

Moffett, William George – Pension 1890-1899

MOFFETT, WILLIAM G. X-C-2.639-527

Application for Invalid Pension Under New Law.

STATE OF Pennsylvania COUNTY OF Lycoming SS:

ON THIS 11th day of May A. D. One Thousand Eight Hundred and Ninety two before me an Alderman in and for the County and State afore-

said personally appeared William E. Moffett, who being sworn according to law, declares that he is the identical William E. Moffett who was enrolled on the 6th day of October 1862, in Company E. of the 14th ^(1st Battalion) regiment of W. S. Jay's and honorably discharged at Hart's Island N.Y. on the 6th day of October 1865

That he is now partially incapacitated and unable to earn an adequate support by reason of disability of a permanent character, that it is not the result of vicious habits; therefore he makes this application to have his name placed upon the list of Invalid Pensioners, and be paid a pension proportionate to the degree of inability to earn a support, as provided for by the recent law, reserving his right to claim and receive pension under any other general or special Act of Congress than the one under which this application is made.

That he is disabled in the following manner to wit: Rheumatism; Catarrh Heart and Stomach Trouble and General Debility.

That he has not been employed in the U. S. Military or Naval Service otherwise than as stated above

That since leaving the service he has resided in the Counties of Northumberland & Lycoming and State of Pennsylvania and his occupation has been that of Laborer

That his present personal description is as follows: Age 48 years, height 5 feet 10 inches; complexion light hair light eyes Blue.

He hereby appoints Daniel Longdoys of Williamsport Pennsylvania his true and lawful attorney to prosecute said claim with full power of substitution and revocation.

That he has not received nor applied for a pension

That his place of residence is Williamsport Lycoming Co. Pennsylvania, and post office address is Williamsport

TWO WITNESSES.
Clayton White
John Epler

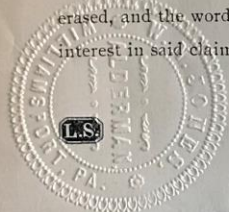
Wm. E. Moffett
Claimant.

Also personally appeared Clayton P White residing at
Williamsport Pa and John Epley
 residing at Williamsport Pa, persons whom I certify to be respectable and en-
 titled to credit, and who, being duly sworn, say that they were present and saw William G
Mcuffett the claimant,
 with whom they are well acquainted, and whom they fully identify as being the person represented, sign his
 name (or make his mark) to the foregoing application for pension; and that they have no interest in said
 claim.

(If either witness sign by mark two persons who
 can write must sign here.)

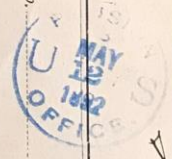
Clayton P White
John Epley
 (Signatures of witnesses.)

Sworn to and subscribed before me this 11th day of May A. D. 1892.
 I hereby certify that the contents of the foregoing declaration, &c., 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 in said claim, either direct or indirect.



D. Jones
 (Signature.)
Udeman
 (Official Character.)

Original No. _____
 Certificate No. _____



Invalid
Application for Pension
UNDER NEW LAW.

Co. E 1st Battalion, 14th Regt.

Wm. S. Conpany Vols.

Wm. M. Clarke
9/14/92 see

Entered October 6th 1862

Discharged October 6th 1865

FILED BY
DANIEL LONGSDORF,
 ALDERMAN,
 WILLIAMSPORT, PA

~~Whitelock~~ ~~RE-OPENED~~

[3-216 a.]

~~Case~~ Ex'r.

King No. 111072

1937 Act of June 27, 1890 414

RE-OPENED

William G. Moffett

P. O. *Williamsport Pa.*

Service: *G. 1st Battle 14 U. S. Inf.*

A 2nd Battle 14 U. S. Inf.

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *May 12, 1892*

Alleges: _____

Any other Claim filed: *No 437*

Numerical No. _____

Attorney: *Daniel Longsdorf*

P. O. *Williamsport Pa.*

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 18 .



MILITARY SERVICE. 6

NAME OF SOLDIER: William E. Moffett
Dw. Ow rch
Web Bureau of Pensions,
No. 1110872 July 21, 1892

SIR:

It is alleged that the above-named man enlisted Oct 6, 1862 and served as a Private in Co. G, 1st Regt. Ill. Inf. U.S. Army
also as a Private in Co. H, 1st Regt. Ill. Inf. U.S. Army
and was discharged at Hart's Island N.Y. on 8 Oct, 1865



No. of prior claim

The Adjutant General will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,
Charles Davidson
acting Commissioner.
ADJUTANT GENERAL, U. S. A.

War Department,
ADJUTANT GENERAL'S OFFICE,

Washington, July 23, 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

William G. Moffett
Co. G, 1st Batt. Regt. Ill. Inf. U.S. Army
was enlisted Oct. 6, 1862
at _____, and was
discharged Oct. 6, 1865
at _____, by reason
of Expr. of Ser.
a Private

Name variously borne on rolls as William Moffet, William F. Moffett, William Moffett, etc., etc., as well as above written.

Noted in paper for him on file

R. Millieus
Adjutant General.
By J. B. S.

Write nothing to the left of this line.

O. W. and N. Div.

INVALID.

Div.

McB

Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Orig. No. *1110872*
William G. Moffett

Co. *G 4th Reg't US Inf*

Washington, D. C., *July 21*, 1892

SIR: This Bureau will esteem it a favor if you will, at your earliest convenience, answer the questions enumerated below. This information is desired for statistical purposes and it may be of great value to your family in the future.

Very respectfully,

Andrew D. Anderson
Acting Commissioner.

1. Are you a married man, and if so, what is your wife's full name, and what was her maiden name?

Ans. *Yes - Elmira R. Moffett -*
Elmira R. Wertenham.

2. When and where were you married? Ans. *St. Louisville, Pa.*

March, 1876.

3. What record of marriage exists? Ans. *Certificate of officiating*

clergyman.

4. If you had been previously married state the name of your former wife and the date of her death or divorce. Ans.

5. If you have any children living state their names and dates of birth. Ans. *St. Charles*

2. Wm. J. June 8th, 1881; Paul R. March

3.0. 1885; Robert Warren, Aug. 4th, 1887.

Edith, Jan. 1889.

Date of reply, *July 26th, 1892*

Post-office address, *Williamsport*

Wm. G. Moffett
(Claimant's signature.)

RECEIVED
JUL 29 1892
NAVY & WAR DEPT.



mx

O. W. and N. Div.

U.S. DEPT. OF NAVY
3-173.
1892
AUG 20 1892

INVALID.

PENSION OFFICE
AUG 16 1892

M. S. S. Div.
Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

10812
Mrs. G. M. Moffett
Co. 1 Reg't 14
N. S. Surf

Washington, D. C., Aug. 6, 1892

SIR: The Bureau will esteem it a favor if you will, at your earliest convenience, answer the questions enumerated below. This information is desired for statistical purposes and it may be of great value to your family in the future.

Very respectfully,

Green Kraun

Commissioner.

1. Are you a married man, and if so, what is your wife's full name, and what was her maiden name?

Ans. Yes. Ella R. Moffett
Ella R. Werlman

2. When and where were you married? Ans. March 16th, 1872

Turbotville Pa.

3. What record of marriage exists? Ans. Certificate of

officiating clergyman, Rev. W. Myers

4. If you had been previously married state the name of your former wife and the date of her death or divorce. Ans.

5. If you have any children living state their names and dates of birth. Ans.

St. Charles Moffett born June 8th 1881, Mon A.
Moffett born June 8th, 1881; Paul R. Moffett born
March 30th, 1885; Robt. Warren Moffett born Aug. - 1887
Edith R. Moffett born Jan. 5th, 1889.

Date of reply, Aug 14th 1892.

Post-office address, Williamsport, Pa.

Mrs. G. Moffett

(Claimant's signature.)

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

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

Insert character and number of claim. *Original* Pension Claim No. *1110882*
State above (unless for original increase of pension) by *Pt*
Name and rank of claimant. *Mr. J. Moffatt*, Rank, *Pt*
Company *118th Regt*, *U.S.A.*, *Penna* State,
Claimant's post-office address. *Musport Pa* Post-office address of the Board, *Aug 17*, 189*2*
[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: *Rheumatism Catarrh of Head*
Heart Stomach trouble General Debility

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for *Original*
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
Illness contracted all disabilities have come on since coming home from Army -
Loses about one hour time 4 or 5

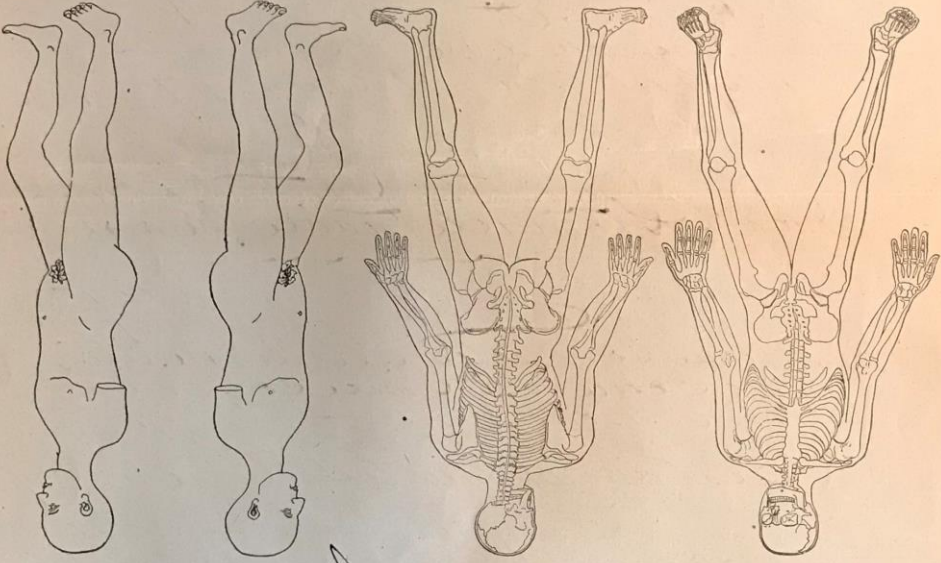
Upon examination we find the following objective conditions: Pulse rate, *96*
respiration, *32*; temperature, *98.4*; height, *5* feet *9 1/2* inches; weight, *154*
pounds; age, *48* years. *Both shoulders eye slightly*

Here give a full description of the disabilities, in accordance with Book of Instructions.
stuffed & painful on motion
all other large joints are creaky & painful - joints are not enlarged
small joints but slightly involved -
Moderately subacute arthritis as is shown by resting & stooping -
Rated by Eighteenth for Rheumatism
Digits tender are impure but no fruit
epi in epigastrium, dullness of tend
arteries. Spleen but not enlarged
in other diameter - Rated by Eighteenth
Has slight nasal & post-nasal Catarrh
Epithelium membrane red & congested
Choroid red but not discharging any
mucus. External eye open -
Rated by Eighteenth
Stomach tender & tympanitic - Tonsils poor
 tongue furred - liver & spleen normal -
Rated by Eighteenth

Date for EACH cause of disability. He is, in our opinion, entitled to a *6*
rating for the disability caused by *Rheumatism & Catarrh of* *6* for that caused
by *Heart* and *Stomach* for that caused by *Catarrh*
J. J. ... Pres. *T. Rich*, Sec'y. *W. Youngman* Treas.

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Secy.," "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 signs and a statement of all the structural changes. [Excerpt from Section 4, Act of Congress approved July 23, 1882.]



SURGEON'S CERTIFICATE

IN CASE OF

Wm. E. Hester
 Co. 10th Regt. U.S.A.

Applicant for *Discharge*

No. *110512*

DATE OF EXAMINATION:

Dec 7 1892

BOARD.

Wm. E. Hester
 Surgeon

Post-office *Wm. E. Hester*

County *Spokane*

State *Idaho*

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

Continue record of examination here.

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C.

June 27th 1893

No. Claim

1110872

Claimant

Wm. G. Moffett

Soldier

Same

Co.

G, 1st Reg't Batt. U.S. Inf

Respectfully returned to

*Chief of the
O.W. & N. Division with
the opinion that Claimant
is not shown to be
disabled in a notable
degree under Act of
June 27/90*

[Handwritten signature]

[Handwritten signature]
Medical E.

Approved:

[Red stamp]

[Handwritten signature]

Act of June 27, 1890.

1110.812

O.

INVALID PENSION.

Claimant, William G. Moffett
 P.O., Williamsport Rank, Private
 County, Lycoming Company, "H"
 State, Pa. Regiment, 1st Batt. 14th U.S. Inf.
 Rate, \$ _____, per month, commencing _____

RECEIVED

Disabled by _____

RECOGNIZED ATTORNEY.

Name, Daniel Longsdorf Fee, \$ _____ Agent to pay.
 P.O., Williamsport Pa. Articles filed, _____, 189 _____

APPROVALS.

Submitted for Rej. July 1, 1893. F.W. Stetson Examiner.
 Approved for Rept. to Med Ref for action on brief Approved for rejection no ratable disability shown under Act of June 27-1890. J.F.

Spiesam Lowe W.D. Featherstonburg
 Legal Reviewer. Medical Referee.
July 10, 1893 July 24 1893.

Not now pensioned under other laws. Last paid to _____, 189 _____, at \$ _____
 Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Oct 6, 1862, and honorably discharged Oct 6, 1865
 Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____
 Declaration filed May 12, 1892, alleges permanent disability, not due to vicious habits, from Shuntation, cataract, heart & stomach trouble and general debility.