

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
 2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
 3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
 4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
 5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
 6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate or any other will not be received in any case.
- The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Ex. Recd. N. H. H. H. H.
March 20/89

The applicant is doubtless
in bad condition physically
but if it is unreasonable
to charge up to the state
all the ills, than man
are liable to. It is
no in his present
condition ever since the
disease in 1861. If so
he must have been discharged
if he did not apply last
year.
What has he done ever
since the war? Give
a full history of his case
from the beginning of the
war.

N. H. H. H. H.
Clerk

Gale, David E.
Gale, David E.
Gale, David E.

Cole

1939, No. 2365 1889

APPLICATION FOR ALLOWANCE

Applicant, *David E. Gale*
County, *Gilmer*
Amount, *50*
Date of Warrant, *June 7*
Entered on record, *June 7* 1889

Secretary Executive Department.

W. A. D.

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. It applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the *disability* by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

add applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Georgia County.

PERSONALLY appears David E Cole of Gilmer county,
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has been such since the _____ day of _____

October 1868; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served as a *private* in Company *G*, of *89* th Regiment

or of the Volunteers runnel s Brigade; that whilst engaged in such military service, at the battle of _____ in the State

of Garden City, Nebraska, on the day of November 1863, he was
 married as follows: Has dyspepsia and indigestion

Caused by unwholesome food, doing without food
or wearing the rain and cold the lung gets cold

in power in the town and the county has got a cough and
therefore he has lost his health. By first march from
many millions in the deep mud, to come to
and from the town of Richmond, he was changed while

Caused rupture of the vessel protrudes about the size of an apple peck in position. And hernia renders him unable to do manual labor that on a case of these injuries he has a

under practically incompetent to perform the ordinary manual vocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for

Sworn to and subscribed before me, this the 1st day of Feb

19 day of March 1884 } Love & care

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly

the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA

County.

PERSONALLY came before me _____ of the county _____

of _____ State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company _____, of _____ Regiment of _____

Volunteers, and that deponent knows _____, and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit.

and that wounds (or disease) permanently disables the said _____

is a *bona fide* citizen of this State and reside

in _____ county.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment

G. S. Davis

Gilman

Illegible signature

Call

Nov 23 65

1889

APPLICATION FOR ALLOWANCE

F. J. [unclear]

Debit

[unclear] [unclear]

Applicant

E. C. Hale

Gilman

County

Amount

50

Date of Warrant June 7

Entered on record

June 7

1889

M. A.

SECRETARY EXACTIVE DEPARTMENT

Waid

Ex. D. A. Williams
March 20/89

The applicant is doubtless
"a" had Condition Physical
but at its economic
to charge up to the ~~same~~
all the ill show man
are liable to. I have
be the best present
Condition ever since the
disease in '85. I do
he must have been drinking
Why did he not apply last
year?
What has he done ever
since the war? Have
a full history of his case
from the beginning of the
war. Vol. 11

STATE OF GEORGIA,

Wilkes County, I, *A. M. Johnson* Ordinary of said county, do certify that I am well acquainted with *David E. Cole* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 5 day of July 1890

A. M. Johnson
Ordinary *Wilkes* County.

STATE OF GEORGIA,

Wilkes County, I, *A. M. Johnson* Ordinary of said County, do certify that I am well acquainted with *David E. Cole* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 13 day of February 1891.

A. M. Johnson
Ordinary *Wilkes* County.

1890.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

General Security Air

Applicant, *E. E. Cole*

County, *Wilkes*

Amount, *50*

Date of warrant, *July 19/1890*

Entered on record

July 24 1890

1890

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

A. M. Johnson

Cole, D. E.

Veatch & Co

1891.

PAID 1891, 12

No 1134

Application for Allowances

FOR THE YEAR ENDING OCTOBER 31, 1891.

PAY

David E. Cole

Applicant, *David E. Cole*

County, *Wilkes*

Amount, *50*

Date of Warrant, *July 11*

Entered on record

July 11 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

A. M. Johnson

Geo. W. Hartman - Sec. Philad. Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. }
PERSONALLY appears *David C Cole* of *Gilmer* county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of

Oct 1867, that he enlisted in the military service of the Con-
federate States (or of the State of,) during the war between the
States, and served as a *private* in Company *G*, of *39*th Regiment
of *Georgia* Volunteers *Second* Brigade: that whilst engaged
in such military service, at the battle of

of Kennesaw Ga. on the *28th* day of *June* *1864*, he was
wounded as follows: *Lost his fingers and indignation*
from exposure and bad food. Severely emaciated
and emaciated. Also inguinal syphilis & right
side, he was as large as a duck. Also a wound
on his over marching in the heavy mud and
very heavy loads rendered practically incompetent
to perform the ordinary avocations of life.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of *50* dollars.

Sworn to and subscribed before me, this the *15th* day of *July* 1890 *J. E. Cole*

A. M. Johnson
Notary Public for Georgia.
Note. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Gilmer County. }
KNOW ALL MEN BY THESE PRESENTS, That I, *David C Cole*
of *Gilmer* county, in said State, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
service of the Confederate States (or of this State), as stated in the foregoing affidavit;
hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have, hereunto set my hand and seal, this
5th day of *July* 1890 *J. E. Cole*

Executed in the presence of us:

A. M. Johnson
Dr. M. Johnson
Send money to me as follows, by *Dr. M. Johnson*
to *Dr. M. Johnson*
County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. }
PERSONALLY appears *David C Cole* of *Gilmer*
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the month
day of *October* 1854, that he enlisted in the military service of the Con-
federate States (or of the State of,) during the war between the
States, and served as a *Private* in Company *G*, of *39*th Regiment
of *Georgia* Volunteers *Second* Brigade: that whilst engaged
in such military service at the battle of

of Georgia on the *28th* day of *June* 1862, he was
wounded as follows: *Lost indignation from exposure*
and bad food, severely emaciated with
ing also inguinal syphilis & right side
wound as large as a duck. Also a wound
on his over marching in the heavy mud and
very heavy loads rendered practically incompetent
to perform the ordinary avocations of life.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
50 dollars, for *1889-1890*

Sworn to and subscribed before me, this the *15th* day of *July* 1891 *J. E. Cole*

A. M. Johnson
Notary Public for Georgia.
Note. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County. }
Know all Men by these Presents, That I, *David C Cole*
of *Gilmer* County, State of Georgia, do hereby, appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby author-
izing my said attorney to receipt in my name for any Warrant that may be issued by the Gover-
nor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
15th day of *July* 1891 *J. E. Cole*

Executed in the presence of us:

A. M. Johnson
Dr. M. Johnson
Send money to me as follows, by *Dr. M. Johnson*
to *Dr. M. Johnson*
County, Georgia.

Form 3.

_____ County.

KNOW ALL MEN BY THESE PRESENTS, That I, Agnes H. Cole

County, in said State, do hereby appoint Wm. D. Wright
of Attalla, Ga. my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or
for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st
day of Mar 1893.

Executed in the presence of us :

DIRECTION.

If allowed, send amount by _____ to _____
me at _____, and oblige,

Ex. Dist. Columbia
July 25. 1893.
Returned for file

I have been asked
 to explain proving how
 they knew Mr. Cole was
 captured. When we were
 it occurred.
 After he concluded his
 there are some 1863 soldiers
 had to divide them.
 Now the ordinary rule
 of their hands, names,
 Your full statements
 as to this conclusion that
 it was caused by
 A.H. Harker & Co.

Soldier's Pension.

நீதி

Name David E. Hall

County Adams

Disability

Amount. \$

893

W. H. HARRISON.

Secretary President's Dissertation

WARRANT HANDED TO

Geo. W. Hardman, State Printer, Atlanta.

Not cutler

Form E.

STATE OF GEORGIA,

PERSONALLY appears David E. Gale of Belmont

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the _____ day of _____, 19____.

1857; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served as a Private in Company E, of 39th Regiment of Ill Volunteers, 1st Cavalry Brigade; that whilst engaged

in such military service, ~~at the battle of~~ in the State
of Miss, on the day of May 1862, he was

disabled as follows: *Myxodermas* coming in from the road from Camp Allen to Longtong Bay and the eastern part of the road back to Haini killed and threw to sea a large number and to the shipping. Miss. aptitude of 5 or 6,000 miles out of which was a considerable number, being a weak man but with the appearance, he contracted a small tumor on his arm at suddenly his head began to swim above the water as large as a duck egg all the time for 2 or 3 days all the time. So unable to swim back or to swim himself, I removed him without any delay and he was brought to the hospital. On account of the pressures he has been under of permanent injury of the body, he is incompetent for the performance of the duties and a useless life.

Depo^{nt} desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the

12th day of Apr 1893.

Ordinary.

NOTE.—Do not trouble to mention wounds which do not disable.

STATE OF GEORGIA.

I, J. M. Johnson Ordinary of said county, do certify that I am well acquainted with David E. Cole the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 25 day of March, 1892.

Ordinary J. M. Johnson County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

KNOW ALL MEN BY THESE PRESENTS, That David E. Cole of

County, State of Georgia, do hereby appoint Wm Wright of Gilmer Co Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of January, 1895.

Executed in presence of us

J. M. Johnson

DIRECTIONS.

Send money to me as follows, by

Gilmer to Wm Wright P.O. County, Georgia.

D. E. Cole [L. S.]

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name David E. Cole

County Gilmer

Disability Arms etc

Amount, \$ 50.

Entered on record

Met

1892.

W. H. HARRISON.

Secretary of Executive Department.

AGENT.

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta, Ga.

SOLDIER'S PENSION.

1895.

Name J. B. Cole

County Gilmer

Disability Discharge

Amount, \$ 50

Feb 27 1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDS TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Kilmer County.

PERSONALLY appears

Daniel E Cole

of *Kilmer* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of *Oct* 1852; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *G* of 39th Regiment of *Ga* Volunteers *Payne's* Brigade: that whilst engaged in such military service at the battle of in the State of *Tenn & Ken* on the *Spring* day of

1863, he was wounded as follows:

Through Tenn. Ken. & Miss. he contracted Malaria. Malaria is a disease which renders him incompetent to do any manual labor. The Malaria was caused by heavy mowing in the mud and clay, a heavy load of mowing was on his back. He can not lift or do any manual labor. On account of said injuries he has been rendered wholly incompetent to perform the ordinary manual avocations of life.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

fifty Dollars for 1889-1890-1891

Sworn to and subscribed before me this the

D E Cole

day of *March* 1892.

A M Johnson Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Kilmer County.

Know all Men by these Presents, That I,

Daniel E Cole

of

Kilmer

County, in said State, do hereby appoint

John R Perry

of *Kilmer* County, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of *March* 1892.

D E Cole

[L. S.]

Executed in the presence of us:

A M Johnson

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Kilmer County.

PERSONALLY appears

D E Cole

of *Kilmer*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 1852; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *G*, of 39th Regiment of *Ga* Volunteers, *Cummings* 's Brigade; that whilst engaged in such military service at the battle of in the State of *Tenn*, he was

wounded as follows: *By being shot in the right arm and exposed to the mus. fire of the Rebels. He was wounded in the right arm and the wound was so severe that he was unable to use his right arm. He also chronic diarrhea from the time he was wounded. The diarrhea occurred in the campaign at Fort Fisher and in view of the diarrhea he was unable to perform his duty. He is now totally disabled from doing any kind of work.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of

fifty dollars, for the year 1894

Sworn to and subscribed before me, this, the

D E Cole

day of *January* 1895.

A M Johnson Ordinary.

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Kilmer County.

I, *A M Johnson* Ordinary of said County, do certify that I am well acquainted with *D E Cole* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County, and is totally disabled from doing any kind of work.

Given under my official signature and seal, this

day of *January* 1895.



A M Johnson
Ordinary *Kilmer* County.

POWER OF ATTORNEY.

Form B.

STATE OF GEORGIA.

Gilmer County.

KNOW ALL MEN BY THESE PRESENTS, That I

David A. Cole

County, in said State, do hereby appoint

Wm. H. Wright

of *Gilmer County, Georgia* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States [or of this State], as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

of *April*

1894.

D. A. Cole

11 day

[L. S.]

Executed in the presence of us:

Wm. H. Wright

DIRECTION.

If allowed, send amount by

me at

Adelphi

and oblige,

Shuck

to

D. A. Cole

AFFIDAVIT FOR WITNESSES.

Form 2

STATE OF GEORGIA.

County of—

Gilmer

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

Robert Thomas W. Suber

and

George H. Facer

each of whom, being duly sworn according to law,

severally say, under oath, that they are personally well acquainted with

Durill G. Cole

whose application is herewith presented for a pension,

and that they served with him in the army, and from our personal knowledge he was injured by the service

as follows: (* See Note) That applicant *Frank Mearls at Chatterbox*

*in the Spring of 1862 and afterwards suffered with diarrhoea and at Camp Walton was in sick camp. Witness Mann testifies that he was present with applicant at camp Walton and he was suffering with diarrhoea in October 1862. Witness *Wm. H. Wright* testifies that in October 1862 they were with applicant in the Kentucky Campaign that applicant was still complaining and unable to keep in rank in the 11th Regt with the command. Witness *R. V. Mann* testifies that he was with applicant until a short time before the surrender that his condition improved. Witness *T. W. Suber* was with applicant from Marietta, Georgia in January 1863 to May 14, 1863 and applicant was disabled for duty on account of diarrhoea. Witness *Wm. H. Wright* testifies that applicant was taken from the army in April 1863 and that he was suffering with diarrhoea in the hospital. Witness *Wm. H. Wright* testifies that applicant was discharged from the army in April 1863 and that he was suffering with diarrhoea in the hospital. Witness *Wm. H. Wright* testifies that applicant was discharged from the army in April 1863 and that he was suffering with diarrhoea in the hospital.*

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

6 day of *April* 1894.

Wm. H. Wright

Ordinary.

T. W. Suber
R. V. Mann
G. H. Facer

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2. Witnesses are asked to make their statements full and explicit.

* NOTE.—Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.

Gilmer Co.
Cole, D.E.

Soldier's Pension

1894.

Name

David A. Cole

County

Gilmer

Disability

Diarrhoea

Amount, \$

50

40 30

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Wm. H. Wright

Geo. W. Harrison, State Printer, Atlanta.

Physician's Affidavit.

STATE OF GEORGIA,

Wilkes County.

PERSONALLY comes before me *J. S. Tankersley* Ordinary of said County, and *W. W. Watkinson*, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined *David & Cole* and after such personal examination say that the applicant has been injured as follows:

Total disability from manual labor as result of disease of stomach. Since the loss of right side. He has a glossy red tongue, very tender stomach, sleep with more or less disturbance. He continually suffers from diarrhoea or positive bowels and is considerably emaciated and debilitated. He has hernial tumors as large as goose egg which a disability of its self.

We have treated applicant professionally for

Sworn to and subscribed before me this

11 day of April 1894.

Ordinary.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom, and state fully the extent of the disability.

NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Wilkes County.

I *David & Cole* Ordinary of said County, do certify that I am well acquainted with *David & Cole* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses are persons of respectability and that their statements are worthy of full credit and belief.

Given under my official signature and seal this

6 day of April 1894.

Ordinary

Wilkes County.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,

Wilkes County.

PERSONALLY appears *David & Cole* of Wilkes

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the day of October 1857; that he enlisted in the military service of the Confederate States (or of the State of

) during the war between the States, and served as a private in Company B, of 39th Regiment of Georgia Volunteers, Reynolds Brigade; that whilst engaged in such military service, at the battle of Chattanooga, he was disabled as follows: *was attacked with diarrhea from eating unsanitary food and on the campaign in Kentucky, this exposed and free marching brought on a rupture of right side. Diarrhea became chronic during continued suffering and disability for service after the Kentucky campaign he was in the Hospital in sick camp in Mississippi at which time in Hospital at Chattanooga at Dalton & Marietta. The rupture continued to increase until I was not in control of my painful and severe continual suffering on account of chronic diarrhea in Kentucky. He is now and has been totally disabled for any kind of labor for the past year and has not been able to work in this and suffering since the rupture was severe.*

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1894.

Sworn to and subscribed before me this the

11 day of March 1894.

Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.

NOTE.—Do not trouble to mention wounds which do not disable.

Georgia Personally appeared before the said
 Wilkes County signed attesting officer A. G. Fourn
 known to said attesting officer as a
 citizen of good reputation who on oath says
 that he is well acquainted with David
 & Cole the applicant for Pension and knows
 that said Cole was a healthy stout able
 bodied and active man before the war
 between the States and that during the
 war when he was well feeling back at
 Dalton on the same said David & Cole
 in he was then complaining and was sick
 almost to the death that he has lived
 within one mile of applicant all the
 time since the summer of 1860 and
 for some time before the war. that applicant
 has been unable to labor most of the
 time a great deal of the time he was
 unable to do anything in the way
 of labor and is this time applicant is totally
 disabled in labor of any kind

signed and sealed at Dalton
 September 12 1894
 A. W. Fourn
 Attorney

State of Georgia This is to certify
 Wilkes County that after
 a careful examination of David &
 Cole I find him suffering with
 hernia as stated in his application for
 Pension has had ever since the war
 that he has contracted no new disease
 since the war but has gradually grown
 worse that at this time he suffers with
 Hernia Stomatitis and inflammation of the
 whole alimentary canal that he has
 not ordinary use of his arms
 and hands that as a whole he is in
 weak physically not able to perform
 manual labor if as he states he
 was a healthy man when he entered
 the Service the expenses of the
 same certainly caused his
 disabilities.

Given at and Subscribed
 before me this 12 1893

A. W. Fourn

Attorney

State of Texas, Erath County
Bluff Dale

April 9th 1894

I, J. F. Harris of said county and State do hereby certify that I am acquainted with David E Cole of the State of Georgia, County of Gilmer, that he enlisted in the Confederate Service in March 1862 and when he enlisted he was a stout able bodied man, and to the best of my knowledge, saying he had measles at Chattanooga Tennessee followed by severe sickness from which he has never recovered. He like a faithful Soldier joined his Company whenever he could, was in the march through Kentucky and back to Tennessee, then to Vicksburg Miss. part of the time had to be housed in Holes and other contrivance. during said march he was attacked with Fever or Scurvy. while in Vicksburg he had severe sickness being unable for duty most of the time. while on the march through Georgia he had to be sent to the Hospital. Dependent further certifies the said Cole was a member of his Company and that he was well acquainted with him during the war and has seen ever since

until I last saw him, which was in the year 1892 and that he has never been a sound man since his attack of measles followed by chronic Diarrhea as above stated. His whole Physical Structure has been giving way ever since. said attack of measles and when I last saw him he was wholly unable to the best of my knowledge and belief to perform any manual labor

J. F. Harris
Ex Capt Co G. 39th Ga Regt

Subscribed and Sworn to
before me this April 8th 1894
Ben. H. Almon J. P. and Ex
Officio Notary Public
Erath County Texas

Georgia & Tennessee should before
 leave to me the Jacob H. Mann &
 J. H. Mann who say they remember that
 David C. Cook in the fall of 1863 or the
 spring of 1863 on march in Kentucky
 Tennessee & Mississippi was captured or
 forced into service. He remembers
 his complaining of this trouble;
 and we verily believe that he was
 sound and free from service before
 he was so taken that he was
 contracted since the year 1863
 he thinks we can not have ordinary
 use of his arms & hands he is now
 suffering from dyspepsia etc.
 We feel assured that the war
 caused his disability.

J. H. Mann
 J. H. Mann
 J. H. Mann

Given & subscribed
 before me Nov. 12. 1873

Wm. H. Johnson
 Attorney

J. H. Mann
 J. H. Mann
 J. H. Mann

Ellis L.
 Aug. 1 to 8/73

Gov. W. G. Korthen
 Atlanta

Dear Gov. I am again
 humbly and cordially asking
 your honor again to consider my
 claim for State Pension. I am
 now 70. Last 50 years of age have done
 know doubt work enough to pay for
 what I will get if we should elect
 to pay it. and I hope you may find it
 worth that if there is one honest claim
 mine is my neighbor should not
 the ground on I am ever their
 own signature. I. Gov. I hope you
 with consider my claim as the law
 give the Pioneer the benefit of a doubt
 I do like wish toward me better
 to once and awhile pay an invalid
 claim than turn away a claim
 that under law should be paid
 I hope that you may do so and
 would wish to be done by and allow
 my claim order it paid and thus you in
 the performance of a lawful act make
 a poor old man happy.

Respectfully
 David C. Cook

Georgia Imperson appeared the un-
 known County designed who deposed and
 say that they were members of
 the Grand Jury at the May Term 1892 said
 County, when a number of the Confederate
 pensioners of said County were in our
 opinion considered not entitled. After
 our action at said May Term, we have
 personally examined the proofs, and
 examined the sworn examinations of
 witnesses and physicians, we think
 and believe beyond question that the
 following claim should be allowed
 because he is closely entitled on
 account of his rupture, to-wit: the
 claim of David & Cole. We also ask
 that he may be reinstated and al-
 lowed a pension under the law.

R. Brown & foreman
 R. F. Parker
 J. B. Jones
 James B. Dover.

Levi M. Long
 William H. Jones

W. C. Patchiff
 J. B. Holt
 J. W. Hise
 J. D. Holt
 J. G. Smith
 J. B. Jones
 J. B. Jones

Sworn to and Subscribed
 before me and I certify
 that the foregoing are
 witnesses of Respectability
 and entitled to credit
 Attest
 Ordinary
 May 12 - 1893

Witness J. M. Taylor and J. V. Mann further
 testifies in the claim of David & Cole that after
 the fall of Vicksburg after the capture was
 captured by applicant the applicant was in the
 Hospital at Dalton - Ga and at Marietta Ga
 that they appears were with applicant about
 one year after the siege of Vicksburg that the appli-
 cant was unable for duty and thus became from
 duty most of the time that applicant was in Ga
 for the remainder was because from the
 duty most of the time on account of sickness
 because of the applicant's condition
 that applicant was unable for duty suffering with disease
 since from the time of the capture of applicant
 up to the time that he reached and practiced he
 was stout healthy and active in his duty
 at any time that since applicant's illness and
 was injured with rupture he has been contin-
 ually complaining since not been able since
 the surrender to do but very little work
 at any time on account of the rupture, it is
 for the service and as a reward has been for
 several years totally disabled
 and wholly unable to support himself & family
 and applicant further states that from their personal
 knowledge of applicant from having served
 with him in the army and having known him
 personally since the service that his present
 condition and disability is due to the
 result of vicious habits but a result
 of the injury as stated above. J. M. Taylor
 J. V. Mann
 Subscribed April 6 - 1894
 Attest J. M. Taylor
 J. V. Mann

Declarator Gilmer County -

Personally appeared before me the undersigned Clerk of the Superior Court of the County of Gilmer, Georgia, that he was personally acquainted with said David Cole of said County during the war portion of the Summer of 1860 in Gilmer County, Georgia - that said Greer very frequently met said Cole during the Fall, Winter and Spring months of 1860 and sat up to the time said Greer went to the Army in 1861 for a year in the 11th Ga. Regt. - that said David Cole was then considered a very stout, healthy and active man and one who could wrestle, log roll & run very fast. That in 1865 after the war, said Greer returned home and said Cole remained in the Army until said Cole appeared in Gilmer County, Georgia, when said Cole appeared he looked very much weaker than he had been before the war, and was suffering from his fatigue exposure and suffering from exposure during the war. That said Cole was always regarded by said Greer since he first met him - Cole after the surrender in 1865 as an invalid or as is termed a "broken down soldier". That said Greer was or was not in the same Regiment with said Cole.

Subscribed and sworn to before me this 22nd April 1887

J. M. Johnson

Ordinary

Thomas H. Greer

Subscribed and sworn to before me this 22nd April 1887

Personally appeared before me the undersigned Clerk of the Superior Court of the County of Gilmer, Georgia, that he was personally acquainted with said David Cole of said County during the war portion of the Summer of 1860 in Gilmer County, Georgia - that said Greer very frequently met said Cole during the Fall, Winter and Spring months of 1860 and sat up to the time said Greer went to the Army in 1861 for a year in the 11th Ga. Regt. - that said David Cole was then considered a very stout, healthy and active man and one who could wrestle, log roll & run very fast. That in 1865 after the war, said Greer returned home and said Cole remained in the Army until said Cole appeared in Gilmer County, Georgia, when said Cole appeared he looked very much weaker than he had been before the war, and was suffering from his fatigue exposure and suffering from exposure during the war. That said Cole was always regarded by said Greer since he first met him - Cole after the surrender in 1865 as an invalid or as is termed a "broken down soldier". That said Greer was or was not in the same Regiment with said Cole.

Georgia - Personally appeared
 Gilmer County, I, J. M. & J. B. Bearden, who on oath says he
 is acquainted with David E. Cole
 of Gilmer County. and was
 with him in the war from the
 beginning to the end, and I know
 he was a well able man when
 he entered the service. He contracted
 dyspepsia in the war by judgment
 is dyspepsia was caused by eating
 unsalutary food - and doing
 without food for a long time and
 then eating too much. On the march
 from East Tennessee to Covington
 and from there to Vicksburg Miss.
 he contracted hernia. I think this
 was caused by over marching such
 a long distance. He also complained
 of piles. I remember that he was
 treated by four or five physicians
 for these troubles. He was treated by Drs
 Fowler Calhoun Dickens and
 Cole. I am confident applicant
 contracted all of above diseases
 in the war. Mr Cole made a good
 soldier. He is now a poor man
 his statements are
 and are worthy of full faith and
 credit (J. M. & J. B.)

J. M. BEARDEN

OFFICE OF

J. B. BEARDEN

J. M. & J. B. BEARDEN.

Physicians and Druggists,

DEALERS IN

Patent Medicines, Paints, Oils, Dye Stuffs, Fancy Articles, Etc.

Essex, Ga. Mar 30th 1884

This is to certify
 that I have treated
 David Cole for
 Dyspepsia and
 Strabismus for
 several years
 that his Strabismus
 extends in the inf
 lammation does
 extend through
 the Strabismus
 Canal with notch
 he has suffered
 much it has reduced
 him to a poor man
 invalid he also
 suffers with Heber
 ma's of the eye
 which gives him
 much trouble I have
 known him for 20

I feel safe in saying that his
claim in good faith and that he
is entitled.

Sworn to and sub. } John H Parker
reduced before me }
April 2 1889 }
A M Johnson }
Ordg }

I hereby certify that Jns H. Parks
is a gentleman of respectability
and his statements are worthy of
full faith and credit that
he signed above affidavit in
my presence and that it is
genuine.

Given under my hand
and seal of office Apr. 2. 1889.

A. M. Johnson
Ordg

years and he has
always presented
quite a feeble
appearance
and is a worthy
man. Respectfully
Yours
E. W. Watkinson

Sworn to and subscribed
before me the 5th April 1889

A. M. Johnson
Ordg

Office of
Dr. J. S. Tankersley.

Ellijay, Ga., Feb, 20 1895

We hereby certify that we have
carefully examined Mr. D. C. Cole
and find him totally disabled from
manual labor on account of following
debility to wit: Inguinal
hernia of right side hermat tumor
as large as goose egg. Finds that he
cannot keep it reduced with truss

He also suffers from Chronic Diarrhea
a result of disease of living stomach

He cannot digest and assimilate food
sufficient to give him strength to
work. This Applicant being now
sixty five years old and being a
continual sufferer from above named
debilities is totally disabled to
pursue the usual avocations of
life.

Given & signed by J. S. Tankersley M.D.
Feb. 20 1895
E. H. Watkins, M.D.
Attest

Erwin 34 Mt. Vernon
Subur County, Palmyra of said County
Truly certify that Drs
J. P. Tunkley & O. W. Watkins are
practising Physicians of said County
of good Reputation and entitled to
Credit in all their statements
written in pursuance of
Decree 20-1893-
W. H. Johnson
Register

Gilmer

Maimed Soldiers.

Audited *June 11* 1889.

Wm. A. Migh
COMPTROLLER GENERAL

Voucher No. *2365*

Amount, \$ *50*

Paid to *D. E. Cole*

For *Dis. from disease*

June 1 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

E. J. Ellsby -
W. A. W.

Maimed Soldiers.

Voucher No. *1160*

Amount \$ *50*

Paid to *D. E. Cole*

For *Disabled by*
disease

July 14 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

J. P. Perry

No. 2365

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. June 8 1889.

Mr. *D. E. Cole* of the County
of *Gilmer* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for

Disability from Diseases
He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

J. B. Gordon
GOVERNOR.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

per above voucher, this

&

of *June*
D. E. Cole
W. H. Harrison

Dollars,
1889.

No. 1160

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 14 1890.

Mr. *D. E. Cole* of the County
of *Gilmer* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Disabled by Diseases
He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.



GOVERNOR.

50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

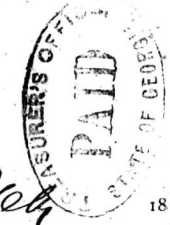
Fifty + 00/100

per above voucher, this

14

of

John P. Perny

Dollars,
1890.

Cole, David E.

Feb 18

1891.

Maimed Soldiers.

Audited Feb 19 1891.

WM Smith
COMPTROLLER GENERAL

Voucher No. 1134

Amount \$50,

paid to David E Cole

for Disability by disease

Feb 18.

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

1891.

No. 1134

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Febry 18. 1891.

Mr. *David Cole* of the County
of *Gilmer* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Disability by disease
He is entitled to receive the sum of *Fifty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.



W. F. McRae
GOVERNOR.

By the Governor,

W. F. McRae

SECY EXECUTIVE DEPARTMENT.

\$50.

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Fifty Dollars,
per above voucher, this *18th* of *February* 1891.

David E. Cole

W. F. McRae