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.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

THE NATIONAL ANCHIVES

SOLDIEMS CERTIFICATE

No. 686842

VETERAN Anchor W. Handles

RANK Pair

SERVICE 68. 521 kg. DATA Large

CAN N. 14543

BUNGLE 19. 20

	When the registered letter or parcel accompanying this card is delivered, the Postmaster
u	vill require signature to the receipt on the other side, also on his record of registered deliv
е	ries, and mail this card without cover to address below.
2.13	A penalty of \$300 is fixed by law for using this card for other than official business

Post Office Department.

OFFICIAL BUSINESS.

Lost Office at

RETURN TO:

BUPEAU OF PENSIONS

Post Office at WASHINGTON,

County of Washington, District of Columbia.

	Btf Tr. 686, 847 DEC 13 1904
	REGISTRY RETURN RECEIPT sent., 189.
	Reg. No. Reg. No. C. Prom Post Office at WASHINGTON, D. C.
	*Reg. Letter \ Address of fonathan W. Hazeleh
	Post Office at Frammell Allen Q, Ky
	After obtaining receipt below, the Postmaster will mail this Card, without cover and without postage, to address on the other side.
· · · · · · · · · · · · · · · · · · ·	RECEIVED THE ABOVE DESCRIBED REGISTERED \ \ PARCEL.
	(Sender's name on other side.)
	Sign on dotted lines to the right.
	When delivery is made to other than addressee, the name of both addressee and recipient must appear.
	* Erase letter or parcel according to which is sent.

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3

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3-402.

Answer. Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. Catharino 1850. John R. 1851. Margnet Janu 1853 Lucinda 1854. Amanda. 1857. Narah. 1860. Susan Francis 1864.	Certificate No. 686847 Department of the Interior,
Washington, D. C., January 15, 1898. SIR: In forwarding to the pension agent the executed voucher for your next marterly payment please favor me by returning this circular to him with replies to the questions enumerated below. Very respectfully, Wery respectfully, First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Elizabilith Flazaliji. Inaulin. Elizabilith Madklins. Second. When, where, and by whom were you married? Answer. 18.48: Millian in Placellibrium in alline la Ky Third. What record of marriage exists? Answer. 11 Clarks officer at the Thirdle Ky 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. 18.48. Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. La Tharina 1850. June 1853. Margaet Janu 1853. Answer. 1864.	vame for athan W. Wazelife BUREAU OF PENSIONS,
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, Very respectfully, Commissioner. First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Elizabeth Mazzlifi. Maclin. Elizabeth Madkins. Second. When, where, and by whom were you married? Answer. 1848: Millian. Placelliture in allen Co Ky Third. What record of marriage exists? Answer. 10 Charles officer at Sea Harillo K; 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. 110. Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. 125.1. Answer. 1857. Mazah. 1860. Susan. Answer. 1857. Answer. 1857. Answer. 1857. Mazah. 1860. Susan.	
First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Edge beth Mazelije. Marchen Elge beth Walkins. Second. When, where, and by whom were you married? Answer. Is 48. Millian Blackburn in aller to Ty Third. What record of marriage exists? Answer. in buth officer at Sea Herillo Ty 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. Catherine 1854. John R. 1857. Marguet Janu. 1853. Licinal 1854. Amanda. 1857. Marguet Janu. 1853.	Sir:
First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Charles bethe Mazely. Marchen Chy obeth Madhine. Second. When, where, and by whom were you married? Answer. 1848. Millian a Blackburn in allen Co Ky Third. What record of marriage existe? Answer. In Clarks office at Scott, will by 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. (Catharino 1854. John R. 1851. Margust Janu 1853. Lucinda 1854. Amanda. 1857. Margust Janu 1853.	In forwarding to the pension agent the executed voucher for your next
First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Charles bethe Mazely. Marchen Chy obeth Madhine. Second. When, where, and by whom were you married? Answer. 1848. Millian a Blackburn in allen Co Ky Third. What record of marriage existe? Answer. In Clarks office at Scott, will by 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. (Catharino 1854. John R. 1851. Margust Janu 1853. Lucinda 1854. Amanda. 1857. Margust Janu 1853.	quarterly payment please favor me by returning this circular to him with
First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Elizabeth. Hazeli, marchen. Elizabeth Washins. Second. When, where, and by whom were you married? Answer. 1848. William Markburn in allen to Ky Third. What record of marriage exists? Answer. in burks office at Scatterille Ky 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. Catharine 1850. John R. 1851. Margnet Janu 1853. Lucinda 1854. Amanda. 1857. Margnet Janu 1853.	
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Third. What record of marriage exists? Answer. In Courts office at Scottsville Type 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. Its. Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. Catharino 1850. John R. 1851. Margnet Jane 1853. Lucinda 1854. Amanda. 1857. Marah. 1860. Ausan. Francis 1864.	Answer. Elizabeth Heazelijs, Maicless. Elizabeth Walkins. Second. When, where, and by whom were you married?
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. La Tharino 1850. John R. 1851. Marguet Janu. 1853 Lucinda 1854. Amanda. 1857. Marah. 1860. Susan. Transis 1864.	
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Answer. Catharino 1850. John R. 1851. Margret Jane. 1853 Lucinda 1854. Amanda. 1857. Narah. 1860. Susan Francis 1864.	Answer. 120.
Francis 1864.	
•	
	Date of reply, 189 0-8 (Signature.) 5501b750ml-98

3-1661

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,
OFFICE OF THE DISBURSING CLERK,
WASHINGTON, D. C. RETURN IF NOT DELIVERED IN TEN DAYS.

9863613

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, being a widow, is believed to have remarried; and requires its return forthwith, in any such case, with a statement of the reasons for so doing, and if on account of death or remarriage, the date thereof if known.

To the Chief, Finance Division:

You are hereby notified that check # 963.6/3 for \$7.20 dated FEB 4 1916 in favor of post-office Cer ificate # BOWLING GREEN, KY.

Class Act May 11, 1912 G.D.

Section 4 has been returned to this effice by the Postmaster with the information that the pensioner died Dec 1910 and said check has this day been canceled.

Very respectfully,

GUY 0. TAYLOR,

Disbursing Clerk.

RECORD DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

Briefed by Mr.C.
Claim No. 2m/0 900 871
Briefed by MFL J Claim No. IN/O 900 871 Certificate No. IN 686842
Claimant
Soldier Jonathan W. Hazelih Service B 52 Ky met Inf Additional Service
Service 13 32 Ky meta Inf
Additional Service
No Marclaim, State records 110.13, 1907
No claim, combination records, 190
REMARKS:
Records corrected
G. C. Kniffin Chief Division
0-8 Chief Division

ID. (Series Suns 27, 1890) Cert. No. 686842 Jouathan W. Dazelin Mit.; Service, 68, 520 My. M. Original Roll. Jours Allo Transf'd., 18., to ", 18., to Issued. MM, 27, 1800	
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Disability: 9	

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ACT OF MAY 11, 1912.	18	,18	5
ACT OF MAY 11, 1912. Deduct: Disability: Issued	18	nd Period, \$ 24, from May 2, 48	6
Deduct Part Part			Fee,
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3-1647.	No. Alle Tart No.
Act of Feb.	6, 1907.
Cert. 686, 84	42
Name, Jonathan	* Mazelip
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Application filed Mar-	. 4 ^h , 190 7
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M. Fl.

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Dayre Ex'r.	/
6/13 No.	
Act of June 27, 1890.	
Jonathan W Hazelip	
P.O. Journel	
Allen le. Ky.	
Service: B 52 Ky With Lx	
Enlisted: 24 Sept. 1863.	
Discharged: 7, 1860. Application filed: 6 ace, 1890.	
Alleges:	
Any other Claim filed: Vo	
7	
Numerical No. $347/39$	
Ma Amaria	
Attorney: V.S. Vozelin	
P.O. Leitchfield Kir	
Recognized. Contract	

N. C. S. C. FLA. GA. ALA. Miss. LA. TEX. Ky. TENN. Mo. ARK. D. C. U.S.C.T. 00

3 - 364ACT OF MAY 11, 1912. Cert. No. 686842 per month, commencing, ATTORNEY OR STATE REPRESENTATIVE. (Order April 25, 1907.) Fee, \$.....; Agent to pay. Articles filed APPROVAL. Length of pensionable service: Deductions in service from any cause: ..., 1863; honorably discharged ... Enlisted ; honorably discharged ____, 18 Enlisted ; honorably discharged _____, 18 Length of pensionable service: __ PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed Muy 2	<u>5</u> , ₁₉₁ 2		
Age shown by ovidence 8/		ged Sept 12	, 1830
Claiment does write.	~ 1 /2		
6—3317	/ no		, M. C.

DECLARATION FOR PENSION.

	1	BE FORWARDED WITH THE AP	PLICATION.	
State of Rentue	Ky	County of War	ren	, ss:
On this 23 day of		thousand nine hundred and		personally
appeared before me, a Nota	1/// /// ///	within and		aforesaid,
Conartran W. Ka	Belif who,	being duly sworn according	to law, declares that he is	81
years of age, and a resident of	owling Green	county of	varrey	,
State of Hentucky.	; and that he is the	identical person who was E	NROLLED at Scotts	ville
Kentucky	under th	ne name of Jonath	an W. Hazel	Jr
on the day of Soft	trulier , 1863,	as a VOY.	in 60."/3	
(Here(f		ent in the army, or vessels if in		
in the service of the United States, i	n the Civil	Civil or Mexican.)	var, and was honorably	DISCHARGED
at Bowling Gree	State name of war,	civil or Mexican.)	lannary	1265
That he also served	d'ame	day of	1	., 10
	(Here give a complete statement	of all other services, if any.)		
	· · · · · · · · · · · · · · · · · · ·			
That he was not employed in the mil	itary or naval service of the	United States otherwise tha	n as stated above. That h	is personal
description at enlistment was as follow			0.0.	
eyes, Gellow ; color of ha	<i>a p</i> .		umei	; that he
was born on Septembe	1 12, 1830,	in Edmon	son Go. Ky	
, , , , , , , , , , , , , , , , , , ,			V	•••••
	•••••••••••••••••••••••••••••••••••••••			
That his several places of residen	ce since leaving the service	have been as follows: Ne	ar Iramelin	Allen
Oo. The since his re	(Statedate of each change	a army Full 191	6 and ones 19	0646
and including this	Late he hasre.	idedin Bowling	gebreen Warre	a Contis
That he is a pensioner under ce				er original
No.				·
That he makes this declaration for	or the purpose of being plac	A - A-	e United States under the	provisions
of the act of May 11, 1912. That his post-office address is	1247 Maanolia 8	treet county of	Warren	9
State of Lentucky		County of		, bre
Attest: (1) AUNTO	S 1	1 Canath	an m Han	d I hereby
1) M. n. ma	OPEnnis.	(Cla	imant's signature in full.)	Xe
Subscribed and swort	to before at this 23,	day of May	, A. D. 19/2an	d I hereb 🗢 🚨
certif	y that the contents of the	above declaration wer fully	made known and explai	ned to the
· · · · · · · · · · · · · · · · · · ·		ing the words		
[Ls.] erase	d, and the word 5	t or indirect, in the prosecu	ntion of this ckim.	, added;
y Com, Ex.	Jan Frey	Lanc	Diffane	
Jon, Ex.	fany Il	914, \116	ignature.)	10'
		Wal	vry Ull	blie

CLAIM INSTRUCTIONS ካ of F OR R MAY II, original **PENSION** 1912.

ACT APPROVED MAY II, 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 Sec retary 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 sixtysix 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 ascal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

051

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

FEB 1 5 1916 , 191
Certificate No. 686842
Class 1912
Pensioner Mathan M
soldier Hazelijo
Service 13. 52 Zy Inf
The Commissioner of Pensions.
Sir:
$I\ have\ the\ honor\ to\ report\ that\ the\ name\ of$
the above-described pensioner who was last
paid at \$24, to 1,7
has this day been dropped from the roll be-
cause of Clath Dec 5-1915
Very respectfully
Chief, Finance Division.

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

6—2249

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,

JONATHAN W.HAZELIP, BOWLING GREEN, KY. 686842

G.D.

In Jachgaber Commissioner

No. 1. Date and place of birth? Answer. The name of organizations in which you served? Answer. ... No. 2. What was your post office at enlistment? No. 3. State your wife's full name and her maiden name. Answer. No. 4. When, where, and by whom were you married? No. 5. Is there any official or church record of your marriage? 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. 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 miltary 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. No. 8. Are you now living with your wife, or has there been a separation? Answer. Sweath I Hagelif Born March 10 th 1864

Date afra 5th 1914- (Signature) Janseth

Bolwling Green /2 (Signature) Jose What Man Han eli

0. Sinal No. 686842

SEASTLACT OF FEBRUARY 6, 1907. Claimant, P.O. County Company Regiment, 32 per month, commencing SOUTHERN STATE REPRESENTATIVE. (Order April 25, 1907.) Name, APPROVAL. Approved for Enlisted honorably discharge Enlisted honorably discharged Enlisted ; honorably discharged 12 __per month, under PRESENT CLAIM, ACT OF FEBRUARY 6, 1907. Declaration filed $_{ ext{-}.}$ Date of birth alleged, Age shown by evidence years.

6—810

OF FEB. 6, 1907. Dec aration for Pension

٤	
	State of KENTUCKY, County of WARREN , ss
	On this 2 day of Man-ch. A. D., one thousand nine hundred and Alexed
n.	ersonally appeared before me a
	toresaid, for athor. It Hazelifo, who being duly sworn according to law, declares that he is
a.	toresaid, 7.2.7. Co. 7.1
	76 years of age, and a resident of BOWLING GREEN. County of WARREN.
s	tate of
	Scottswell ky under the name of Junathouse Holazelip
O	n the 24 day of September - 1863 as a 19 22 ate
ir	loo B 5 2 weegt ky mit Infanting cols
	in the service of the United States in the war, and was
В	IONORABLY DISCHARGED at Burling Soun Izon the 17 day of January 18.65
	· /
Т	That he also served
T	hat he was not employed in the military or neval service of the United States, otherwise than as stated above
т	That his personal description at enlistment was as follows: Height,
	Light ; color of eyes, Jeller ; color of hair, light; that his occupation was
•	color of eyes, f. 17.5. ; color of hair, 2.5. ; that his occupation was
•	Farmer ; that he was born September - 125 18.30
a	or in Edmondson county My
	That his several places of residence since leaving the service have been as follows: I have lived
	in Allen county dince my discharge
•	ar and are the second of the s
	That he isa pensioner by Certificate No. 686.8.42, at \$ 12.00 per month. That he
h	asheretofore applied for pension, Claim No,
	That he makes this declaration for the purpose of being placed on the pension roll of the United States under
A	ACT OF FEBRUARY 6, 1907, and any amendments thereof.
	That his post office address is. WLING GREEN. County of WARREN.
S	State of KENT OCK-W
1	ATTEST O O JANUACO
	J. K. Landers Yorkashan In Kaye
	Signature of Chaimant
	Also personally appeared, residing at
O.	WLING GREEN. KENTUCKY. and A of Landers residing
	ENTUCKY. persons whom I certify to be respectable and entitled to
9	to the state of th
8	the state of the s
a	credit, and who being by me duly sworn, say they were present and saw
	House life the claimant sign his name (or make his mark) to the foregoing declara-
t	ion; that they have every reason to believe from the appearance of said claimant and their acquaintance with him,
t	House life the claimant sign his name (or make his mark) to the foregoing declara-
t t	the claimant sign his name (or make his mark) to the foregoing declara- nion; 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 relaim.
t t	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. Validity accented
t t	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. Validity accepted S. A. Cuddy. R. Landers
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t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Signatures of two witnesses who write their names. Sworn to and subscribed before me this. A. D., 190. And I do
t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Sworn to and subscriped before, me this day of More Chambers. A. D., 190. J. and I do
t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Signatures of two witnesses who write their names. Sworn to and subscribed before me this. A. D., 190. And I do
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t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Sworn to and subscribed before, me this. Sworn to and subscribed before, me this. On 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.
t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Sworn to and subscribed before me this day of Market A. D., 190. I and I do nereby 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.
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t t	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. Validity accepted S. A. Cuddy, Chief, Law Division Signatures of two witnesses who write their names. Sworn to and subscribed before me this. Sworn to and subscribed before me this. A. D., 190. — and I do nereby 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. Example 1. — A. D., 190. — and I do nereby 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. Example 2. — A. D., 190. — and I do nereby 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. Example 2. — A. D., 190. — and I do nereby 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. Example 2. — A. D., 190. — and I do nereby 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. Example 2. — A. D., 190. —

SERVICE PENSION.

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Jon	CLiathas	AIM OF	Hazil	j
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Filed by

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——————————————————————————————————————	ELAN NOV 11
Army and Navy Survivor's Section.	- Medical Nov 11
Department of t	
BUREAU OF F	
	D. C. Avr 9 , 190]
Washington,	D. C., 190
PENSION AGENT,	
& Dun will	And the second s
\mathcal{A}	
- Ly	
SIR:	
co. B, 52 Reg't Ry Vol	nu f, cert. No. 686, 842
Very respectfully,	1 Warm
	Commissioner.
	(A
A. S. Lension	a Zigency,
Louisville,	Ky., November 11th , 190 7
•	77
The post-office address of above-named	d pensioner, 1907
vas Bowling Green, Wa	run County Ry:
<u> </u>	. (1' (1
Very respectfully,	

12468b3m3-04

Pension Agent.

A A

LAW:	· · · · · · · · · · · · · · · · · · ·
Reissue to	,
9 m 4 m 4	
Claimant, formalian IV. Tranze	24 D
P.O.,	Rank, OR
County,	Regiment, 52 Ky Vol. Mta. In
State,	
Rate, \$per month, commencing	<i>V</i>
ACT OF JU	NE 27, 1890.
	1893, and Office Orders (No. 225) of June 9, 1893, August 26, 1893.
Respectfully referred to the Medical Referee for his	
opinion whether, under the above decisions, the pen-	Approved for continuance
sioner is entitled to his present rate of \$ \(\frac{12}{2} \).	to at 8 1 per month w
(Call attention to any pending claim for increase, former pension and rate	7
under another law, or other essential fact.)	Uplian. The
My 1/, 189.4 Olmutt Reviewer.	MN 20, 18 4, Medical Referee.
Note.—If the present rate is continued on the above action, cut	off the remainder of this blank at this point.
	another Law, Reduction, or Dropping.
under the above act will be seemed to the Chief of the Notification	Section for legal notice to the pensioner that his pension
in accordance with the above opinion of the Medical Div	
(If action is solely upon conclusive legal grounds, erase this clause and state	legal grounds.)
Mw 2/	& Eennett, Reviewer.
A CONTROL OF THE PROPERTY OF T	Legal Notice and Hearing.
	cal action taken Nov. 20th, 1894, should
be changed to contin	uance at \$12.
Lowel Feb. 21, 189 3,	uance at B/2, , Medical Referee.
	er Notice and Hearing.
Respectfully referred to the Chief of the	Legal notice and hearing having been
given the pensioner, the decision to	the pension in accordance
with theaction of	, 189, is
, 189	•
Note.—If after notification the action is to continue Board of Edo so; if to reissue under another law or reduce, Board of Revision wil	Revision will send case to proper files; if to drop Finance Division will forward to Board of Review.
ACTION OF BOA	RD OF REVIEW.
Approved for	
, 189	, Reviewer.

BOARD OF REVISION.	
cort. NGS 60 842 Department of the Interi	ior,
Present rate, \$ /2 BUREAU OF PENSIONS,	5. A
Name, fonothan Hongeleh co. 13-62 Reg't. Ky- Vol. Met hy ashington, D. C.,	180
co. 43-0 2 Reg't. May Oct. Mat hay working out, D. C.,	100
SIR:	12 c/08
You are informed that the medical evidence on file in your case does not	show that
you are suffering from a mental or physical disability which incapacitates you	from the
performance of manual labor in such a degree as to render you unable to earn	a support,
so as to entitle you to a higher orting than \$8	· · · · · · · · · · · · · · · · · · ·
	1
under the act of June 27, 1890.	
Thirty days (the period fixed by the act of December 21, 1893) will be	given you
from the mailing hereof in which to file any evidence that you may wish to fi	le to show
the extent to which you are incapacitated from manual labor.	
Your case will thereupon be reconsidered, and if the testimony filed war	ants such
action, your present rate will be allowed to remain unchanged. If, however, suc	_
shall not be satisfactory or shall not have been furnished, the action of reduced	den
above indicated will be taken without further notice at the	expiration
of the period above stated.	•
This letter should be returned with your reply, and the envelope inclosing	g the same
and all testimony filed in response hereto should be addressed to the Comm	issioner of
Pensions, and marked in the lower left-hand corner, "Board of Revision."	
Very respectfully,	
g Physics of the second se	
Commen	nissioner.
Im fanathow Vr. Hazeleje	
Gammel "	
Mr. Janathan M. Hazeleh Frammel Allen G., Ky	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	523 b—10 m

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The Peace on file
and The Peace on file
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ACT OF JUI	NE 27, 1890.
() INVALID	PENSION.
I from	
Claimant, 10 Walhaw 1 Ha	zelip D.
P.O. Dramuel	Rank, Co
county, alley	Company,
State, State	Regiment, 52 Ly MIN Holand
Rate, \$ /2, per month, commenci	ng Hug 16. 1890
4	
Disabled by less varieocely	Variable of the contract of th
RECOGNIZEI	ATTORNEY.
Jame, Hazelip	Fee, \$ 10 - Agent to pay.
P. O. Leitchfield Ky	Articles filed,, 189
APPR	OVALS. Framiner
Submitted for TUW, 0, 18	William Control of the Control of th
Approved for admission	Approved for left varieocell,
8. M.	Thumatism and
600	injury to aight hand \$ 12,000
·	D. M.W.
memodo	Jones, M. E.
Legal Reviewer.	Medical Referee. Medical Referee.
now pensioned under other laws. Law	st paid to, át \$, át \$
Pensioned from, 18, at \$	
	VN BY RECORD.
Enlisted 4 74, 1863	honorably discharged Jacy 17, 18 60
Re-enlisted woh. , 18 , ,	honorably discharged, 18
Declaration filed Mig 6, 1890, al	leges permanent disability, not due to vicious habits,
from injury to left testiele.	varicocely pairs in grown
audlett leg sheum tism	and infing to right hand
Writes.	(No. Moz.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE, 27, 1890.

To be executed before a Court of Record or some Officer thereof having custody of its Seal, or a Notary Public, or a Justice of the Peace, whose Official Signature shall be verified by his own Official Seal, if he has one, or by the proper Clerk, under Seal.

State of Neutrelly, Country of Allew, 55:	
On this 24 day of July, A. D. one thousand eight hundred and ninety	
personally appeared before me, a firstier of the Peace	
within and for the county and State aforesaid Tomachon M. Wazelf	5-1987 Law
aged 6 years, a resident of the	
Allen, State of Keuluelly, who, being duly sworn according to law,	
declares that he is the identical who was enrolled on the	. • •, ·
24 day of September, 1863, in Company and regiment in military service for	
Lessel, if is 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 Bowling Green by, on the 17	
day of Januay, 1865 That he is unable to earn a support	
by manual labor by reason of lufting to left institute Coursed by horse falling while in of the Robel Gent John more considerable fight near logulation which wholed four fresh resilting in Varicocle of the left Sparkmatic Vein giving grate pairs in growing grate pairs in the left sparkmatic Vein giving grate pairs in the service he asks fire a filler latter in language for not received in the Service he asks fire a fre	the port
These Sujysties land disobilities without waving his rightshore elle a close the provided from the information of dish. That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief per-	in fundo
manent; that he has applied for pension under application No. ; that he is a	4
pensioner under Certificate No. 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.	
He hereby appoints, with full power of substitution and revocation,	
of Vertebjelo	.,
State of Meutusky, his true and lawful attorney to prosecute his claim, and to receive	•
therefor a fee of ten dollars; that his post-office address is I rounnel	<i>P</i>
county of Allen ,State of Newlinesky mosse is Co	loged
county of Allen ,State of Neutre Sky us fee is Control for the function of this Close Jonath a . Hi Hages	lip !
	,
Attest: 1 & BRussell	
Two witnesses who can write sign here.	

,	Also personally appeared 13 Russell, residing at Iransacel My
•	Also personally appeared 1, 3, Residing at Vrance Ky and R. Warnseall, residing at Vrance Ky, persons whom I
	certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
•	saw Jaza Than W. Hazelefo, 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 for 40 years and 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.
	1.13. Kussell
•	Signatures of witnesses.
	SWORN TO AND SUBSCRIBED before me this 2 4 th day of facty, A. D.
	1890, and I hereby certify that the contents of the above declaration, &c., were fully
F	made known and explained to the applicant and witnesses before swearing, including the
	[L. S.] words and the words words
	[L. S.] words and to receive there a full 1/00 erased and the words. Why is choruly the meaning the chanded, and that I have no interest,
•	direct or indirect, in the prosecution of this claim.
	11. A. Gines
	Cirtificate on File Official character.
	Cirtificate in File Official character.
	NOTES.
	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 carn 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.
	State of Kentucky 3
	State of Kuntucky 3 Country of Allen 3 Don't WHRead of The Country Court within and for the
	County and Hoto ofensoid de cety that M. Davis Esys whore genein his action officers to the forgoing jurist and before whore forganish declaration was mode who as the time of so thorne the forganish declaration was made who as the time of so thorne the foreign a first feel doly Companies and Swom that ale of lies facts as but are intelled to full forth and count find your much and frequently house and can be supposed on the forth and county
	county and Hote ofensoid de cety that M.f. Davis brys
	whois genain ligaritum oppose to the firegoing jurett and before
4	how this fing one dictoration wood mode wife and Swom that all of
	long a furties of the peace doing to full forth and and
	Humunder my houdout seal this 12 day of Juguit 19
	in the act to the self of
	The second secon
	2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3
Cas	THED THE
90 101	DIE DIE STECON S
	Sold Sold Sold Sold Service of ex. Printed and I
(s) ed	

tale of Kentucky County of On this 6" day of May 1891 hersenolly appeared before me a County Ceck, Wilhin and fen The Courte, and Stole Foresoid Whenathan W. Horslif who being Sworn Son sthat his age is 60 years that his Postoffice advises is Francisco By that he is the Eductical Johnathan M. Horelif who filed Applecation Hogoo 8\$1 fer an model pension linder det of how 27th 1890 and who Devoid in Company 13. 5-2 and Requient of they fuft Voll that he has not ben its the milleton or Havil Kervice of the under Holes Jine his deschore from Said Organization Refelying to that port of Call daled April 110 1891 pour the Pension Office This officiant States The injury to right hand was received as follows town about the day of murch 1861 while engaged at work in a Cotton Machine his hard was Cought and badly tors in Said Cotten Tish Hus was dere in Allen Courty My and was not the result of any Vécious habit or recles actions.

On the fort of Clamant but was harly accounted while sugged in legitimote and honoroble labor for att any Hazely +

Subscribed and Sworn to begin me by Justin Whozelp May 6 1891 and I Certify that the Idun was read by him and understood the James Signing and that I have us inhist in Soid Claim, multock Clark?

Sy B. F. Sardner D. G.





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 absence, must be indorsed upon each certificate.

rt character d number of tim.	[State above whether for original, invease, or restoration.]	nsion Claim No. 900, 871
e and rank	State above whether for original, increase, or restoration.	Rank, OSA
claimant.← ′	Company B,"52" Reg't My hals	Broking him 1 State,
mant's post- ice address.	Francull. 7/2	[Post-office address of the Board.] [Date of samination.]
	We hereby certify that in compliance with t	the requirements of the law we have carefully
	examined this applicant, who states that he is su	
e of disa-		A Testiele varicoeile
(A)	Jausen gruin lift heg ill	become fugues to hight-ha
ensioner, fill the amount; not, erase the nole line.	Ho makes the following statement upon which	ch he bases his claim for Myingel
	The makes the following statement upon wind	[Original, increase, restoration, &c.]
give the aimant's atement briefly and compactly	Contractice before	e, during and
possible.	lines bervies	
		,
	Upon examination we find the following ob	pjective conditions: Pulse rate, _844
	respiration, 18; temperature, 28; heigh	ht, feet inches; weight,
		ul specimae is
give a full cription of disabili-	demiliand in The wife	me li heph testeds is
, in accord- e with pars. ,51,52, &c.,		ilverle, Tunca as
Book of In- uctions for	Lorye as gove egg	y Lestiele abrophice
	under teller and	penefull well
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	7.1/-	to Twints Heart is
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*	Lully extend or le	lux fama, with hinted
	Lot of anil, to at	Tun disability claims
	and no other six	
•	. He	is, in our opinion, entitled to a 4464
e for EACH use of disa- lity.		
	by Muutualeur, and 4/18	for that caused by
	10 of sugues to h	yur-nauce
		4/14/1/ ~~~

Continue rec- l of examina- n here.			•										
		is a second of the second of t		y		189 (BOARD				Light Control of the		S
YAM 1931	SURGEON'S CERTIFICATE	m case or and the sure	13, 15.2" Reg't lay norts	oplicant for my give	No. 900 871	DATE OF EXAMINATION:	15 leef 12, Pres. Bo	<u> </u>	st office, Bruthing hu	unity, the	S.—Write ywur Post-office address plainly and in full.		
	SURGE	formali	Co. (3, 15-7	Applicant	No	D. C.	John John John John John John John John		Post office,	State,	ď.	gg * Region and the contract of the contract o	

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.]

In the Bension blain of Jonathan It Hogelip ato as a. sun Tope To Allendo, The This is to certify that i have I rewn genather to Hay high for 40 eyears i hive a diighter to him det can 24 miles i Mes in the same Ret with him elly age is by year i have been him den limes at heat and a month Since he was discharged from the elect Service ... i have heard him complain of his left Teoliete ofthe dienes and of Alexandin and ingrey to might name i have been him often when he summed to suffer Geal frier and could securely go at all from Attat of his uge and the tray complains and the cause and 4 tent of his disabelity & do that Believe he is able to perform manuel delocal all My Stale me, to here wade mas all or iten in my presence and Only from my oral Statement daw made at the hause of games of made in alle all they to sy fellowing in the horance of ggadains that the said ey. g. Marin reduced said statements to miling in my present Un thestay Accenter 18-94 that in miting these Maler into i did not use and was Not aided on fremled By unidina friended statement or revital proposed or didated by my Offer purson That i am Nationless by this I wales Admin Se. 1/110 but wither and I were to the force question of La live for of the county by guesto for trade this December the 31,80

Transl Alling 60 MIT Charine of 12-29 821 this is to certify that we have this day 6 yaninel Johnithan 18 Hayely of 62 deg T Variouse ingreg to right hand and whomation. He have booth dane same prochie in claimets famle, and see their of le tice in 3 miles of him Ou operluites of knowing his cardilia for year has bee very good And from the best of an hundledge of his case we think him haldley to see for manual tobar (Without giving him great pain) Dur Statements here Made was all writein my presence and only from my and Statements now made at the Hance of beach hundle in Acien to by Writer by Geo. P. Knill in the. presence of g.f. Davis In Making this Statement I did not use and waston aided as prompeded by were Write ar proded Statement as recital frequed or distated by any other ferra - that we are not interested in this matter - Hor it kande Me . D. J. J. alexander .111, 20 or a coolice of the "ested I con and each war to take en sit is a config to year for all sell and with got to the tage all to this executed the region of

selfice to the fall of good course of the Care

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:
Donathan W. Hazelip
Jonathan W. Trazeles
Bureau of Pensions,
No. 960 87 / Jun.
SIR:
It is alleged that the above-named man enlisted
in Co. B, 52 Reg't Ky Mus Luf.
also as aih Co,Reg't
on Jany 17, 18 65
No. of prior claim
The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termingtion of service. Very respectfull Sundan
Commissioner.
THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION, WAR DEPARTMENT. 0-4

Mar Department,

Record and Pension Division,

		APR 1	3 1891	
Respectfully ret	urned to the			
COM	MISSIONE	R OF PE	NSIONS.	
771	7			
The rolls s	row that			
Jours	Thore	YY.	Haz	elep
mentioned in th	e preceding indo	reement wa	e enrolled	70
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By AUTHORITY O	F THE SECRETAR	Y OF WAR:		0
	Dan	,	_ /)
	T.OCU		orth	2.
M.	My Captoin a	nd Åssit Su	rgeon, U.S.	Army.
**	no me			

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ACT OF FEBRUARY 6, 1907.

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So- Div. EMM Ex'r.	•
Department of the Interior, bureau of pensions,	WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE.
Washington, D. C., Movy, 1907	Respectfully returned to the
$The\ Adjutant\ General,$	Commissioner of Pensions,
War Department: For use in the claim indicated below, you are respectfully requested to furnish this	with the information that in the case of
Bureau with a full military history and personal description, including birthoplace	Co. 13, 52" Reg't Ky July
and occupation, of Jonochan No stage -	the records show the following: Age 32, height feet inches,
who, it is alleged, entered the service y 1 7 4 (868 as a 1)	eyes four to hair
in Co. B, 52 Reg't Ly MW Hay and was discharged Jany 17 1868	place of birth
Mother region	and In G. with Co. Jan. 17, 1865.
	as Got.
· · · · · · · · · · · · · · · · · · ·	to the second se
Cet No 6 86 8742	and the rolls on file for that period do not show him absent without leave or in deser-
	tion, except as follows:
Commissioner.	

2683197 g WAR DEPARTMENT

Washington, D. C., SOV 3 COT

(Commissioner of Pensions.)