

INVALID PENSION.

2447
1894
P. O. No. 100-2447

Claimant, John J. Hank

P. O., Leicester Rank, Capt.

County, Alleghense Company, 20.

State, Ohio Regiment, 21st Ohio Vol. Inf.

Rate, \$ 30 per month, commencing January 23 1890.

Disabled by Signifying of right arm and disability of feet

RECOGNIZED ATTORNEY:

Name, E. B. Brown Fee \$ 2. Agent to pay.
P. O., Leicester, Ohio. Articles filed _____, 189__

APPROVALS:

Submitted for April 23, 1897 Approved for W. H. Brough, Examiner.
Approved for Original to right arm and
left arm for discharges 1895
fracture metatarsal, dislocation
of heart muscle, diarrhoea the other disability. MS
and piles, alleged, proved

15, 1893 Mr. Hutchinson
April 26, 1897, Legal Reviewer. Done
May 17, 1897 W. J. Hank Medical Referee.

Enlisted Aug. 26, 1861 Honorably discharged June 13, 1865 Last paid
to _____, at \$ 6, for signing to right
arm. Pension under other laws at \$ _____, for

Original Declaration, act June 27, 1890, filed _____, 1897; alleged results of

exam taken, into course of hospitalization
the heart pain in back, neck, headache
enlargement of heart some say to right arm and left
arm right elbow and that contracture
PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed June 17, 1893, alleges signing to right arm,
enlargement of heart, enlargement of heart, disease,
enlargement of left breast of heart, enlargement of
arm elbow, the dislocation and pain

to MS. W. J. Hank

ACT OF JUNE 27, 1890.

INVALID PENSION.

1844
 Applicant, John S. Clark
 P. O., Beeksville,
 County, Madison,
 State, Ohio
 Rank, Corporal
 Company, B.
 Regiment, 21st Ohio Inf. Regt.
 Rate, \$ 6, per month, commencing October 19, 1894

Disabled by falling to right arm

RECOGNIZED ATTORNEY.

Name, R. W. Brown Fee, \$ 10. Agent to pay.
 P. O., Jethro, Ohio Articles filed, _____, 189

APPROVALS.

Submitted for Exam - May 12, 1892 W. D. Freeman, Examiner.
 Approved for Exam.
 Approved for ingray to right arm with
impairment of left hand \$6
to other notable disability shown
under Act of June 27th 1890,
W. D. Freeman, M.D.
 Legal Reviewer: W. H. C. Russell
 Medical Referee: June 16th 1892

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

SERVICE SHOWN BY RECORD.

Enlisted Aug 26, 1861, honorably discharged June 18, 1865
 Re-enlisted March 18, honorably discharged _____, 18

Declaration filed Feb. 19, 1891, alleges permanent disability, not due to vicious habits,
 from results of amputation, infection of flesh,
irritable heart, pain in head, neck headache
impairment of speech, injury to right arm
and disability of right elbow, also other disorders.

IN THE MATTER OF The Original Claim for Pension
No. 264366 of John S. Stark late a P

in Co of the 21 Regt Ohio Vols.

STATE OF Ohio COUNTY OF Wyandot SS:

On this 17 day of February, A. D. 1897, before me,
a Notary Public within and for the aforesaid County and
State, duly authorized to administer oaths, personally came

John Stark
of the village of Michaelle aged _____ years, a resident
of Wyandot and State of Ohio, and whose Postoffice address
is Michone County of Michigan and State of Ohio
and who is well known to me to be reputable and entitled to credit in all
statements, and who being by me first duly sworn according to law, says in relation to the
foregoing case as follows:

That he is the above named claimant and says that he has
not served in any military
or naval organization since
June 13 1865,

That about eight years
ago while working on the
farm he broke his right
arm by accident about
that it was not the
result of malingering
and the injuries and wounds
are of the genuine and
permanent character.

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.

Get Jan 29/50

Pension Claim No. 1084366.

Name and rank of claimant.

John Stewart

Ohio

Rank,

Private

Company

D, 21st

Reg't

Ohio

John Stewart

State,

Claimant's post office address.

Wellsville, Spain Co., O.

[Post office address of the Board.]

Wellsville, O.

189 2

[Date of expiration.]

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: Scrub typhus, N. N. in tolerance of heat, pain in back, backache and other such cases.

He receives a pension of _____ dollars per month.

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

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

Claimant will accept injuries and disabilities sustained in the service, excepting to right arm which occurred 2 years ago by being run over with a wagon. Claimant is disabled from performing manual labor, lumbering & similar work since which time has had many great headaches, intolerance of heat, numbness, felt hot in the heart, degiving, vomiting, spells. No playing of racquet ball, claims but little exertion in blood, joint and nerve or by contact with horses. Claims that would not use his right foot, but no disability therefrom. 3 1/2 ft on right arm, which is being kept in a cast. Upon examination we find the following objective conditions: Pulse rate, 52; respiration, 18; temperature, 98; height, 5 feet 9 1/2 inches; weight, 135 pounds; age, 45 years. Short braced medicine physician certificate.

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

Back of chest well formed; lungs negative; impulsion of the heart normal. Also best in the 5 or inch space in length to middle line. Cataplasms heat normal. Pulse 92 qts walking. Back of feet flat. No murmurs. There are no visible spots on neck or limbs of spine. Cataplasms moderate normal; no impairment of motion. Spinal Cord normal. No organic postural in a straight line; no evidence of blood or general paralysis. Movements of head normal. Stenosis of choroid eye normal. Normal by ophthalmoscope. Distance vision 200, curved line of 2 = 0.5-1.2 inches with a 1 1/20 power. Reading Cards and Memoranda Spanish normal. Gustations below easily inflated. Hearing from normal. No itching of limbs and all good access. Ophthalmia of eyes normal. There is one irregular scar 1 1/2 x 1 1/2 inches in size 2 1/2 inches above the external condyle of right arm which is adhered to soft tissues from soft parts of joint anterior to forearm. There has been a compound comminuted fracture of the lower end of the humerus extending into the joint. The external condyle and olecranon base of hand a perforation with each other, but the lower end of humerus is thickened about 1/4 inch; which interferes with the movements of the joint. The joint was removed by He is, in our opinion, entitled to a No rating for the disability caused by Scrub typhus & sequelae for that caused by _____ and _____ for that caused by _____

Employer's name _____
by _____ and _____
J. H. Maccher, Pres. _____, Sec'y John M. Donny, Treas.
N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



VETERANS ADMINISTRATION

WASHINGTON

December 17, 1936

YOUR FILE REFERENCE:

IN REPLY REFER TO: MEAB-8

Legal Representative of the Estate of
Mrs. Anna M. Hart
233 Edgerton Street
Hickville, Ohio

HART, John S.
WC-925, 084

Dear Sir:

Information has been received relative to the death of
Mrs. Anna M. Hart who was receiving benefits from the
Veterans Administration.

In order that the exact date of death may be determined
and to enable this office to determine whether any benefits are
payable, please forward to the Veterans Administration, Washington,
D. C., certified copy of the public record of death, over the sig-
nature and seal of the custodian thereof.

All communications relative to this case should bear the
veteran's name and the claim number shown in the caption of this
letter.

Respectfully,

E. L. Bailey
E. L. BAILEY,
Director,
Dependents Claims Service.

*see this letter
in my file*

Veterans Administration
Adjudication Form 613

*111 West High St
Hickville Ohio*

*I am Administrator to my Mother's Estate
as I have enclosed this death certificate.
Address given herein to Mrs. Anne Corwin
Veterans Administration
Adjudication Form 613*

NOV 24 9 24 AM '22

Congress of the United States

House of Representatives
Washington, D. C.

Defiance, Ohio,
November 22, 1922

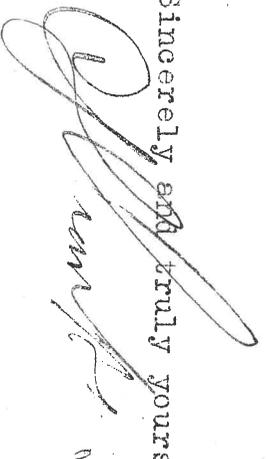
The Commissioner of Pensions,
Washington, D. C.

Anna K. Hart
W. I. O. 1195871

My dear Commissioner:-

Responding to your letter of the 4th instant relative to the above noted claim for pension, your attention is most respectfully directed to the inclosed evidence, which will, it is believed, fulfill the requirements noted in your letter.

Sincerely and truly yours,



NOV 25 1922
COMM. ON AGRICULTURE
U. S. DEPT. OF AGRICULTURE
WASHINGTON, D. C.

OFFICE
U. S.
NOV 24 1922
M
PENSION

Congress of the United States
House of Representatives
Washington, D. C.

11/4
Hon. _____
STATUS AS PER _____

Defiance, Ohio,

October 23, 1922.

Commissioner of Pensions,
Washington, D. C.

My dear Commissioner:

I am pleased to hand you herewith for your prompt and thorough consideration the application for widow's pension of Mrs. Anna H. Hart, Hicksville, Ohio.

Kindly inform me at your earliest convenience what are the requirements in the way of evidence needed to complete this claim.

Sincerely and truly yours,



CJT:JMM
Encl. 1



STOP PAYMENT NOTICE

Date 2-17-37

FROM: ~~Director, Pension and Claims Service~~
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

To: ~~Director of Finance (Processed Beneficiaries Account Subdivision Form 623)~~
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

SUBJECT: Stop payment on Death Pension
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee James S. Hart
2. Effective date of action Nov. 2, 1936
3. Reason for action Death of payee, Nov. 2, 1936; Abstract Required
4. Name of veteran John S. Hart

Submitted by _____
(Signature and title)

U.S. GOVERNMENT PRINTING OFFICE 15-048

Approved by J. R. Pennington
(Signature and title)

VETERANS ADMINISTRATION
Finance Form 984
Rev. Dec. 1931
ATTACH CASE FOLDER AND
WARDEN'S WINDOW SUBDIVISION

Joe B

MEMORANDUM FOR EXAMINER--PAYMENTS SUSPENDED

From: Division 1A, 40, Date 12-14-36
To: MC-925-084

Subject: Payment Suspended on C- Disability Term
I- Death Automatic
K- Adj. Comp. Converted
A-

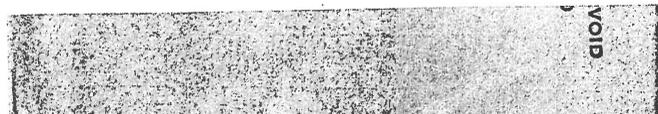
Payments on award for Anna M. Hart, payee,
(awaiting) Death 11/2/36

have been suspended (on account of) Death 11/2/36
Payments have been made through 12-31, 1936: the following checks
#18244803 1/30/36

were returned to the Veterans Administration.
To resume payments on this case information sufficient to remove the above
suspension is necessary, and to close this case a stop payment notice is required.

Latest address shown on award is 223 Barton St. Newburgh

W. H. Hollman Division.
By W. H. Hollman
Clerk.





E. F. ARMSTRONG

AGENT

UNITED STATES FIDELITY AND GUARANTY COMPANY

TELEPHONES 12 AND 106

218-19 AMERICAN BUILDING

HICKSVILLE, OHIO

October 20, 1936

Veterans Administration
Washington, D. C.

Gentlemen:

I hereby certify that I am and have been for the past ~~5~~ weeks entirely helpless and must be cared for day and night.

Considering my condition I hereby apply for increase of my pension from \$40.00 per month to \$50.00.

Pension certificate #W. O. --1195871.

Witness

E. F. Armstrong
Katherine Brewster

Very truly,

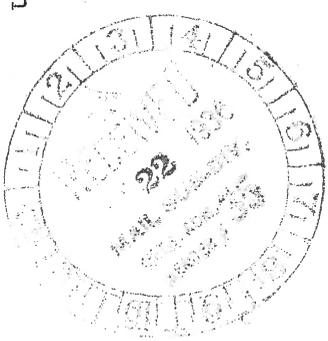
Anna M. Frank

Henry J. McE

Sworn to and subscribed in my presence this 20th day of October, 1936.

E. F. ARMSTRONG.

E. F. Armstrong
Notary Public in and for
Defiance County, Ohio



Richville Md. Oct. 20-1936

To whom this may come.

Dear Sir, I have checked the
Mrs. Anne M. Hart since the
first part of September 1936 and
state she is totally disabled, and
requires a constant attendant, their
conciliation will continue the remainder
of her life.

W. M. Coats, M.D.

As soon as such order before me
the next day of October 21st 1936

S: F: ARMSTRONG.

E. F. Armstrong
Notary Public for
Washington County Md.

Patent Office No. 195871

