, from March 8, 1907
Deductions: 0
Disability: a ✓

Issued May 8, 1913.
Mailed MAY 9- 1913
Rate and Period, \$ 16⁵⁰, from June 22, 1912
and \$ 21⁵⁰ " May 4, 1913
and \$ 27 " May 4, 1918
Deduction: DEAD
Disability: ACT OF MAY 11, 1912

Issued
Mailed
Rate and period, \$, from
Fee, \$
Issue. Class
Entered
Deductions:
Disability:

Issued
Mailed
Rate and Period, \$, from
Fee, \$
Issue. Class
Entered
Deductions:
Disability:

INDORSEMENTS.

DECEASED
JAN 2 1917
dead

MAR 29 1917 REIMBURSEMENT
J. A. Jarrard
Mc
Fin

Aug. 30, 1910. Status to
War Dept. per request
D.P.

REIMBURSEMENT
ALLOWED
MAY 28 1917

(3-230.)
Act of June 27, 1900.

INVALID. (Series)

Cert. No. 623164

Name, John Knight

Rank, Pvt.; Service, Co. C. 11th & Co. 9th Regt. Vol. Cav.

Original Roll: Troop 110

Agency Transf'd _____, 18____, to _____

" _____, 18____, to _____

Issued July 15th, 1891

Mailed _____, 1891

Rate and Period, \$ 8.00, from _____, 1890

Deductions: Action complete by Board of Revision.

Disability: Incurd of Heart, Digestive organs, & general debility.

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued, _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Entered
Issue Class
Green D

Entered
Issue Class

Entered
Issue Class

Entered
Issue Class

INDORSEMENTS
Ord July 18th 94 St Smith
by 12/95 Remainers with
the Cert^y Bd Revision

REIMBURSEMENT.

Certificate No. 623164

Pensioner John Knight

Class Invalid

Date of Death Jan 11, 1917

Claimant Mrs. Addie Wages

Post Office _____

Scranton
Arkansas

Received APR 11 1917 191

~~May 18, 1917 chkd for bills
Jan. Dr. Lipot druggist &
Ch. signed by Smith st. st.~~

HOOVER

1917	1	11	
1916	11	3	
<hr/>			
2	8	0	21.50
			<hr/>
			43.00
			5.73
			<hr/>
			48.73

Law Division

df

APR 16 1917
FILES
RECEIVED
Army and Navy Division

January 11, 1917.

Mr. J. A. Jarrard,
Scranton, Arkansas.

Certificate on file to cover
date.

Chief, Law Division

Per DC

Sir:

In response to your communication of recent date you are advised that it appears that you were commissioned as a justice of the peace in and for Logan County, Arkansas, from October 31, 1914, to October 31, 1916, and if, as stated, your term was extended to November 30, 1916, there should be filed in this Bureau a certificate from the proper court officer showing that fact, in order for your jurats to be recognized during the time from October 31 to November 30, 1916.

A blank form is enclosed for use in making the certificate, which should include also your present term of office.

Respectfully,

G. M. SALTZGABER.

Commissioner.

enc.

DC/mep

*DC 623,164
John Knight, death.
C.C. 11 Term. last.*

APR 16 1917
FILES
RECEIVED
Army and Navy Division

A & N Division
Reimb.

CGH-BBC

May 18, 1917.

Mrs. Annie Hayes,
Scranton,
Arkansas.

Madam:

Relative to your claim for reimbursement in the case of John Knight, Inv. Ctf. #623154, you are advised that there should be furnished itemized bills from Dr. E.N. Lige and the person who furnished medicine to the value of fifty cents (\$.50) which should contain the name of the pensioner and show, over the signature of the creditors, by whom paid; or if unpaid that you are held responsible for payment.

If there was no livery or cemetery charges, you should state why these usual expenses were not incurred; otherwise proper bills should be furnished.

The inclosed certificate should be signed by a member of the Smith Trading Company and returned to this bureau.

Very respectfully,

Commissioner.

8/17/10.

B.E.S.

August 30, 1910.

The Auditor for
The War Department.

Sir:

In response to your call of the 15th instant, received the 17th (J. P. 319, 413,938), relative to the case of John Knight, of Morrison Bluff, Ark., late of Co. C, 11th, and Co. I, 9th Tenn. Cavalry, Ctf. No. 623,164, you are advised that the War Department reported on February 18, 1884, that John Night, Co. C, 11th Tenn. Cavalry, was enrolled May 27, 1863, and mustered out April 24, 1865, as of Co. I, 9th Tenn. Cavalry.

Very respectfully,

Commissioner.

4
276
5
150

3-1647.

Act of Feb. 6, 1907.

Cert. 623,164

Name, John Knight

Application filed Mar 8, 1907
Service, J 9 Penn Cas
to 11 " "

INCREASE.

3-1647.

Act of Feb. 6, 1907.

Cert. 623164

Name, John Knight

Application filed Apr 8, 1910

Service, 11499 Term Can

~~Apr 23 1910 Cert~~

~~for rec and proof~~

~~of birth - M & B~~

~~Jan 10 1910 - Cert~~

~~for Census data~~

~~M & B~~

Jan 27 1910 Cert

Census Director for age

of 10 from Census reports

who lived with parents and

and name of Knight

M & B

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 623.164

John Knight

P. O., Brown

County, Logan

State, Ark

Application filed June 26, 1903

Service, J. J. Terry

July 27, 1903, at St. Louis

Smith County, Mo. Ark.

~~Admitted July 27, 1903~~

A. B. Webb - ~~fronkied~~

N. J. P. - ~~570~~

Attorney, A. B. Webb

P. O., City

County, _____, State,

(181 room.)

W. W.

[3-216.]

100 / 5/17

James

Ex'r.

INVALID.

No.

493817

Acts of July 14, 1863, and March 3, 1873.

P. O.

John Smith
Patterson Bluff
Franklin
Logan Co. Ark.

Service:

Apr 5 11 50m. Co.
Apr 9 50m. Co.

Enlisted:

April 1, 1862

Discharged:

May 21, 1865

Application filed:

79 3 16
August 7, 1883

Alleges:

Ch. Chamberlain & Co.

Re-enlisted:

Attorney:

A. G. Webb

P. O.

Present

Recognized.

Contract.

Cert. of Dis. Searched for _____, 18

(12372-15,000)

Notified 9-5-83

Oct. 20 83 Cir. 060. Co. G.
MD. for full and his. Cir 062
S. Va. for Corp data. Cir. 100.
Med Exam Board. at Urbana
Ohio. (S.A.W)

July 11, 1884. Med. Gen. Dr
 N. C. Scarff. Logan Co. Ohio.
 S. C. March 20, 1884. Calamint
 FLA. to furnish test, of Officer as
 comrade showing condition
 GA. from his return from prison
 ALA. to date of discharge, and
 MISS. Surgeon show treatment while
 in service. Med. Gen. cond.
 LA. from discharge to the present.
 TEX. June 3/87. Report of G. G.
 KY. returned for further
 information as to
 TENN. Reg. Treatment
 Mo. Atty. for test, to show
 ARK. length, and extent
 D. C. since discharge
 U.S.C.T.

No.

[3-216 a.]
Schwartz Ex'r.

No. 493817

Act of June 27, 1890.

John Knight
P. O. *Patterson's Bluff*
Logan Co., Arks.
Service: *C 11 Tenn. Cav.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *Aug 11*, 1890.

Alleges: *Chronic Diarrhoea*
Weak Breast.

Any other Claim filed: *493817*

Numerical No. *309554*

Attorney: *T. W. Talbott*

P. O. *Logan Co., Arks.*

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 18 .

131 7000
Feb 3/91 Med Ex at Fort Smith Ark
U.S.A.

MD.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No.

UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 623,164
John Knight.
P. O., Morrison Bluff
County, Logan
State, Ark.

Application filed June 22, 1905.
Service, 6 11 Tenn. Cav
9 9 " "

¹⁹⁰⁵ Granted by J. H. [unclear] at Little
Rock Ark, Ed.

~~027 9 1905
Ed. Smith Ark.
M.D.~~

Attorney, Claimant

P. O.,

County, , State,

(181 100m.)

D.

Ben

Scranton, Arkansas, Jan. 13, 1917.

This is to certify that the undersigned, a duly licensed physician of Scranton, Logan Co., Arkansas attended John Harrison Knight of Scranton, Arkansas from January 3, 1917 to January 11, 1917 and that he died at 12 P.M. January 11, 1917 the result of acute cardiac dilatation following an attack of acute lobar pneumonia.

Very Respectfully,

E. H. Pipes M.D.

The pension accruing from date of last payment to date of pensioner's death in this case is 48.73 and no greater sum is available for reimbursement.

REIMBURSEMENT.

MAY 20 1921

I hereby certify that I hold Sadie Wages responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of John Knight, late a pensioner by certificate number 623164.

(This need not be sworn to.)

Smithy - Grad Co
By Austin Smith

Charleston, Arkansas

Scranton, Arkansas

The Crescent Drug Stores

Charleston, Arkansas

John Knight, No 623 1/2 St

There was no Livery
or country Charges had
private conveyance
Addio Wages

Army and Navy
MAY 26 1917
RECEIVED

SCRANTON, ARK.

April 7 1917

M

John Knight
Scranton Ark

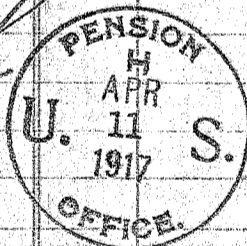
IN ACCOUNT WITH

SMITH TRADING CO.

General Merchandise

1917

Jan 12	To Suit & Coats	15 00	
" "	Shirts	50	
" "	Shoes	2 75	
" 12	Coffin	2 250	
		40 75	
Jan 12	By Cash		16 22
	Amount Due	\$ 24 75	
	<i>Smith & Co</i>		
	<i>By Cash</i>		



A. H. B.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON May 18, 1917.

Mrs. Addie Wages,
Scranton,
Arkansas.

6
210918
ARMY and NAVAL OFFICE
MAY 26 1917
RECEIVED

Madam:

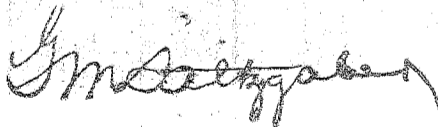
Relative to your claim for reimbursement in the case of John Knight, Inv. Ctf. #623164, you are advised that there should be furnished itemized bills from Dr. E.N. Life and the person who furnished medicine to the value of fifty cents (\$.50) which should contain the name of the pensioner and show, over the signature of the creditors, by whom paid; or if unpaid that you are held responsible for payment.

U. S. ARMY OFFICE
MAY 26 1917

If there was no livery or cemetery charges, you should state why these usual expenses were not incurred; otherwise proper bills should be furnished.

The inclosed certificate should be signed by a member of the Smith Trading Company and returned to this bureau.

Very respectfully,



Commissioner.

3-1663

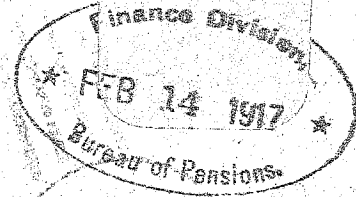
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
THE DISPENSING CLERK,
WASHINGTON, D. C.
DELIVERED IN TEN DAYS.

32467946

died Jan 11 - 1917

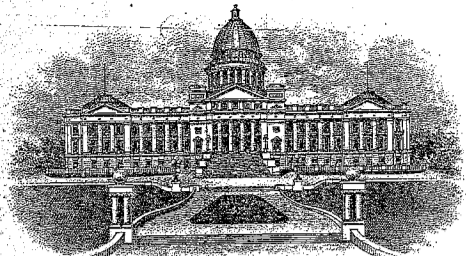


TO THE POSTMASTER:
The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or if the addressee is believed to have removed. Postal regulations prohibit the pensioner from receiving any or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or re-enlistment, the date thereof if known.



STATE OF ARKANSAS

House of Representatives
41st General Assembly



WM. LEE CAZORT, SPEAKER.
H. G. COMBS, CHIEF CLERK.
J. A. JARRARD
Scranton, Logan County

Scranton Ark
April 9th / 17

Hon. Commissioner of Pensions
Washington D.C.

I am enclosing application for
Reimbursement for Burial and last
sickness of John Knight Co. C. 11. Tenn Cav.,
who died on 11th Jan 1917
There was also due him accrued pension
from 6th Nov. until date of death I
presume that you will give this
consideration in connection with the
other he had no property except \$16.44
which was paid on undertaker charges
hoping to get an early reply

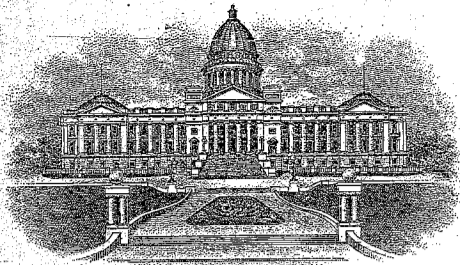
Respy
RECEIVED DIVISION
LAW
APR 11 1917

PENSION
H
APR
U. 11 S.
1917
OFFICE.

J. A. Jarrard
Scranton Ark

STATE OF ARKANSAS

House of Representatives
41st General Assembly



WM. LEE CAZORT, SPEAKER.
H. G. COMBS, CHIEF CLERK.
J. A. JARRARD
Scranton, Logan County

623.164

Knight

3-12-17

MAR 16 1917
BUREAU OF

Hon. Commissioner of Pensions
Washington D C

In Re. Claim of John Knight
Private Co B 11th Regiment Tenn Cavalry

Pensioner died Jan 11th 1917

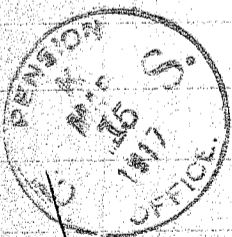
The pensioner did not have funds
with which to pay his burial expense
and other expense of last sickness

There is a balance yet due on this of
\$49.⁰⁰ and there is also due him

two months ~~pension~~ and eleven days
pension from last payment to date of
death will you kindly send proper
blanks for filling out these claims
with proper instructions

Respectfully

J. A. Jarrard
Scranton Ark



JAN 19 1917

For
Pub
2

Swanton, Vt. 1-13-1917

Bureau of Pensions
Washington, D. C.

Sirs:

This is to inform you that
on the 11th of January 1917 at 12 P. M.
according to Doctor certificate herewith enclosed
John H. Knight died.

His certificate of Pension number is 623164

Respectfully
Henry B. Bergarding
Postmaster

Section
No 4

DEPARTMENT OF THE INTERIOR
Bureau of Pensions,
OFFICE OF THE DISBURSING CLERK,
WASHINGTON.

February 1, 1917.

Postmaster,

Scranton, Arkansas.

Sir:

On or about FEB 4 1917 a letter containing a pension check will reach your office addressed to John Knight

Please return it to me immediately upon its receipt as this office is informed that pensioner is dead.

Endorse date of death, if obtainable, in space provided below, and return this letter with said check.

Very respectfully,

GUY O. TAYLOR,
Disbursing Clerk.

Ctf. # 623164

(D-B)

Pensioner died, Jany. 11, 1917.

Kenny B. Borgerding
Postmaster

No. _____ DATE _____ 191

W. L. COLE,

PRESCRIPTION DRUGGIST SCRANTON, ARK.

FOR Mrs. Addie Wages

R

This is to certify
that we furnished
medicine to John Knight
to the amount of 50¢
and charged the amount
to Mrs. Addie Wages.

Crescent Drug Store
by Clyde Spiller

Recession No. 62316

M. D.

SCRANTON, ARK. May 22, 1917

Mrs. Addie Wagon

Scranton, Ark.

IN ACCOUNT WITH

E. N. LIPE, M. D.

TO PROFESSIONAL SERVICES:

Rendevous
John Knight
(cert no. 623164)

From Jan. 3, 1917
To Jan. 11, 1917.

\$ 23⁰⁰

5/22/17

E. N. Lipe, M. D.

RECEIVED PAYMENT

Reissue

ACT OF MAY 11, 1912.
as amended by Act of March 4, 1919.

Cert. No. 623164

Claimant, John Knight
P. O., Brown Rank, Private
County, Logan Service, Co. C, 11. Indiana Cr.
State, Arkansas Co. I, 9. Indiana Cr.

Rate, \$ 16.50 per month, commencing June 22, 1912.

\$21.50 commencing May 4, 1913.

\$27 commencing May 4, 1918.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____ Fee, \$ _____; Agent to pay.

P. O., _____ Articles filed _____, 19 _____

APPROVAL.

Submitted for admission admission Rate \$ 16.50 per month; age 69 years.

Examined by Ed Mch 24, 1913 3 Grant Jarvis Examiner

Reissue from Act of February 6, 1907.

Date of birth, May 4, 1843.

Age not accepted as 70 years at date of filing claim

Length of pensionable service: 1 years, 11 months, 28 days.

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

on account of _____

May 3, 1913, _____ Ed Hall May 6, 1913, _____ Eric Taber

Legal Reviewer.

Re-Reviewer.

Enlisted May 27, 1863; honorably discharged May 24, 1865.

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: 11 years, 11 months, 28 days.

Pensioned at \$ 12 per month, under Act Feb. 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 22, 1912

Age shown by evidence 69 years; date of birth alleged May 4, 1843

Claimant does not write. _____

_____, M. C.

CIVIL WAR DIVISION,
SECTION G, EXR.

BUREAU OF PENSIONS

May 3, 1913.

Cert. No. 623,164

Soldier, John Knight.

Co. 9, 9 Reg't Tenn. Cav.

When Certificate is issued, return papers to Chief Civil War

Division for action on ~~rejection~~
~~non-acceptance~~ of age as 70 at
~~of claim based on age.~~
date of filing claim.
70 years.

J. H. Hall

Encl.
RR

Rev.

Original No. _____

Certificate No. 623.164

Revenue
ACT OF FEBRUARY 6, 1907.

*Ch
Fayetteville*

Claimant, John Knight

P. O., Morrison Bluff

Rank, Private

County, Logan, ~~Seagon~~

Company, B Co. I.

State, Arkansas

Regiment, 11th Tenn. Vol. Cav

Rate, \$ 12

per month, commencing March 8, 1907.

SOUTHERN.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____

P. O., _____

APPROVAL.

Submitted for ad. Nov. 19th, 1907, W. A. M. Grippen, Examiner.

Approved for Admission.

Age over 62.

Rate \$ 12 per month.

Reissues allow under Act of Feb 6 1907. Deduct sub pay -
ment & drop name from rolls under Act June 27, 1890.

Dec. 4, 1907, A. Pratt

Legal Reviewer.

DEC 5 1907

H. Dennis

Re-Reviewer.

Enlisted May 27th, 1863

honorably discharged May 24th, 1865

Enlisted _____, 18 _____

; honorably discharged _____, 18 _____

Enlisted _____, 18 _____

; honorably discharged _____, 18 _____

Pensioned at \$ 8

per month, under Act June 27 - 1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 8th, 1907

Date of birth alleged, April 4th 1840

Age shown by evidence _____

62 years.

Claimant does not write.

W B Cravens

M. C.

CO

H. M. L.

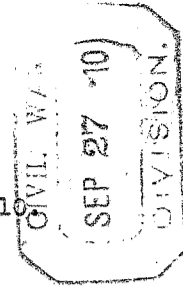
District # 7, Hamilton county, Tennessee, enumerated on the 29th day
of June, 1860.

J. B. Peters, Assistant Marshal.

Names	Ages
Jacob Knight	65
Nancy "	43
John "	17
Jacob "	14
Cordelia "	12
William "	9
Martha "	6

Department of Commerce and Labor
BUREAU OF THE CENSUS
Washington

September 26, 1910



The Commissioner of Pensions,
Washington, D. C.

Sir:

I have to acknowledge the receipt of your letter of
July 1, 1910, " M.L.B. Southern Division, Inv. Ctf. #623,164,
John Knight, Co. C, 118 and Co. I, 9 Tenn. Vol. Cav. "

In response thereto, I am inclosing herewith, a state-
ment showing the names and ages of the family of Jacob and Nancy
Knight, as returned at the Census of 1860, in Hamilton county,
Tennessee.

Very respectfully,

E. Dana Dickard

Director.

688

Inclosure.

Brown

ANTON WEISENFELS, PRESIDENT

GEO. HEIM, MGR. AND TREAS.

JOHN ASHAUER, SECRETARY

GERMAN MERCANTILE CO.

INCORPORATED FOR \$20,000

GENERAL MERCHANDISE

COTTON AND PRODUCE BUYERS

Bracon
MORRISON BLUFF, ARK., 6-20/910

Com. Pensions.
Washington D.C.

Southern Dis.

Cur. Cof 623.164

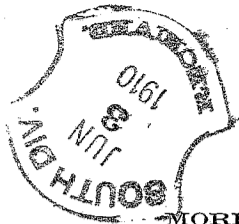
John Knight
Co. "C" 11th and Co. I, 9th Tenn. Vol. Cav.

I lived during the period from 1850 to 1860
at Harrison Hamilton County Tenn. with my parents
Jacob and Nancy Knight



John Knight





MORRISON BLUFF, ARK.,

190

Certificate No 623164
John Knight Co. 11th Tenn Cav.,
and the 9th Tenn Vol., Cav

On this day came before the undersigned a Notary Public within the County of Logan and State of Ark. John Knight and makes oath, that he has no record of any kind of the date of his birth, that his Mother died in Mo. about 3. years ago and that she had the family record but he has never been able to get it nor to know what became of it, but he has kept the date of his birth in his mind and that he was born in the year 1840, and is now past 70. years of age, but has no record of any kind of his age. This 25th day of May 1910 ^{his} John Knight _{mark}
J. A. Jarrard } Sworn and subscribed to before
C. A. Jarrard } me this May 25th 1910
J. A. Jarrard n.p.

MORRISON BLUFF, ARK. *April 24th* 1900

Commissioner Pensions

Washington D C

Application of John Knight
Private Co^d 6th Regament and
Co^d I. 9th Regament Terr. Vol. Cav.
No. 623,164.

For Increase of Pension under
act. of Feb 6th 1907

On this day came the undersigned
before me J. A. Jarrard Notary public in
the County of Logan State of Ark
and makes oath that he was born

the 24th day of April 1841 and
now seventy years of age

This 24th day April 1900

attest Marion Wager & John Knight
his mark

Saw and subscribed to before
me this 24th day April 1900

J. A. Jarrard

N.P.

My accepted
A. Cuddy,
Chief, Law Division



~~Letter 623164~~
John Wright
~~Letter from ...~~

Q.C. 623164 ^{5-page}

617 of 9 Tenn. Cas.

Wm.

SOUTH DIVISION
APR 13 1910
RECEIVED

LAW DIVISION
APR 19 1910
RECEIVED

RECORD
APR 10 1910
DIVISION

RECEIVED
APR 10 1910
LAW DIVISION

Original No. _____

Certificate No. 623164

Increase ACT OF FEBRUARY 6, 1907.

Claimant, John Knight
 P. O., Morrison Bluff Rank, Private
 County, Logan Company, C-11-Tenn. Vol. Cav.
 State, Arkansas Regiment, Co. J. 9 Tenn. Vol. Cav.
 Rate, \$ _____ per month, commencing _____

STATE REPRESENTATIVE.

(Order April 25, 1907.)

REJECTED

Oct 10-10.

Name, _____

P. O., _____

APPROVAL.

Submitted for Rej, Oct 3, 1910, E. M. Brown, Examiner.

Approved for Rejection on the ground that the evidence fails to show, and claimant is unable to furnish satisfactory proof that he was 70 years of age at date of execution of pending claim; consequently, he is not entitled to a rate under Act of Feb. 6, 1907, in excess of his present rate under said act.

Oct. 4, 1910, D. W. Peters Legal Reviewer. Oct. 10, 1910, W. Miller Re-Reviewer.

Enlisted May 27, 1863 honorably discharged May 24, 1865

Enlisted _____, 18 _____ ; honorably discharged _____, 18 _____

Enlisted _____, 18 _____ ; honorably discharged _____, 18 _____

Pensioned at \$ 12 per month, under Act Feb 6-1907.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed April 8, 1910.

Date of birth alleged, April 4-1840.

Age shown by evidence 67 years.

Claimant does not write.

CIVIL WAR

19

OFFICE OF

A. B. WEBB,

Attorney & Counselor at Law, and Solicitor of Claims & Patents.

WASHINGTON, D. C., 1883.

I hereby certify that I am claimant for Pension No _____

Here give the number of claim, if known and the letter of Co. of Regt.

I was late of Company B. _____ 117th Regiment

James Vols, and the following is a full, true and correct statement of all treatment received by me while in the service of the United States to the best of my recollection:

NOTICE!

Here give a full and complete statement of all the treatment you received while in the service. State the names, numbers and location of all Hospitals in which you received treatment, and state whether general, brigade, regimental, division, post, corps or field hospital. State date of entering each and date of leaving. If not treated in the service state that fact.

I 1st entered Reg. Hospital at Camp
July 1863
Nelson, and was treated about 3 months
and next entered Gen. Hospital at Indianapolis
Maryland in Sept 1864 and remained
about 10 weeks.
I entered General Hospital
at Knoxville Tenn in March 1865 and
remained there until I was discharged

Given this 7th day of Sept. 1883

and I further state my Post-Office address is Oranix View

State here the present Post-Office address of claimant.

County of Layan State of Arkansas

Attest J. J. James

John R. Knight
his
Signature of Claimant

This statement must be signed by claimant himself, and need not be sworn to.

HOSPITAL STATEMENT

OF

John Knight

Date of

Co. 6

Regt.

11

Vols.

Seven

Claim for

P. D. Pay

No. *493,817*



FILED BY

A. B. WEBB,

Attorney at Law,

WASHINGTON, D. C.

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

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

Insert character and number of claim. Orig Pension Claim No. 493817
[State above whether for original, increase, or restoration.]
Name and rank of claimant. John Knight, Rank, Pri
Company C, 11 Reg't Gen Vol. Cav Fort Smith Ark State, Ark
[Post-office address of the Board.]
Claimant's post-office address. Patterson's Bluff Ark April 15th, 1891.
[Date of examination.]

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

If 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 Orig
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. In 1864 at Bell's Island Prison acquired above disabilities.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 18; temperature, 101 ²/₅; height, 6 feet _____ inches; weight, 120 pounds; age, 40 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889. Lung expansion. 33 in forced expiration - 36 in forced inspiration. Extension of cardiac sounds and dulness. Apex beat in 6th intercostal space nipple line. No oedema, cyanosis but some dyspnoea. Enlargement of left lobe of liver. Spleen tympanitic. Spleen normal. Gurgles costal. Skin sallow. Nutrition poor. Rectum normal. No other disabilities found to exist.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 4/18 rating for the disability caused by cond. heart, 3/18 for that caused by Ch. diarrhoea, and 3/18 for that caused by cond. liver

W. H. Daily, Pres. J. C. Daily, Sec'y. Mrs. W. W. Daily, Treas.

Continue record of examination here.

Blank lines for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

John Knight
Co. C. 11. Reg't Gen'l Cal. Cav.

Applicant for *Original*

No. *493817*

DATE OF EXAMINATION:

April 15, 189*1*.

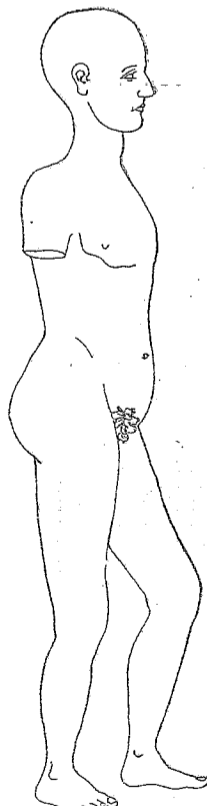
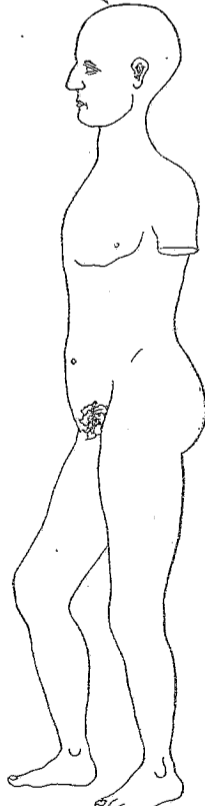
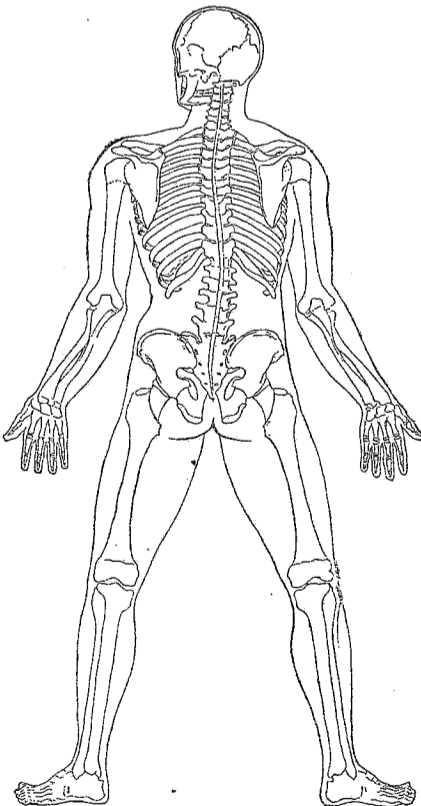
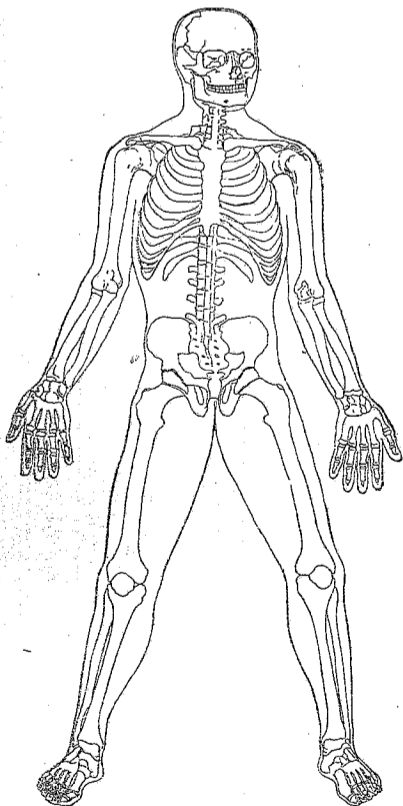
A. H. Pinsky, Pres.,
J. C. Early, Sec'y;
Geo. W. Bennett, Treas., } BOARD.

Post office, *Fort Smith*

County, *Sebastian*

State, *Ark.*

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



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

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

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.

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

Pension Claim No. 623164

Name and rank of claimant.

Jno Knight, Rank, Priv

Claimant's post-office address.

Company C, 1109th Reg't Tennes Vol Cav, Post Smith Ark, State, Pattersons Bluff Ark, Oct 31, 1894

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: Heart break

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

and that he receives a pension of Eight 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 Revision Heart & Nervous disease & General debility

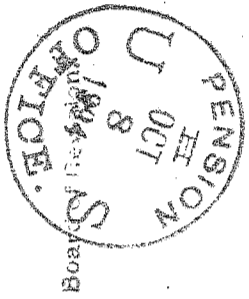
Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 88, 112, 120 respiration, 24; temperature, 98.4; height, 5 feet 11 1/2 inches; weight, 125 pounds; age, 54 years. Nutrition physical appearance and muscular development poor, occupation farmer, habits soft. Lungs normal chest measurements 32 34 - 36 1/2. No systolic murmur heard at cardiac apex, area of dullness not increased. No cyanosis, dyspnea or edema. Cardiac apex pulse not definitely located. Liver slightly enlarged and tender, spleen normal, stomach tender and apparently dilated, spin salivary. Rectum normal. No evidence of diarrhea. Some general debility due to mal nutrition. Claimant disabled by reason of Heart disease and general debility in a degree equivalent to that loss of a hand or foot. No other disability. Found to exist. No evidence of syphilis or vicious habits.

The actual and 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.

Jno D... Pres. Wm. Sibell, Sec'y. J. S. ... Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Geo Wright
Co. C, 11 Reg't A. G. Serr's Cav

Applicant for Revision

No. *623/64*

DATE OF EXAMINATION:

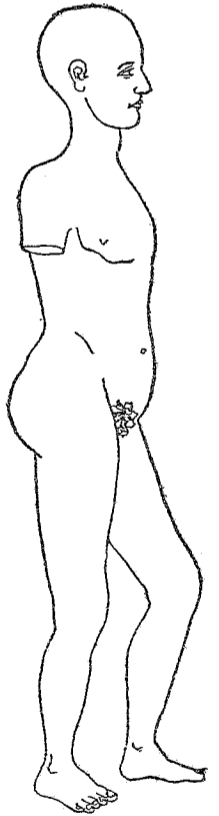
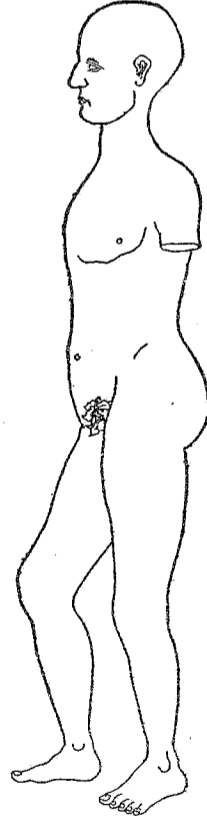
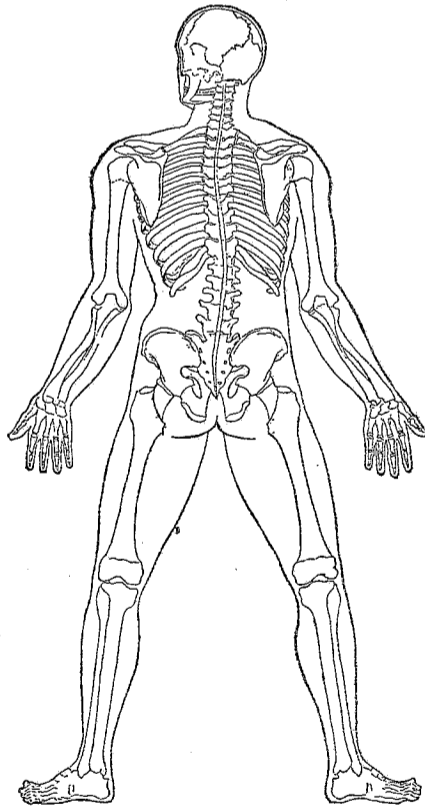
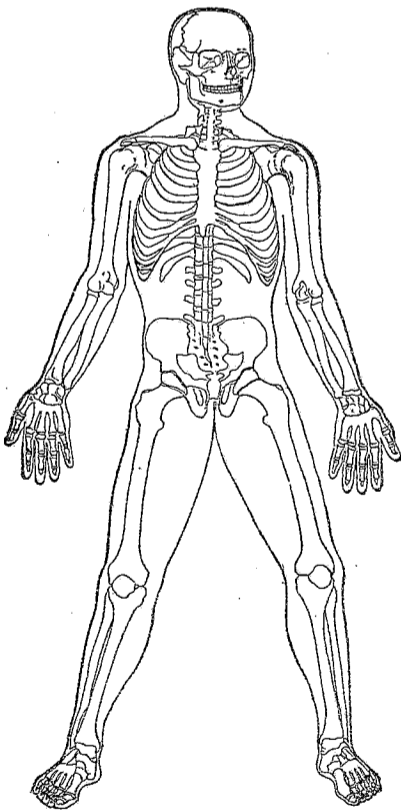
October 31, 189*4*

W. G. ... Pres.,
... Sec'y,
... Treas.,
BOARD,

Post office, *Fort Smith*
County, *Sebastian*
State, *Ark.*

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

W. G. ...
Oct 29/94



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, 1832.]

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

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BEST AVAILABLE COPY.

