

THE NATIONAL ARCHIVES  
SOLDIERS CERTIFICATE

No. 325,143

VETERAN James Maples

RANK Sergt.

SERVICE Co. I 2 East Tenn. Cav.

CAN No. 6675

BUNDLE NO. 33

**DECLARATION FOR ORIGINAL INVALID PERSON.**

MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its self.

STATE OF Tennessee )

SS:

COUNTY OF Sevier )

On this 17 day of April, A. D. one thousand eight hundred and eighty 4 personally appeared before me Clerk, of the County Court, a court of record within and for the County and State aforesaid, James M. Maples, aged 50 years, a resident of \_\_\_\_\_, County of Sevier State of Tennessee, who, being duly sworn according to law, declares that he is the identical James M. Maples who entered service under the name of James Maples on or about the 15" day of Sept. 1862 as Private in company I of the 2" regiment of Tenn. Cav. commanded by Cerull D. M. Ray and was \_\_\_\_\_ DISCHARGED at Nashville, Tenn., on or about the 5" day of July, 1865, by reason of general order; that his personal description is as follows: Age, 50 years; height 5 feet 8 inches; complexion, light; hair, light; eyes blue. That while a member of the organization aforesaid, in the service and in the line of his duty at Murfreesboro, in the State of Tennessee, on or about the first day of Jan., 1863 he contracted Rheumatism from exposure which has setel in his hipes and backe and which has taken the yres of his leggs and henders him from Performing Manul labor to a grat exstint. That he was treated in hospitals as follows: Hosp. Murfreesboro and Nashville Tenn. and he was treted in the Hospitel at Murphisboro and in 1863 he was treted in the Hospitil at Nashville Tenn in 1863 That he has not been employed in the military or naval service otherwise than as stated above. That since the 5" day of July, A. D. 1863, he has not been employed in the military or naval service of the United States. That since leaving the service ~~this~~

applicant has resided in the \_\_\_\_\_ of \_\_\_\_\_, in the State of \_\_\_\_\_ and his occupation has been that of a Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now 2/3 disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation,

**GEORGE E. LEMON,**

OF WASHINGTON, D.C., his true and lawful Attorney, to prosecute his claim. That he has never received nor applied for a pension. That his Post-office Address is Pokeberry county of Sevier, State of Tennessee.

James Maples

Two witnesses to Claimant's Signature sign here:

(1) Samuel Rolen

(2) A. Blalock

**INVALID.**

CLAIM FOR PENSION.

ORIGINAL.

=====

James Maples Applicant.

Private Co. I - 2" Regt.

Tennessee Cav. Vols

Enlisted 15" Sept., 1862

Discharged 5" July, 1865

=====

FILED BY

GEORGE E. LEMON,

ATTORNEY AND COUNSELOR AT

LAW,

Offices, No. 615 Fifteenth Street, N. W.,

P. O. DRAWER 325, WASHINGTON, D.C.

As this may reach the hands of some persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely know throughout the United States.

HOUSE OF REPRESENTATIVES,  
WASHINGTON, D. C., March 1, 1879.

We, the undersigned, having an acquaintance with Captain GEORGE E. LEMON for the past few years, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for fair and honorable dealing connected therewith, cheerfully commend him to claimants generally.

A. V. RICE,  
*Chairman, Committee on Invalid Pensions,  
House Reps.*

W. F. SLEMONS, Member of Congress,  
*Second Congressional District of Ark.*

W. P. LYNDE, Member of Congress,  
*Fourth Congressional District of Wis.*

R. W. TOWNSHEND, Member of Congress,  
*Nineteenth Congressional District of Ill.*

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BELVIDERE, ILLINOIS, October 24, 1875

I take great pleasure in recommending Captain GEORGE E. LEMON, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Departments at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, in the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HURLBUT, Member of Congress,  
*Fourth Congressional District, Illinois,  
Late Major-General U. S. Vols*

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HOUSE OF REPRESENTATIVES,  
WASHINGTON, D. C., March 3, 1875.

From several years' acquaintance with  
Captain GEORGE E. LEMON, of this city, I  
cheerfully commend him as a gentleman of  
integrity and worth, and well qualified to attend  
to the collection of bounty and other claims  
against the Government. His experience in that  
line gives him superior advantages.

W. P. SPRAGUE, Member of Congress,  
*Fifteenth Congressional District of Ohio.*

JAS. D. STRAWBRIDGE, Member of Congress  
*Thirteenth Congressional District of Penn.*

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EXECUTIVE MANSION, BOISE CITY,  
IDAHO TERRITORY, September 5, 1876.

Captain GEORGE E. LEMON,  
Attorney and Agent for the collection of war  
claims at Washington City, is a thorough, able,  
and exceedingly well-informed man of business,  
of high character, and entirely responsible. I can  
assure all having war claims requiring  
adjustment that their interests cannot be confided  
to safer hands.

M. BRAYMAN,  
*Governor of Idaho and late Maj.-Gen. Vols.*

Any person desiring information  
as to my standing and responsibility will,  
on request, be furnished with a  
satisfactory reference in his vicinity or  
Congressional District.

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**I REQUEST POSTAL  
STAMPS FOR REPLIES AND FOR  
RETURN OF PAPERS.**

Also personally appeared Samuel Rolen, residing at Sevierville, and A. Blalock, residing at Harris Burg, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James M. Maples the claimant sign his name 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.

(1) Sam Rolen

(2) A. Blalock

**SWORN AND SUBSCRIBED** before me this 17 day of April, A. D. 1884; 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 thereto, including the words \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

D. H. Emert

Clk. County Court.

**THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.**

This application **MUST** be acknowledged by the claimant and identifying witnesses before a Judge, Clerk, or Deputy Clerk of a Court of Record under the seal of the Court; if not so acknowledged, it will be **WORTHLESS**.

**ONE EXCEPTION** - Where an applicant resides more than twenty-five miles from any place at which a court is holden, upon being notified of the fact I will endeavor to have a suitable person designated, under an authority given to the Commissioner of Pensions for that purpose, before whom the declaration may be made.

Southern Div.  
A. C. K., Ex'r.  
No. 512,454  
James Maples  
I. 2 Tenn. Cav.

**Department of the Interior,  
PENSION OFFICE,**

May 21<sup>st</sup>, 1884

SIR:

I have the honor to request that you will furnish from the record of the War Department a full report as to the service, disability, and hospital treatment of James Maples, who, it is claimed, enlisted Sept. 15. 1862, and served as a Private in Co. I, 2 Regt. Tenn. Cav.; also in Co. \_\_\_\_\_, and was discharged at Nashville, Tenn, July 5, 1865

While serving in Co. I, 2 Regt. Tenn. Cav. he was disabled by Rheumatism at Murfreesboro Tenn. Jan. 1/63 and was treated in hospitals of which the names, locations, and dates of treatment are as follows: Hospitals at Murfreesboro Tenn. in 1863 & Nashville Tenn. 1863

Very respectfully,

Wm. W. Dudley

Commissioner.

# **SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't Tenn.

## **Application for Pension**

No. 572,454

Date of Examination: August 20, 1884

W. W. Alexander  
Examining Surgeon.

Post Office, Knoxville

County, Knox

State, Tenn.

P. S. Write the Post Office address  
plain and in full.



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**EXAMING SURGEON'S CERTIFICATE  
IN THE CASE OF AN ORIGINAL APPLICANT.**

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No. 512,454

Name of claimant, James Maples

Rank, Private

Company, I.

Regiment, 2.

State, Tenn.

**EXAMINING SURGEON'S ADDRESS:**

Post office, Knoxville

County, Knox

State, Tenn.

Date of examination, Aug. 20, 1884.

We hereby certify That we have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named \_\_\_\_\_, and while in line of duty, on or about the \_\_\_\_ day of \_\_\_\_\_, 18 , he incurred Rheumatism, and that in consequence thereof he is 1/4 disabled for earning his subsistence by manual labors.

He states that he is 50 years of age, that he weighs 146 pounds, and that he is 5 feet 8 inches in height.

His pulse-rate per minute is 80, his respiration 19, and his temperature 98 s.

The examination reveals the following facts.

He alleges that he has Rheumatism in whole left side & that his left leg "perished away" from his not being able to use it.

Measurements of the legs as follows:

At the ankle, left	7	inches
"	"	right 7 3/4 "
Six inches above ankle, left	8	"
"	"	" right 9 "
Around the calf, left	13	"
"	"	right 14 1/2 "

No crepitation exists in any joint none swollen or tender, altho he complains of pain on motion.

Heart smooth & regular.

From the condition and history of the claimant, it is our opinion the disability was \_\_\_\_\_ incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

We find the disability as above described to entitle him to 1/4 rating.

J. W. Stewart

J. C. Ellis  
Examining Surgeon.

W. W. Alexander

Always forward a certificate of examination whether a disability if found to exist or not.

M DIVISION.

AFFIDAVIT OF COMMISSIONED OFFICER OR COMRADE.

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**Additional Evidence.**

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

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Invalid  
(Character of claim.)

James Maples  
(Name of claimant.)

Late Privit in, Co. I.  
(Rank)

of Second Regt. Tenn. Caverly Vols.

AFFIDAVIT OF

Abijah Blalock  
(Name of Affiant.)

Late Secont lietenit in Co. I.  
(Rank.)

of Second Regt. of Tenn Caverly Vols.

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**FILED BY**

**GEORGE E. LEMON.**

Attorney and Counsellor at Law,

615 FIFTEENTH STREET NORTHWEST,

LOCK BOX 325      WASHINGTON, D. C.

**SWORN TO AND SUBSCRIBED** before me this 1 day of Sept. 188 ; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before searing thereto, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; that the affiant is to me well known and entitled to credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

D. H. Emert  
(Name of officer before whom executed.)

[L.S.]

Clerk County Court.  
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

**THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.**

**READ.** It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that \_\_\_\_\_ before whom the above affidavit was made, is a \_\_\_\_\_ duly authorized to administer oaths and that the above is his signature.

**IN WITNESS WHEREOF**, I have hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 188 .

[L.S.]

\_\_\_\_\_  
(Name of Clerk or Deputy Clerk.)

Clerk of the \_\_\_\_\_  
(Name of what Court.)

This Blank is Prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

**AFFIDAVIT TO ORIGIN OF DISABILITY.**

TO BE EXECUTED BY AN OFFICER OR ENLISTED MAN OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IN CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Tenn. )  
 ) SS.  
County of Sevier )

In the matter of the Pension claim of James Maples Privit in Co. I of the Second Reg't. of Tenn. Caverly Vols., personally came before me, a \_\_\_\_\_ in and for the aforesaid County and State, of Tenn. Abijah Blalock, of the County of Sevier, County of of the, State of Tenn., who, being duly sworn, declares in relation to the aforesaid claim that his age is 47 years; that he is the identical person who served as a first lutenit in Co. I of the Second Reg't. of Tenn Cavalry Vols., and knows the above soldier, who was a member of Co. I. Secont Reg't. of Tenn. Caverly that on or about the in day of Some time in the fall, 1862, while in the line of duty, and without fault or improper conduct on his part, at or near Lewisville, Ky in, State of KY, and soldier incurred was complaningy and was Not abel for duty and I furth stat that I had said Soldier hold from Sevierville to Nashville Tenn. and from Nashville to Murphesborow in the state of Tenn and I Don't reslect just how said soldier compain after we got to Murhesborow I reselect wel that said soldier was complaining with one hip and thigh herting him and I no that I cep him of Duty thar at Murphesborow all the time I stad with the Regt. I and say I don't think said solider Don ever duty up to the time of My Discharg and that was in March 1863 he was then complaining with his hip and thigh further stat that I hav bin aqented with said soldier for about Ner 39 years and I Never hered him complain ever before he went in the serves as I remember of now I hav Not lived ner said soldier scenc the wore but I seen him at one time scence the wore and he was Down she and Not abel to werk eny side soldier is still complains with his hip and leggs with them hurting him as to the amont of laber said soldier can do I don't no far I don't liv ner him now  
I hav resens to how the siad soldier was Disabel by being expused while in the line of Duty is My best Jugment

(The following in parenthesis is the marginal instructions as referred to above.)

(State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting.

If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the services.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.

State whether the soldier was in sound bodily health and especially free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.

State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.)

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge \_\_\_\_\_

Affiant's Post-Office address is as follows: Pokeberry Tenn.

Two persons who write their names  
MUST sign here as witnesses to affiant's  
signature, if he signs by mark.

A. G. Absent

(Name of one witness)

Abijah Blalock

Good, Dep. Sheriff

(Name of other witness.)

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

State of Tenn.            )        in the Matter of the Pension Claim of James Maples A  
County of Sevier        )        Prvit in Co I of Secant Regt. of Tenn. Caverly Vols.

Personally came Before me a Justice of the Peace in and for the aforesaid county and  
State of Tenn. John Watson A Sitson of Stat of Tenn. Sevier Co. who being Duly sworn,  
Declares in relation to the afore said Claim that his age is 49 years; that he is the identical  
Person who served as a Privit in Co I of the Secont Ret. of Tenn. caverly vols and knows  
the above soldier who was a member of Co I Secant Regt. of Tenn Caverly that on or  
about June 1865 while in the line of duty and without fault or improper Conduct on his  
part at or Ner Murpesburow in the Stat of Tenn. said Soldier incurd Remetism afecting  
his hipes and leggs and he was Disabel for Duty for sometime said soldier was sent to the  
hospital non as the field hospital at Murphesburow in the stat of Tenn said soldier  
removed for some time in hospital. for about he was not abel to come bak to the Regt 3  
months some time in Sept 1863 he came bak to the Regt. but was not abel for duty and he  
was complaining all the time whil in the serves I no that he was cef. of on duty the rest of  
the time I am wel satsfid that his desability was incurred by being exposed in servis I was  
by when said soldier was Discharged he was complaining with Runitisum in his hipes  
and legges and was still Disabel for duty & Me and said soldier come bak here to gether  
and he was complaining with his hipes and leggs all the time I hav bine aqented with said  
soldier for about 27 years I hav lived in about one Mile and a half of him sence we came  
home out of the army he was Down with Rumetism in his hipes and leggs for about 3  
months so that he cod not help himself atall and he is still complaining and is not abel to  
ern his living by Manuel labor and Doo his self Jestus I Don't think he is abel to Doo any  
labor though he could balance it has bin My understanding all the time that he was Diabel



from working I ferth say that I Never herd said solder complain before the ware and I  
hav resen to blev that his Disability was caused by being expsed in the seris in My best  
Jegment affiant ferther Declars he has No interest, Direct or indirect in this claim and that  
he Makes the above Statement form Personal knowledge John Watson  
affiant Post office adress is Pokeberry Sevier County Tenn.

A. G. Present

Sworn to and subscribed before me this 30 Day of Aug. 1884 and I hereby certify that the  
contents of the foregoing affidavit were fully Made known and explained by me to the  
affiant before swearing thereto

I further certify that the affiant is to me wel known and entitel to credit and I further  
certify that I have No interest Direct or indirect in the Prosecution of this claim

Levi Branson

Justice of the Peace

I certify that Levi Branson before whom the above affidavit was made is JP Duly  
authorized to administer oaths and that the abov is his signature in witness whereof I have  
hereunto set my hand and official seal this the 1 Day of Sept. 1884.

D. H. Emert, Clerk

County Court

in the Pension Claim of James Maples No. 512,858 A restatement from John Watson  
Privit Co E 2n Regt. Tenn. Cav vols I certify that in regard to My statement in My  
affidavit filed in Sept 1884 I Desier to correct My statement My first knowledg of claimants  
being Disabel was in June 1863 when he was tuck to the Hospital but I was Mistaken  
about this a being the time he claiment incred his Disability it is My under standing that  
he contruated his Diability in Dec. 1862 but My first knowledg of it was in June 1863. I  
was not in the saim Co and can't certify to the tim of the first in curring of the Dises

John Watson.

I was in the servis with Mr. James. Maples. in regard to what I stated in My affidavit filed in Sept 1884 I certify that I was with claimant in June 1863 and he claimant while we was at Murphes burrow in the stat of Tenn. claimant he Down side complaining with ruemetism in his hipes and legs and he was Not abel for Duty for some time in fact he was Not abel for Duty Evey or he was up of Duty to Most of the time While in servis after June 1863 and I formley bleu that the claimant contracted Rumetism by being exsposed while in servis and at the Date of claimants Discharg he was then complaining with his hipes and leges about the same I hav lived in the saim Naborhood with claimant ever since the wore he has bin complaining all the time the saime way he was whill in the servis and I hav sene him Down So that he cood Not Git up atal with his hipes and leges I hav sene his legges and one of them is Decaid a way he is still Disabel from the saim Disability he has bin under Difernt Doctors sinc the ware treting him for his hipes and legges and as to what exstent he is Disabel I don't think to Doo himself justus by is abel to Doo Every labor

I think I hav Maid a corect Statment to the best of My knolege.

John Watson.

Pokeberry

Tenn.

WAR DEPARTMENT,  
SURGEON GENERAL'S OFFICE,

RECORD AND PENSION DIVISION,

Washington, D. C., September 24, 1884

To the Adjutant General, U. S. Army.

Sir: I have the honor to return herewith the papers received from your office in pension claim No. 512454, with such information as is furnished by records filed in this Office, viz: that James Maples, Pvt. Co. I 2<sup>nd</sup> E. Tenn. Cavy. entered General Field Hospital, Army of the Cumberland near Murfreesboro, Tenn, April 13/63 with "Intermittent Fever" and was transferred May 16/63 and that he entered No. 2 G. H. Nashville, Tenn. May 16/63 diagnosis not stated and returned to duty August 22/63.

No hospital records of the 2<sup>nd</sup> Tenn. Cavy. were ever on file in this office.

By order of the Surgeon General:

No. 317423

B. T. Pope  
Assistant Surgeon, U. S. Army

per TSB

512,454

## War

### ADJUNCT GENERAL'S OFFICE,

Washington, Sept. 29, 1884.

Respectfully returned to the Commissioner of Pensions.

James Maples, a Corporal of Company "I", 2<sup>d</sup> Regiment E. Tenn. - Cavy. Volunteers,  
was enrolled on the 22 day of Sept., 1862, at Sevierville, for 3 yrs., and is reported: on  
the Muster Roll of said Co. to Oct. 31/62, Present. Nov. & Dec./62, not on file, Jan. &  
Feb./63 Present, March & April/63, Private Absent, "In Hospl. at Murfreesboro, Tenn. -  
April -/63." May & June/63 same since "April 10/63" 4 months Roll from June 30/63 to  
Oct. 31/63 (next on file), Present, and so reported to April 30/64, 4 months Roll from  
April 30/64, to August 31/64, (next on file), Present, & so reported to Oct. 31/64 Nov &  
Dec 64 next on file. Jany & Feby. \_\_\_\_\_ to April 30/65 (last on file)  
Mustered Out with Co. as a Private at Nashville, Tenn. - July 6-65, No Regtl. Return on  
file prior to May/63, Co. Return for Aug./63 shows him left in hospital Nashville, Tenn.,  
April 20/63. Cause for which in hospital not stated Regt. Hospital Records are not on  
file.

\_\_\_\_\_  
Assistant Adjutant General.

Southern Division.

=====  
**Department of the Interior,**

**PENSION OFFICE,**

April 10, 1885.

Respectfully requested of the ADJUNANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
Fall of 1862 to June - , 1863,  
of 1<sup>st</sup> Lieut. Abijah Blalock  
of Co. I. and private  
John Watson  
of E. 2<sup>d</sup> Tenn. Cav.  
and the station, at that date, of the Co.

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Claim No. 512,454  
James Maples  
Co. I. 2 Tenn. Cav.

John C. Black  
Commissioner.

Southern Div.  
R. P. U. Ex'r.  
Invalid No 512,454  
Jas. Maples  
Co. I. 2. Reg't. Tenn. Cav.

**Department of the Interior,**  
**Pension Office**  
Washington, D.C.

April 14, 1883

Return this letter with your reply.

Sir:

Relative to the above entitled claim, in your affidavit filed Sept. 6./84 you state that while in the service in June 1863 claimant contracted rheumatism in hips and legs.

Will you please return this letter with a statement showing when, where, and under what circumstances the alleged rheumatism in hips and legs was contracted, the manner in which claimant was affected thereby, describing fully all the symptoms thereof, and the extent to which he was during the remainder of his term of service, disabled for the performance of military duty.

In addition to the above, it is further requested that you state what claimant's physical condition was at the date of his discharge and whether he was then and has been during each year since suffering from rheumatism in hips and legs and if so, the extent to which he has been disabled thereby during each year of that period for the performance of manual labor, together with your means of knowing that the disability from which you allege claimant suffered while in the service is the same as that which you state he has complained of since discharge.

Very respectfully,

John C. Black  
Commissioner.  
S.

John Watson  
Pokeberry  
Sevier Co.  
Tenn.

Southern Div.  
R. P. U. Ex'r.  
Invalid No 512,454  
Jas. Maples  
Co. I. 2. Reg't. Tenn. Cav.

**Department of the Interior,**  
**Pension Office**  
Washington, D.C.

April 14, 1883

Return this letter with your reply.

Sir:

Relative to the above entitled claim in your affidavit filed Sept. 6./84 you allege that the claimant in the Fall of 1862 incurred a disability that disabled him for the performance of military duty up to March 1863, at which time you severed your connection with the company of which claimant was a member.

Will you please return this letter with a statement showing when, where, and under what circumstances the alleged disability was contracted, the manner in which claimant was affected thereby, together with a full description of the symptoms connected therewith.

You also stated that you saw claimant but once since his discharge, and at the time, he was complaining of his hips and legs. Will you also please state the time of this occurrence, the extent to which claimant has been disabled by disease of hips and legs for the performance of manual labor, together with your opinion as to whether this disability is similar to that from which he suffered while in the service, and your means of knowing the same.

Very respectfully,

John C. Black  
Commissioner.  
S.

Abijah Blalock  
Pokeberry  
Sevier Co.  
Tenn.



April the 25<sup>th</sup> 185

in reply to the request in this letter I certify that in the fall or Early Part of Winter in 1862 claimant while at Lewisville Ky he claimed was complaining of his hips and thigh and the claimant was of or Duty the Most of the time if Not all the time from the time we left Lewisville Ky up to My Discharge and that was March 1863 as to how claimant incurred his Disability I can only Say that we was dreadfully exposed crossing Tenn. and Ky. to get to the febrile army at Gallopasioho or at Cincuatha I saw claimant once since his Discharged and he was confined complaining with his hips and thigh I have saw claimant presently since his Discharge but he was Not confined but the one time but was complaining about his while in service the time claimant was confined I think it has been about 4 years ago I can't say to what extent he is Disabled

18

Abijah. Blalock.

So. Division.

STATE:

McD., Ex'r.

**Department of the Interior,**

**Pension Office**

Washington, D. C. June 30, 1885.

Sir

In reply to your inquiry relative to the pension claim No. 512,454, of James Maples, late of Co. I, 2 Reg't, Tenn. Cavy., you are informed that it awaits evidence of Surgeon as to treatment in service, medical or other testimony as to condition at and since discharge - Blalocks affidavit as to claimants condition since discharge unsatisfactory discrepancy between Blalock and Watson, as to time and place of incurrence of disease, to be explained by the party in error. called for in a communication from this Office under date of Apr. 10, 185 and addressed to your attorney

Very respectfully,

~~Wm. W. Dudley~~

John C. Black

Commissioner.

S.

James Maples  
Pokeberry  
Tenn.

**War Department,**  
**ADJUTANT GENERAL'S OFFICE,**

Washington, July 3, 1885.

Respectfully returned to the Commissioner of Pensions.

Roll of Co. "I" 2<sup>nd</sup> Tenn. Cav. to Oct. 31/62, reports Abijah Blalock 1<sup>st</sup> Lt. absent date or place not shown. Jan. & Feb. '63, (next on file) same report, March & April 63, reports to him 1<sup>st</sup> Lt. absent discharged March 26/63. Roll of Co. "E" same Regt. to Oct. 31/62, reports John Watson private present. Roll from Oct. 31/62, to Feb. 28/63, (4 months muster) present. Same to June 30/63. Return for May 63. Both Co's., were stationed at Murfreesboro, Tenn. Jan. 26/63. Near Murfreesboro, Tenn. Feb. 28/63. Same place April 30/63 & June 6/63. "On the Field" Tenn. June 30/63.

Return Co. E May 63 shows station May 31 '63. Near Murfreesboro, Tenn., June 63 shows John Watson with remarks "sick in Hospital" Murfreesboro since June 20 '63.

No additional information regarding their presence or absence, or station at period specified.

Thomas Ward  
Assistant Adjutant General.

Pension Claim of  
James Maples Privit  
in Co. I 2" Regt.  
Tenn. Cav. Vols.

---

No. 512,454  
affidavit of James  
Ownby Sitson of  
Sevier Co. Tenn.

B. D. 8

State of Tenn.            )            in the the Matter of the Pension claim of James Maples lat.  
Sevier County            )            Privit in Co. I 2" Regt. Tenn. Cav. Vols. in the war of 1851  
& 1865 Personaly came before Me a Justus of the Pece in and for Sevier Co. and Stat of  
Tenn. James Ownbey a Sitson of Sevier Co. who Declars on oth in relation to the  
afforesaid claim that his age is 65 years and that he is Personaly aqunted with the abov  
soldier and has bin for the last 35 years and I hav bin with claiment at Diferent working  
before the wor he the claiment was then considered a stout abel boded Man before the  
wor he the claiment was abel to werk and suport his famley be his labor and after he went  
in the wor I did not see him eney More til I sine him on Tenn. River above brgport this  
was in Sept. 1863 he claiment was on his return from the Hospital the claiment told Me  
that he had bin sik then the Next time I sene the claiment I sene him at Kingston Tenn.  
and he then was lying in his tent sik and not abel for Duty I Don't think from claiment  
looks he was abel for Duty then I never sen claiment Eney More after Nov 1863 til he  
com home out of servis that was in July 1865 and after the wor the claiment has been  
Down I sene him at Difernt times so that he cood Not go complaining with his leggs and  
hips and I hav sene him at one time when he was under the Dokter and was in a bad fix  
with his hips and leggs the Dokter was puting Medson on his leggs for Rheumatism and it  
was Generly thoet by the Pepels that the claiment wod not reawer but the claiment is up  
and going about but is still complaining with his hips and bak and leggs I hav sene his  
leggs and tha ar Decaid very bad and I Don't think a man in claiments condition is abel to  
Perform Manuel labor he claiment has Not Dun but vary latel

Sworn to and subscribed before Me this Day of 1885 and I hereby certify that the contents of the foregoing affidavit were fully Made known and explained by Me to the affiant before swearing there to and the affiant is to Me well known and is Entitled to credit on oath and I further certify that I have no interest Direct or indirect in the Presentation of this claim this 17 day of July the year 1885

J. M. Proffitt J. P. for Sevier County

I certify that J. M. Proffitt Justice of the Peace before whom the above affidavit was Made is a Justice of the Peace Duly authorized to administer oaths and that the above is his signature in witness whereof. I have hereunto set My hand and official seal this 21 July 1885

D. H. Emert

Clk County Court.

No. 512,454

of James M. Maples

Privit Co. I 2" Regt.

Tenn. Cav. Vols.

---

affidavit the Claimant

State of Tenn.            )        in the Matter of Pension Claim of James. M. Maples  
Sevier County            )        Privit in Co. I 2" Regt. Tenn. Cav. Vols. Personaly came  
before Me Clerk of the County Court in and for the affore said Co. and Stat of Tenn.  
James. M. Maples the Claiment and Declars on oth in relation to the affore said Claim  
that his age 51 years and that while he was in the servis of the US he contracted rümetism  
and that he Declars he was treted for said Desis by Difernt surgens while he was in the  
servis that he was treted in the filed Hospital at Murpis burough in the Stat of Tenn. but  
he can't kow tell what Dokters he was treted by thar at Murfes brough for the Nurses that  
waited on him went after the Medson at the sound of a bugel and the Dokters was Men  
that was straingers to the claiment and he can't tell who tha war that treted him and that  
he was treted at Nashvill Tenn. for Remetism and while he was at Nashvill Tenn. he was  
cupt thar for Rhümetism but he Don't no Eney of the Sergens but one and that was Dokter  
Mase and he is Ded he claiment further Declars that it is out of his Power to furnish the  
affidavit of Evey of the Surgens that treted him while in survis for Dokter Mas is the  
onley one that he can Remember know but he is Ded and he further declars that he was  
relest from Duty by Lutinent Blalock on or about the last of Dec. 1862 by resen of his  
aledged Disability and he further declars that he that that he had Made a corect statment  
in his Declaration of the time he incurd his Disability but that he was onsley Mistaken in  
it for he incurd his Disability on or about the last of Dec. 1862 but was not or exempted  
by the Dokter  
Sworn to and Subscribed before Me this the 21 day of July 1885 and I hereby certify that  
the contents of the foregoing affidavit were fully Made known and explained by Me to  
the affiant before swering thereto and the affiant is to Me wel known and is Entitled to



credit and I further certify that I hav no interest Direct or indirect in the Prosecution of  
this claim in witness whereof, I have hereunto set my hand and official seal this 21 Day  
of July 1885

D. H. Emert

Clk County Court.

No. 512,454

of James Maples

Privit Co. I 2" Regt.

Tenn. Cav. Vols.

---

affidavit of

Henry Watson

Privit Co. I. 2" Regt.

Tenn. Cav. Vols.

Stat of Tenn. )            in the Matter of Pension Claim of James Maples Privit in Co. I  
Sevier County )            2" Regt. Tenn. Cav. Vols. war of 1861 & 1865

Personaly came bef fore Me a Justice of the Pece in for the affre said Co and Stat of  
Tenn. Henry Watson Privit in Co. E. 2" Regt. Tenn. Cav. Vols. and Declars on oth in  
relation to the affore said Claim that his age is 41 years and that he knows the abov  
soldier and served with him and while in the line of Duty at Crab orchard in the stat of  
Ky on or about the last of Dec. 1862 said soldier incured Disability he was Down or was  
cef of Duty on the account of his hipes and leggs being cripeld up with rheumatism that  
was great he complain on at that time said soldier was Not abel for Duty but very litel  
after Dec. 1862 up to his Discharge I wel remember that some time in 1863 he was tuk to  
the field Hospital at Murphis bourgh in the Stat of Tenn. and he remained in hospital  
about three Months the first time he cam to the Regt was at the chickey Nochy field and  
he was then still complaining with Rheumatism in his hips and leggs I saw the Dokters  
cut him on his hip for Rheumatism at Nashville Tenn. I think that the Dokter cupt him in  
July 1863 or Not far from that time I no that he was treted by the Dokters a good Dele  
while in the servis and sene his Discharge I hav lived in about one Mile of said soldierand  
sece his Discharge he has bin Down under the Dokters I went with Dokter Martin to visit  
the claimet and he was in a bad stat of helth he was a past giting up with his hipes and  
leggs the Dokter and Nabors that that he cood Not git up any More that has bin about fore  
years ago tha claimet but is still Disable with Rheumatism I Don't think that he claimet  
is abel to Do Manuel labor a tall to Do him self justust I was aquented with claimet som  
time before the ware and I never herd of him a being Disabel before he went into the war  
he was considered about the stoutest Man

Sworn to and subscribed before Me this the 18 Day of July 1885 and I hereby certify that the contents of the foregoing affidavit were fully made known by Me and explained to the affiant before Swearing thereto and the affiant is to Me well known and is entitled to credit on oath and I further certify that I have no interest direct or indirect in the Prosecution of this claim

Levi Branson J. P.

I certify that Levi Branson before whom the above affidavit was made is a Justice of the Peace Duly authorized to administer oaths and that the above is his signature in witness whereof I have hereunto set My hand and official seal this the 21 Day of July 1885

D. H. Emert

Clark County Court

No. 512,454

---

Invalid Claim

James Maples lat

Privit Co. I 2" Regt

Tenn. Cav. Vols.

---

affidavit of John Ownby

State of Tenn. )            in the matter of the Pension Claim of James Maples lat Privet in  
Sevier County )            Co. I 2" Regt Tenn. Cav. Vols.

Personaly cam before Me a J. P. for Sevier County and John Ownby a Sitson of Sevier  
County and Stat of Tenn. who Declares on othe in relation to the affore said claim that his  
age is 41 years old and that he is Personaly aqented with the abov soldier and has bin for  
the last 30 years and said soldier was a stout abel boded Man before the wore I was wel  
aqented with the claiment before the wore and was with him at Difernt C G Rolens and  
he was one of the stoutest Men that we had in this cuntry before the war after he went in  
the wor I Didnot see him Evey More til I scene him at Jasper in Seqachez valey Tenn.  
and Sum time in Sept 1863 I saw the claiment at Seqachez Valey he then was sik and I  
Dont think he was abel for Duty he was complaining then with his hipes and leggs it was  
My under standing that the clament was Not abel for Duty after Sept. 1863 I Didnot see  
the claiment Eney More til after he was Discharged from servis and that was in July 1865  
and I Seen the claiment rit Soon after he came home out of the servis and when I Sene  
him he was complaining with his hipes and his leggs herthing him and has bin  
complaining with his hipes and leggs a grat Potion of the time scene the wore and at one  
time senc the wore claiment lived on My land and he is Down with his hipes and leggs  
and was Down for sum time under the Dokter Dokter Martin tened on the claiment for  
sum time in Jan 1887 it was generly that that claiment wod not git up the Dokter told Me  
that claiment wod never git over the Deses whiich he was down with the claiment is  
know up and about but is still complaining and I Dont think that he is abel (last line is  
missing)

Sworn to and subscribed before me this the Day of July 1885 and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto and the affiant is to me well known and is entitled to credit and I further certify that I have no interest Direct or indirect in the Prosecution of claim.

this 17 day of July 1885.

J. M. Proffitt J. P. for Sevier County

I certify that J. M. Proffitt Justice of the Peace before whom the above affidavit was Made is a Justice of the Peace Duly authorized to administer oaths and that the above is his signature in witness whereof I have hereunto set my hand and official seal this the 21 Day of July 1885.

D. H. Emert.

Clk County Court.

State Tenn. ) in the Matter of Pension Claim of James Maples Privit in Co. I 2"  
Sevier County ) Regt. Tenn. Cav. Vols.

Personaly aper before Me Clerk of the County Court in and for the affore said county and  
Stat of Tenn. Eli Blair a Privit in Co. B. 2" Regt. Tenn. Cav. Vols. and Declars on oth in  
relation to the afore said claim that his age is 62 years and that he has bin Personaly  
aqunted with claiment for the last ner 4 years and served with claiment while he was in  
the servis and while we was at Luisvill Ky. the claiment becam Disabel and was not abel  
to ride on hors bak claiment was touk from Louisvill to Nashvill in the amlenc then I Did  
not see claiment eney More til I sene him in the field Hospital at Murphesborough I went  
to see claiment while he was in the hosptial at Murphis burough this was sume time in  
June 1863 claiment was then in a bad stat of helth complaining with his hipes and leggs  
suffing with them I went to see claiment at Difernt times while he was in Hosptial  
claiment it was My understanding claiment was tuck to the Hospital at Nashvill from  
Murphisborough claiment Return bak to the Regt at Chatnuga the first time I sene  
claiment after he Return was at camp cate I was on a furlow hom when claiment first cam  
to the Regt but when I first sene him at camp cattel he claiment was then in a bak for with  
his hipes and leggs this was in the spring of 1864 then claiment at camp thames Got wors  
and it was Generly that that he cood Not recover I herd Dokter Maze say that claiment  
cood not Recover claiment was Disabel all the time from his first sickness up to his  
Discharg I hav bin with claiment a Good Day sinc his Dis charg from servis and claiment  
has bin Disabel Ever sinc he came out of servis with Rhuematism and I hav seen his  
leggs and his leggs is Decard and ar Drawn up in nots the lubrs and flesh on them I no  
that claiment was treted by the Dokters for Rumitism while in servis for I herd Dokter



Maze express his thoughts about claimant I can say that claimant was a stout able boded Man before he went in servis and I firmly blev that claimant contracted his Disability by being exposed in servis of the US I Dont think claimant can urn his living by his labor for a Man in his condichen cant work to Doo him self Justice the resin that I kew he contracted his Disability in the servis is becaus was a stout Man before he went in the wore affiant farther Declars that he has no interest Direct or in Direct in the Prosecution of this claim and that he has Maid the abov statment from Persnal knowedg affiants Post offis adress is Pokebury Sevier Co. Tenn.

A. S. Present

Eli Blair

P. M. Good

Sworn to and subcribed before Me this 21 Day of July 1885 and I herby certify that the contents of the fore Going affidavit was fully Made known and exsplain by Me to the affiant before swaring there to and the affiant is to Me wel known and is Entitled to credit and I furth certify that hav no interest Direct or indirect in the Prosecution of this claim this 21 Day July 1885 in witness wher off I hav hereunto set my hand and official sel

D. H. Emert

Clk County Court

No. 512,454

of J. S. Maples co. I 2"

Regt. Tenn. Cav. Vols.

---

affidavit of

J M Smith Co. B 2"

Regt. Tenn. Cav. Vols.

Stat of Tenn. )        in the Matter of the Pension claim of James Maples Privit in Co. I  
Sevier County )        2" Regt. Tenn. Cav. Vols. wor of 1861 & 1865 Personaly aper  
befor Me Clerk of the County Court in and for the affore said county and Stat of Tenn. J.  
M. Smith Privit in Co. B 2" Regt. Tenn. Cav. and Declars on othe in relation to the affore  
said Claim that his age is 58 years and that he served as Privit in Co. B. 2" Regt. Tenn.  
Cav. and knows above soldier and has bin aqunted with him for the last 28 years and was  
with claiment at Difernt times and Places and sene claiment at Difernt werkings and I wel  
know that claiment was a stout abel boded Man before the war I Never herd of claiment  
being Disabel before he went in the servis after claiment went in servis it is My reculation  
that on or about the last of Dec. 1862 the claiment tuck Down so that he was Not abel for  
Duty with Rheumatism in his hipes and leggs at Lewisvill Ky. I sene the claiment when  
he was Not abel to ride on his hors and I sene him Go on the Ambenc from Luisville Ky.  
to Nashvill Tenn. and it was My under standing that claiment was up of or Duty up to  
June 1863 claiment was then tuck to the field Hospitel at Murphesburogh in the state of  
Tenn. claiment Return bak to the Regt. from the field Hospitel at Murphisborough on or  
about Sept. 1863 but claiment was still Dis abel for Duty with his leggs and hipes he  
claiment when he return bak to the Regt. I sene his hipes where he was cupt by the  
Dokters for Rheumatism the plases whar the lances cut was still and runing with Matter  
and sume time in the Spring of 1864 at camp catlet 6 miles from Nashvill claiment tuck  
vary bad a gin at camp thomes about 4 Mils from Nashvill claiment Got still were it was  
the rumes that claiment cood Not Git wel at this time I herd Dokter Maze say that the  
claiment cood Not Git wel I wel remember that claiment was Disabel all the time after  
the last of Dec. 1862 til he was Discharged I hav bin with claiment a Good Del since

Discharg and he has bin Disabel Ever sinc from erning his living by his labor I hav sene  
his leggs and the ar all Dicourd whith Nate and Plases that is Drowed up on his leggs I  
Dont think a man in Claiments condichen can werk to ern his living by his labor atall is  
My best Jugment Resen for bleving that claiment contructed his Disability while in the  
line of Duty is because he was a stout abel boded Man before he Enterd the servis and has  
bin Disabel Ever sinc he come out of servis this is My Resens for bleving that he was  
Disabel while in the servis and by being exsposed in the wet and cold affiant further  
Declars that he has No interest Direct or in Direct in this claim and that he has Maid the  
abov ste from Persnel knowledg affiants Post offis adress is Pokeberry Sevier Co. Tenn.

A. G. Present

J. M. Smith

P. M. Good

Commissioner of Pension

Dir Sir I hav furnisht the Evidenc could for all but the affidvit of the Surgen as to  
tretment while in servis it is out of My Power to furnish the Surgen testamony as to My  
trtement while in the servis but I can furnish as Much Evidinc as regerd of other soldiers  
and I no that I hav bin Disabel while I was in the servis and I no that I was treted for  
Rheumatism by Difernt Surgans while in servis but it is out of My Power to furnish this  
Evidenc for the Surgens that treted Me one of them is Ded and I Dont no who tha others  
that treted Me was I can furnish the affidavit of Dr. Martin the Dokter that has treted Me  
senc the war if this is Desird if you wher More Evidenc of Soldier or camerels I can  
furnish as Much as is Desierd if it takes half of my company, I can Prov that I was  
Disabel in the servis So I hop to her from you soon

July the 28 1885

James. Maples.

Sept. the 21/1885

I certify that Mr. James Maples the claimant in this letter that is inquired above I have been personally acquainted with claimant long before the war and my reason for knowing that claimant has suffered ever since the date of his discharge is because he has complained ever since his discharge with rheumatism in his hips and I can see that his legs are paralyzed away every person that will look at claimant's legs and hips can see that they are badly affected they have great knots on his legs and hips the claimant has not got good use of his hips and back so that he can get up like a stout man can I have not met with claimant a single time since the war but he has been complaining with rheumatism and he was stout before he entered the service then another reason for saying that claimant has suffered ever since his discharge is because he has not been able to labor but very little for his family since the war and before he went in the war he was an industrious man and worked for his family I think I have made a correct statement

Eli. Blair.

So. DIVISION.

[3-079.]

Tenn.

**HISTORY OF CLAIMANT'S DISABILITY.**

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**Department of the Interior,**

**PENSION OFFICE,**

Washington, D. C. Sept., 1885.

Sir: In the claim for Invalid Pension No. 512,454, of James Maples, the claimant is requested to state his place or several places of residence, and what his occupation has been during the period from his discharge to the present time, giving approximately the dates of any changes in his residence. He should also give a full and circumstantial history of his disability, and its incurrence from the time when it first appeared, mentioning all medical treatment which he has received, and the names and residences of his physicians, and which, if any of them, are deceased. He should also state whether at any time and for what period or periods, giving the dates as nearly as possible, he has been prevented from following his usual occupation, by reason of the alleged disability.

**Until the foregoing shall have been furnished, further action cannot be intelligently taken in this claim, and a prompt reply will facilitate its early settlement.**

Very respectfully,

John C. Black

Wm. W. Dudley

Claimant

Pokeberry

Tenn.

I certify that I hav bin bornd and raised in the Naborhood of Pokeberry Sevier Co. Tenn. and that I hav lived Ever scenc servis Discharged her in the saim Plase but ther was Not any Post offise her til after the ware our country was Not suplid with Post offises as it is know but I cant say that I hav lived on Eney other Plais or Plases senc My Discharg only in the Naborhood of Pokeberry and My ocipation has allways bin a farmer when I was abel to farm I further certify that I was treted by Dr. Martin for Rheumatism in My hipes and leggs was treted by Dokter Carial Marten in January 1881 Mr. Marten is the only Dokter that has treted Me scenc My Discharg the Dokter L. Fish was couldin to see Me in Jan 1881 but Did not tret Me Eney but he wel knows My condishen this Dokters is all that knows Eney thing abot Me since My Discharg and as to the time of the incurenc of My Deses My best reklation is that I tuck Down with Rheumatism in the later Part of 1862 or Not fur from that time I am shore that I tuck with Rheumatism in the latter Part of 1862 this is the best of My Rekulation and as to My tretment while in the Servis I cant Remember but one of the Dokters and this was Dokter Maze and he is Decest and as to giving the Dates of the times I hav bin Presented from Manul labor I hav bin Disabel Ever sinc the wore so that I cood Not work to Doo hard labor alot Dokter Carel Marin adress is Pokeberry Tenn. Sevier Co. Dokter Laney Fish adress is Pokeberry Tenn. I think I hav Given a corect statment I wod lik to Exsplain the Mistak in My application I was taken sik in latter Part of 1862 but was Not sent to tha Hospitel til in June 1863 but I was cep of ov Duty all the time by Lutenent Blalock up to June 1863 when I was taken to the Hospital.

James. Maples.  
Pokeberry  
Tenn.



Southern Div.  
R. P. D. Ex'r.  
Invalid No. 512 454  
James Maples  
Co. I 2 Reg't Tenn. Cav.

**Department of the Interior,  
PENSION OFFICE,**

Washington, D. C. Sept. 9, 1885

Return this letter with your reply.

Sir:

In your affidavit on file in the above cited case, you state that claimant contracted rheumatism in the service, from which he has continued to suffer and the date of his discharge.

Please make a statement in your hand writing, showing your means of positively knowing the facts to which you have testified, together with, whether to your personal knowledge, claimant has suffered from rheumatism continuously from the date of discharge to the present time.

Very respectfully,

John C. Black

Commissioner.

Eli Blair

Pokeberry, Tenn.

(3-061.) R.P.D.

Southern Division.

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**Department of the Interior,**

PENSION OFFICE,

Sept. 7, 1885.

Respectfully requested of the ADJUTANT  
GENERAL U.S.A. a report from the records of his  
Office as to the presence or absence, on or about

Dec. 1862 to Nov., 1863,

of privates Henry Watson Co. "E"

J. M. Smith Co. "B" James

S. Ownbey and Eli Blair

of Co. "I" 2" Tenn. Cav.

and the station, at that date, of the

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Claim No. 512,454

James Maples I, 2" Tenn. Cav.

John C. Black

Commissioner.

512 454.

**War Department,**

**ADJUTANT GENERAL'S OFFICE**

Washington, Nov. 13, 1885.

Respectfully returned to the Commissioner of Pensions.

Roll of Co. E, 2<sup>nd</sup> Tenn. Cav. for Sept. and Oct. '62 reports Henry Watson Private absent,  
left sick in Hosp. at Nashville Tenn. Jany. 2/63. Roll to Feb. 28/63 - four months muster  
- present. Same to Dec. 31/63.

Rolls of Co. B, same Regt. for periods above named report Jephtha M. Smith Private  
present No Returns on file prior to May 1863, which does not report any of the above  
named men as absent. Same for July, Aug, (Sept. not on file) and Nov. 1863.

Names James S. Ownby and Eli Blair not borne on roll of Co. I same Regt.

Morning Reports Co. B show him Sept. 7<sup>th</sup> 63 "left sick in Wills Valley - Oct. 1<sup>st</sup> 63

Returned to Duty. No additional information regarding their presence or absence at  
period specified.

F. D. Rucker

2<sup>nd</sup> Lieutenant 2<sup>nd</sup> Cavalry.

Jan. the 15 1886

Commissioner of Pension Washington D. C.

Sir in the Pension claim No. 512454 of James Maples, co. I 2" Tenn. Regt. Cav. wil you be so kind as to in form the claiment what is Delaying the claim sume time ago I was informed by Geo. Serman My atteney that the Department wod knot Exspet Leutenit Blalocks testimony in this claim becous he Blalock was Not with the Regt at the time My Disability was incurd know I wod lik to resen with you a litel on this Matter you hav bin inform by creditebal witnessis that Mr. Blalcok was right about the time of the incurenc of My Deses all the Evidenc Gos to show that I contracted My Disability in the later part of 1862 and the Mistak is in My self about when My Deses was incurd it is resinebel that I was Disabel while in the servis and the Department requested Me to Giv the Name of Docketer that has treted Me Secnc My Discharg and I hav Giv it was treted by Dokter Carel Marten Since Discharged if you Ples inform Me Just what is required in My Claim and if I can furnish it I wil I can furnish as Mush Evidnc by Cumerds as is Nessary all but I cant furnish the testamoney of the Dokters that treted Me while in the servis So I hope to her from you soon.

Yours truely

James Maples

Pokeberry Sevier Co.

Tenn.

Org Inv. 512454

\_\_\_\_\_ DIVISION.

No. 512-454

**MEDICAL EVIDENCE.**

Affidavit of Dr.

Carroll Martin

CLAIM OF

James Maples

FOR

Co. I 2" Regt.

Tenn. Cav.

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

Offices, No. 615 Fifteenth Street, N. W.,

P. O. DRAWER 325, WASHINGTON, D.C.

As this may reach the hands of some persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely known throughout the United States.

HOUSE OF REPRESENTATIVES,  
WASHINGTON, D. C., March 1, 1879.

We, the undersigned, having an acquaintance with Captain GEORGE E. LEMON for the past few years, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for fair and honorable dealing connected therewith, cheerfully commend him to claimants generally.

A. V. RICE,

*Chairman, Committee on Invalid Pensions,  
House Reps.*

W. F. SLEMONS, Member of Congress,  
*Second Congressional District of Ark.*

W. P. LYNDE, Member of Congress,  
*Fourth Congressional District of Wis.*

R. W. TOWNSHEND, Member of Congress,  
*Nineteenth Congressional District of Ill.*

-----  
BELVIDERE, ILLINOIS, October 24, 1875

I take great pleasure in recommending Captain GEORGE E. LEMON, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Departments at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, in the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HURLBUT, Member of Congress,  
*Fourth Congressional District, Illinois,  
Late Major-General U. S. Vols*

-----

HOUSE OF REPRESENTATIVES,  
WASHINGTON, D. C., March 3, 1875.

From several years' acquaintance with  
Captain GEORGE E. LEMON, of this city, I  
cheerfully commend him as a gentleman of  
integrity and worth, and well qualified to attend  
to the collection of bounty and other claims  
against the Government. His experience in that  
line gives him superior advantages.

W. P. SPRAGUE, Member of Congress,  
*Fifteenth Congressional District of Ohio.*

JAS. D. STRAWBRIDGE, Member of Congress  
*Thirteenth Congressional District of Penn.*

-----

EXECUTIVE MANSION, BOISE CITY,  
IDAHO TERRITORY, September 5, 1876.

Captain GEORGE E. LEMON,  
Attorney and Agent for the collection of war  
claims at Washington City, is a thorough, able,  
and exceedingly well-informed man of business,  
of high character, and entirely responsible. I can  
assure all having war claims requiring  
adjustment that their interests cannot be confided  
to safer hands.

M. BRAYMAN,  
*Governor of Idaho and late Maj.-Gen. Vols.*

Any person desiring information  
as to my standing and responsibility will,  
on request, be furnished with a  
satisfactory reference in his vicinity or  
Congressional District.

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him of its contents before he executed the same.

---

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Witness my hand and official seal this 11 day of Feby. 1886

[L.S.]

Sign here D. H. Emert Clerk

**THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.**

**READ.** - It is preferable that this instrument should be executed before a Clerk of Court. The seal should be imprinted on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

STATE OF \_\_\_\_\_)

SS:

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid  
(Name of Clerk of Court.)

County and State, Do certify that \_\_\_\_\_, Esq., who  
(Justice of the Peace or Notary Public)

hath signed his name to the foregoing jurat, was at the time of so doing a \_\_\_\_\_  
(Justice of the

\_\_\_\_\_ in and for said County and State, duly commissioned  
Peace or Notary Public.)

and sworn; that all his official acts are entitled to full faith and credit, and that his

signature thereto in genuine.

Witness my hand and seal of this office \_\_\_\_\_ day of \_\_\_\_\_, 188

[L.S.]

\_\_\_\_\_

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



IMPORTANT - The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Tenn. )  
 ) SS:  
COUNTY OF Sevier )

In the pension claim of James Maples. Privit in Co. I 2 Regt. Tenn. Cav. Vols.  
Personally came before me a Clerk of the County Cort in and for aforesaid  
County and State Carroll Martin, a resident of Pokeberry of the County of Sevier State of  
Tenn., who, being duly sworn, declares in relation to the aforesaid case as follows: that  
his age is 64 years. I hav bin a Practcing Physician for 30 years I further certify that I hav  
bin Personaly acquated with claiment Ever scence he was a child I taught him when he  
was a boy he went to school to Me Jest before inlismnt in the servise and I no that he  
was a stout active young man before the wore or before he inlisted after claimant inlisted  
I Did not see him any More til after he was Discharged My first acquaintance with him  
after Discharg he was complaining and I Giv him Medison often at Difernt times I was  
cald on to visit claiment in febary 1881 and I found him in a bad State of helth he  
claiment was unabel to help himself with sciatic Rheumatism in his hipes and leggs  
claiment could not stand on his feet nor lay on his bed he had to be Propt up on the flore  
on a Pallet I treted claiment for Rheumatism for sometime and he recoverd and is abel to  
go about but is still a flicted with Rheumatism is to what amount of labor claiment can  
Doo I Dont think he is abel to Perform Manuel labor atoaal for his hipes and Joints is so

afeeled and his Musel is so sunk and so Debilitated tha he is unfit for labor I (unable to read) was free from Rheumatism before he Entered the servis he was a stout abel actife young man befor his inlisment this I no from Personal knoledg having bin aqanted with claiment from a chid is My word for money he was free before

And he further declares that he has on interest in said case, and is not concerned in its prosecution.

Dr. Carroll Martin

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

(The following is the instructions from the margin.)

### INSTRUCTIONS

The Affiant should state *in his own handwriting* these facts following:

1. Length of time he has been practicing medicine.
2. Whether or not he knew the soldier *before enlistment*. If he did know him, *for how long a period he knew him, how intimately*, and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and *particularly* that he was *free from the disability on which he claims pension, or any tendency thereto*.
3. If he treated the soldier *during his enlistment*, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.
4. Whether he has treated said soldier *since his discharge*. If he have, he should state -

- (1) At about what date he first treated him.
- (2) What his physical condition was when he first treated him, giving a full description or diagnosis of his disability.
- (3) Period during which he has treated him, *giving approximate dates* where exact dates cannot be given, and if dates of prescriptions or visits cannot be given, he should state why.
- (5) **Very Important.** - He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, *during each month or year* of the period of his treatment; in other words, what has been the *average loss of time from labor*, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether 1/3, 1/4, 1/4, 1/2, 2/3, 3/4, or as the case may have been.

No. 512,454

of James Maples

affidavit of Claimant

State of Tenn. County of Sevier in the Pension Claim of James Maples Privit in Co. I 2"  
Regt. Tenn. Cav. Vols. Personely aper before Me clerk of the County Cort Duly  
authorised to adminster othes James Maples the claiment and Declars in relation to afore  
said claim as folows I hav bin requested to furnish an affidavit from Dr. Martin Showing  
My physical condishen and I hav furnish Dr. Martins affidavit but can not Git Dr. Fishs  
affidavit in this claim I hav tride at Difernt times and he Dr. Fish wil not Giv Me his  
affidavit because I am not abel to Pay him a unresebnel Price to giv his testmony and I  
beg to be relest from having to furnish this Evidenc Dr. Fish wod not tretre Me becaus I  
was not abel to Pay him this is the resen he Did not tret Me I sent for Dr. Fish in Jan.  
1880 to com to see Me and he cam and examen Me but refused to Giv Me any tretment  
an Know refuses to Giv Me an affidavit becaus I am not abel to Pay him a big Price for it  
So I beg to be relast from furnishing this affidavit and further that I hav Dun all I can to  
furnish this affidavit and hav failed

James Maples

Pokeberry Sevier Co

Tenn.

Sworn to scribed before Me this March the 1886 and I herby certify that I red over  
said affidavit to said affiant and acqented him with its contents before he executed the  
saim and the affiant is to Me wel known and is intitel to credit I further certify that I hav  
no interest Direct or indirect in this claim in witness wher off I hav herunto set My hand  
and Sele of office this March the 16 1886

D. H. Emert

Clerk

(3-125.)

**ORIGINAL INVALID PENSION.**

Claimant, James Maples

P.O., Pokeberry

County, Sevier

State, Tenn.

Attorney, Geo. E. Lemon, Washington, D. C.

Fee, \$10.00 Agt. to pay (no contract filed)

Rate, \$4 per month, commencing May 5" 1884

Rank, Private Corporal

Company, I

Regiment, 2, East Tenn. Cav.

Disabled by Rheumatism

Submitted admission, Mch. 25, 1886, by R. P. Daniels, Examiner.

=====

Approved for Rheumatism

Approved for rheumatism

April 3<sup>rd</sup>, 1886, McDeun, Reviewer.

E. LeJenett M. E., John Caughbell  
April 6, 1886, \_\_\_\_\_, Med. Referee.

=====

Enlisted Sept. 15 22<sup>nd</sup>, 1862

Mustered \_\_\_\_\_, 18

Discharged July 5 6<sup>th</sup>, 1865

Declaration filed May 5, 1884

Material evidence filed \_\_\_\_\_, 18

\_\_\_\_\_ service from \_\_\_\_\_  
18 , to \_\_\_\_\_, 18 , in

Not in military or naval services since  
July 5, 1865, when discharged.

=====

**BASIS OF CLAIM.**

Alleges in declaration filed May 5" 1884 that while in the line of duty at Murfreesboro Tenn. Jan. 1<sup>st</sup> 1863 he contracted rheumatism, from exposure which has settled in his hips and back and which has deprived him of the use of his legs.

**DECLARATION FOR THE INCREASE OF AN INVALID PENSION.  
THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE  
APPLICATION.**

---

State of Tenn.            )  
                                  )        SS:  
County of Sevier        )

On this the 14<sup>th</sup> day of Dec., A. D. one thousand eight hundred and eighty- 6 personally appeared before me, a Justic of the Peace within and for the county and State aforesaid, James. Maples., aged 53 years, a resident of the Town of Richardson Cove, county of Sevier State of Tenn., who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoxville Pension Agency at the rate of \$4 dollars per month, by reason of disability from Rheumatism incurred in the military service of the United States while a privat in Co. I 2" Regt. Tenn. Cav. Vols. That he believes himself to be entitled to an increase of pension on account of increase of the Disability for which already pension that he appoints J. L. Brown, of Pokeberry county of Sevier, State of Tenn., his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Richardson Cove county of Sevier, State of Tenn.

Claimant's signature: James Maples

Attest: T. L. Plemmons

I. N. Paine

**INVALID.**

=====

CLAIM FOR INCREASE.

=====

James Maples, Applicant.

privit Co., I, 2" Reg't.

Tenn. Cav. Vols.

**(PENSION CERTIFICATE NOT REQUIRED.)**

=====

FILED BY

J. L. Brown

Pokeberry

Sevier County Tenn.

Also personally appeared T. L. Plemmons, residing at Pokeberry and I. N. Pane, residing at Pokeberry, persons whom I certify to be respectable and entitled to credit, and who, being be me duly sworn, say they were present and saw James Maples, 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.

T. L. Plemmons

I. N. Paine

SWORN to and subscribed before me this 14 day of Dec., A. D. 1886, 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

Levi Brannon

Justice of the Peace

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim*; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.



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.

=====

## SURGEON'S CERTIFICATE

IN CASE OF

James Maples  
Co. I, 2" Reg't. Tenn. Cav.

**Applicant for Increase**

No. 325,143

DATE OF EXAMINATION:

March 9<sup>th</sup>, 1887.

J. C. Gillespie, Pres., )  
G. E. Sharp, Sec'y, ) BOARD.  
C. Deaderick, Sec. & Treas., )

Post office, Knoxville

County, Knox

State, Tennessee

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

=====

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.*]

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(3-III.)

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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, etc.

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.

Increase Pension Claim No. 325143

Name and rank  
of claimant.

James Maples, Rank, Sergeant  
Company I, 2 Reg't. Tenn. Cav.

Knoxville, Tenn. State,  
(Post office address of the Board.)

Claimant's post  
office address.

Richardson's Cove, Sevier Co.

March 9<sup>th</sup>, 1887.  
(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:

Cause of disability. Rheumatism.

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

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

Pulse rate per minute, 90; respiration, 20; temperature, 98 1/2; height 5 feet 7  
inches; weight, 137 pounds; age, 53 years.

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

He makes the following statement upon which he bases his claim for+: Increase about the time of the battle of Murfreesboro, had an attack of rheumatism and was confined in hospital about three months, has never gotten rid of it, has genral muscular pain and poor use of left arm.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability as 1/4, 1/2, total, &c, through the grades *without any regard to dollars and cents*, and to make

such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: Heart sounds perfect, but heart somewhat irritable, no enlargement of joints nor contraction of tendons slight stiffness of left shoulder joint and considerable wasting of left scapular muscles tenderness of lumbar muscles slight loss of power of left arm, general nutrition, with exceptions named, fair, no other defects found.

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits.

He is, in our opinion, entitled to a 3/4 rating for the disability caused by chronic Rheumatism for that caused by \_\_\_\_\_, and \_\_\_\_\_ caused by \_\_\_\_\_.

\* See the back.

+ Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. C. Gillespie, Pres. G. E. Sharp, Sec'y. C. Deaderick, Secty & Treas.

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

(3-145.)

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Richardson's Cove  
County, Sevier.  
State, Tenn.

Rank, Sergt.  
Company, I.  
Regiment, 2" East Tenn. Vol. Cav.

**Rate, \$ \_\_\_\_\_ per month, commencing REJECTED APR 9 1887**

**Disabled by Rheumatism**

**RECOGNIZED ATTORNEY.**

Name, J. L. Brown.  
P. O., Pokeberry, Tenn.

Fee \$ 10., Agent \_\_\_\_\_ to pay.  
Articles filed none, 18 .

**APPROVALS.**

Submitted for March 24", 1884.  
Approved for \_\_\_\_\_  
Rheumatism

E. A. Tansler, Examiner.  
Approved for Rheumatism  
no Increase

Mch 30, 1887, A H Doan, Legal Reviewer.

Y. Tenefer John Caughbell  
March 31, 1887, \_\_\_\_\_ Medical  
Referee.

Discharged July 6", 1865.

Last paid to \_\_\_\_\_, at \$ 4.00

Pensioned from May 5", 1884, at \$ 4., for Rheumatism.

Original declaration filed May 5", 1884; alleged Rheumatism.

Arrears allowed from \_\_\_\_\_, 18 , to \_\_\_\_\_, 18 , at \$ \_\_\_\_\_

**PRESENT CLAIM**

Declaration filed Dec. 23", 1886, increase of original disability.

**DECLARATION FOR THE INCREASE OF AN INVALID PENSION.  
THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE  
APPLICATION.**

---

State of Tenn.            )  
                                  )        SS:  
County of Sevier        )

On this 8" day of June, A. D. one thousand eight hundred and eighty- 8 personally appeared before me, a Clerk of the circuit court within and for the county and State aforesaid, James Maples, aged 54 years, a resident of the \_\_\_\_\_ of Pokeberry, county of Sevier State of Tenn., who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoxville Pension Agency at the rate of \$4 dollars per month, by reason of disability from Rheumatism disease for which Pension was Granted incurred in the military service of the United States while a sergant in Co. I 2<sup>nd</sup> Regt. Tenn. Cav. That he believes himself to be entitled to an increase of pension on account of being rated too Low and an account of Liver Diseas resulting in cronic Diarrhea and at times indigestion of the Bowels incured in the spring of 1863 that he was treated by Regmental surgeon only in the spring of 1863 that he appoints J. L. Brown, of Pokeberry county of Sevier, State of Tenn., his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Pokeberry county of Sevier, State of Tenn.

Claimant's signature: James Maples

Attest: Isaac King

Jesse Atchley

**INVALID.**

=====

CLAIM FOR INCREASE.

=====

James Maples, Applicant.

sergt. Co., I, 2<sup>nd</sup> Reg't,

Tenn. Cav. Vols.

**(PENSION CERTIFICATE NOT REQUIRED.)**

=====

FILED BY

J. L. Brown

Pokeberry

Sevier County Tenn.

Also personally appeared Isaac King, residing at Hendersons Springs and Jesse Atchley, residing at Sevierville, persons whom I certify to be respectable and entitled to credit, and who, being be me duly sworn, say they were present and saw James Maples, 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.

Isaac King

Jesse Atchley

SWORN to and subscribed before me this 8" day of June, A. D. 1888, 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

R A Mean

Clk ct. court

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim*; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.



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.

=====

## SURGEON'S CERTIFICATE

IN CASE OF

Jas Maples  
Co. I, 2" Reg't. Tenn. Cav.

**Applicant for Inc**

No. 325,143

DATE OF EXAMINATION:

July 17, 1889.

J. C. Gillespie, Pres., )  
G. E. Sharp, Sec'y, ) BOARD.  
\_\_\_\_\_ Treas., )

Post office, Knoxville

County, Knox

State, Tennessee

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

=====

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.*]

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(3-III.)

---

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, etc.

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.

Increase Pension Claim No. 325143

Name and rank  
of claimant.

James Maples, Rank, Pvt.

Company I, 2 Reg't. Tenn. Cav.

Knoxville, Tenn. State,

(Post office address of the Board.)

Claimant's post  
office address.

Pokeberry, Tenn.

July 17, 1889.

(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:

Cause of disability.

Rheumatism diarrhora dis. of liver and Indigestion.

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

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

Pulse rate per minute, 92; respiration, 18; temperature, 98.4; height 5 feet 8  
inches; weight, 132 pounds; age, 56 years.

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

He makes the following statement upon which he bases his claim for+: Inc all my diseas came on in near Murfreesboro Tenn. in 1863

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability as 1/4, 1/2, total, &c, through the grades *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: The shoulders and knees inpile and the motion in the knees is infand and third motion in other joints good Heart normal he has two rectal ulcers size of a nichle the liver is slightly enlarged and tendon is linden over the stomache layer is colid.

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits.

He is, in our opinion, entitled to a 4/15 rating for the disability caused by Rheumatism 4/15for that caused by disease of liver, and \_\_\_\_\_ caused by

\_\_\_\_\_.

\* See the back.

+ Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. C. Gillespie, Pres. G. E. Sharp, Sec'y. \_\_\_\_\_ Treas.

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

**Declaration for Increase and Re-rating of an Invalid Pension.**

---

State of Tennessee

County of Sevier,

SS:

On this 20 day of Sept. A. D. one thousand eight hundred and eighty nine personally appeared before me, a County Court Clerk within and for the county and State aforesaid James Maples aged 55 years, a resident of Emerts Cove, county of Sevier State of Tenn. who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Knoxville Pension Agency at the rate of 4 dollars per month. Certificate No. 325 143 by reason of disability from Rheumatism incurred in the military service of the United States while serving as a Sargt. in company I 2 regiment \_\_\_\_\_ vols. That he believes himself to be entitled to an increase of pension on account of disability resulting from cause aforesaid.

~~Fill up these spaces only when you claim on some disease resulting from that for which pensioned.~~

He also claims increase of pension by reason of disability from chronic diarrhea, indigestion and disease of liver as heretofore alleged ~~result of disability for which new pensioned.~~

If you are disabled by reason of any disability contracted in the service, other than that for which pensioned, you are entitled to Additional Invalid Pension for such disability, and should allege the facts relative to same in this portion of the application.

And further claims additional invalid pension by reason of disability from Affection of back contracted while serving as \_\_\_\_\_ in company \_\_\_\_\_ regiment \_\_\_\_\_ vols., on or about \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_ at or near \_\_\_\_\_ State of \_\_\_\_\_

**Re-Rating.** He also claims that the rate of pension heretofore paid him has been lower than the extent of his disability would warrant, and asks for a review of the testimony in

his case and a re-rating of his pension from date of commencement. He asks for a re-rating of his pension as above set forth.

He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He, therefore, files this application and requests a medical examination by the board of examining surgeons at \_\_\_\_\_ to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full power of substitution and revocation,

**L. C. WOOD, WASHINGTON, D. C.**

his true and lawful attorney to prosecute his claim.

His Post Office address is Emerts Cove Sevier Co. Tenn.

James Maples

INVALID

- CLAIM FOR -

**Increase and Re-rating.**

=====

Jas. Maples Applicant.

Co. I 2" Reg't.

\_\_\_\_\_ Vols.

Pension Certificate No. 325143

=====

PENSION CERTIFICATE NOT REQUIRED.

=====

FILED BY

**L. C. WOOD**

**ATTORNEY-AT-LAW.**

WASHINGTON, D. C.

Also personally appeared G. L. Zirkle, residing at Sevierville Tennessee and D. C. Scruggs, residing at Pokeberry, Tenn., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw \_\_\_\_\_, 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.

G. L. Zirkle

D. C. Scruggs

SWORN to and subscribed before me this 20 day of Sept., A. D. 1889, 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

J. J. Ellis Clerk

[SEAL.]

County Court

**READ THESE INSTRUCTIONS:** If you are claiming additional invalid pension on a disability not heretofore claimed for, this must be executed before some official having custody of the seal of a COURT OF RECORD. If claim is based on the disability for which pensioned or on some disability heretofore alleged, this may be executed before any official authorized to administer oaths, and certificate or clerk of the court will not be required.



[No. 93.]

This form of fee contract was prescribed by the commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884 under the provisions of the Act of Congress approved July 4, 1884.

**TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.**

**ARTICLES OF AGREEMENT.**

---

**Whereas I, James Maples, late a Private in Company I, of the 2<sup>nd</sup> Regiment of Tennessee Cav. Volunteers, war of 1861-65 having made application for pension under the laws of the United States:**

**Now this Agreement Witnesseth:** That for and in consideration of services done and to be done in the premises, I hereby agree to allow my attorney, J. L. Brown of Pokeberry Tennessee for fee of Twenty five dollar, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said attorney, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to \_\_\_\_\_ in accordance with the provisions of Sections 4768 and 1769 of the Revised Statutes, U. S.

1 Wm. Trotter

James Maples

2 John Freezel

Emerts Cove, Sevier County, Tenn.

State of \_\_\_\_\_, County of \_\_\_\_\_, SS:

**Be it Known,** That on this, the 6 day of January, A. D. 1890, personally appeared James Maples, the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L.S.]

I. M. Lindsey J. P.

---

**ATTORNEY'S ACCEPTANCE**

No portion of which is to be used by the Claimant under any Circumstances.

**And Now**, to wit, this 6<sup>th</sup> day of January, A. D. 1890 I accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interests of the claimant in the premises, and I hereby certify that I have received from the claimant above named the sum of nothing dollars, and no more; \_\_\_\_\_ dollars being for fee, and the sum of \_\_\_\_\_ dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, I making no charge therefor.

Witness my hand the year and day above written.

J. L. Brown

State of Tennessee,

County of Sevier

SS:

**Personally came** J. L. Brown whom I know to be the person he represents himself to be, and who, having signed the above acceptance of agreement, acknowledged the same to be his free act and deed.

Witness my hand and seal this 6<sup>th</sup> day of Jan., 1890.

[L.S.]

I. M. Lindsey J. P.

Inc. Cert. No. 325,143

James Maples

Co. I 2<sup>nd</sup> Regt.

Tenn. Cav. Vols.

Affidavit of Claimant

Filed by

J. L. Brown



State of Tenn.            )

County of Sevier        )

In the matter of the Increase Pension claim cert No. 325,143 of James Maples late of Co. "I" 2<sup>nd</sup> Regt. Tenn. Cav. Vols. personally came before me a clerk of the county court in and for afore said county and state duly authorized to administer oaths James Clabber aged 50 years whose P O address is Bener, Tenn. who being by me duly sworn declares in relation to said claim as follows I served as a Privat in Co "I" 2<sup>nd</sup> Regt. Tenn. Cav. Vols. I have been Personally acquainted with claimant James Maples ever since his enlistment into the U. S. Army I well remember that claimant while in the Line of his duty at or near camp Catlett, Tenn on or about April 1864 claimant Incurred chronic Diarrhea and Got very Low with said disease he was not able for military duty he Got so weak that he was not able to hold up his head this disease following claimant on up to the date of his discharge and at the date of his discharge he was then suffering with said disease and I am well satisfide that claimant incurred Liver disease also for he is generally in a costive condichen when his bowels is not runing off he is then is in a constipated condichen this is my reasons for bleving that he has Liver disease I hav been personally acquainted with claimant ever since his discharge from the army and I no that claimant still suffers with said disease and with the effects of the same and a Grate potion of his time he is not able to do any hard Labor on account of being afflicted as above stated I have made the above statement all from personal knowledge I have Got no interest whatever in the prosecution of this claim.

Attest E M. Wynn  
W. A. Bowers

his  
James X Clabber  
mark

Sworn to and subscribed before me on this the 20<sup>th</sup> day of Dec. 1889 and I hereby certify that the contents of the foregoing affidavit was read and fully made known to said affiant before the same was executed said affiant is respectable and entitled to full faith and credit I have Got no interest whatever in the prosecution of this claim

J. J. Ellis Clerk

County Court

State of Tenn.            )

County of Sevier        )

In the matter of the pension claim cert No. 325,143 of James Maples Late of Co.  
I. 2<sup>nd</sup> Regt. Tenn. Vols.

Personally came before me a clerk of the Chancery court in and for afore said county and  
state duly authorized to administer oaths Isaac King aged 45 years whose address is  
Henderson Springs Tenn. who being by me duly sworn declares in relation to said claim  
as follows

I served as a private in Co. I 2<sup>nd</sup> regt. Tennessee Cav. Vols. I have been personally  
acquainted with claimant James Maples ever since his enlistment into the U. S. army I  
well remember that claimant while in the line of his duty at or near camp Catlett Tenn. on  
or about April 1864 claimant incurred Chronic Diarrhea & got very low with said disease  
he was not able for military duty this disease followed claimant on up to date of his  
discharge and at date of his discharge he was then suffering with said disease and I have  
also heard him complaining of being costive when his bowels was not running off he was  
then in a constipated condition I have been personally acquainted with claimant ever  
since his discharge from the army and I know that claimant still suffers with said disease  
and with the effects of same and I know a great portion of his time he is not able to do  
hard labor on account of being afflicted as above stated I have made the above statement  
all from personal knowledge I have got no interest whatever in the prosecution of this  
claim

I have made the above statement all from my own personal knowledg I have Got no  
Intrest whatever in the prosecution of this claim                            Isaac King

Attest

I. M. Lindsey

J. H. Sims

Sworn to and subscribed before me on this the 6 day of January 1890 and I hereby certify that I read and fully explained the contents of the foregoing affidavit to said affiant before swearing thereto said affiant is personally known to me to be respectable and entitled to full faith and credit I have Got no Intrest whatever in the prosecution of this claim.

D. T. Marshall

Chancery Court Clk



Southern Division.

=====  
**Department of the Interior,**  
BUREAU OF PENSIONS,

June 17, 1890.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about

Spring & Summer of 1864,  
of Isaac King and James Clabber

of Co. I. 2. Tenn. Cav.  
and the station, at that date, of the Co. Regt.

Claim Cert. No. 325.143

James Maples  
Co. I. 2 Tenn. Cav.

Guen B. Rainer  
Commissioner.

**War Department,  
Record and Pension Division,**

Washington, JUN 18 1890

respectfully returned to the  
Commissioner of Pensions.

The roll shows that

Isaac King  
James Clabber

mentioned in the preceding endorsement were present  
during the period named in that endorsement ~~except~~  
as follows:

---

During the period named the station of the company  
and regiment was as follows:

Nashville, Tenn from Mch 31 to May 31, 64,  
Decatur, Ala. from June 30, 64 to Aug. 31, 64

BY AUTHORITY OF THE SECRETARY OF WAR:

H. O. Ainsworth  
Captain and Ass't Surgeon, U. S. Army

Increase Certificat No. 325.143

of James Maples

Co. I<sup>st</sup> 2<sup>nd</sup> Regt. Tenn.

Cav. Vols.

Filed By

J. L. Brown

Pokeberry, Tenn.

State of Tenn.            )

County of Sevier        )

In the matter of the Increase Pension claim certificat No.            of James  
Maples late of Co. I" of the 2<sup>nd</sup> Regt. Tenn. Cav. Vols.  
Personally came before me a Justice of the Peace in and for afore said county and state  
duly authorized to administer oaths Jacob Ownby aged 43 years whose address is  
Pokeberry Tenn. who being by me duly sworn declares in relation to said claim as  
follows I am a Farmer by occupation have known claimant James Maples every since  
before his enlismment into the U. S. Army and have been intamitely acquainted with him  
and lived in the same neighborhood with him every since his discharge up to present time  
claimant has been afflicted with chronic diarrhea and disease of Liver ever since his  
discharge from the army claimant has all the time suffered with his Bowels hurting him  
and with a soreness in his side and he suffers a Grate deal of his time he suffers with a  
constipated Bowels his Bowels Locks up and he is in a constipated condichen a Grate  
deal of his time I have sean the claimant at diferent times when he was condind unable  
for any thing and infact I have seane the clamiant at times when it did not Look like he  
could ever Recover his health has Generally Rune down I have made the above statement  
from personal knowledge I have Got no Interest whatever in the prosecution of this  
claim.

Attest  
J. C. Brown  
Samuel Brown

his  
Jacob X Ownby  
mark

Sworn to and subscribed before me on this the 1<sup>st</sup> day of July 1890 and I hereby certify that I red said affidavit to said affiant before the oath was administered and said affiant is a Person of Good character any statement he would make is entitled to full faith and credit I am not interested or conserved in the prosecution of this claim

A. D. Eledg

J. P.

State of Tenn.            )

County of Sevier        )

In the matter of the Pension claim certifiat No. 325.143 of James Maples Late of Co. "I" 2<sup>nd</sup> Regt. Tenn. Cav. Vols.

Personally came before me a Justice of the Peace in and for afore said county and state duly authorized to administer oaths James McCarter aged 41. years whose address is Ogles X Roads, Tenn. who being by me duly sworn declares in relation to said claim as follows I am a farmer by occupation. I have been personally acquainted with claimant James Maples every since I was a child and have been Intamitely acquainted with him and Lived in the same Neighborhood with him ever since his discharge fromt he service claimant has been suffering with diarrhea and Liver disease every since his discharge from the service I can only discribe his disease or the symtoms of his disease he takes spells of Runing of with his bowels and then he Gits in a constapated condichen I have known the claimant to hafto go three & four days before he would have any passage from his Bowels and then his Bowels when they begin to Rune off there comes Frome his Bowels a discharge which resembles a matter or corupion I have seane the claimant in this condichen at diferent times since the war I hav seane the claimant at diferent times confined unable to do any thing and I hav seane the claimant when it did not look like hw would ever Recover I have made the above statement frome my own personal knowledge and this knowledge is arived by being with claimant when he was suffering as above stated and I have herd the claimant complain of a soreness in his side a grate deale since his discharge frome the army I am not interested nor conserned in the prosecution of this claim

J. A. McCarter

Sworn to and subscribed before me on this the 1rst day of July 1890 and I hereby certify that the contents of the foregoing affidavit was Red and explained to said affiant before the same was executed and said affiant is Respectable and entitled to full faith and credit I have Got no Intrest whatever in the prosecution of this claim.

A. D. Eledge

J. P.

State of Tenn.            )

County of Sevier        )

On this 19<sup>th</sup> day of July 1892 personally came before me a clerk of the Chancery Court in and for afore said county and state of Tenn. James Maples aged 60 years whose address is Emerts Cove Tenn. who being by me duly sworn according to Law declares that he is a pensioner of the United States enrolled at the Knoxville pension agency at the rate of Ten dollars per month under certif. No. 325.143 by reason of disability from Rheumatism and chronic diarrhea and disease of Liver with resulting disease of Rectum incurred in the military service of the United States while serving as a Sergeant in Co. "I" 2<sup>nd</sup> Tenn. Cav. Vols. that he believes himself to be entitled to an Increase of Pension on account of Resulting diseases and increase of the disability for which pension was Granted and he is now suffering from disease of heart which is the result of Rheumatism and he is now suffering from disease of eyes which has resulted from Liver disease. He feels that his present rating is not commensurate with the degree of his present physical condition he fills this application for an Increase of Pension and Requests that he may be agin ordered before the Board of examining surgeons at Dandridge, Tenn. to whom special instructions may be Issued so that the full exstent of his disabilities may be ascertaining for he is now almost unable to perform any Labor he hereby appoints with full power of substitution and Revocation J. L. Brown of Sevierville Tenn. his true and Lawful attorney to prosecute this claim that his post office address is Emerts Cove, Tenn.

X James Maples

Attest

E. M. Wynn

Levi McMahan

Also personally came before me



E M Wynn residing at Sevierville Tenn and Levi McMahan residing at Richardson's Cove, Tenn. persons whom I certify to be respectable and entitled to credit and who being by me duly sworn say they were present and saw the claimant James Maples sign his name to the foregoing declaration and that they know him to be the identical person who he represents himself to be and that they have no intrest in the prosecution of this claim

X E. M. Wynn

X Levi McMahan

Sworn to and subscribed before me on this the 19<sup>th</sup> day of July 1892 and hereby certify that the contents of the foregoing declaration was read and fully explained to the applicant and witnesses before me same was sworn to I have Got no intrest in the prosecution of this claim

A. T. Marshall

Clerk & Master

(3-146.)

## INVALID PENSION.

### REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner James Maples

P. O., Pokeberry

County, Sevier

State, Tenn.

Rate, \$ 10 per month, commencing June 12, 1888

Rank, Sergeant

Company, I

Regiment, 2<sup>nd</sup> E. Tenn. Vol. Cav.

In lieu of cut date Apr. 20, 1886

Deduct court payments

Pensioned for Rheumatism, chronic diarrhea and disease of liver with resulting disease of rectum

### RECOGNIZED ATTORNEY.

Name, J. L. Brown

P. O., Pokeberry, Tenn.

Fee, \$ 25; Agent \_\_\_\_\_ to pay.

Articles filed Jan. 16<sup>th</sup>, 1890.

commencing June 12, 1888.

### APPROVALS.

Approved for Rheumatism (old dis.) Chronic diarrhea and disease of liver (new dis.)

Submitted for Adm. Dec. 27<sup>th</sup>, 1890;

Approved for Rheumatism and new disability chronic diarrhea and disease of liver from June 12, 1888

James K. Clark, Examiner.

Approved for rheumatism 4/18, no increase, chronic diarrhea and disease of liver with resulting disease of rectum 1/18

Dec. 31, 1890 Doan, Legal Reviewer.

J. W. Conners, Re-Reviewer.

Allegera, Med. Ex'r., T Mead, Med. Reviewer.

Jan. 19, 1891, Ths. Dugan Med. Referee

### HISTORY OF CLAIMS AND FORMER ACTION.

Discharged July 6<sup>th</sup>, 1865.

Pensioned from May 5<sup>th</sup>, 1884, at \$ 4, for Rheumatism

Last paid to \_\_\_\_\_, at \$ 4

Increase rejected April 9<sup>th</sup> 1887

Original declaration filed May 5<sup>th</sup>, 1884, alleged Rheumatism in hips & back  
" " " Dec. 23<sup>rd</sup>, 1886, " Increase original disability

Declaration filed June 12<sup>th</sup>, 1888, alleged Original and disease of liver and chronic diarrhea.

Decl. filed Sept. 27 1889. Original. Chronic diarrhea indigestion & disease of liver.

Arrears allowed from \_\_\_\_\_, 18 , to \_\_\_\_\_, 18 , at \$ \_\_\_\_\_

### PRESENT CLAIM.

Declaration filed Sept. 20<sup>th</sup>, 1890, Original increase.

Claimant signs his name. M. C.

**INVALID**

**CLAIM FOR INCREASE.**

---

Jas. Maples Applicant.  
Co. I, 2 Reg't.  
Tenn. Cav. Vols.

Pension Certificate No. 325143

---

**PENSION CERTIFICATE NOT REQUIRED.**

---

FILED BY

**PATRICK O'FARRELL,**

**ATTORNEY AND COUNSELOR-AT-LAW.**

**WASHINGTON, D. C.**

Also personally appeared J. J. Loveday, residing at Emerts Cove and Frank Plemmons residing at Emerts Cove, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James Maples, 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.

J. J. Loveday

Frank Plemmons

Sworn to and subscribed before me this 16 day of May, A. D. 1890 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

I. M. Lindsey J. P.

for Sevier County

State of Tennessee, Sevier County.

I, J. J. Ellis Clerk of the County Court of said County, do hereby certify that I. M. Lindsey, Esqr. whose genuine signature appears to the attached afft is now, and was at the time of signing the same, an acting Justice of the Peace in and for said County, duly elected, commissioned and qualified as such.

WITNESS my hand at office, this 16" day of Sept. 1890.

J. J. Ellis Clerk.

**DECLARATION FOR THE INCREASE FOR AN INVALID PENSION.**

---

**State of Tennessee**

**County of Sevier**

**SS:**

On this 16 day of May, A. D. one thousand eight hundred and ~~eighty~~ 90 personally appeared before me, an acting Justice of the Peace within and for the County and State aforesaid, James Maples, aged 56 years, a resident of the town of Emerts Cove, County of Sevier State of Tenn. who, being duly sworn according to law, declares that he is a pensioner of the United States, Certificate No. 3215145 enrolled at the Knoxville Pension Agency at the rate of four dollars per month, by reason of disability from Sciatic rheumatism incurred in the Military service of the United States while serving as sergeant in Co. I 2 Regt. Tenn. Cav. Vols.. That he believes himself to be entitled to an increase of pension on account of the present rating being too low for the degree of his disability. He claims that he should have a big her rating for by reason of said disability he is a great sufferer greatly disabled for the performance of manual labor and as he grows older his condition steadily gets worse. He therefore requests another examination that he may be rated according to the degree of his disability. He asks that the examination may be had at Sevierville, Tenn. before that board as it is the nearest one to where he lives.

He feels that his present rating is not commensurate with the degree of his disability. He, therefore, files this application for increase of pension, and requests a medical examination by a board of examining surgeons, to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full power of substitution and revocation,

**PATRICK O'FARRELL. Attorney-at-Law. WASHINGTON, D. C.**

his true and lawful attorney to prosecute his claim.

His post office address is Emerts Cove, Sevier County, Tenn.

J. J. Loveday

James Maples

Frank Plemmons

(3-145)

Increase **INVALID PENSION.**

**Claimant** James Maples

P. O., Emerts Cove  
County, Sevier  
State, Tenn.

Rank, Sgt.  
Company, I  
Regiment 2 E. Tenn. Vol. Cav.

**Rate**, \$ 12 per month, commencing December 7, 1892

**Disabled by** Rheum. chr. diar. dis. of liver with res. dis. of rectum

RECOGNIZED ATTORNEY:

Name, J. L. Brown  
P. O., Sevierville, Tenn.

Fee \$ 2, Agent \_\_\_\_\_ to pay.  
Articles filed none, 18 .

APPROVALS.

Submitted for Mch 14, 1893.  
Approved for Rheumatism chronic  
diarrhea and disease of liver with  
resulting disease of rectum

J. B. Williams, Examiner.  
Approved for Rheumatism, chronic  
diarrhea and disease of liver with  
resulting disease of rectum  
12 from Dec. 7, 1892.

Alleged results referred to medical  
Referee

No other special results

Mch 15, 1893, W E Stith, Legal Reviewer.

Apr 4, 1893, Geo D Ingram, Medical  
Referee.

Enlisted Sept. 22, 1862

Discharged Jul 16, 1865.

Last paid to \_\_\_\_\_, at \$ 10

Pensioned from May 5, 1884, at \$ 4, for rheumatism

Original declaration filed May 5, 1884; alleged rheumatism

Inc. rejd Apl 9/87, Reissue to allow addl. disability July 19/91 at \$10 from June 12/88 for  
rheum. chron diarrhea and dis. of liver with resltg dis. of rectum.

Arrears allowed from \_\_\_\_\_, 18 , to \_\_\_\_\_ 18 , at \$ \_\_\_\_\_



PRESENT CLAIM.

Declaration filed July 23, 1892 = Alleges diseases for which pensioned has increased & that rheumatism has resulted in dis. of heart and liver dis. has restld in dis. of eyes.

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2" Reg't. Tenn. Cav.

**Applicant for Inc.**

No. 325143

DATE OF EXAMINATION:

Dec. 7", 1892.

J. B. Delozier, Pres., )  
J. W. Rogers, Sec'y, ) BOARD.  
J. C. Ellis, Treas., )

Post office, Sevierville

County, Sevier

State, Tenn.

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

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

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

(3-III.)

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.

Inc Pension Claim No. 325143

Name and rank  
of claimant.

James Maples, Rank Pvt.

Company I, 2<sup>nd</sup> Reg't Tenn. Cav.

Sevierville, Tenn State,

Claimant's post-  
office address.

Emerts Cove Tenn.

Dec. 7<sup>th</sup>, 1892.

Cause of  
disability.

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, chron. diarrhea and resulting dis. of rectum, Dis. of liver, heart and eyes. and that he receives a pension of \_\_\_\_\_ dollars per month.

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

He makes the following statement upon which he bases his claim for Inc. Have pain in Joints, the muscles of my limbs are perishing away, - I am very nervous, and my heart beats to fast. am not able to work hardly any at all, Have diarrhea, and pain in bowels, am constipated at times, my eyes runs water, can't see well.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 30; temperature, 98; height, 5 feet 8 inches; weight, 143 pounds, age, 60 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Rate for EACH cause of disability.

Has crepitation in all the larger Joints, The muscles of the entire body are soft and flabby. The muscles of lower extremities atrophed. He is very nervous - Shakes when standing - no swelling no contraction of muscles or tendons no limitation of motion, except the nervousness which makes his gate very unsteady. Hearts action irritable and tremulous, but red and position normal. Rate ten dollars per month for rheumatism. Rectum ulcerated. The mucus membrane pale and sensitive, no piles, fissure or fistule. Abdomen tympanitic, tender over liver, skin healthy. Tongue coated - This soldier is a wreck, not able to do much work and never will be. Rate eight dollars per month on account of disease of rectum. Reads test well at 20 ft. for his age - Eyes not ratable - Has a large fatty tumor on back below scapula - not ratable.

He is, in our opinion, entitled to a 10/18 by disease of rectum, and \_\_\_\_\_ for that caused by \_\_\_\_\_.

J. B. Delozier, Pres. J. W. Rogers, Sec'y. J. C. Ellis, Treas.

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

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I,2 Reg't. E. Tenn. Vol. Cav.

**Applicant for Increase**

No. 325143

DATE OF EXAMINATION

August 8, 1894.

J. S. McDonough, Pres., )

J. Sterling Carnige, Sec'y. )

J. C. Gillespie, Treas., )

BOARD

Post office, Knoxville

County, Knox

State, Tenn.

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

(3-III.)

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.

Increase Pension Claim No. 325143

Name and rank  
of claimant.

James Maples, Rank Sergt.  
Company I, 2<sup>nd</sup> Reg't E. Tenn. Cav. Knoxville, Tenn State,

Claimant's post-  
office address.

Ogles Cross Roads, Sevier Co. Tenn. August 8, 1894.

Cause of  
disability.

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, chronic diarrhea & Disease of liver, & res. dis. con of rectum & disease of heart res. of Rheumatism and that he receives a pension of Twelve dollars per month.

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

He makes the following statement upon which he bases his claim for Increase All disabilities worse.

Upon examination we find the following objective conditions: Pulse rate, sitting 92; respiration, 24; temperature, 98.5; height, 5 feet 8 1/2 inches; weight, 132 pounds, age, 65 years. Pulse standing 100; Pulse after exercise 112.

Here give a full description of the disabilities, in accordance with Book of Instructions. Rate for EACH cause of disability.

Crepitation in shoulders, elbows, hips and knees, no swelling or enlargement as shown by comparative measurements; no stiffness or tenderness; no atrophy or contraction in muscles or tendons; motion limited in above joints about 1/10; Base heart 3<sup>rd</sup> Rile; Right lateral border at left edge of sterum; Left lateral border at 6 inches to the left of the center of sterum; apex back not visible on inspection but at upper border 6<sup>th</sup> Rile nipper line, mitral regurgitant murmur (sys.), heart hypertrophied & dilated; slight cyavosis but no ocdema; Dysprove on exercise; action heart feeble. No friles either internal or external, no ulcer, no fistula fissure or prolapesus; Rectum seick, Hepatic dullness increased 1/10 - skin callon Fames congested - unula cerigated - Tongue brown slight epigastive tenderness, muscles soft - hands soft, Tumor just at lower end

He is, in our opinion, entitled to a \_\_\_\_\_ by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_.

of scapula left side about size of goose egg. - it is a fatty tumor. Tumor about one inch in diameter just about 2 inches from the outer side left leg. Tumor at outer side of left ankle, about 1/2 inch in diameter (these two appear to be calcerous deposits.). Ring & little fingers Risht hand considerable stiffened by Rheumatism - muscles in fair state no signs of vicious habits - no other disabilities found. We consider applicant disabled to the extent of the loss of a hand or foot for manual labor.

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]*



J. S. McDonough, Pres. J. Sterling Carrifer, Sec'y. J. C. Gillespie, Treas.

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

**INVALID**

**CLAIM FOR INCREASE.**

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Jas. Maples Applicant.  
Co. I, 2 Reg't.  
Tenn. Cav. Vols.

Pension Certificate No. 125143

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Ctf. - 325,143

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FILED BY

J. L. Brown

Knoxville

Tenn.

Also personally appeared D. C. Scruggs, residing at Knoxville, Tennessee and Samuel Ownby residing at Ogles X Roads, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, depose and say they were present and saw James Maples, the claimant, sign his name 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 this claim, and are not concerned in its prosecution.

D. C. Scruggs

Samuel Ownby

Sworn to and subscribed before me this 7<sup>th</sup> day of May, A. D. 1884; and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

I. M. Lindsey J. P.

for Sevier County

Note.- This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificates as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper.

If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for *general reference*, he should add statement to that effect, and the Clerk's certificate will not be required.

## **Declaration for the Increase of an Invalid Pension.**

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**State of** Tennessee

**County of** Knox

**SS:**

ON THIS 5<sup>th</sup> day of May A. D. one thousand eight hundred and ninty Four, personally appeared before me, a Notary Public within and for the County and State aforesaid, James Maples, aged 64 years, a resident of Ogles X Roads, County of Sevier, State of Tenn., who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoxville Pension Agency at the rate of \$10.00 dollars per month, under Certificate No. 325,143, by reason of disability from Rheumatism, chronic diarrhea & disease of Liver with resulting disease of rectum incurred in the military service of the United States, while serving as a Segt. in Co. "I" 2<sup>nd</sup> Regt. Tennessee Cav. Vols.. That he believes himself to be entitled to an increase of pension on account of Increase of the disabilities for which pension was granted and resulting diseases that he is now suffering from disease of heart result of Rheumatism and that his diseases has resulted in a general disability that he is now general disabled so much so that he can not perform any manual Labor he feels that his present rating is not commensurate with the degree of his disability and he feels this Declaration for Increase of Pension, and Requests that he may be given another medical examination by the Board of U. S. Examining Surgeons at Knoxville, Tenn. to whom special instructions may be Issued so that the full exstent of his disabilities may be ascertained and he hereby appoints, with full power of substitution and revocation,

J. L. Brown of Knoxville, Tennessee

his true and lawful attorney, to prosecute this claim.

His Post Office address is Ogles Cross Roads, Sevier County, State of Tennessee

1 D. C. Scruggs

James Maples

2 Samuel Ownby

(3-145.)

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Ogles Cross Roads  
County, Sevier  
State, Tenn.

Rank, Sergeant.  
Company, I.  
Regiment, 2" East Tenn. Vol. Cavalry

**Rate, \$ 14.-** per month, commencing August 8 1894

**Disabled by** Rheumatism & res. dis. of heart, chr. diarrhea & dis. of liver with res. dis. of rectum.

**RECOGNIZED ATTORNEY.**

Name, J. L. Brown  
P. O., Knoxville, Tenn.

Fee \$ 2, Agent \_\_\_\_\_ to pay.  
Articles filed \_\_\_\_\_, 18 .

**APPROVALS.**

Submitted for Sept. 18, 1894.  
Approved for Rhumatism, chr. diarrhea  
disease of liver with disease of rectum

E. F. Joyner, Examiner.  
Approved for rheumatism and resulting  
disease of heart, chronic diarrhea and  
disease of liver with resulting disease of  
rectum 14/18 from Aug. 8, 1894.

Alleged heart disease referred to Med.  
Ref.

Sept. 20, 1899, Wilson, Legal Reviewer.

Pratt \_\_\_\_\_ Houston  
Oct. 2, 1894, Thos. Featherstubaugh,  
Medical Referee.

Enlisted Sept. 22, 1862.  
Discharged July 6, 1865.  
Pensioned from May 5, 1884, at \$4, for rheumatism

Last paid to \_\_\_\_\_, at \$ 12

Original declaration filed May 5, 1884; alleged rheumatism. Increase rejected March 31,  
1887. Reissued to include chronic diarrhea and disease of liver with resulting disease of  
rectum at \$10 from June 12, 1888. Increased to \$12 December 7, 1892.

**PRESENT CLAIM.**

Declaration filed August 11 May 24, 1894. Increase of original and resulting disease of  
heart.

**Declaration for Increase ~~and Re-rating~~ of an Invalid Pension.**

**State of Tenn.**

**County of Sevier**

**SS:**

On this 4 day of May A. D. one thousand eight hundred and ninety seven, personally appeared before me, a Justis of the Pease within and for the county and State aforesaid, James Maples aged 66 years, a resident of Pokeberry, county of Sevier State of Tenn. who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Knoxville Pension Agency at the rate of 14 dollars per month, Certificate No. 325,143, by reason of disability from rheumatism, Nurvis Sistom incurred in the military service of the United States while serving as a Sergt. in company I 2<sup>nd</sup> regiment Tenn. Cav. vols. That he believes himself to be entitled to an increase of pension on account of disability resulting from cause aforesaid. and also weekeness spinnal affection Pain in lefte sid souldrs and arms and aulso a Large Tumor on my Back.

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He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He, therefore, files this application and requests a medical examination by the board of examining surgeons at Sevierville, Tenn., to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full power of substitution and revocation, **M. V. TIERNEY, WASHINGTON, D. C.**, his true and lawful attorney to prosecute his claim.

His Post Office address is Pokeberry, Sevier Co., Tenn.

R G Watson

James Maples

M E Watson

alleges spinal affection & tumor on back & pain in shoulders arms & ankles

(3-145.)

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Pokeberry,  
County, Sevier,  
State, Tenn.

Rank, Sergt.  
Company, I  
Regiment, 2<sup>nd</sup> E. Tenn. Vol. Cav.

**Rate, \$** \_\_\_\_\_ per month, commencing \_\_\_\_\_

**Disabled by** REJECTED May 14-'98

**RECOGNIZED ATTORNEY:**

Name, M. V. Tierney  
P. O., Washington, D. C.

Fee \$ 2, Agent \_\_\_\_\_ to pay.  
Articles filed \_\_\_\_\_, 18 .

**APPROVALS.**

Submitted for April 18, 1898.  
Approved for Rheumatism & res.  
disease of heart, chr. diarrhea &  
disease of liver with resulting  
disease of rectum (Affection of  
of spine & tumor on back not  
alleged as of service origin.)

N. H. Nicholson, Examiner.  
Approved for rheumatism and  
resulting disease of heart, chronic  
diarrhea and disease of liver with  
resulting disease of rectum 14/18  
- no increase.

Apr. 28, 1898, Hensley, Legal Reviewer.

April 30, 1898, J. T. Rand, Medical  
Referee.

Enlisted September 22, 1862.

Discharged July 6, 1865.

Last paid to \_\_\_\_\_, at \$ 14

Pensioned from May 5, 1884, at \$4, for rheumatism

Original declaration filed May 5, 1884; alleged rheumatism - Increase rejected March 31,  
1887. Reissued to allow for chronic diarrhea and disease of liver with resulting disease  
of rectum. Increase to \$12 from Dec. 7, 1892. Increased to \$14 from August 8, 1894.

**PRESENT CLAIM.**

Declaration filed May 12, 1897. Alleges Increase \_\_\_\_\_ causes and weakness spinal  
affection and tumor on back. new disabilities not alleged as of service origin.



**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. 1,2 Reg't. E. Tenn. Cav.

**Applicant for Increase**

No. 325,143

DATE OF EXAMINATION

October 6th, 1897.

<u>J. C. Ellis</u> , Pres.,	)	
<u>P. E. Walker</u> , Sec'y.	)	BOARD
<u>J. E. Elder</u> , Treas.,	)	

Post office, Sevierville

County, Sevier

State, Tennessee

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

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

"I hereby certify that Dr. J. C. Ellis, Dr. P. E. Walker, and Dr. J. E. Elder, were personally present and actually participated in the examination of James Maples, the claimant in this case, on 6<sup>th</sup> day of October, 1897.

(Signature)

P. E. Walker, Sec.

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]*

(3-III.)

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.

Increase Pension Claim No. 325143

Name and rank  
of claimant.

James Maples, Rank Sergt.

Company I, 2<sup>d</sup> Reg't E. Tenn. Cav.    Sevierville, Tenn State,

Claimant's post-  
office address.

Pokeberry, Sevier Co. Tenn.

October 6th, 1897.

Cause of  
disability.

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, chronic diarrhead disease of heart, liver, rectum , spine, left side and nervous system and tumor on back and that he receives a pension of Fourteen dollars per month.

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

He makes the following statement upon which he bases his claim for Increase. I took rheumatism in 1862, while in the service, the diarrhea attack the while in Camp at Nashville in 1863, the disease of heart, liver & rectum followed, also disease of spine and nervous system, the tumor on my back appeared about 13 years ago. It gives me a great deal of uneasiness.

Upon examination we find the following objective conditions: Pulse rate, 86; respiration, 24; temperature, 96 1/2; height, 5 feet 8 inches; weight, 133 pounds, age, 66 years. Pulse standing 100; Pulse after exercise 112.

Here give a full description of the disabilities, in accordance with Book of Instructions. Rate for EACH cause of disability.

Rheumatism, the joints are uniform in size, creptitate, are tender, upon pressure with slight stiffness some atrophy of muscles, no contraction of tendons, motion slightly limited. Rate 4/18

Chronic diarrhea, there is some emuciation, and general debility, which is marked the skin is sallow and wrinkled, tongue is red and glazed, Stomach is tympanitic and tender, tender over regions of the liver, spleen is normal. Rate = 4/18

Disease of heart, the apex beat is normally situated, it is not evidencet to inspection or pulputation the area of cardiac dullness is increased, it is irregular in rhythm, feeble in

action, its sounds are indistinct, no murmurs, there is slight hypertrophy, no dyopmora, ademia, or Ganois, pulse sitting 86 standing 92, after Exercise 112. Rate 4/18

Liver, the area of hepatic dulness is increased in all directions the abdominal veins are enlarged. Rate - 1/18

Rectum. The rectum is inflamed, not ulcerated or bleeding, the hemorrhoidal vessels are engorged, there are two internal pile tumors, one, an inch in diameter, the other 1/2 inch, very sensitive, no fissure stiterte, or fistula, no prolapsus of the rectum. Rate = 3/18

Spine, left side & nervous system breathing is irregular in rhythm, sighing and clyslanoe, slight difficulty in swallowing & speech he is very sensitive over the 1<sup>st</sup> 2 & 3 dorsal vertebra, there is a source of constriction over the thorax, some evidence of paralysis of the bladder, no cystitis, there is local areas of anesthesed, there is numbness of the limbs, there is tremor, movements are feeble. Coordination is impaired when attempting to walk blindfold, no evidence of vertigo, or convulsions, no anus senilis, no evidence of paresis of face or tongue.

J. C. Ellis, Pres.

P. E. Walker, Sec'y.

J. E. Elder, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

3-173.

So. Div.  
Ctf. No. 325143  
James Maples  
Co. I, 2 Reg't. Tenn. Vol. Cav.

N.H.N., Ex'r.

**Department of the Interior,**  
**BUREAU OF PENSIONS**

Washington, D. C., April 18, 1898.

SIR:

Will you kindly 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 family.

Very respectfully,

Mr. James Maples,  
Pokeberry,  
Sevier Co. Tenn.

Commissioner.

=====

**No. 1.** Are you a married Man? If so, please state your wife's full name, and her maiden name. Answer: M. J. Partain

**No. 2.** When, where, and by whom were you married? Answer: L. H. Mapels, February 15<sup>th</sup> 1894 in Sevier Co. Tenn.

**No. 3.** What record of marriage exists? Answer: \_\_\_\_\_

**No. 4.** 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: N. A. King mairge 53 Sept Deth February the 10<sup>th</sup> 1892.

**No. 5.** Have you any children living? If so, please state their names and the dates of their birth. Answer: G. P. Maples was born Nov. 2 1858, N. R. Maples Born May the 1<sup>st</sup> 1860, J. A. Maples Born Jan 14, 1863, I. R. Maples Born May the 1<sup>st</sup> 1866 D. C. Maples December 27, 1869, W. T. Maples = October 12, 1877, M. A. Maples = May 28, 1882, J. M. Maples = April 7, 1896

Date of reply, Apr 25, 1898.

James Maples

Southern Division.

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**Additional Evidence.**

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No. 325143

James Maples

James Maples clamt.

Co. I, 2 Reg't. Tenn. Cav. Vols.

Nature of Claim increas

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FILED BY

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State of Tenn.,

County of Sevier,

SS:

Sworn to and subscribed before me this day by the above-named affiants, and I certify that I read said affidavit to said affiants, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted them with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution and that said affiant is personally known to me and that thay air credible person.

A. D. Eledge

Justis of the Pease for Sevier Co.

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 \_\_\_\_\_, 1890 .

[L.S.]

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

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file so state.

**GENERAL AFFIDAVIT.**

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**State of Tenn.**

**County of Sevier,**

**SS:**

IN THE MATTER OF increase of Rerating of Pension claim of James Maples  
ON THIS 14 day of December, A. D. 1898, personally appeared before me, a  
Justis of the Pease in and for the aforesaid County, duly authorized to administer oaths,  
Carroll Martain aged 76 years, a resident of Fox in the County of Sevier and State of  
Tenn. whose Post Office address is Fox and W McMahan aged 51 years, a resident of  
Birds Creek in the County of Sevier and State of Tenn. whose Post Office address is  
Birds Creek well known to me to be reputable and entitled to credit, and who, being duly  
sworn, declare in relation to the aforesaid case as follows: I have Bin Pursonaly  
acquinted with clamant James Maples for aboute 40 yeras I have frequently give him  
meddison Since he came home out of army I Treated said clament for Khumetis aboute  
15 years ago Said clamaint was down helpless with inflammatory Rhumatis I have let  
him have meddison at differnt times since that I think said claiment is unable to Purform  
manul labor and that he is intitle To a fool Pension. W. McMahan his statement in this  
case I will say that I am well aqunted with said Maples I hav treated Him and that He is  
in titled to a full Pention He is Bad af Lected with Rhumetis I hav seen Him tell He had  
no us of hims & unable to go this is my statement Ritten By my self at home I hav no  
intrust in said claiment  
we further declare that we have no interest in said case \_\_\_\_\_ not concerned in its  
prosecution.

Carroll Martin M. D.

W. McMahan M. D.



**INVALID.**

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**Claim for Increase and Re-rating.**

=====

James Maples, Applicant.

Co. I, 2 Reg't.

East Tenn. Cavalry Vols.

Pension Certificate No. 325143

=====

Filed by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

Also personally appeared \_\_\_\_\_ residing at  
\_\_\_\_\_ and \_\_\_\_\_ residing at  
\_\_\_\_\_ 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 \_\_\_\_\_,  
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.

James Maples

SWORN to and subscribed before me this 14 day of December A. D. 1898 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; and that I have no interest, direct or  
indirect in the prosecution of this claim.

A D Elidge

Justis of the Pease for

Sevier Co.

## Declaration for Increase and Re-rating.

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TAKE NOTICE.- If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

**State of** Tenn.

**County of** Sevier,

**SS:**

ON THIS 14 day of December, A. D. one thousand eight hundred and 98 personally appeared before me, a Justis of the Pease within and for the County and State aforesaid, James Maples aged 67 years, a resident of Birds Creek County of Sevier State of Tenn., who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Knoxville Pension Agency at the rate of \$14.00 dollars per month, Certificate No. 325143; by reason of disability from Rheumatism and Resulting disease of liver with Resulting disease of Rectum incurred in the military service of the United States, while serving as a Sergant in Co. I 2 Regiment East Tenn. Vol. Cavalry.

That he believes himself to be entitled to an increase of pension on account of his rating being too low and not adequate with the present extent of his disability.

He also believes himself to be entitled to a re-rating, as the rate originally allowed him was too low and not commensurate with the extent of his disability, which has existed in a permanent degree since discharge.

My Presante State of health is sutch that I am allmost helpless and unable to Perfrom any manul labor attall my Present condishiean is sutch that I can not Lay on my left side a tall I have no meains of sporte I am intieley Dependante on my mabarr and what little I draw my Presente Rate of Penison is not a nuff to keep me up

I file this Declaration with the Request To be order Before the Board of Doctors at  
Dandridge Jefferson County Tenn. as a matter of convenience and Justice.

His Post Office address is Birds Creek Sevier Co. Tenn.

James Maples

(3-145)

Increase **INVALID PENSION.**

Inv. Ctf. 325143

**Claimant, James Maples**

P. O., Bird's Creek  
County, Sevier  
State, Tennessee

Rank, Sergeant,  
Company, I  
Regiment, 2<sup>nd</sup> East Tenn. Vol. Cav.

**Rate, \$** \_\_\_\_\_ per month, commencing \_\_\_\_\_

**Disabled by** REJECTED Jany. 15, 1900

**RECOGNIZED ATTORNEY.**

Name, \_\_\_\_\_  
P. O., \_\_\_\_\_

Fee \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.  
Articles filed \_\_\_\_\_, 18 .

**APPROVALS.**

Submitted for Dec. 15, 1899.  
Approved for rheumatism and resulting  
disease of heart, chronic diarrhea and  
disease of liver with resulting disease  
of rectum.  
Rerating not considered order 143.

M. F. Otey, Examiner.  
Approved for rheumatism and  
resulting disease of heart, chronic  
diarrhea and disease of liver with  
resulting disease of rectum 14/18.  
No increase.  
Weedin  
Jan. 5, 1900, J. F. Rambo, Medical  
Referee.

Dec. 18, 1899 J. Morrison, Legal Reviewer.

Enlisted Sept. 22, 1862

Discharged July 6, 1865.

Last paid to \_\_\_\_\_, at \$14.00

Pensioned from May 5, 1884, at \$4., for Rheumatism. Reissued at \$10. - Increased to  
\$13. and \$14. under the gen. law.

Original declaration filed \_\_\_\_\_, 18 ; alleged \_\_\_\_\_

Arrears allowed from \_\_\_\_\_, 18 , to \_\_\_\_\_, 18 , at \$ \_\_\_\_\_

**PRESENT CLAIM.**

Declaration filed Dec. 17, 1898. Alleges inc. of orig. & rerate.

Hon. H. R. Gibson, M. C.

Clmt. writes.

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't E. Tenn. V. Cav.

APPLICANT FOR increase

No. 325,143

DATE OF EXAMINATION

April 19<sup>th</sup>, 1899.

J. C. Ellis, Pres.,        )  
P. E. Walker, Sec'y.,    )     BOARD.  
J. E. Elder, Treas.,     )

Post office, Sevierville

County, Sevier

State, Tennessee

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

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. C. Ellis, Dr. P. E. Walker, and Dr. J. E. Elder, were  
personally present and actually participated in the examination of James Maples, the  
claimant in this case, on 19<sup>th</sup> day of April, 1899."

(Signature)

P. E. Walker

(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 of 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 \_\_\_\_\_, 18 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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**

IN CASE OF

James Maples

Co. I, 2 Reg't E. Tenn. V. Cav.

APPLICANT FOR increase

No. 325,143

DATE OF EXAMINATION

April 19<sup>th</sup>, 1899.

J. C. Ellis, Pres.,        )  
P. E. Walker, Sec'y.,    )     BOARD.  
J. E. Elder, Treas.,     )

Post office, Sevierville

County, Sevier

State, Tennessee

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

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. C. Ellis, Dr. P. E. Walker, and Dr. J. E. Elder, were  
personally present and actually participated in the examination of James Maples, the  
claimant in this case, on 19<sup>th</sup> day of April, 1899."

(Signature)

P. E. Walker

(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 of 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 \_\_\_\_\_, 18 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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.

Increase Pension Claim No. 325143 (Inc. Orig.)

Name of claimant.

James Maples

Address Sevierville, P. O.

Sgt. Company I 2<sup>nd</sup> Reg't. E Tenn. V. Cav.

of Board Tennessee, State.

Claimant's post office address.

Birds Creek Sevier Co. Tenn.

April 19<sup>th</sup>, 1899.

[Date of examination.]

Cause of disability.

Rheumatism disease of heart, chronic diarrhea, disease of liver and rectum

He receives a pension of Fourteen dollars per month. He makes the following statement upon which he bases his claim for increase.

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

Rheumatism, I contracted rheumatism while in camp in 1862 in the vicinity of Cumberland Gap. The heart trouble followed. The chronic diarrhea was contracted at Knoxville Tenn. in 1864. The disease of liver and rectum about the same time.

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

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

Pulse rate, 60, 80, 90, respiration, 16, 20, 22, temperature 98, height, [sitting, standing, after exercise] [Sitting, standing, after exercise]

5 feet 8 inches; actual weight, 130 pounds, age, 69 years.

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

Rheumatism the shoulder & knee Joints have marked crebitation, the left knee, measures 1/2 inch less than right there is tenderness with slight stiffness in all the large joints. The muscles of the left leg are atropried and measure 1/2 inch less than right, no contraction of muscles or tenderness Motion is limited in left knee & shoulder he is unable to extend left leg to more than an angle of 60° or raise arm above a level with left shoulder, or pass it back with a line of the body. There is lankness. No other Joint ceasions. Rate 6/18.

Disease of heart the apex impulse is very slight by Exident to inspeciton and palpation the arm of cardiac dulness is increased by 1/4. its impulses is found 1/2 inch to the left of the mannillary line, and 3 inches below left niple. Position abnormal to left it is irregular in Rhythm, feeble in qetion, its sounds are muffled, no murmurs. There is dilitations, there is dysanance, no cedemia, some cyanvsis. Rate 6/18.

Chronic diarrhea, there is emuceation the skin is tawny, tongue is red and fisured, Stomach and bowels are tympanitic and tender. Rate = 2/18.

Disease of liver the area of hepatic dictness is increased by 1/2 inch in all directions, it is tender over area surface is smooth. Rate = 2/18.

Disease of rectum the rectum is inflamed not bleeding or ulcerated the hemerhoidul vessels are engorged there are two small pile tumors each half of an inch at best. Sensative, not bleeding or ulcerated, internal, no fisure, no stricture,

J. C. Ellis, Pres.

P. E. Walker, Sec'y.

J. E. Elder, 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 (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

**SURGEON'S CERTIFICATE.**

**For use when additional space is needed to complete or amend report of examination.**

Insert character and number of claim.

Increase Pension Claim No. 325,143

Name of claimant.

James Maples

Sevierville

Sergt., Company I, Reg't. 2 Tenn Vol Cav.

Tennessee

Ogles, Sevier Co. Tenn.

April 17, 1897.

**EXAMINATION - Continued.**

no fistules, no prolapsus of the rectum. Rate 2/18.

Varicose Veins, there is a large knott, caused by dilitation of the internal saphence in the posterior surface of the left knee Joint, there is no tendercy to rupture or ulceration; which may have been caused by continued horse back exercise decamp the service. Rate 2/18.

There is a tumor setiratiel between the left scopselar and the spine (a lipoma) measuring 6 1/2 inches by 4 in. Rate = 3/18.

He is a farmer his muscels are flacrid pulous soft and puffy, he is very tramulous and feeble. It is the opinion of the board that the sum of his disabilities is equivalent to the loss of an hand or foot as for a manual labor is concerned.

No evidence of virious habits exist. No other disabilities found.

J. C. Ellis, Pres.

P. E. Walker, Sec'y.

J. E. Elder, Treas.

3-464aa.

So. Div, McF. O., Ex'r.

=====  
**Department of the Interior,**

**BUREAU OF PENSIONS,**

Washington, D.C. Dec. 12, 1899

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history of a soldier and age at date of enlistment.

No other report on file.

Inv. Cef. No. 325 143

Name James Maples  
Co. I, 2 Reg't. East Tenn Vol. Cav.

H. Ch. Evans, Commissioner.

=====  
Two Enclosures.

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

**Record and Pension Office,**

**WAR DEPARTMENT,**

Washington, DEC 13 1899

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

James Maples co. I 2 E. Tenn. Cav. the military records furnish nothing additional to report herewith except age at enl. 24 yrs.

Subsequently became Co. I, 2 Tenn. Cav.

The medical records show him treated as follows

No record found additional to that furnished in report dated Sept. 24 '84, herewith.

BY AUTHORITY OF THE  
SECRETARY OF WAR:

John Teasedale  
Chief, Record and Pension  
Office.



Suth. Div )  
No. 325,143 )  
James Maples )  
Co. I 2 Regt. Tenn. Vol. Cav.)

State of Tenn. County of Sevier in the matter of the application for Reconsideration of claim fore increase of Pension on this 19<sup>th</sup> day of March 1900 Personally appeared before me an acting Justis of the Pease in and fore affore said county duly authoerized to administer oaths James Maples aged sixty 69 nine years a Resident of Birds Creeke Sevier Co. Tenn. well known to me to be Respectable and Entitled to credit and who being duly sworn declairs in Relation to the affore said case as follows in Relation to said claim dear Sir I see on January the 8, 1900 my claim was Rejected on the ground that I was getting all I was Entitled to I will Refer you to two affidavids in my claim doctir Martain and doctor McMahan stating my condishion and also you will find an addifavid in closed from one of my Brother soldirs stating my Present condishion I am unable To do anything can not labor nor work nor do any thing my only dependance is what little Pension I git and I ask that my lcaim Be Reconsiderd and that I be ordered Before the Knoxville Bord of docters where I can git Jusits I can not git Justis before the Sevierville Board of doctors one is a strong demacrat and seams to Be Preggidis at the Pensioners I think I have a Rite to Reconsidiration in my claim and to Be orderd Before another Board Please have me orderd Before the Noxville Board Knxoville Tenn. all I want is Justis and I think I can git it at Knoxville Before the Board at Knoxville this is my own arrel state mente Ritin in my Preasent and under my instructions By A. D. Eledge at home in Sevier Co. Tenn.

James Maples

Sworn to and subscribed Before me on this 19<sup>th</sup> day of March, 1900

I certify that the foregoing affidavit was Read and fully Explained Before the same was

Executed I have No interest in the Prosecution of said claim

A. D. Eledge

Justice of the Peace for Sevier Co. Tenn.

Sept. - 1894

Sept. - 1900

Suth dev.

Sert. No. 325143

James Maples

Co. I 2 Regt. Tenn. Vol. Cav.

surth de vi

Sert. No. 325,143

James Maples

Co. I 2 Regt. Tenn. Vol. Cav.

affidavid of

John Watson

State of Tenn.            )

County of Sevier        ) in the matter of the application for a Reconsideration of James Maples claim for increase of Pension that was Rejected on January the 8, 1900 Pursley appeared before me an acting Justice of the Peace in and for county aforesaid John Watson on this 19<sup>th</sup> day of March 1900 aged 61 years a Resident of Birds Creek Tenn. well known to me to be Respectable and entitled to credit who being By me duly sworn declares in Relation to said claim I am well acquainted with the said claimant James Maples Ever since in time of the war I Belonged to the same Regiment have known him Ever since the war have lived not far from him ever since the war I have seen him confined To his Bed By Rheumatism and complain of Nervousness I know his Present condition is such he is unable to Perform any manual labor and that he is Entitled to an increase of Pension and I think he ought to have a Reconsideration in his claim for increase for Pension and Be ordered Before the Knoxville Board where I think he can get Justice for I dont think he can get it at Sevierville for we have all tried it time and again and have failed so I think you ought to Reconsider his claim and order him to Knoxville where I think he can get Justice I certify this is my own statement

John Watson

Sworn to and subscribed Before me on this 19<sup>th</sup> day of March 1900 I further certify that the foregoing affidavit was Read and fully Explained before the same was executed I have no distrust in said claim

A. D. Eledge

Justice of the Peace for Sevier Co. Tenn.

**INVALID PENSION.**

**REISSUE TO ALLOW ADDITIONAL DISABILITY. Ctf. 325143**

Pensioner, <u>James Maples</u>	
P.O., <u>Birds Creek</u>	Rank, <u>Sergeant</u>
County, <u>Sevier</u>	Company, <u>I</u>
State, <u>Tennessee</u>	Regiment, <u>2 East Tenn. Vol. Cav.</u>
Rate, \$ _____ per month, commencing _____	

Pensioned for \_\_\_\_\_

**RECOGNIZED ATTORNEY.**

**REJECTED**

Name, <u>Edgar T. Gaddis</u>	Fee, \$ <u>2.</u> ; Agent <u>April 1 1901</u> to pay.
P. O., <u>Washington, D. C.</u>	Articles filed _____, 18 __

**APPROVALS.**

Approved for (old) Rheumatism, disease of heart, chr. diarrhea & disease of liver with resulting disease of rectum, (new) and tumor on back affecting spine.

Submitted Oct. 29, 1900  
Resubmitted March 12, 1901

Scheomerhorn, Examiner.

Approved for rheumatism and resulting disease of heart - chronic diarrhea and disease of rectum - Inc. pending Reject tumor on back - affecting spine no disability since filing subject to approval of med. Referee - claim for reconsideration of rejection of January 5, 1900 to med. Referee.

Approved for rheumatism, resulting disease of heart, chronic diarrhea, disease of liver and resulting disease of rectum. 14/18 Nomcuasy Change of medical action rejecting in such dated January 5, 1900 is not warranted.

Reject tumor on back affecting spine on the grounds of no inabled disability therefrom since filing claim.

Mar 14, 1901 M. Thomas, Legal Reviewer.

Wm. S. Bud, Med. Ex'r.

\_\_\_\_\_, Med. Reviewer.

Mch. 19, 1901, T. H. Tap, Re-Reviewer.

March 20, 1907, J. T. Rambo, Med. Referee.

**HISTORY OF CLAIMS AND FORMER ACTION.**

Enlisted Sept. 22, 1862  
Discharged July 6, 1865

Last paid to \_\_\_\_\_, at \$14.00

Pensioned from May 5, 1884, at \$ 4.00, for Rheumatism

PRESENT CLAIM.

March 26, 1900 asks reconsideration of rejection of Jan. 5, 1900

Supplemental filed Sept. 8, 1900 alleges rheumatism and disease of heart, chr. diarrhea and resulting disease of rectum, disease of liver and tumor on back affecting the whole spinal column - in service and line of duty.

Declaration filed Nov. 20, 1900, alleges same disabilities.

clmt writes

duplicate of claim of Sept. 8, 1900.

suth Div.

supplementary Declation

James Maples clmt

Co I, 2. E. Tenn. Vol. Cav.

Supplementary Declaration of Claimant

State of Tenn.            )

County of Sevier        )        To be considered in Connection with application heretofore

Filed in the matter of increase claim for Pension of James Maples Late of Co. I "2" E.

Tenn. Vol. Cav. No. sert. 325,143 on this the 20 day of August 1900 Personally appeared

before me a Justis of the Pease within and fore county and state affore said duly

authorized to administer oaths James Maples aged 70 years a Resident of Sevier County

and State of Tenn. whose Post office address is Birds Creek Tenn. who being duly sworn

accordin to law declaires that he is the identical Person who enlisted September the 22"

1862 and was honorably discharged ont he 6<sup>th</sup> day of July 1865 and who has heretofore

filed a claim for increase of Pension No. 325,143 on account of Disability alleged in his

Original declaration to wit disease of heart chronic dirrhaea and Resulting disease of

Rectum and diseas of liver and large tumor on the Back causd By wairing Shouldr straps

of guns and sabre in line of duty which affects the hole spinel column he futher declaires

that in addition to said disabilitys heretofore alleged his is unable to earn a support by

manual labor he further declaires that None of said disabilities are in any way due to

vicious habits and are to the best of his knowlege and belief of a Permanent character and

that he makes this declaration for the Purpose of being Placed on the Pension Rolls of the

United States under the Provision of the general or old law he thirefore Requests that this

supplimental declaration be accepted as a Part of his original claim and considered in

connection thirwith said decleration for and on account of anincreas on abov named

disability and I ask and Request to Be orderd Before the Noxville Board of docters

Knoxville Knox county Tenn. on accounte of Justis to my self as I have not had Justis



before the Sevierville Bord nor do not think I can git it all I want is a fair triel and Justis I think I can git it at Knoxville

James Maples

Sworn to and subcribd Before me this the 20 day of August 1900 and I hereby certify that the contents of the above Declaration were fully mad known and Explained to the applicant before swairing I have no intrust in the Prosecution of this claim.

A. D. Eledge

Justis of the Pease

James Maples

Co. I, 2, E. Tenn.

Vol. Cav.

Cert. 325.143

Certificate No. 325143

James Maples

co. I 2. East Tenn. Vol. Cav.

State of Tenn. County of Sevier

In relation to claim for increase of Pension of James Maples Personally came before me an acting Justice of the Peace in and for county state afore said duly authorized to administer oaths M. M. Maples aged 45 years whose Post office is Birds Creek Tenn. who Being duly sworn Declares in relation to said claim a am Personally acquainted with James Maples said claimant and have Been Ever since he came Back out of the war I live a near neighbor to him I see said claimant and talk with him a most Every day and hear him complain I know he is unable to Perform any manual labor he can not do a thing nor work any I know he is entitled to an increase on account of an increase in his disability I think he ought to have a Reconsideration of his claim and Be ordered Before a another Board as I dont think he got Justice Before the Sevierville Board nor I dont think he can get Justice Before the Sevierville Board I think he ought to Be ordered Before some other Board of doctors that he can get Justice he is in Bad circumstance we dont think what he is getting is a nuff for a man who is unable to work I make the above statements from Personal knowledge By Being with said claimant and having him talk and complain I have no interest in said claim.

M. E. Eledge  
J. W. B. Eledge

his  
M. M. X Maples  
mark

Sworn to and subscribed Before me on this the 21 day of August 1900 by the above named affiant and I certify that I Read said affidavit to said affiant 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.

A. D. Eledge, J. P.

Cirtificat No. 325,143

James Maples

Co. I. 2. East Regt. Tenn. Vol. Cav.

State of Tenn. County of Sevier in relation to claim for increase of Pension Pursonaly  
appeard before me an acting Justis of the Pease in an for county and state afore said duly  
authoizid to administer oaths John Bohanan aged 59 years whose Post office is Sunnell  
Sevier County Tenn. who Being By duly sworn Declairs in relation to said claim I am  
Pursonaly acquated with James Maples said clamant and have Bin Ever sisnce the war I  
live a short distance from said clamant James Maples I have heard him complain of  
disabilitys for which Pension I now said claimant is unable to Purform manul labor he  
has a large tumer on his Back caused By wairing shoulder strap in armey in the U. S.  
Sirvis I know said Maples is Entitled to an increase Bcaus I see him Evir fue days and  
hear him complain his walk and movements shows he is not able to Perform manul labor  
I make the above tatiments from Pursonal knowlage By Being with said Maples and  
talking with him said affidavit was Riten By A. D. Eledge in my imidiat Preasints and in  
my own orel state ments as directed By me I have no intrust in said claim nore am I  
conserd in its Prosecution

John Bohanan

Sworn to and subcribed Before me this the 21<sup>st</sup> day of August 1900 by the above named  
affiant and I certify that I Read said affidavit to said affiant and acquated him with its  
contents before the Exectued the same I fruther certify that I am in nowise intrested in

said case nor am I concerned in its Prosecution and that said affiant is Personally known  
to me and that he is credible Person

A. D. Eledge

Justis of the Peace

## **Re-Issue and Increase of Pension.**

---

STATE OF, Tennessee,

COUNTY OF Sevier,

SS:

On this 10 day of Nov., A. D. 1900, personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, James Maples aged 70 years, a resident of the County and State aforesaid, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 14 dollars per month, under Pension Certificate No. 325,143 by reason of a disability from Rheumatism, Chronic Diarrhea, heart, Liver and Rectum origin of Disabilities incurred in the service of the United States while a Private in Co. I of the 2 Regiment of Tenn. Cav. Vols. That he believes himself to be entitled to an increase of pension on the account of his rate now being unjustly low and insufficient for his present degree of disability\* Constipation Bloody Piles and a Large Tumor on Left Shoulder covering partially the Spinal column, just below the cerebulum. That he appoints EDGAR T. GADDIS, of Washington, D. C., his Attorney to prosecute this claim; that his P. O. is Ogles County of Sevier State of Tenn.

James Maples

Also personally appeared B. F. Plemons residing at Pigeonville Tenn. and A. B. Maples residing at Ogles whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw James Maples, 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.

B. F. Plemons

A. B. Maples

SWORN TO and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration &c, were fully made known and explained to applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

J. P. Price

N. P.

N. B. State any effects or disease resulting from the pensioned cause, or any additional disability contracted in the military service.

new dis. - tumor of back - duplicate



**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2<sup>nd</sup> Reg't E. Tenn. Cav.

APPLICANT FOR increase

No. 325,143

DATE OF EXAMINATION

Nov. 21st, 1900.

S. D. Acuff, Pres., )  
J. S. McDonough, Sec'y., )  
W. F. Ross, Treas., )

BOARD.

Post office, Knoxville

County, Knox

State, Tenn.

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

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. S. McDonough, Dr. S. D. Acuff, and Dr. W. F. Ross,  
were personally present and actually participated in the examination of James Maples, the  
claimant in this case, on 21st day of Nov., 1900."

(Signature)

J. S. McDonough, Sec'y.

(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 of 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 \_\_\_\_\_, 18 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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**

IN CASE OF

James Maples

Co. I, 2<sup>nd</sup> - Reg't E. Tenn. Cavy.

APPLICANT FOR Increase

No. 325,143

DATE OF EXAMINATION

Nov. 21st, 1900.

S. D. Acuff, Pres., )  
J. S. McDonough, Sec'y., )  
W. F. Ross, Treas., )

BOARD.

Post office, Knoxville

County, Knox

State, Tenn.

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(Signature)

J. S. McDonough, Sec'y.

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this \_\_\_\_\_ day of \_\_\_\_\_, 18 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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"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.

Increase Pension Claim No. 325143 (Inc. Orig.)

Name of  
claimant.

James Maples  
Sergt. Company I 2<sup>nd</sup> Reg't. E Tenn. Cav.

Address Knoxville, P. O.  
of Board Tenn., State.

Claimant's post  
office address.

Birds Creek Sevier Co. Tenn.

Nov. 21<sup>st</sup>, 1900.  
[Date of examination.]

Cause of  
disability.

Rheumatism in hips, back & legs, tumor on back, Heart dis., pain in left side, dis. of liver, and eyes, ch. diarrhea, indigestion, dis. of rectum & gen. debility also affection of spine.

He receives a pension of Fourteen dollars per month. He makes the following statement upon which he bases his claim for Inc.

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

Alleges increase of disabilities & entire inability to perform manual labor.

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

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

Pulse rate, 82, 92, 104, respiration, 24, 26, 30, temperature 98 1/2, height,  
[sitting, standing, after exercise] [Sitting, standing, after exercise]

5 feet 7 1/2 inches; actual weight, 133 pounds, age, 70 years.

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

Rheumatism in shoulders, hips, knees, muscles of back & intercasting of left side dorsal & lumbar & also of muscles of right leg 5/8 inch layer. All the muscles named are sore & painful on pressure & motion. The joints creptant & stiff, Loss of motion 1/2. No swelling except as stated of muscles of right leg. No atrophy non contractions of muscles or tendons. Rate 4/18. "Patch" of varicose veins 3 X 4 inches diameter 3 inches below knee joint out side left by (saphena external) see diagram, 1/4 to 3/4 inches size, bluish thin walls rate 2/18. Large fatty tumor on left side of spine, 6 1/2 X 3 1/2 inches, center

of tumor at angle of scapula, quite prominent, near 1 1/2 inches deep, becomes sore by pressure, as in leaning back against a chair back, also becomes sore on using this arm much, as alleged, rate 2/18. Heart's action weak & irregular, very slight impulse at apex, space one inch & very slight impulse in epigastria. Base 1/2 inch to right of sternum 3<sup>rd</sup> rib, apex 1 1/4 inches below & 1/2 inch to left of nipple line, sounds indistinct, no organic damages found, Functional disturbance result of stomach ailment. Marked increase of respiration pulse only slightly accelerated on brisk exercise, No cyanosis, edema of pitting, rate 2/18, Pain in left side is rheumatism & noticed above Liver much atrophied, less than 1/2 normal size & somewhat indurated, upper end at lower edge of 6<sup>th</sup> rib & lower border in space 8<sup>th</sup> rib. Torpid, skin quite sallow & rectum congested & sore, one small ulcer 1/4 & 3 small scars of former ulcers, same size, no piles 1/12 on livers rate 3/18. Diarrhea & constipation alternate about once a month, as alleged, some slight amount of pus as alleged, rate 2/18.

S. D. Acuff, Pres.

J. S. McDonough, Sec'y.

W. F. Ross, 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 (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



3-111 g.

**SURGEON'S CERTIFICATE.**

**For use when additional space is needed to complete or amend report of examination.**

Insert character  
and number of  
claim.

Increase Pension Claim No. 325,143

Name of  
claimant.

James Maples  
Sergt., Company I, Reg't. 2 Tenn Cav.  
Birds Creek, Sevier Co. Tenn.

Knoxville  
Tennessee  
Nov. 21<sup>st</sup>, 1900.

**EXAMINATION - Continued.**

Stomach very tender to pressure & distended gasses arising from tardy & imperfect digestion, Tongue furred, rough & light - brown. Assimilation impaired, skin dry, wrinkled & rough, all muscles soft & relaxed, result of malnutrition, rate on stomach 5/18. General debility & physical failure & tremulousness, nearly amounting to paralysis agatans, particularly of right - hand & arm, result largely of malnutrition, and to a considerable amount the result of age. Our general debility, nervousness or tremulousness rate 5/18. No disease of eyes found. Sight impaired, but only as a result of age. No change of eye structures found. Can see letters on test type down to & including 4<sup>th</sup> line 18 feet, can see 3<sup>rd</sup> line from the bottom at 3 feet, Pupils respond readily to light, no rate. No other disabilities found. No signs of vicious habits. Claimant is a farmer. Polens show no signs of labor. In our opinion the sum of his disabilities incapacitates him in a degree equivalent to the loss of a hand or foot for the performance of manual labor & entitles him to \$24.00 a month. Disease of spine overlooked, we find some tenderness of all the dorsal vertebrae, not marked, but perceptable. This probably is one cause of the nervousness. Not in our opinion, sufficient to raise the final rating.

S. D. Acuff, Pres.

J. S. McDonough, Sec'y.

W. F. Ross, Treas.

**For an Increase of Invalid Pension.**

---

**State of** Tenn.

**County of** Sevier County,

**SS:**

On this the 14 day of May 1901 A. D., personally appeared before me a Notary Public M. C. Green within and for the County and State aforesaid James Maples aged 71 years, a resident of the County of Sevier State of Tenn. who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate of 14.00 dollars per month, Certificate No. 325 143, by reason of disability incurred in the military service of the United States, while a member of Company I of the 2 Regiment of Tenn. Cav. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for rheumatism & resulting disease of heart, chronic diarrhea & disease of liver with resulting disease of rectum. That my disability has resulted in deseas of kidneys nervious deseas disease of legs and spine efection stomach and bowels That since I last applied for an increase of my pension my disabilities have greatly increased, much disabling me for the performance of manual labor.

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT **M. V. TIERNEY**, OF WASHINGTON, D. C., my true and lawful attorney, to prosecute my claim. My Post office address is Birds Creek County of Sevier State of Tenn.

1. S. M. Blalock

James Maples

2. John C. Porter

Also personally appeared S. M. Blalock residing at Pokeberry Tenn. & County aforesaid and also John C. Porter residing at Birds Creek Tenn. 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 James Maples the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

S. M. Blalock

John C. Porter

Sworn to and subscribed before me this the 14 day of May A. D. 1901 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

M. C. Green

Notary Public

3-355.  
(Old No. 3-145.)

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Ogles  
County, Sevier  
State, Tennessee

Rank, Sergeant  
Company, I  
Regiment, 2 East Tenn. Vol. Cav.

**Rate, \$ 17 per month, commencing December 4, 1901.**

Pensioned for Rheumatism and res. dis. of heart, chr. diarrhea and dis. of liver and res. dis. of rectum.

**RECOGNIZED ATTORNEY.**

Name, M. V. Tierney & Co.  
P. O., Washington, D. C.

Fee, \$ 2; Agent to pay.  
Articles filed \_\_\_\_\_, 1 \_\_\_\_\_.

**APPROVALS**

Submitted for Mar 22, 1902, Elvin M. Clark, Examiner.

Approved for rheumatism and resulting disease of heart, ch. diarrhea and disease of liver and resulting disease of rectum.

Diseases of kidneys, nervousness, disease of legs and spine affection of stomach & bowels alleged disease, rjd. to med. Ref.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved for rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

17/18 from December 4, 1901.

No disability from alleged resulting disease of legs and affection of stomach and bowels other than that covered by above approval and rate. Disease of kidneys not shown. Alleged nervousness and disease of spine can not be accepted as results.

Mar 31, 1902, J. E. Bradford  
Legal Reviewer.

Pospisiel, J. E.  
Medical Examiner. Medical Referee.

\_\_\_\_\_, 190\_\_\_\_, \_\_\_\_\_  
Re-Reviewer.

April 4, 1902, J. F. Ross  
Medical Referee.

Enlisted Sept 22, 1862 Discharged July 6, 1865 Last paid to \_\_\_\_\_, 1\_\_\_\_  
Pensioned at \$14 per month for Rheumatism and resulting disease of heart, chronic  
diarrhea and disease of Liver with resulting disease of rectum. Act of July 14, 1862.

### PRESENT CLAIM.

Declaration filed May 17, 1901, alleges Rheumatism and resulting disease of heart,  
chronic diarrhea & disease of Liver with resulting disease of rectum, pensioned cancer  
and Re alleges disease of spine heretofore rejected. Rejection adhend to and attorney so  
informed and alleges kidney, nervousness & disease of spine of legs as a result of  
pensioned cancer.

Claimant does yes write.

Wm. H. R. Gibson, M. C.  
Wm. W. P. Brandon, M. D.

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2<sup>nd</sup> Reg't E. Tenn. Vol. Cav.

APPLICANT FOR Increase

No. 325,143

DATE OF EXAMINATION

Dec. 4, 1901.

J. E. Elder, Pres., )  
J. W. McMahan, Sec'y., )  
F. S. Caton, Treas., )

BOARD.

Post office, Sevierville

County, Sevier

State, Tenn.

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

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. E. Elder, Dr. J. W. McMahan, and Dr. F. S. Caton,  
were personally present and actually participated in the examination of James Maples, the  
claimant in this case, on 4 day of Dec., 1901."

(Signature)

J. W. McMahan, Sec.

(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 of 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 \_\_\_\_\_, 190 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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**

IN CASE OF

James Maples

Co. I, 2<sup>nd</sup> Reg't E. Tenn. Vol. Cav.

APPLICANT FOR Increase

No. 325,143

DATE OF EXAMINATION

Dec. 4, 1901.

J. E. Elder, Pres., )  
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BOARD.

Post office, Sevierville

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by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase of original) pension referred to in  
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\_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on  
this \_\_\_\_\_ day of \_\_\_\_\_, 190 ."

(Signature)

\_\_\_\_\_

diagram inserted here

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.*]

3-155.  
Old No. 3-111.

## SURGEON'S CERTIFICATE.

Insert character  
and number of  
claim.

Increase

Pension Claim No. 325143

Name of  
claimant.

James Maples  
Company I 2<sup>nd</sup> Reg't. Tenn. Vol. Cav.

Address Sevierville, P. O.  
of Board Tennessee, State.

Claimant's post  
office address.

Birds Creek Tenn.

December 4", 1901.  
[Date of examination.]

Cause of  
disability.

Rheumatism, resulting disease of heart, Chronic diarrhea, disease of liver with resulting disease of Kidneys, legs, spine, stomach and bowel and nervous disease.

He receives a pension of Fourteen dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

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

The rheumatism come on me at Cumberland Mt. in 1863, the heart disease followed the chronic diarrhea come on me at Camp Catlett Nashville, Tenn., the disease of rectum followed, the other disease followed.

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, Birds Creek Tenn.; age, 73 years; height 5 ft. 7 in., weight, 120 pounds; complexion, fair; color of eyes, Blue; color of hair, light; occupation, farmer; permanent marks and scars other than those described below, \_\_\_\_\_.

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 100 102 132; respiration, 26 30 32; temperature, 97 1/2;  
(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 disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.) (When rates are recommended solely on subjective evidence the strongest reasons must be given therefore.)

Rheumatism, the joints are uniform in size, Except left knee joint which measures 3/4 of an inch less than right. There is marked cartifoginous crepitation in all the joints with tenderness and stiffness there is atrophy of muscles and tendons of left leg, there is Dimutation of motion in the left knee joint he is inable to flex it to a right angle with the thigh or extend it to a line with the thigh he is lone in this joint and walks by the aid of a staff. No other joint lision. Rate, 10/18.

Resulting disease of heart, the apex impulse is found one inch below and two inches to the right of the left nipple it is not evident to inspection but is slightle, so to palpation the 1 area of cardiac dulness is wound downward and to the right, irregular in rhythm, feeble in action sound are weak and muffled there is an aortic rigorgitant murmur diaptalic in time their is dilitation with failing compensation. No hypertrophy, some cardiac dippnora no oedema but some cyanosis, Rate = 6/18.

Chronic Dyorrhoea the skin is very sallow, his tongue is heavily coated at base and is large and feably, the stomach and bowles are ditended and tender the liver is smal it extends from the upper border of the 7" rib to the upper border of the 11<sup>th</sup> rib tender over area the spleen is normal, Rate 4/18.

Disease of liver (see chronic diarrhea) Rate 00/18. Disease of rectum, the rectum is inflamed bleeding and ulcerated, the hemorrhoidal vessels are engorged -

J. E. Elder, Pres.

J. W. McMahan, Sec'y.

F. S. Caton, 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 (3-156 Old No. 3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

there is one external and one internal pile tumor the external measured inch at base the internal 1/2 inch at base, sensitive not ulcerated or bleeding no fissure, stricture, or fistula, there is some prolapsus of the rectum 1/2 inch, Rate = 4/18.

Disease of Kidneys the urine is amber in Color specific gravity 1018 acid reaction no albumin or sugar. No blood or other abnormal deposits, Rate =

Disease of legs = see rheumatism, Rate = 0/18.

Disease of spine, the breathing is rather irregular in rhythm, there is some difficulty in swallowing and speach, there is pain in neck and back, there is a sense of constriction about thorax and abdomen, there is some cystitis, there is numbness of limbs, movements are feeble and easy fatigued, coordination of movement in walking is impaired and is exagerated in the dork, there is muscular tremor amounting to paralysis agitons, Rate = 10/18.

Disease of stomach, Digestion is impaired (see chronic Diarrhea), Rate = 0/18.

Disease of bowels (see Diarrhea), Rate = 0/18.

Nervous Disease, (see Disease of spine), Rate = 0/18.

This claimant is so disabled from the above rated disabilities as to be incopasitated for performing any manual labor and is entitled to \$30 a month.

No evidence of vicious habits exist no other disabilities found.

J. E. Elder, Pres.

J. W. McMahan, Sec'y.

F. S. Caton, Treas.

3-155.  
Old No. 3-111.

## SURGEON'S CERTIFICATE.

Insert character  
and number of  
claim.

Inc

Pension Claim No. 325143

Name of  
claimant.

James Maples  
Company I 2 Reg't. Tenn. Cav.

Address Sevierville, P. O.  
of Board Tennessee, State.

Claimant's post  
office address.

Ogles, Sevier Co. Tenn.

June 3rd, 1903.

[Date of examination.]

Cause of  
disability.

Rheumatism & res. dis. of heart, chr. diarrhea, dis. liver & res. dis. of  
rectum, piles bloating of abdomen st. vitus Jonce & constipation

He receives a pension of 17- dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

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

The rheumatism come on at Cumberland Mt. in '63, the heart disease followed. The cro. diarrhea come on me at Camp Catlett Nashville, Tenn. Dis. of rectum followed. Other disease followed.

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, Sevier Co. Tenn.; age, 77 years; height 5 ft. 7 in., weight, 120 pounds; complexion, fair; color of eyes, Blue; color of hair, light; occupation, farmer; permanent marks and scars other than those described below, no.

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 101 105 140; respiration, 22 28 40; temperature, 98°;  
(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 disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.) (When rates are recommended solely on subjective evidence the strongest reasons must be given therefore.)

Rheumatism, the joints are uniform except left knee joint which measures one inch less than right. There is marked cartiliginous crepitation with tenderness and stiffness in all

the large joints, there is atrophy of all the muscles and tendons of left leg, there is limitation of motion in the left knee joint he is unable to flex the leg to a right angle with the thigh he is very low in the left leg and uses a cane in walking. No other joint lesions. Rate, 10/18.

Disease of heart, the apex impulse is not evident to inspection & palpation the area of cardiac dulness is wound downward and to the right very irregular in rhythm, feeble in action sounds weak & indistinct there is an aortic regorgitant murmur diastolic in time their is deletion with failing compensation. No hypertrophy, there is cardiac dysproea. No aedema but some cyanosis, Rate = 6/18.

Chronic Diarrhea the skin is very sallow, the tongue is large, feably & coated at base, the stomach and bowels are greatly distended with gas & are very tender, the bowels are especially filled with gass & potted, the liver is very small, extending from the 7" rib to the upper border of the 12<sup>th</sup> rib, tender over area, spleen normal, Rate 4/18.

Disease of liver (see chronic diarrhea) Rate 00/18. Disease of rectum, the rectum is inflamed bleeding and ulcerated, the hemorrhoidal vessels are engorged -

Absent, Pres.

J. W. McMahan, Sec'y.

F. S. Caton, 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 (3-156 Old No.3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



**EXAMINATION - Continued.**

Disease of rectum. The rectum is inflamed, bleeding and ulcerated, the hemorrhoidal vessels are engorged there are three external pile tumors & one internal, the external measures 3/4, 1/2, & 1/4 in. each at base, the internal measures 1/2 in. at base - they are all sensitive bleeding and ulcerated. No fissure, stricture or fistula, ther is 1/2 inch prolapsus of rectum. Rate = 6/18.

Disease of liver (see chronic Diarrhea) Rate 00/18.

Piles see (Disease of rectum) Rate 00/18.

Bloating of abdomen (see Chronic diarrhea) Rate 00/18.

St. Vitas dance, there is no evidence of st. vitas dance, but there is paralysis & his movements are very feeble & he is very easy fatigued, coordination of movement in walking is impared, there is muscular tumor

Lungs chest measures at rest 36 in full inspiration, 37 1/2 in free expiration, 35 1/2 in physical signs reveal normal lungs

Kidneys the urine is amber in color, specific gravity 1024 acid reaction, no albiun or sugar. No blood or other abnormal deposits.

This claimant is so disabled from the above rated disabilities as to be incapacitated in a degree equivalent to the loss of a hand or foot for the purpose of manual labor and warrants a rate of \$24 a month.

If he could get a rating on his nervous condition it would warrant \$30. a month.

Absent, Pres.

J. W. McMahan, Sec'y.

F. S. Caton, Treas.

IN RE  
Cert. No. 325,143  
James Maples  
Co. "I", 2" Tenn. Cav. Vols.

**M. V. TIERNEY & CO.,**  
**Attorneys..**  
**Practice in the Supreme Court of the District, Court of Claims, and Executive Departments of the**  
**Government.**  
**PATENTS AND PENSION CLAIMS SOLICITED.**  
**WASHINGTON, D. C.**  
Offices, 604 & 606 Fifth Street N. W.

Dec. 17" 1901.

Hon. Commissioner of Pensions.  
Washington, D. C.,

Sir:--

I have the honor to request that a new order for examination be issued to the claimant in the above cited claim nearer his present post office address, which is Olges, Tenn., as stated in the attached postal.

Respectfully,

M. V. Tierney

**For an Increase of Invalid Pension.**

---

**State of** Tenn.

**County of** Sevier County,

**SS:**

On this 19 day of Jan. A. D. 1903, personally appeared before me a Notary Public within and for the County and State aforesaid James Maples aged 77 years, a resident of the County of Sevier State of Tenn. who being duly sworn, according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate of \$17 dollars per month, Certificate No. 325 143, by reason of disability incurred in the military service of the United States, while a member of Company "I" of the 2" Regiment of Tenn. Cav. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Rheumatism & resulting disease of heart, chronic diarrhea, disease of liver & resulting disease of rectum. That my disability has resulted in Piles of a chronic State - constipation Bloating of abdomen - St. Vitus dance. That since I last applied for an increase of my pension my disabilities have increased, with and to a Large Tumer on my Back.

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT **M. V. TIERNEY**, OF WASHINGTON, D. C., my true and lawful attorney, to prosecute my claim. My Post office address is Ogles County of Sevier State of Tenn.

J. M. Townsend

James Maples

M. E. Eledge

Also personally appeared J. M. Townsend residing at Sevierville, Tenn. R. F. D. # 14 and M. E. Eledge residing at Sevierville, Tenn. R. F. D. # 14 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 James Maples the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

J. M. Townsend

M. E. Eledge

Sworn to and subscribed before me this 19 day of Jan. A. D. 1903 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

A. D. Eledge

Notary Public

3-355.  
(Old No. 3-145.)

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Ogles  
County, Sevier  
State, Tennessee

Rank, Sergeant  
Company, I  
Regiment, 2 E. Tenn. Vol. Cav.

**Rate, \$ 24 per month, commencing June 3, 1903.**

Pensioned for Rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

**RECOGNIZED ATTORNEY.**

Name, M. V. Tierney & Co.  
P. O., Washington, D. C.

Fee, \$ 2.00; Agent to pay.  
Articles filed \_\_\_\_\_, 1 \_\_\_\_\_.

**APPROVALS**

Submitted for Sept. 19, 1903, H. B. Whitney, Examiner.

Approved for rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

Piles, constipation, bloating of abdomen alleged as results to Med. Ref.

Approved for Rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

3<sup>rd</sup> grade from June 3, 1903.

Order 48.

No disability from alleged piles constipation and bloating of abdomen other than that covered by above approval and rate.

Condition due in part to other than pensioned causes.

Sept. 21, 1903, S. C. Benjamin  
Legal Reviewer.

Coleman, Mann  
Medical Examiner. Medical Referee.

\_\_\_\_\_, 190\_\_\_\_, South Div.  
Re-Reviewer.

Sept. 24, 1903, Sam Houston  
Medical Referee.

Enlisted Sept 22, 1862      Discharged July 6, 1865      Last paid to \_\_\_\_\_, 1\_\_\_\_  
Pensioned at \$17.00 per month for Rheumatism and resulting disease of heart, chronic  
diarrhea and disease of Liver with resulting disease of rectum.

PRESENT CLAIM.

Declaration filed Feb. 28, 1903, alleges increase of pensioned causes and resulting piles,  
constipation, bloating of abdomen, St. Vitas dance and has a large tumor on the back.

Claimant does --- write.

No, M. C.

**INVALID CLAIM**

**FOR**

**Increase of Pension.**

=====

James Maples, Applicant

\_\_\_\_\_ Co. I 2" Reg't.

Tenn. Cav. Vols.

Certificate No. 325,143

=====

**FILED BY**

**M. V. TIERNEY & CO.,**

ATTORNEYS AT LAW,

WASHINGTON, D. C.

=====

## RESULTING DISABILITIES

---

**CHRONIC DIARRHEA** may result in disease of kidneys, Rheumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

**RHEUMATISM** may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

**SUNSTROKE** may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

**MEASLES** may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhea.

**MALARIAL POISONING** may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

**ASTHMA** may result in disease of lungs, loss of voice, emphysema, dilation of right side of heart and dropsy.

**TYPHOID FEVER** may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhea and derangement of nervous system.

**GUN-SHOT WOUNDS** may result in various disabilities, the character of which depends upon the location of the wound, etc.

**INJURY OF ABDOMEN** may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

**INTERMITTENT FEVER** may result in disease of lungs, rheumatism, debility and heart disease.

**DISEASE OF HEART** may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.

**TYPHOID-MALARIAL FEVER** may result in affection of head, affection of stomach and debility.

**FEVER** may result in debility, chronic diarrhea, rheumatism, ulcers of leg and deafness.

**DEAFNESS** may result in disease of brain and spinal irritation.

**SMALL POX** may result in disease of leg and disease of eyes, suppurative otitis, deafness-partial or complete.

**CATARRH** may result in bronchitis, disease of stomach, disease of the middle ear, deafness and cerebral abscess.

**TYPHUS FEVER** may result in dyspepsia and hepatitis.

**MALARIAL FEVER** may result in indigestion, debility, nervous prostration and chronic dysentery.

**INJURY OF SPINE** may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.

**VACCINATION** may result in loss of use of arm and blood poisoning.

**DIPHTHERIA** may result in paralysis and disease of throat. N. B. - The paralysis of diphtheria is usually *transient*.

**VARICOSE VEINS** may result in ulcers.

**SCURVY** may result in varicose veins and ulcers.



**SCIATICA** may result in injury of back and hip.

**DISEASE OF LUNGS** may result in disease of heart.

**DISEASE OF ABDOMINAL VISCERA** may result in disease of rectum.

**GUN-SHOT WOUND OF HEAD** may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.

**GUN-SHOT WOUND OF LEG** may result in varicose veins, rheumatism and paralysis.

**INJURY OF HEAD** may result in deafness, epilepsy, paralysis and insanity.

**DISEASE OF LIVER** may result in rheumatism, jaundice; often results in pleurisy of right lung.

**JAUNDICE** may result in debility, disease of liver and dropsy.

**FEVER AND AGUE** may result in disease of spleen.

**BRAIN FEVER** may result in epilepsy.

**CONCUSSION** may result in deafness, disease of brain and spinal irritation.

**TYPHOID-PNEUMONIA** may result in disease of lungs and disease of throat.

**ABSCESS** may result in varicose veins.

**INJURY TO BACK** may result in curvature of spine, paralysis and disease of kidneys.

**INJURY OF CHEST** may result in disease of lungs.

**PLEURISY** may result in pleuritic adhesions, displacement of heart and phthisis.

**MALARIA** may result in intermittent fever.

**LOSS OF ONE EYE** may result in affection of the other.

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't E. Tenn. Cav.

APPLICANT FOR Inc

No. 325,143

DATE OF EXAMINATION

June 3, 1903.

<u>Absent</u> , Pres.,	)	
<u>J. W. McMahan</u> , Sec'y.,	)	BOARD.
<u>F. S. Caton</u> , Treas.,	)	

Post office, Sevierville

County, Sevier

State, Tennessee

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

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 \_\_\_\_ day 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, James Maples, the applicant for (increase of original) pension referred to in  
this medical certificate, hereby consent to be examined by Dr. J. W. McMahan and Dr. F.  
S. Caton, the examining surgeons here present (waiving examination by full board), on  
this 3 day of June, 1903."

(Signature) James Maples

diagram inserted here

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**

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**INVALID CLAIM**

**FOR**

**Increase of Pension.**

=====

James Maples, Applicant

Soldier Co. I 2" Reg't.

Tenn. Cav. Vols.

Certificate No. 325,143

=====

**FILED BY**

**M. V. TIERNEY & CO.,**

ATTORNEYS AT LAW,

WASHINGTON, D. C.

=====



## RESULTING DISABILITIES

---

**CHRONIC DIARRHEA** may result in disease of kidneys, Rheumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

**RHEUMATISM** may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

**SUNSTROKE** may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

**MEASLES** may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhea.

**MALARIAL POISONING** may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

**ASTHMA** may result in disease of lungs, loss of voice, emphysema, dilation of right side of heart and dropsy.

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**GUN-SHOT WOUNDS** may result in various disabilities, the character of which depends upon the location of the wound, etc.

**INJURY OF ABDOMEN** may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

**INTERMITTENT FEVER** may result in disease of lungs, rheumatism, debility and heart disease.

**DISEASE OF HEART** may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.

**TYPHOID-MALARIAL FEVER** may result in affection of head, affection of stomach and debility.

**FEVER** may result in debility, chronic diarrhea, rheumatism, ulcers of leg and deafness.

**DEAFNESS** may result in disease of brain and spinal irritation.

**SMALL POX** may result in disease of leg and disease of eyes, suppurative otitis, deafness-partial or complete.

**CATARRH** may result in bronchitis, disease of stomach, disease of the middle ear, deafness and cerebral abscess.

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**MALARIA** may result in intermittent fever.

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**For an Increase of Invalid Pension.**

---

**State of** Tenn.

**County of** Sevier County,

**SS:**

On this 8th day of Jan. A. D. 1904, personally appeared before me a Notary Public within and for the County and State aforesaid James Maples aged 78 years, a resident of ~~the County of~~ Ogles State of Tennessee who being duly sworn, according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate of 24.00 dollars per month, Certificate No. 325 143, by reason of disability incurred in the military service of the United States, while a member of Company "I" of the 2" Regiment of Tenn. Cav. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Rheumatism & resulting disease of heart, chronic diarrhea, disease of liver & resulting disease of rectum. That since I last applied for an increase of my pension my disabilities have greatly increased since last medical examination.

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT **M. V. TIERNEY**, OF WASHINGTON, D. C., my true and lawful attorney, to prosecute my claim. My Post office address is Ogles County of Sevier State of Tenn.

W. M. Maples

James Maples

L. E. Maples

Also personally appeared W. M. Maples residing at Ogles Sevier Co. Tenn. and L. E. Maples residing at Ogles Sevier Co. Tenn. 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 James Maples the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

W. M. Maples

L. E. Maples

Sworn to and subscribed before me this 8<sup>th</sup> day of Jan. A. D. 1904 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

A. B. Maples

Notary Public

3-355.

Increase **INVALID PENSION.**

**Claimant, James Maples**

P. O., Sevierville, R.F.D. No. 14  
County, Sevier  
State, Tennessee

Rank, Sergeant  
Company, I  
Regiment, 2 East Tenn. Vol. Cav.

**Rate, \$**     per month, commencing \_\_\_\_\_

Pensioned for REJECTED July 15, 1905

**RECOGNIZED ATTORNEY.**

Name, M. V. Tierney & Co.  
P. O., Washington, D. C.

Fee, \$ 2; Agent to pay.  
Articles filed \_\_\_\_\_, 1 \_\_\_\_\_.

**APPROVALS**

Submitted for action June 20, 1905, Fred J. Braendle Examiner.

Approved for Rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

Approved for rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.  
3<sup>rd</sup> grade. No increase.

Condition due in part to other than pensioned cause.

June 21, 1905, Fearing  
Legal Reviewer.

Wilson, Rice  
Medical Examiner. Medical Referee.

\_\_\_\_\_, 190\_, So. Div.  
Re-Reviewer.

July 10, 1905, Sam Houston/Mason  
Medical Referee.

Enlisted September 22, 1862 Discharged July 6, 1865 Last paid to \_\_\_\_\_, 1\_\_\_\_  
Pensioned at \$17-24 per month for Rheumatism and resulting disease of heart, chronic diarrhea and disease of Liver and resulting disease of rectum.

PRESENT CLAIM.

Declaration filed January 13, 1904, alleges increase. Declaration filed December 9, 1904  
alleges increase.

Claimant does --- write.

No, M. C.

**INVALID CLAIM**

**FOR**

**Increase of Pension.**

=====

James Maples, Applicant

\_\_\_\_\_ Co. I 2" Reg't.

Tenn. Cav. Vols.

Certificate No. 325,143

=====

**FILED BY**

**M. V. TIERNEY & CO.,**

ATTORNEYS AT LAW,

WASHINGTON, D. C.

=====

## RESULTING DISABILITIES

---

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**PLEURISY** may result in pleuritic adhesions, displacement of heart and phthisis.

**MALARIA** may result in intermittent fever.

**LOSS OF ONE EYE** may result in affection of the other.

**For an Increase of Invalid Pension.**

---

**UNDER THE GENERAL LAW.**

On this 26 day of November A. D. 1904, personally appeared before me a Notary Public within and for the County and State aforesaid James Maples aged 79 years, a resident of the County of Sevier State of Tenn. who being duly sworn, according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Knoxville pension agency, at the rate of 24 dollars per month, Certificate No. 325 143, by reason of disability incurred in the military service of the United States, while a member of Company "I" of the 2" Regiment of Tenn. Cav. Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Rheumatism & resulting disease of heart, chronic diarrhea, disease of liver and resulting disease of rectum. That since I last applied for an increase of my pension my disability has greatly increased.

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT **M. V. TIERNEY**, OF WASHINGTON, D. C., my true and lawful attorney, to prosecute my claim. My Post office address is Sevierville R 14 County of Sevier State of Tenn.

M. E. Eledge

James Maples

M. J. Eledge

Also personally appeared M. E. Eledge residing at Sevierville, Tenn., R. #14, Sevier Co. Tenn. and M. J. Eledge residing at Sevierville R. #14, Sevier Co. Tenn. 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 James Maples the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

M. E. Eledge

M. J. Eledge

Sworn to and subscribed before me this 26 day of November A. D. 1904 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

A. D. Eledge

Notary Public

**PHYSICIAN'S EVIDENCE.**

=====

**CLAIM OF**

\_\_\_\_\_

\_\_\_\_\_

Nature of Claim \_\_\_\_\_

Soldier James Maples

Co. I, 2" Reg't.

E. Tenn. Cavy. Vols.

No. 325,143.

=====

FILED BY

**M. V. TIERNEY & CO.,**

**Attorneys,**

**WASHINGTON, D.C.**

=====

# PHYSICIAN'S AFFIDAVIT.

## PROOF OF PHYSICAL DISABILITY.

TAKE NOTICE. - The affidavit should, if possible, be in the handwriting of the affiant, the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, **and the dates of treatment should be given.**

State of Tenn.

County of Sevier

SS:

In the Pension Claim No. 325,143 of Sevierville Tenn. RD #6 late of Co. I 2"  
Regt. East Tenn. Vol. Cav.

Personally came before me, a Notary Public in and for aforesaid County and State, Dr. W. McMahan a citizen of Sevier County Tenn. whose post-office address is Sevierville, Tenn. R. D. #9 well known to me to be reputable and entitled to credit; and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing Physician, and that he has been acquainted with said soldier for about 40 years, and that I have this day Examion the above claimaint find him suffering with the fowlowing disabilities to wit Rhumatism and Resulting disease of heart chronic diarrhea and disease of liver and Resulting disease of Rectum. I find him holey unable to Perform manul labor the above Disabilitis Seems to Be Purminat will Grow worse and no Probability of his Ever being any Better but will Git worse as he gits older

W. McMahan

(NOTES. The Physician's Affidavit must show the following facts: 1<sup>st</sup>. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him. 2d. Describe fully every disability, mental and physical, permanent in character that the soldier is afflicted with at the present time, to what extent **each** disability disables him for the performance of manual labor, and the degree the **total combined disabilities** incapacitates him for manual labor to earn a support, general debility from age or other causes if found to exist should be stated.)

He further declares that he has been a practitioner of medicine for 20 years and that he has no interest, either direct or indirect in the prosecution of this claim.

W. McMahan

Sworn to and subscribed before me this 1<sup>st</sup> day of March, A. D. 1905 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

A. D. Eledge

Notary Public

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.

# PHYSICIAN'S AFFIDAVIT.

## PROOF OF PHYSICAL DISABILITY.

TAKE NOTICE. - The affidavit should, if possible, be in the handwriting of the affiant, the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, **and the dates of treatment should be given.**

State of Tenn.

County of Sevier

SS:

In the Pension Claim No. 325,143 of Sevierville Tenn. RD #6 late of Co. I 2"  
Regt. East Tenn. Vol. Cav.

Personally came before me, a Notary Public in and for aforesaid County and State, Dr. W. McMahan a citizen of Sevier County Tenn. whose post-office address is Sevierville, Tenn. R. D. #9 well known to me to be reputable and entitled to credit; and who, being duly sworn, declares in relation to the aforesaid case as follows:

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\_\_\_\_\_ DIVISION.

Cert. No. 325,143.

**MEDICAL EVIDENCE.**

CLAIM OF

James Maples

Co. I, Reg't. 2" Tenn. Cavy.

FOR

\_\_\_\_\_  
=====

Filed By

M. W. Tierney & Co.

Wash. D. C.



## Physician's Affidavit.

State of Tenn.            )  
  ) **SS:**  
County of Sevier        )

In the pension claim of James Maples Co. I. 2 Regt. Tenn. Vol. Cav.

Personally came before me, a Notary Public in and for aforesaid County and State, B. J. Cogdill, M.D., a resident of Sevierville, RD 9, of the County of Sevier State of Tenn., who being duly sworn, declares, in relation to the aforesaid case as follows:

I have been practicing medicine 4 years. I first knew the soldier about The year, 1890. I first treated him professionally about \_\_\_\_\_, 18\_\_.

I have this day examined the above claimant and find him suffering from the following diseases: Disease of the heart, and rheumatims. And I find him to be in a general debilitated condition. His physical conditions are such, that he can not leave home to be examined, to the best of my knowledge, and I judge from his present condition that he will not get any better.

Dr. B. J. Cogdill

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician; that I am not interested in the prosecution of this claim, and that the affiant acquainted himself with the contents of the affidavit before he executed the same \_\_\_\_\_

Witness my hand and official seal this 3 day of May, 1905.

A. D. Eledge  
Notary Public

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.

**READ.** - This instrument should be executed before a Justice of the Peace, Notary Public, or any person authorized to administer oaths for general purposes.

3-138.

**Department of the Interior,**

BUREAU OF PENSIONS,

MAY 29, 190

Nature of Claim Cert. of July 14, 62.

Ctf. No. 325,143

Soldier: James Maples

Service: Co. I., 2<sup>nd</sup> East Tenn. V. Cav.

It is desired in this case that the examination be made with special reference to -

rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

Doctor: Please examine this man at his home with care and in compliance with book of instruction note especially paragraphs 65, 66, 67, 79, 90, 98 & 99 why is soldier unable to appear for examination Is he confined to house or bed & would the disability from pension & causes above, totally disable soldier for the performance of manual labor?

What is the condition of lungs and kidneys? Describe all disabilities found. Let your report be clear and full.

SAM HOUSTON  
Medical Referee.

Civil and foreign surgeons are required to make oath on the back of Certificate.

HOME.

=====

**SURGEON'S CERTIFICATE.**

IN CASE OF

James Maples

Co. I, 2 Reg't. E. Tenn. Cav.

Applicant for Increase

No. 325 143

DATE OF EXAMINATION:

June 7<sup>th</sup>, 1905

W. A. Catlett, Pres., )  
\_\_\_\_\_, Sec'y. ) BOARD.  
\_\_\_\_\_, Treas., )

Post-office, Sevierville

County, Sevier

State, Tenn.

Fill all blank spaces above.

=====

**SURGEON'S CERTIFICATE.**

Insert character  
and number of  
claim.

Increase

Pension Claim No. 325143

Name of  
claimant.

James Maples  
Company I 2<sup>nd</sup> Reg't. Tenn. V Cav.

Address Sevierville, P. O.  
of Board Tennn, State.

Claimant's post  
office address.

R. D. 14 Sevierville, Tn.

June 7th, 1905.  
[Date of examination.]

Cause of  
disability.

Rheumatism & resulting disease of heart, Chronic diarrhea, Disease of liver & resulting dis. of Rectum.

He receives a pension of 24 dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:  
(Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.)

In Cumberland Mountain 1863 is when the rheumatism first came on me. Disease of heart followed. Chronic diarrhea came on me at Camp Catlett Nashville 64. Disease of liver & rectum followed Chron. Diarrhea.

Birthplace, Birds Creek Tenn.; age, 80 years; height 5 ft. 6 1/2 in., weight, 120 pounds; complexion, Fair; color of eyes, Gray; color of hair, light; occupation, Farmer; permanent marks and scars other than those described below, none.

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 76 88 94; respiration, 28 32 34; temperature, 98 1/5°;  
(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 disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.) (When rates are recommended solely on subjective evidence the strongest reasons must be given therefore.)

Rheumatism: There is no swelling or enlargements of the joints but there is tenderness and stiffness of the shoulder and hip joints. He is unable to raise either arm beyond a right angle with the body. He cannot flex either thigh beyond an angle of 60° with the body. The lumbar muscles are greatly atrophied. He is unable to stoop sufficiently to pick up anything off of the ground. There is no contraction of tendons or muscles. There is great emaciation and he is also suffering from a severe form of paralysis agitans both of which in pain such I think to the constant suffering he undergoes from his rheumatism.

He also suffers from neuralgia. There is crepitation in both shoulder and knee joints. His gait is tottering he can not walk without the aid of a staff. There is a mitrosystolic murmur. Rate = 17/18.

Disease of heart: The apex impulse is not evident to inspection or palpation and found one inch to left of uniform catilege area of cardiac dullness is increased downward adn to the right. Irregular in rhythm feeble in action the sounds are weak. There is a mitral murmur systaloc in time. There is dilitation no hypertrophy. There is dyspnoea & cyanosis no ademia. He was unable to take the usual amount of exercise in getting pulse rate. Rate = 10/18.

Chronic Diarrhea: There is great erraciation and debility. The skin is sallow, tongue is heavily coated. The stomach is tender on pressure. The liver is tender and enlarged the area of hepatic dullness extends from sixth rib to one inch below margin. The spleen is also enlarged. The bowels are potted. There is tenderness on pressure over this region. Rate - 10/18.

Disease of Rectum: The rectum is inflamed bleeding and ulcerated. The hemorrhoidal vessals are engorged. There is one external pile tumor measuring one half inch at base. It is sensitive and ulcerated. There is no fissure, stricture or fistula. No prolapsus. Rate = 14/18.

Disease of liver (see Chronic Diarrhea) Rate - 00/18.

Lungs. The chest measures at rest 34 in. on full respiration, 35 3/4 in. on free expiration, 33 1/2 in. Physical signs reveal normal lungs.

Kidneys: The urine is dark amber in color specific gravity 1020 acid reation no albuim or sugar but contains deposit of water.

The applicant is unable to appear before the board on account of Rheumatism. He is not confined to his bed all the time. It is my opinion that the disability from pensioned causes above would totally disable the soldier for the performance of manual labor. There is also a fatty tumor measuring 8 in. by 5 1/2 in. just to left of spine beginning at the lower angle of the scapula and extending downward. There is no evidence of vicious habits.

This claimant is so disabled from rheumatism, disease of heart, chronic diarrhea and disease of rectum as to require the frequent and periodical though not regular and constant personal aid and attendance of another person and is entitled to \$50.00 a month.

W. A. Catlett, Pres. \_\_\_\_\_, Sec'y. \_\_\_\_\_, Treas.

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't E. Tenn. Cav.

APPLICANT FOR Inc

No. 325,143

DATE OF EXAMINATION

June 7th, 1905.

W. A. Catlett, Pres., )  
\_\_\_\_\_, Sec'y., ) BOARD.  
\_\_\_\_\_, Treas., )

Post office, \_\_\_\_\_

County, \_\_\_\_\_

State, \_\_\_\_\_

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

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 James Maples, the  
claimant in this case, on \_\_\_\_ day 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, \_\_\_\_\_, the applicant for (increase of 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 \_\_\_\_\_, 190\_\_."

(Signature) \_\_\_\_\_



diagram goes here

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.

State of Tennessee, Sevier Co., In Pension claim No. 325,143. James Maples of Co. I,  
2ond, Reg. Tenn. Vol. Cav.

Personally came before me a notary public in and for aforesaid County and State, R. P.  
Dixon age 38 years residing at Sevierville R. F. D. #14, Sevier Co. Tenn., well known to  
me to be reputable and entitled to credit; and who being duly sworn; declares in relation  
to the aforesaid case, as follows: I have been personally acquainted with the above  
claimant for about 15 years and have been with him more than 1 year and waited on him  
as a nurse, as needed and consider that it is absolutly necessary for him to have the  
attence of an other person continually.

R. P. Dixon.

Sworn to and subscribed before me Sept. 14, 1905. I have no interest in the Prosecution  
of this claim.

A. D. Eledge

Notary Public

State of Tenn.            )

County of Sevier        )

In the pension claim No. 325143 of James Maples, late of Co. I 2 Tenn. Vol. Cav.  
This is to certify that I have this day examined claimant that I am a practicing physician  
in Co. and State above mentioned, and find that he is afflicted with rheumatism, diarrhea,  
disease of liver and heart and that these have in my opinion resulted in paralysis agitans  
which has so affected him that he is to a great extent helpless, he requires the aid of an  
assistant to dress and undress, and he at times can not use knife or fork in eating.

J. W. Bradshaw, M. D.

Sworn to and subscribed before me October the 4, 1905.

A. D. Eledge

Notary Public

I have no interest in said claim.

State of Tenn.            Sevier County.

In pension claim No. 325143, James Maples, late of Co. I, 2ond Reg. Tenn. Vol. Cav. This is to certify that I have this day examined the claimant and find him suffering from rheumatism, disease of heart, chronic diarrhea, disease of liver, disease of rectum and resulting paralysis agitans which in my opinion has resulted from the above mentioned diseases, (principally rheumatism and diarrhea) and that the paralysis agitans has so affected him that he can not always dress and undress himself and properly hold his knife and fork in eating, and so requires the attendance of another erson continually. This Sept. 30, 1905.

W. McMahan, M. D.

Sworn to and subcribd Before me October the 4 1905. I have No Intrist in said

A. D. Eledge

Notary Public

**BRIEF FOR REOPENING.**

Claimant James Maples  
P. O. \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_  
Attorney M. V. Tierney & Co.

Soldier same  
Rank Sergeant  
Company I  
Regiment 2 E. Tenn. Vol. Cav.  
P. O. Washington, D. C.

=====  
Claim under act of July 14 '1862 filed January 13, 1904; rejected July 15, 1905 on the ground that the evidence on file shows that a rate of pension in excess of \$17 per month is not warranted by the degree of disability from pensioned cause: rheumatism, and resulting disease of heart, chronic diarrhea, and disease of liver, and resulting disease of rectum.

=====  
Evidence indicated below, filed since above rejection, is not deemed sufficient to warrant reopening of claim see opinion of the Medical Referee endorsed hereon October 23, 1903.

Oct. 30, 1905 Chas. R. Douglass  
Examiner.

\_\_\_\_\_, 190\_\_ J. F. Engle  
Acting Chief of Division.

=====  
Respectfully referred to the Medical Referee for an opinion as to whether the evidence indicated below, considered in connection with that previously filed, warrants reopening.

=====  
The evidence does not warrant reopening for increase under the general law for rheumatism and resulting disease of heart, chronic diarrhea and disease of liver and resulting disease of rectum.

=====  
Condition due in part to other than pensioned causes.

Oct. 19, 1906 Chas. R. Douglass  
Examiner.

Bennitt Burke  
Medical Examiner. Medical Reviewer.

\_\_\_\_\_, 190\_\_ J. W. Watson  
Chief of Division.

Oct. 23, 1905 Sam Houston  
Medical Referee.

=====  
**EVIDENCE FILED WITH A VIEW TO REOPENING CLAIM.**

Oct. 7, 1905 Testimony of Dr. W. McMahan  
" 1905 Testimony of Dr. J. W. Bradshaw  
Sept. 25, 1905 Testimony of R. P. Dixon

=====

**INVALID.**

\_\_\_\_\_

**CLAIM FOR INCREASE**

=====

James Maples, Applicant.

Co. I, 2 Regt.

Tenn. Cav. Vols.

Pension Certificate No. 325143

=====

=====

FILED BY

Aaron D. Eledge  
Sevierville  
Tenn.

=====

## **Declaration for the Increase of an Invalid Pension.**

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NOTE. - To be executed before some officer authorized to administer oaths for general purposes. The **official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court**, giving dates of beginning and close of official term. If such certificate is on file, so state.

---

**State of** Tenn.,

**County of** Sevier,

**SS:**

ON THIS 23 day of Feb. A. D., one thousand nine hundred and six personally appeared before me, a Notary Public within and for the County and State aforesaid, James Maples aged 80 years, a resident of the \_\_\_\_\_ of Sevierville Rout #14 County of Sevier, State of Tenn., who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Knoxville Pension Agency, at the rate of Twenty Four Dollars per month, Certificate No. 325,143; by reason of disability from Rheumatism and Resulting disease of heart, Chronic diarrhea and disease of liver and Resulting disease of Rectum incurred in the military service of the United States, while serving as a Privat in Co. I. 2<sup>nd</sup> Regiment Tenn. Vol. Cav. That he believes himself to be entitled to an increase of pension on account of the above disabilities has Greatly increased Since I last applid for an increase of my Pension the Rheumatism as above mention has located in left Ankle mad it stiff in Joint makes claimaint unable to use his ankle also has Parlysis Agatan which he claims as a Resulte of Rheumatism and the above disabilites. That he hereby appoints, with full power of substitution and revocation, Aaron D. Eledge of Sevier County Tenn. his true and lawful attorney to prosecute his claim.

His Post Office address is Sevierville, Tenn.

ATTEST:

James Maples

1. J. C. Dixon

2. M. E. Eledge

Also personally appeared J. C. Dixon residing at Sevierville Tenn. Rout #14 and M. E. Eledge residing at Sevierville Tenn. Rout #14 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 \_\_\_\_\_, 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.

1. J. C. Dixon

2. M. E. Eledge

Sworn to and subscribed before me, this 23 day of Feb., A. D. 1906, and I do 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, direct or indirect, in the prosecution of this claim.

M. C. Green

Notary Public

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 \_\_\_\_\_, 190 .

\_\_\_\_\_

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

NOTE. - To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the Clerk of the proper Court, giving dates of beginning and close of official term. If certificate on file, so state.

No Revenue Stamps Required.

Southern DIVISION.

No. 325,143

**MEDICAL EVIDENCE.**

**CLAIM OF**

James Maples

Co. I, 2 Reg't. Tenn. Vol. Cav.

**FOR**

Increase Pension

=====  
Filed

By Aaron D. Eledge  
Sevierville  
Tenn.

## Physician's Affidavit.

State of Tenn.            )  
  )        **SS:**  
County of Sevier        )

In the pension claim of James Maples Co. I 2<sup>nd</sup> Regt. Tenn. Vol. Cav.

Personally came before me, a Clerk in and for aforesaid County and State, W. McMahan M. D., a resident of Sevierville Rout #9, of the County of Sevier State of Tenn., who, being duly sworn, declares in relation to the aforesaid case as follows:

I have been practicing medicine 20 years. I first knew the soldier about 40 years ago. I first treated him professionally about December, 1898. I have this day Examined the above claimant James Maples and find him suffering with Rheumatism disease of heart chronic diarrhea and disease of liver and disease of Rectum and find him holy unable to Perform any manul labor or To appear before a medical Board any where a way from his home will hafta have a Examination at home he will Never be any better but will Granly git worse

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

W. McMahan M. D.

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician; that I am not interested in the prosecution of this claim, and that the affiant acquainted himself with the contents of the affidavit before he executed the same.

Witness my hand and official seal this 14 day of May, 1906.

John Chandler

County Clerk

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.

**READ.** - This instrument should be executed before a Justice of the Peace, Notary Public, or any person authorized to administer oaths for general purposes.

Home

=====

**SURGEON'S CERTIFICATE**

**IN CASE OF**

James Maples

Co. I, 2 Reg't East Tenn Cav.

Applicant for Inc.

No. 325143

DATE OF EXAMINATION:

July 10, 1906

B. M. Tittsworth, Pres.,        )  
Special, Sec'y,                ) BOARD.  
Special, Treas.,                )

Post-office, Dandridge

County, Jefferson

State, Tenn.

Fill all blank spaces above.

=====

=====

**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't East Tenn Cav.

Applicant for Inc.

No. 325143

DATE OF EXAMINATION:

July 10, 1906

B. M. Tittsworth, Pres.,        )  
Special, Sec'y,                ) BOARD.  
Special, Treas.,                )

Post-office, Dandridge

County, Jefferson

State, Tenn.

Fill all blank spaces above.

=====

**SURGEON'S CERTIFICATE.**

Insert character  
and number of  
claim.

Inc

Pension Claim No. 325143

Name of  
claimant.

James Maples  
Company I 2<sup>nd</sup> Reg't. Tenn. V Cav.

Address Dandridge, P. O.  
of Board Tennessee, State.

Claimant's post  
office address.

Sevierville Route 14 Tenn.

July 10, 1906.  
[Date of examination.]

Cause of  
disability.

Rheumatism, disease of heart, liver, rectum, and chronic diarrhea,  
Paralysis Agitans.

He receives a pension of 24.00 dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

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

Rheumatism began in 1863. Lying out or exposure caused acting legs drawn and muscles perished and nervous heart trouble began in spring of 1864. Acting, jumping, thumping, shortness of breath, surothing. Liver Rectum & diarrhea began in 1864. Exposure bad diet bowels cramped loose weakened me. Paralysis anitans began in 1884 result of above diseases felt weak and nervous, shaking.

Birthplace, Sevier County; age, 88 years; height 5 ft. 7 1/2 in., weight, 112 pounds; complexion, Fair; color of eyes, blue; color of hair, grey; occupation, Farmer; permanent marks and scars other than those described below, \_\_\_\_\_.

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 80 88 92; respiration, 24 24 28; temperature, 97 4/5;  
(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 disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.) (When rates are recommended solely on subjective evidence the strongest reasons must be given therefore.)

I find on examination the following: - Rheumatism. The applicant has Sciatic Rheumatism very bad. There is a general enlargement of the joints of the lower extremity. The measurement of the joints is the same except the right ankle measures 9 1/2 inches and the left measures 9 inches. The joints are very stiff and the limitation of motion is 80%. There is a hardened and atrophied condition of the mussels of the lower

extremity also pain on motion. There is contraction of tendons, crepitation of the joints of the lower extremities. There is a scar as indicated on diagram 1/2 inch long, 1/4 inch wide where applicant was lanced when he was in hospital while suffering with rheumatism.

There are three varicose veins on the outer side of the right leg, below the knee as indicated on diagram. They are all half inch high. The upper one is 1 inch long. The middle one is 2 1/2 inches long. Lower one 1 inch long. The veins afflicted are branches of the external saplaenous.

Heart apex impulse 1 inch to right and 1 inch below nipple. Evident to inspection and palpation. Area of cardiac dullness from 1 1/2 inches, to right of sternum to a vertical line 1 inch to right of nipple. From 2<sup>nd</sup> interspace above to 1 inch below nipple. It is irregular. there is an aortic regurgitant murmur. There is hypertrophy, dyspnora and cyanosis. No oedema.

Chronic Diarrhea. Waist measures 4 inches. Mussels relaxed and flabby. Skin sallow or billion color. Stomach and bowels very much distended with gas and very tender. Gives history of attacks of cramping.

Liver extends from 6<sup>th</sup> rib to 2 inches below 9<sup>th</sup> rib. Tender over lower border. Spleen extends from 9<sup>th</sup> to 11<sup>th</sup> rib. Find nothing abnormal about it.

Rectum. The rectum is very much inflamed and a constant prolapse of about 1 inch. At time of action, on bowels, applicant says prolapsing more than 1 inch. No fissure or fistula.

I find nothing abnormal about the lungs measurement Expiration 34 in. Rest 35 1/2, Inspiration 37.

Kidneys Sp. gv 1028. Slightly acid. Highly colored. No albumin. Nitric acid test. Same sugar Boettgers Bismarth test.

There is a lipoma 7 inches long and 4 inches wide, and 2 1/2 inches high on left side of back as indicated on diagram.

Paralysis Agitans. He very often has attacks of vertigo. Can't distinguish between a sharp and blunt pointed instrument and can't distinguish between one instrument and two pressing on skin over the upper lumbar regions. Has a numbness of feet and a sensation of fongiration over the lower limbs also about waist. He can't walk on a straight line with eyes open or closed either. He can't walk or stand without holding or leaning against something. He has sharp darting pains in lower limbs. There is affliction of the patella tendon reflex. There is no lump paraplesia, or paresis. The pupillary reflexes are slightly blunted. Complains of pains in back. A slight sense of constriction about abdomen.

There is muscular tremor affecting the body except the head. I find no history of sypliaries. He is confined to his home by reason of his disabilities.

I do not believe the above disabilities are due to vicious habits.

This claimant is so disabled from Rheumatism disease of heart, and rectum, and chronic diarrhea and paralysis agitans, as to require the frequent and periodical though not regular and constant personal aid and attendance of another person and is entitled to \$50 a month.

B. M. Tittsworth, Pres.

Special, Sec'y.

Special, Treas.



**SURGEON'S CERTIFICATE**

IN CASE OF

James Maples

Co. I, 2 Reg't E. Tenn. Cav.

APPLICANT FOR Inc

No. 325,143

DATE OF EXAMINATION

July 10, 1906.

B. M. Tittsworth, Pres.,        )  
Special, Sec'y.,                )  
Special, Treas.,                )

BOARD.

Post office, Dandridge

County, Jefferson

State, Tennessee

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

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 \_\_\_\_ day 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, \_\_\_\_\_, the applicant for (increase of 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 \_\_\_\_\_, 190\_\_."

(Signature) \_\_\_\_\_

diagram goes here

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.

3-005.

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**WIFE OF PENSIONER.**

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CLAIM FOR ONE-HALF PENSION

**ACT OF MARCH 3, 1899.**

Applicant: Polly Ann Maples

Soldier: James Maples

Service: I 2 Regt. Tenn. Vol. Cav.

No. of Certificate: 325,143

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**DECLARATION OF WIFE UNDER ACT OF MARCH 3, 1899.**

**State of Tenn.**        )  
                                  ) SS:  
**County of Sevier**    )

On this 18 day of December, A. D. 1906, personally appeared before me, a Notary Public within and for the County and State aforesaid, Polly Ann Maples, aged 72, years, a resident of Sevierville Rout #14 County of Sevier, State of Tenn., who, being duly sworn according to law, makes the following declaration under the act of March 3, 1899, in order to obtain one-half the pension due or to become due her husband, James Maples, who is a resident pensioner of the United States, and who\* Deserted me Aprile the 5" 1906 and has faild to Provid any thing for me Since the above date and Refuses to live with me or Provid for me.

That her husband served as a Privat in Co. I 2, Reg. Tenn. vol. cav., and is pensioned under certificate number 325,143.

That she was married under the name of Polly Ann Dixon to said James Maples at Sevierville Rout #14 Sevier Co. Tenn., on the 19 day of June, 1904, by J. A. Connatser.

That she has not been divorced from her said husband; that she is a woman of good moral character and in necessitous circumstances, and is Not an inmate of any institution or home provided for the wives or children of soldiers and sailors.

That she hereby appoints \_\_\_\_\_ of \_\_\_\_\_, her true and lawful attorney, to prosecute this claim.

That her post-office address is Sevierville Rout #14 County of Sevier, State of Tenn.

ATTEST: (1) J. W. Eledge

her  
Polly Ann X Maples  
mark

(2) M. J. Eledge

- 
- \*1. If claim is based upon the first (desertion) proviso of the act, specifically allege desertion, with date.
  - 2. If claim is based on the second or third (Soldiers' Home) provisos of the act, specifically allege that fact, stating name and location of Home.
  - 3. Make both allegations if the facts warrant it.
  - 4. In Soldiers' Home cases evidence of desertion is not required.

Also personally appeared J. W. Eledge, residing at Sevierville Tenn. R. D. #14 and M. J. Eledge, residing at Sevierville Tenn. RD #14, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Polly Ann Maples, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her of \_\_\_\_\_ years and 5 years, respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

J. W. Eledge

M. J. Eledge

SWORN to and subscribed before me this 18 day of December, A. D. 1906 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

A. D. Eledge

Notary Public

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for

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

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

3-296.

S.E.D.

No. 325,143

Claimant: Polly Ann Maples.

Soldier: James Maples.

P. O. address: RFD. 14, Sevierville,

County: Sevier, State: Tenn.

Recommendation: Chief Law Division.

Herbert W. Meyers.

Special Examiner.

**REFERENCE.**

AUG 5 1907

Respectfully referred to Chief  
of Law Division for  
consideration.

A. Craig

Chief S. E. Division.

**RECOMMENDATION.**

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**ACTION.**

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Criminal.

3-295.

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Claim of Adrian Dockery Elledge. Attorney.

No. 325,143

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	Notice to claimant			
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9 & 10	Jane Maples.		B	Good.
11 & 12	Martha Jane Maples.		C	Good.
13 & 14	William S. Sutton.		D	Good.
15 & 16	William S. Sutton.		E	Good.
17 & 18	William M. Maples.		F	Good.
19 & 20	C. L. Maples.		G	Good.
21 & 22	Samuel P. Williams.		H	Fair to Good.
23 & 24	Sarah Sutton Williams.		I	Good.
25 & 26	Geo. O. Sutton.		J	Fair to Good.
27 to 30	Polly Ann Maples.		K	Good to Excellent.
31 & 32	Joseph Crockett Dixon.		L	Good.
33 & 34	Samuel W. Dixon.		M	Good.
35 & 36	James Berry Dunn.		N	Good.
37 & 38	Casmond D. McMahan.		O	Good.
39 & 40	Mary E. Elledge. (wife of att. A. D. Elledge.)		P	Good but prejudiced in favor of her husband.
41 & 42	Malissie K. Elledge (daughter)		Q	Good.
43 & 44	John Wesley Elledge.		R	Good.
45 & 46 & 47 & 48	A. D. Elledge. (Attorney)		S	Bad.
49	Signatures	A		