

Moffett, William George Pension 1900-1910

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 Pennsylvania, County of Lycoming, ss:

On this 13th day of April, A. D. one thousand eight hundred and ninety-two, personally appeared before me an Alderman City of Williamsport within and for the County and State aforesaid

William G. Moffett, aged 56 years, a resident of the Borough of Burlington, D. C. County of Lycoming

State of Pennsylvania who, being duly sworn according to law, declares that he is the identical William G. Moffett who was ENROLLED on the sixth day of October, 1862, in Private Co. I. Battalion 2d S. Infantry.

in the service of the United States in the war of rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Hearts Island, N. Y. Harbor, on the sixth day of October, 1865.

That he has never 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 now unable to earn a support by manual labor by reason of Rheumatism.

(Here name the disease or injuries from which disabled.) Heart Trouble, Catarrh and Stomach Trouble, and General weakness and General Debility, so he is not able to perform Manual Labor

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he had applied for pension under application No. 10812 That he is not a 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, Daniel Longsdorf, of Williamsport, Pennsylvania

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 William G. Moffett, Burlington, D. C. County of Lycoming, State of Pennsylvania.

William Applegate (Witness Signature)

Richd. Pince (Witness Signature)

Wm. G. Moffett (Claimant's Signature)

ATTY FILED

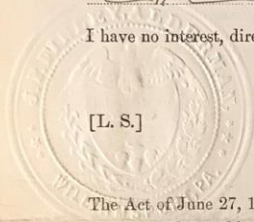


Also personally appeared William Applegate, residing at Williamsport Penn<sup>a</sup>, and Richard Pierce, residing at Williamsport Penn<sup>a</sup>, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw William G. Moffett, 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 Five years and Five 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.

William Applegate  
Richard Pierce  
(Signatures of witnesses.)

Sworn to and subscribed before me this 13<sup>th</sup> day of April, A. D. 1899 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.]

*Certificate on file to cover date of execution.*  
*Record Division*

J. P. Finley  
(Signature.)

Adelman  
(Official Character.)

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.

1110812

Act of June 27, 1890.

**SOLDIER'S APPLICATION.**

Name: William G. Moffett  
Service: \_\_\_\_\_

Company: Co. B. 1<sup>st</sup> Battalion. 14  
th S. Infantry

Address: Williamsport, Pa.  
Pennsylvania

FILED BY  
**WAR & NAVY**  
**APR 23 1900**  
**FILES.**

Daniel Longsdorf  
Williamsport, Pennsylvania

Date of Execution: \_\_\_\_\_  
Printed and for sale by J. H. C. Sizer, Chief Clerk & Printer,  
623 D Street, N. W., Washington, D. C.



GENERAL AFFIDAVIT.

STATE OF Pennsylvania, COUNTY OF Lycoming, SS:

In the matter of William S. Mcoffett - Co. - E - 14<sup>th</sup> Regt  
U. S. Infantry. No. 1.110.812.

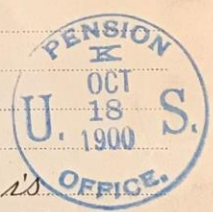
On this 17<sup>th</sup> day of October A. D. 1900, personally appeared before me  
J. P. Finley Alderman in and for the aforesaid County, duly authorized to administer oaths,  
William S. Mcoffett aged 56 years, whose Post Office address is Bushington P. O.  
in the county of Lycoming and state of Pennsylvania and  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation  
to aforesaid case as follows:

Applicants Affidavit.

(NOTE: Affiants should state how they gain a knowledge of the facts to which they testify.)

3-077.  
No. 3.

William S. Mcoffett States on (Oath) that he was  
not in the Military or Naval Service of the United  
States, prior to October 6<sup>th</sup> A. D. 1862.  
Nor subsequently to October 6<sup>th</sup> A. D. 1865.



affiant further declare that he has an interest in said case and he is  
concerned in its prosecution.

Norman P. Hill

Wm. S. Mcoffett

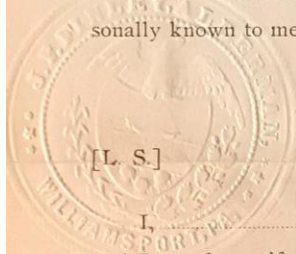
(Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

STATE OF Pennsylvania, COUNTY OF Lycoming ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that \_\_\_\_\_ credible person.

RECEIVED  
OCT 20 1890  
W & DIS



[L. S.]

J. P. Finley  
(Official Signature)

Alderman  
(Official Signature)

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 1890

[L. S.]

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

NOTE.—This should be sworn to before a CLERK OF COURT, CITY RECORDER, NOTARY PUBLIC OR JUSTICE OF THE PEACE. If before a JUSTICE OF NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a slip of paper. If the NOTARY OR JUSTICE has a certificate already on file in the Pension office, he should say so in his jurat, when no clerk's certificate will be necessary. If a seal is used no certificate is necessary.

ADDITIONAL EVIDENCE.

CLAIM OF  
William S. Moffett  
Co. E. - 14th Regt. W. S. Infantry

AFFIDAVIT OF  
No 1.110.812  
Applicant in answer  
ball Oct 13, 1900.

FILED BY—  
DANIEL LONGSDORF,  
ATTORNEY AND AGENT,  
WILLIAMSPORT, PENNSYLVANIA.

War Department,  
ADJUTANT GENERAL'S OFFICE,

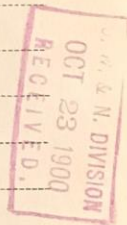
Washington, D. C., Oct 19<sup>th</sup> 1900

Respectfully returned to the Commissioner of Pensions.

It appears from the records of this office that William G. Moffett, born in Perry in the State of Penna, age 18 years, by occupation a farmer, color of eyes blue, hair light, complexion fair, height 5 feet 3 inches, was enlisted on the 6<sup>th</sup> day of Oct., 1862, at Williamsport, Pa., and was assigned to Co. A, 2<sup>nd</sup> Battn. 14<sup>th</sup> Regiment of U. S. Inf.

Roll Sept. & Oct. 1862 from Fort Columbus, N.Y.  
Transferred March 1/63 to Co. G, 1<sup>st</sup> Battn. 14<sup>th</sup> U. S. Inf.  
Roll Sept. & Oct. 1865 shows him "discharged Oct. 6/65 ex. of service at Hart's Island, N.Y. a Pvt."

not reported sick on rolls.

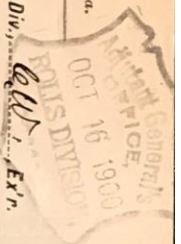


H. Corbin  
Adjutant General.  
(260)  
By J. G. H.

RECORD & PENSION OFFICE  
OCT 22 1900  
WAR DEPARTMENT

3C

3-504 ad.



Q. W. S. N. Dir. *W. L. ...* Ex'n.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *Oct-13 1900*

Respectfully referred to the *Adjutant General of the War* Department, requesting a full military and medical history of the soldier

No other report on file.

Case No. 1110,812.

Name *William S. Maffett*  
Co. *4 Reg't 4 S. Inf't*

*Acting* Commissioner.

RECEIVED  
OCT 23 1900

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

Record and Pension Office,

WAR DEPARTMENT  
Washington, *OCT 22 1900*

Respectfully returned to the  
Commissioner of Pensions,

with the information that in the case of *the within named man* the medical records show *him treated as follows:*  
*as Maffett, 1st Co. 9, 14*  
*reg't 4 S. Inf't, Mar. 1865 to 1865,*  
*Sgt. Thiele, act'd to duty;*  
*ad William Maffett, 1st*  
*Co., 14 reg't 9, Maine,*  
*1865 to; Reberla, Co. -*  
*Maffett, 1st Co. 8 & 9 reg't*  
*20th Apr. 1, 1865, Febria*  
*with, act'd to duty.*  
*Nothing additional found.*



BY AUTHORITY OF THE SECRETARY OF WAR:  
*W. L. ...*  
Chief, Record and Pension Office.

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

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

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ of \_\_\_\_\_, 190\_\_\_\_."

(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, Wm E Moffett, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Full and Dr. Sumner, the examining surgeons here present (waiving examination by full board), on this 12 day of June, 1901."

(Signature.)

O. W. & N. N. DIVISION  
RECEIVED  
JUN 6 1901  
NO. 1000



IN CASE OF

William E. Moffett  
Co. A-14 Reg't 1st S. Inf.

APPLICANT FOR Discharge

No. 111082

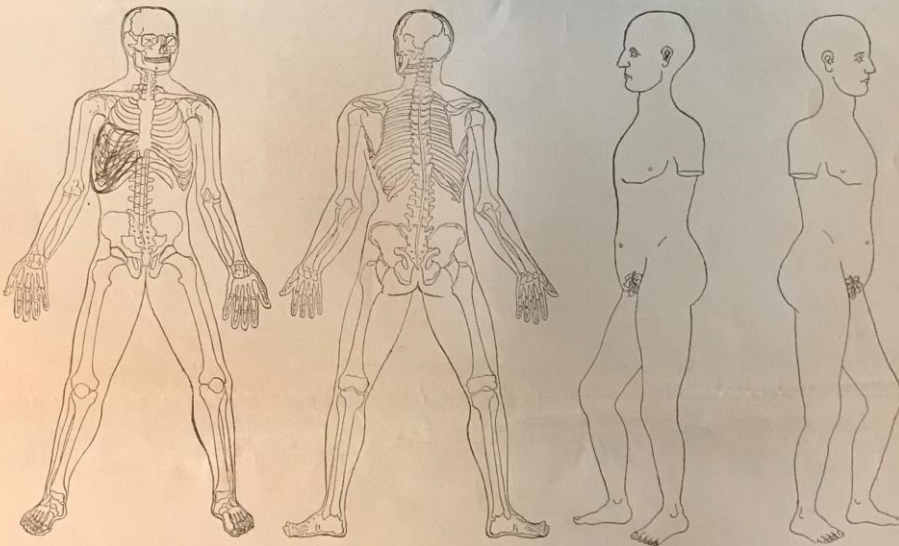
DATE OF EXAMINATION:

June 12, 1901

Abner, Pres.,  
A. J. Thompson, Sec'y.,  
A. B. Hall, Treas.,  
BOARD.

Post office, Williamopol  
County, Cycoming  
State, Pa

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



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

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

# SURGEON'S CERTIFICATE.

Insert character and number of claim. *Enlg Mossitt* Pension Claim No. *1110812*  
 Name of claimant. *Wm H Mossitt* Address *Williamsport Pa* P. O. *Pa* State. *Pa*  
 Company *44 Regt U S Inf* Address of Board. *Williamsport Pa*  
 Claimant's post-office address. *Quillingame Pa* Date of examination. *June 12, 1901*  
 Cause of disability. *Rheumatism dis of heart & stomach Catarrh tenderness & weakness*

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

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin 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: *Contracted per desaluties since coming home from army can only do some light work*

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

Birthplace, *Montour Co Pa* age, *57* years; height, *5'10 1/2* weight, *143* pounds; complexion, *Pale*; color of eyes, *Grey*; color of hair, *Blond*; occupation, *Labourer*; permanent marks and scars other than those described below, *70 scars*

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

Pulse rate, *60-62-66*; respiration, *20-21-24*; temperature, *97.6*  
(sitting, standing, after exercise) (sitting, standing, after exercise)

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any of the disabilities 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.

*Thyroid: Both shoulders curved & restricted some little motion of out & inward lumber muscles slightly atrophied & some sensitive in other muscles & tendons normal*  
*Heart: Small & rippled fine no murmur no evidence of regurgitation some slight evidence of aortic regurgitation*  
*Stomach: Tongue coated & flabby. Deyth poor. Very sensitive over stomach in some places. All is much damaged by eating*  
*Catarrh: Has some pain in nasal cavity mucous membrane thickened. Eustachian tubes open no discharge*  
*Uterus: Very sensitive over liver. Tenderness of tendons in front of 11-12 vertebral costal border. On rt side tenderness of tendons 14 & 15 even lower*  
*Skin & scalp: Skin muddy to some extent. General debility. Muscles atrophied & flabby. General appearance & nutrition poor. Look weak & easily fatigued*  
*Tongue: Normal. E.P. 75-844*  
*Urine: Sp. Gr. 1.024. No sugar or albumen. Acid. Specific Gravity in other disability*  
*My finding that the aggregate permanent disability for carrying a supportable manual labor is due Rheumatism, dis of stomach & liver & Catarrh of the stomach & uterus a \$8 per month*  
 Absent, Pres. *J F Fleming*, Sec'y. *J F Skell*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (no. 3-156) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



RECEIVED  
OCT 16 1901  
U.S. DIVISION

447.

*C.W. & N.* Division.

*C.W.* Ex'r.

Reg. No. 110,812, Department of the Interior,  
*William G. Moffett*  
BUREAU OF PENSIONS,  
Washington, D. C., *Oct. 9*, 1901.  
Co. *4*, *14* Reg't *U.S. Infy*

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage. Very respectfully,

*Mr. William G. Moffett*  
*Burlingame*  
*Lycoming Co., Pa.*

*A. Clay Evans*  
Commissioner.

- When were you born? Answer. *Oct. 19th 1847*
- Where were you born? Answer. *Montour Co., Pa.*
- When did you enlist? Answer. *Oct. 6th 1862.*
- Where did you enlist? Answer. *Williamsport, Pa.*
- Where had you lived before you enlisted? Answer. *Lycoming Co., Pa.*
- What was your post-office address at enlistment? Answer. *Williamsport Pa*
- What was your occupation at enlistment? Answer. *Harmer*
- When were you discharged? Answer. *Oct. 6th, 1865.*
- Where were you discharged? Answer. *Stark Island, N. Y. H.*
- Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence. *Williamsport, Pa, until Nov. 1866. Fairbairn Northumberland Co. until April 1882. Since*
- What is your present occupation? Answer. *Presser in clothing factory*
- What is your height? Answer. *five* feet *10 1/2* inches. Your weight? *143*  
The color of your eyes? *blue* The color of your hair? *Auburn* Your complexion? *light*  
Are there any permanent marks or scars on your person? If so, describe them. *Scar on left thumb from cut lengthwise*
- What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

PENSION  
I  
OCT  
15  
1901  
OFFICE  
U. S.

*Williamsport*

*Wm. G. Moffett*

WITNESSES: { 1. *Thos Simpson*  
2. *Kiram Bardo*

Date: *Oct. 14th*, 1901

[Witnesses who can write sign here.]

GENERAL AFFIDAVIT.

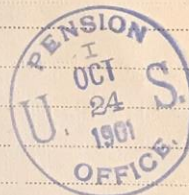
STATE OF Pennsylvania, COUNTY OF \_\_\_\_\_, SS:

In the matter of William G. Moffett Private, Company E,  
14. Regiment, U. S. Infantry. No. 1,110,812

On this 23 day of October A. D. 1901, personally appeared before me  
An Alderman in and for the aforesaid County, duly authorized to administer oaths,  
William G. Moffett aged 34 years, whose Post Office address is Burlington  
in the county of Lycoming and state of Penn. and  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation  
to aforesaid case as follows :

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

*It is impossible to procure proper evidence of this nature for the reason that the claimant was not treated medically for the stated complaint during this period and no one outside of his immediate family knows anything of his disease or disability during said period.*



\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and  
not concerned in its prosecution.

*W. C. Tarleton*

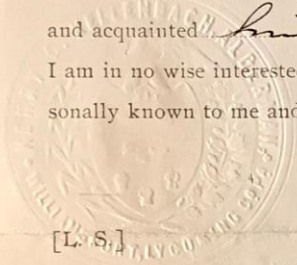
*Wm. G. Moffett*

(Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

STATE OF Pennsylvania, COUNTY OF Lycoming, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a \_\_\_\_\_ credible person.



Henry Kellenbach  
(Official Signature.)  
Adema  
(Official Signature.)

[L. S.]

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

[L. S.]

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

NOTE.—This should be sworn to before a CLERK OF COURT, CITY RECORDER, NOTARY PUBLIC OR JUSTICE OF THE PEACE. If before a JUSTICE OF NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a slip of paper. If the NOTARY or JUSTICE has a certificate already on file in the Pension office, he should say so in his jurat, when no clerk's certificate will be necessary. If a seal is used no certificate is necessary.

|  |  |
|--|--|
| <p>ADDITIONAL EVIDENCE.</p> <hr/> <p>CLAIM OF</p> <p><u>William S. Moffett.</u></p> <p><u>Co. E. - 14 Regt. 26.S. Infantry</u></p> <p><u>No. 1110, 812</u></p> <p>AFFIDAVIT OF</p> <p><u>claimant.</u></p> | <p>— FILED BY —</p> <p><b>ANIEL LONGSDORF,</b></p> <p>ATTORNEY AND AGENT.</p> <p>WILLIAMSPORT, PENNSYLVANIA.</p> |
|--|--|

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

# GENERAL AFFIDAVIT.

State of Pennsylvania, County of Lycoming, ss:

In the matter of William G. Moffett Private Co. B. 14<sup>th</sup>

Regt. U.S. Infantry

ON THIS 11<sup>th</sup> day of October, A. D. 1902, personally appeared before me

A Notary Public in and for the aforesaid County, duly authorized to administer

oaths V.P. Stevens aged 56 years, a resident of Williamsport,

in the County of Lycoming, and State of Penna.

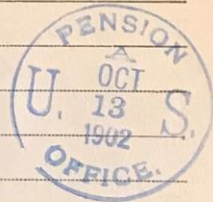
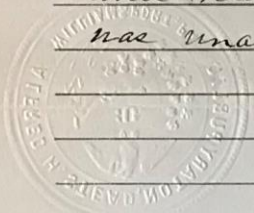
whose Post-office address is 902 Penn. Street

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

Affiant states under oath that he has been intimately acquainted with

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

the above named soldier for the last three years last past. worked together nearly all the time. at the Lycoming Pants factory in Williamsport Pa. and by affiant's acquaintance know that said soldier suffered from the effect of catarrh of stomach, and other general debility and nearly half of the time suffered so that he was unable to do any kind of work.



he further declares that he no interest in said case and is not concerned in its prosecution.

V.P. Stevens  
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write sign here.)

Act of June 27, 1890.

INVALID PENSION.

#111812 ✓

1053669  
Pitts  
B

Claimant, William S. Moffett  
P. O., Burlingame Rank, Private  
County, Lycerning Company, G.  
State, Pennsylvania Regiment, 1st Battle 14th U.S. Inf.  
Rate, \$ 6- per month, commencing April 17, 1900

Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, Daniel Longsdorf Fee, \$ 10.-  
P. O., Williamsport - Penna. Agent to pay.

APPROVALS.

Submitted for Actu. Dec. 16, 1902 = Rufus King Examiner.  
Approved for Rheumatism Approved for rheumatism  
disease of heart and disease of stomach and  
stomach and catarrh, naso-pharyngeal catarrh,

Report general ability and  
weakness, no disability subject  
to approval of the Board.  
Jan 3, 1903, W. H. Patton  
Legal Reviewer.  
Jan 8, 1903, H. J. Mendenhall  
Re-Reviewer.

Aggregate of disabilities shown, permanent in character: \$ 6-  
Frank J. L. Linn  
Medical Examiner. Medical Reviewer.  
Jan, 8-, 1903, John H. ...  
Medical Referee.

O.W. & N. DIV.

Not pensioned under other laws at \$ \_\_\_\_\_ per month for \_\_\_\_\_

Enlisted October 6, 1862 - honorably discharged October 6, 1865.  
Reenlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_.

Declaration filed April 17, 1900, alleges permanent disability, not due to  
vicious habits, from rheumatism, heart stomach trouble,  
catarrh, general weakness & general debility.

Wm. E. Deener, M. C.

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

E.S.

# Declaration for Increase of Pension,

Under the Act of June 27, 1890.

5-

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Pennsylvania, County of Lycoming, ss.

On this Twenty-third day of December A. D. one thousand nine hundred four (1903) personally appeared before me, a

Notary Public within and for the County and State aforesaid,

William G. Moffett, aged 57 years, a resident of

Borough of South Williamsport, County of Lycoming, State of

Pennsylvania, who being duly sworn according to law, declares he is a pensioner

of the United States enrolled at the Pittsburg Pa. Pension Agency at the rate of

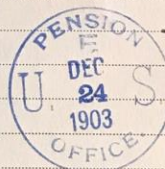
Six (6.00) dollars per month, certificate No. 1053669:

by reason of disability from "Partial inability to earn a support"

by manual labor"

that he was a Private in Co. G, 1st Battalion 14 Reg't. United States Army.  
(Here state rank, company and regiment, if in the army; vessel if in the navy.)

Substantly  
that he believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with the extent of his present disability. He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month the full rate allowed under the Act of June 27, 1890, by reason of disability from catarrh, rheumatism, heart and stomach trouble



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

He hereby appoints with full power of substitution and revocation, Albert A. Porter of Williamsport Pa., his true and lawful attorney to prosecute his claim.

His Post Office address is # 26 East Southern Avenue, South Williamsport, Lycoming County, Pennsylvania

William H. Simpson and William G. Moffett  
(Signature of Claimant)

John E. Eley  
(Two witnesses, who can testify, sign here.)

FILED



Also personally appeared William H. Simpson residing at Williamsport Pa, and John Epley residing at Williamsport Pa, persons whom I certify to be respectable and entitled to credit, and who being duly sworn, say that they were present and saw William E. Moffett, 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.

William H. Simpson  
John Epley  
(If claimants sign by mark, two persons who can write sign here.) (Signature of claimants.)



Sworn to and subscribed before me this twenty-third day of December A. D. 1923, 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 erased, and the words added; that I have no interest, direct or indirect, in the prosecution of this claim.

Wm. Russell  
(Official Signature)  
Notary Public  
MY COMMISSION EXPIRES  
JAN. 21, 1907.

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

[L. S.] \_\_\_\_\_  
Clerk of the \_\_\_\_\_

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

*MMW*

Soldiers' Application for Increase,  
Under Act of June 27, 1890.

William E. Moffett, Applicant.  
Co. B, 14th Reg't.  
P. S. Day  
Applicant Certificate No. 1053669

U ARMY  
JAN 5 1904  
P DIVISION. L

DEC 28 1903  
Filed by Edw. A. ...  
331 Pine St.  
Williamsport Pa.  
NO. 1053669

*R. E. ...*

A. G. N. S.

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

ARMY DIV.

Cert. No. 1053669

William G. Moffett,  
P. O., 26 E. Southern Ave.,  
County, So. Williamsport,  
State, Penn.

Application filed Dec. 24, 1903

Service, 9 1/2 U. S. Inf.  
Jan 13 - 1904 Lockhaven, Pa.  
Clyburn and Clinton Co.  
and C. A. P. noted P. O. Pa.

Attorney, Elbert A. Porter,  
P. O., 331 Pine St.,  
County, Williamsport, State, Pa.

(181 100m.)

A. L.

Attorney Filed

1881



# SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 1053,669

Name of claimant. William G. Moffitt Address of Board. Lock Haven P. O. Pa. State. Pa.

Company G-14th Reg't U. S. Inf.

Claimant's post-office address. 26 E. Southaven Ave. South Williamsport Pa. [Date of examination.] March 2, 190 4

Names of disabilities. Catarrah and also disease of heart and general debility

He receives a pension of 6 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: has had rheumatism for 15 years and trouble stomach and nose, and catarrah for 10 years, and heart disease & general debility for 10 years.

Birthplace, Montour Co. Pa.; age, 57 years; height, 5-10; weight, 161 pounds; complexion, Fair; color of eyes, blue; color of hair, gray; occupation, Watchman; permanent marks and scars other than those described below, Linear scar on inner surface left thumb

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

Pulse rate, 68-72-78; respiration, 18-20-24; temperature, 98 3/5  
[Sitting, standing, after exercise.]

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

Rheumatism.  
Has tenderness and crepitation in both shoulder joints & limitation of motion to degree of 1/2 in both shoulders - no enlargement of joints or atrophy of muscles.  
No other evidence of rheumatism.

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

Disease of Stomach.  
Has tympanitis and tenderness over epigastrium. Tongue heavily coated. Appetite poor and bowels inclined to be constipated. Skin is sallow. Has chronic gastritis.

Catarrah.  
Has chronic nasopharyngeal catarrah. Mucous membrane of nose & throat is inflamed. Nasal septum deflected to the left. Posterior pharyngeal wall is covered with thick tenacious mucus. Uvula. Soft palate and tonsils are also involved.  
Disease of heart.

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.

Apex impulse in 5 intercostal space 1/2 inch to inner side of nipple line evident on palpation only. Area of dullness normal. Rhythm regular, action quite feeble. No murmurs. No dilatation or hypertrophy. No dyspnoea, oedema or cyanosis.

Kidneys.  
Urine Sp. gr. 1018.-Reaction acid, no albumen or sugar.  
General debility.  
There is no general debility except as results of the above described disabilities.  
No other disability found to exist.

We find that the aggregate permanent disability for earning a support by manual labor is due to rheumatism, chronic gastritis and naso-pharyngeal catarrah. Not due to vicious habits and warrants a rate of ten dollars per month.

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

J. H. Boyd, Pres. L. M. Keenan, Sec'y. W. J. Shorman, Treas.

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

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. J. H. Hayes, Dr. L. M. Holloway and Dr. W. J. Shoemaker, were personally present and actually participated in the examination of William G. Moffitt, the claimant in this case, on 2d day of March, 1904."

(Signature.) L. M. Holloway Secy

(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 \_\_\_\_\_, 1904."

Witnesses to mark. \_\_\_\_\_ (Signature of Applicant.) \_\_\_\_\_



William G. Moffitt

Co. G 14th. Reg't U. S. Inf.

APPLICANT FOR Increase

No. 1053669

DATE OF EXAMINATION:

March 2, 1904

BOARD.  
L. M. Holloway, Pres.,  
W. J. Shoemaker, Sec'y,  
J. H. Hayes, Treas.

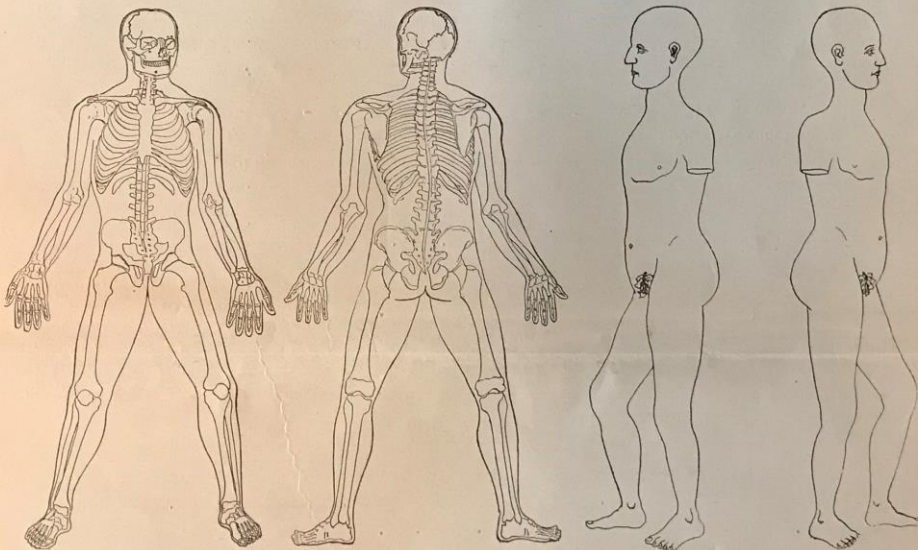
Post office, Lock Haven

County, Clinton

State, Pa.

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

R. M. W.



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.)

ACT JUNE 27, 1890.

Clk. No. 053,669

Increase INVALID PENSION.

Claimant, William G. Moffett
P. O. 26-E, Southern Ave.
County South Williamsport
State Pennsylvania
Rank Private
Company G, 1 Battle
Regiment 17, U.S. Inf.

REJECTED.
Apr 11/04

Pensioned for inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Elbert A. Porter
P. O. 351 Pine St. Williamsport Pa.
Fee, \$ 2.
Agent to pay.

APPROVALS.

Submitted for Ad. Mar. 26, 1904. W. Kirby, Examiner.

Approved for Rheumatism disease of stomach and naso-pharyngeal catarrh etc.

Approved for Rheumatism disease of stomach and naso-pharyngeal catarrh,

Aggregate of disabilities shown, permanent in character: \$ 6

No increase,

mch 26, 1904, W. C. Smith, Re-Reviewer.

Samson, Medical Examiner. March 28, 1904, Atling, Medical Referee.

Enlisted Oct 6, 1862; honorably discharged Oct 6, 1862

Enlisted, 186; honorably discharged, 186

Pensioned at \$ 6, per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Dec. 24, 1893, alleges Inc. as pensioned - Rheumatism disease of heart, and naso-pharyngeal catarrh, also stomach trouble

Claimant does write. Certificate not filed.

No, M. C.

ARMY DIV.

# Declaration for Pension

Under the Act of February 6, 1907

State of Pennsylvania, County of Lycoming, ss:

On this 19 day of October A. D. one thousand nine hundred and

nine, personally appeared before me R. W. Stead

a notary public within and for the County and State aforesaid

William G. Moffett a resident of the borough

of South Williamsport County of Lycoming

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

the identical William G. Moffett who was ENROLLED on the sixth

day of October, 1862, in Company G of the 1st Battalion

(Here state rank in company and regiment in Military service, or vessel, if in Navy.)

Fourteenth Regiment of U. S. Infantry in the service of the

United States in the Civil War, and served at least 90 days, and was HONOR-

(Civil or Mexican) (90 days if Civil War; 60 days if Mexican)

ABLY DISCHARGED at Fort Island, N.Y. on the sixth day of October, 1865.

That he has not been employed in the military or naval service otherwise than as stated

above no other service

(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 62 years of age, having been born on the 19th day of October, 1847,

and asks for a pension of \$ 12.00 per month [62 years of age, \$12; 70 years, \$15; 75 years or over, \$20].

That he has ..... applied for pension under application No. .... That he

is a pensioner under Certificate No. 4053669

(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

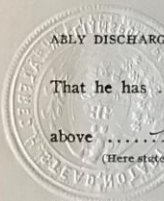
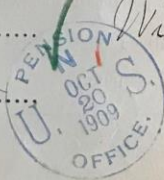
under the provisions of the act of February 6, 1907.

That his POST-OFFICE ADDRESS is South Williamsport

County of Lycoming, State of Pennsylvania

1. Wm. G. Powell William G. Moffett  
(Claimant's signature—FULL name)

2. J. B. Habbel  
(Two witnesses who write sign here.)



21X

Act of February 6, 1907

SOLDIER'S APPLICATION

Name: McC. 1053 669 I

Service: William B. Moffett

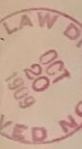
Company B. of the First Batt.  
Continental Regiment of M. & S. Infantry.

Address: South Williamsport  
Penna.

FILED BY Claimant



Date of Execution \_\_\_\_\_  
Printed and for sale by Wickers, Hicentz and B Streets,  
Washington, D.C.



Validity accepted  
S. C. Gaddy  
Chief, Law Division.  
My Commission expires April 28th, 1913.

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, unless such certificate is already on file in Pension Office, when such fact should be stated.

(Official Character) Notary Public  
(Official Signature) W. A. D. C.

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

To name W. A. D. C. erased, and the words \_\_\_\_\_ to the applicant and witnesses before swearing, including the words middle letter

I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and subscribed before me this 19th day of October, A. D. 1909, and

(If affiants sign by mark, two persons who write signs here.)  
W. A. D. C.  
W. A. D. C.

they have no interest in the prosecution of this claim. \_\_\_\_\_ years, respectively, that he is the identical person he represents himself to be; and that believe from the appearance of said claimant and their acquaintance with him of 17 years and claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to who being by me duly sworn, say that they were present and saw \_\_\_\_\_

(Name of Claimant) William B. Moffett residing at Williamsport Pa. and W. A. D. C. residing at Williamsport Pa.

Also personally appeared Chas. A. Parker, residing at \_\_\_\_\_

Act of Feb. 6, 1907.

A/14

Cert. 105-3 6 69

Name, William G. Moffett  
So. Williamsport,  
Lycoming Co. Pa.

Application filed Oct. 20", 1909

Service, G. 1" Batt 14" U.S. Inf

~~Oct 27/09. Received Division~~

A 2 Batt 14 U.S. Inf



M.S.

*900*

3-271.

3

RECORD DIVISION.

Department of the Interior,  
BUREAU OF PENSIONS.

Briefed by *J. H. W.*

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

Certificate No. *1053.669*

Claimant \_\_\_\_\_

Soldier *Wm G. Moffett*

Service *Co 1 Ballin 14 U.S. Inf*

Additional Service *Co 2 Ballin 14 U.S. Inf*

No *Other* claim, State record *Oct 29, 1909*

No claim, combination records \_\_\_\_\_, 190\_\_\_\_

REMARKS:

*Records OK.*

*J. C. Griffin*  
Chief Division

mul.  
1053669  
Pattor

Original No.

Certificate No. 105-3669

Reissue ACT OF FEBRUARY 6, 1907.

Claimant, William G. Moffett  
P. O., South Williamsport Rank, Private  
County, Lycoming Company, 3rd 130th  
State, Pennsylvania Regiment, 14 U.S. Inf.  
Rate, \$ 12 per month, commencing October 20-1909

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, none  
P. O.,

APPROVAL.

Submitted for adm, Nov 1, 1909, Crandall, Examiner.  
Approved for Admission.

Age over 62.  
Rate \$12 per month.  
Reason to allow under Act of February 6-1907  
Deduct sub-payments and drop name from rolls under  
Act of June 27, 1890.  
Nov 3, 1909. B. J. Rogers Nov 4, 1909. W. J. Wilson  
Legal Reviewer. Re-Reviewer.

Enlisted Oct 6, 1862, honorably discharged Oct 6, 1865  
Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
Pensioned at \$ 6 per month, under act June 27, 1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed Oct 20, 1909  
Date of birth alleged, Oct 19, 1847  
Age shown by evidence 62 1/2 years.

Claimant does \_\_\_\_\_ write.  
H. B. Wilson  
\_\_\_\_\_, M. C.

ARMY AND NAVY DIV.  
1053669