

*Cornett, A. J.*  
*Gilmer Co.*

*Cornett, A. J.*

No. *1119*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

*Loss of Right Eye*

Applicant *A. J. Cornett*

County *Gilmer*

Amount *30*

Date of Warrant *McL*

Entered on Record,

*McL* *1889*

SECRETARY EXECUTIVE DEPARTMENT.

*HAW*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 25, 1884.

FOR

Loss of Regt Co 4 e

Applicant A J Cornett

County Gilmer

Amount 30

Date of Warrant Mch 14

Entered on Record,

Mch 14 1884

MAK

SECRETARY EXECUTIVE DEPARTMENT

STATE OF GEORGIA.

Gilmer County.

I, A M Johnson, Ordinary of said county, do certify that I am well acquainted with A J Cornett, 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 also certify that the foregoing witnesses, to-wit: Dr Johnson & Dr Kennedy

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 11 day of May 1884

A. M. Johnson

Ordinary Gilmer County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Gilmer County.

KNOW ALL MEN BY THESE PRESENTS, That I, A J Cornett, of Gilmer county, in said State, do hereby appoint M A Wright Camp Gen, 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 11th day of May 1884

A J Cornett (L. S.)

Executed in the presence of us:

Jno O Perry  
A M Johnson  
Ord.

DIRECTION

Send money to me as follows, by Money Order to Jno O Perry to Gilmer County, Georgia. P. O. A J Cornett

## NOTES.

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 fact 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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. 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.

7. 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.

## STATE OF GEORGIA.

*Wilmer* County.  
PERSONALLY appears *A J Cornett* of *Wilmer* 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 continuously since the *25th* day of *Dec.* 1862; 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 *C* of *2nd* Regiment of Volunteers *Reming*'s Brigade; that whilst engaged in such military service, at the battle of *Gettysburg* in the State of *Penn.* on the *3rd* day of *July* 1863, he was wounded as follows:

*Shot with a minie ball - side of the head just behind the right ear showing this ball bone till the ball reached the bone around the right eye, the ball then cut the eye bone into and burst the right eye out. The ball is entirely out the right is entirely gone.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this *11* day of *Decy* 1889, *A J Cornett*  
*Mark*

*EA McJohnson*  
*Ordinary*  
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## STATE OF GEORGIA.

*Wilmer* County.  
PERSONALLY comes before me *A M Johnson* Ordinary of said county *EA McJohnson* and *Dr J R Humphrey*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *A J Cornett* and after such examination say that the applicant has been injured as follows: *The right eye is totally out, ball and sight has been shot behind the right ear ball passing around to the right eye cutting bone around eye and putting eye out, is wholly unable to see anything.*

Sworn to and subscribed before me, this *11* day of *Decy* 1889, *James H Johnson*  
*EA McJohnson*  
*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.



STATE OF GEORGIA,

*Bilmer* County.

I, *A. McJohnson* Ordinary of said county, do certify that I am well acquainted with *A. J. Cornett* 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 7 day of February 1890.

*A. McJohnson*  
Ordinary *Bilmer* County.

STATE OF GEORGIA,

*Bilmer* County.

I, *A. McJohnson* Ordinary of said County, do certify that I am well acquainted with *A. J. Cornett* 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 2<sup>nd</sup> day of March 1891.

*A. McJohnson*  
Ordinary *Bilmer* County.

1890.

APPLICATION FOR ALLOWANCE.

No. 1913

FOR THE YEAR ENDING MARCH 31, 1891.

Applicant, *A. J. Cornett*

County, *Bilmer*

Amount, *30*

Date of warrant, *Feb. 24*

Entered on record *Feb. 24*

1890

RECEIVED BY THE SECRETARY OF THE STATE

WARRANT HANDED TO

*A. J. Cornett*

*Bilmer Co*  
*Cornett, A. J.*  
1891.

No. 1913

Application for Allowance

FOR THE YEAR ENDING MARCH 31, 1891.

Applicant, *A. J. Cornett*

County, *Bilmer*

Amount, *30*

Date of Warrant, *Feb. 24*

Entered on record *Feb. 24*

1890

RECEIVED BY THE SECRETARY OF THE STATE

WARRANT HANDED TO

*A. J. Cornett*

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



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gibner* County, }  
PERSONALLY appears *A. J. Cornett* of *Gibner* 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 *1st* day of  
*March* 18*63*; 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 *E*, of *2nd*th Regiment  
of *Georgia* Volunteers *Troop*'s Brigade; that whilst engaged  
in such military service, at the battle of *Gettysburg* in the State  
of *Penn* on the *5th* day of *July* 1863, he was  
wounded as follows: *Shot in head just above right  
ear ball coming out at right eye putting  
out right eye imperfectly the right off  
left eye all least one half*

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, 1890. I have heretofore been allowed a pension  
of *Twenty* dollars.

Sworn to and subscribed before me, this the *1st* day of *February* 1890  
*A. J. Cornett*  
*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,

*Gibner* County, }  
KNOW ALL MEN BY THESE PRESENTS, That I, *A. J. Cornett*  
of *Gibner* county, in said State, do hereby appoint *John A. Wright*  
of *Gibner* county, Ga. 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  
*7th* day of *February* 1890  
*A. J. Cornett* [L. S.]

Executed in the presence of us:

*A. M. Johnson*  
*Ordinary*  
Send money to me as follows, by

to \_\_\_\_\_  
County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gibner* County, }  
PERSONALLY appears *A. J. Cornett* of *Gibner*  
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 *1863*; 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 *E*, of *2nd*th Regiment  
of *Ga* Volunteers *Troop*'s Brigade; that whilst engaged  
in such military service at the battle of *Gettysburg* in the State  
of *Penn* on the *5th* day of *July* 1863, he was  
wounded as follows: *Shot with a musket ball through  
the head ball entered right side of head  
ran down behind right ear coming  
out in right eye destroying same  
and injuring the left eye so can only  
see half at most but is left  
as he could if not injured*

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, 1891. I have heretofore been allowed a pension of *Twenty*  
*\$30 for two years* dollars, for *A. J. Cornett*

Sworn to and subscribed before me, this the *1st* day of *March* 1891  
*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, resulting from the wound or disease.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Gibner* County, }  
Know all Men by these Presents, That I, *A. J. Cornett*  
of *Gibner* County, State of Georgia, do hereby appoint  
of *Gibner* county, 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  
*2nd* day of *March* 1891  
*A. J. Cornett* [L. S.]

Executed in the presence of us:

*A. M. Johnson*  
*Ordinary*  
Send money to me as follows, by

to \_\_\_\_\_  
County, Georgia.

P. O.

STATE OF GEORGIA.

I, W. H. Harrison Ordinary of said county,  
do certify that I am well acquainted with L. V. Cornett 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 8 day of March 1892

W. H. Harrison  
Ordinary Gilmer County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON OCTOBER 26, 1892.

Name

County

Disability

Amount, \$

Entered on record

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Gilmer County.

Know all Men by these Presents, That I A. J. Cornett  
of Gilmer County, State of Georgia, do hereby appoint  
of Arthur C. G. A. 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  
28 day of March 1893

A. J. Cornett [L. S.]

Executed in the presence of us:

J. C. Miller  
W. H. Harrison

DIRECTION.

Send money to me as follows, by Chick  
to Gilmer County, Georgia.

Attach J. C. Miller A. J. Cornett

No. 1267  
Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1893.

FOR

Lead of eye

Applicant A. J. Cornett

County Gilmer

Amount, 30

Date of Warrant, 27

Entered on record, 27

1893.

W. H. Harrison

Secretary Executive Department.

WARRANT FORWARDED TO  
W. A. WRIGHT

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County,

of Liberty 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 month day of March 1861; 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 1st th Regiment of Georgia Volunteers 1st Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn. on the 3rd day of July 1863, he was wounded as follows:

Shot in the right breast about level with the spine, the ball coming out of the right breast, coming in outside of eye, entering causing total loss of sight of the right eye

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

Thirty Dollars for 3 years within year

Sworn to and subscribed before me this the

day of March 1892.

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,

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of Liberty 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 3rd day of March 1892.

Executed in the presence of us:

W. M. Johnson  
Ordinary

DIRECTION.

Send money to me as follows, by

to Atlanta P. O.

County, Georgia.

W. M. Johnson  
Ordinary

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County,

of Liberty 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 March 1845; 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 C of 2nd th Regiment of Georgia Volunteers 1st Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn. on the 3rd day of July 1863, he was wounded as follows:

by gunshot wound in head and eye, straying the ball of the right eye.

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 26, 1893. I have heretofore been allowed a pension of

Thirty dollars, for 1892.

Sworn to and subscribed before me, this, the

23rd day of March 1893.

W. 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, resulting from the wound or disease.

STATE OF GEORGIA,

I, W. M. Johnson Ordinary of said County,

do certify that I am well acquainted with W. J. Cornett 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 Justice of said County, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 23rd day of March 1893.

W. M. Johnson Ordinary Liberty County.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

Chilton County.

Know all Men by these Presents, That I, Wm. P. Wright

County, State of Georgia, do hereby appoint Wm. P. Wright of Chilton 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 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 10th day of March 1894. Wm. P. Wright [L. S.]

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to Chilton County, Georgia.

(For Those Already Enrolled.)

No. 129

**Soldier's Pension.**

**1894.**

La Famine Co. 1896

Name

County

Disability

Amount, \$ 30

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

Wm. P. Wright

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Chilton County.

KNOW ALL MEN BY THESE PRESENTS, That I, Wm. P. Wright

County, State of Georgia, do hereby appoint Wm. P. Wright

of Chilton 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 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 10th day of March 1895. Wm. P. Wright [L. S.]

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to Chilton County, Georgia.

(For Those Already Enrolled.)

No. 1452

**SOLDIER'S PENSION.**

**1895.**

Name

County

Disability

Amount, \$ 30

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

Wm. P. Wright

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Liberty* County.

PERSONALLY appears *A. J. Cornett* of *Liberty*

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* 1854 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 *E*, of *22d* Regiment of *Volunteers* *Troops*'s Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Penn* on the *5* day of *July* 1864 he was wounded as follows: *Shot behind right ear coming out at right eye destroying right eye completely. Also wound of left shoulder striking in the shoulder and striking collar bone shoulder joint stiff cannot raise the arm above the shoulder rendering the left arm substantially useless.*

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 26, 1894. I have heretofore been allowed a pension of *10* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *24* day of *Jan* 1894. *A. J. Cornett*

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,

*Liberty* County.

I, *A. M. Johnson* Ordinary of said County, do certify that I am well acquainted with *A. J. Cornett* 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.

Given under my official signature and seal, this *10* day of *March* 1894.



*A. M. Johnson*  
Ordinary *Liberty* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Liberty* County.

PERSONALLY appears *A. J. Cornett* of *Liberty*

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* 1844 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 *E*, of *22d* Regiment of *Volunteers* *Troops*'s Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Penn* on the *4* day of *July* 1864 he was wounded as follows: *Shot behind right ear coming out at right eye destroying right eye completely. Also wound of left shoulder striking in the shoulder and striking collar bone shoulder joint stiff cannot raise the arm above the shoulder rendering the left arm substantially useless.*

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 *10* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *24* day of *Jan* 1895. *A. J. Cornett*

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,

*Liberty* County.

I, *A. M. Johnson* Ordinary of said County, do certify that I am well acquainted with *A. J. Cornett* 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. *is credited as claimed*

Given under my official signature and seal, this *24* day of *January* 1895.



*A. M. Johnson*  
Ordinary *Liberty* County.

OFFICE OF  
S. CO. Watkins,  
PHYSICIAN AND SURGEON.  
OFFICE: Corner Italian and Broad Streets.

Ellijay, Ga., Jan 24, 1895

This is to certify that this day  
have examined A J. Cornett  
who is an applicant for State Pension  
find the right eye cut off the head caused  
by a gunshot wound ball entered  
head 1/2 inches behind right ear passing  
out at and above the socket breaking  
the bone of rim of the socket flowing  
from where it entered & where it  
made its exit which was at  
right hand upper corner of eye  
leaving a large creatrix & a furrow  
on side of head and face. Also  
find the left collar bone broken  
near the end near shoulder joint  
rendering the left arm useless  
while he has only been getting shot  
it is entirely too small (over)



for the necessity under  
the law

Respectfully

J. M. Bearden, M. D.

J. M. Bearden, M. D.

Enon to and Subscribed before me  
and I certify that J. M. Bearden and  
J. M. Bearden are practicing Physicians  
of good standing in this State and  
and that all their statements are really  
of full faith and credit  
Witness my hand and Seal

This January 24<sup>th</sup> - 1890

Wm. J. Bearden  
Clerk

Audited *March 6* 1889.

*Wm. A. Wright*  
COMPTROLLER-GENERAL.

Voucher No. *1119*

Amount, \$ *30*

Paid to *A. J. Cornett*  
For *Loss of right*  
*eye*  
*March 5* 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

*W. A. W.*

Maimed Soldiers.

Voucher No. *1913*

Amount \$ *30.00*

Paid to *A. J. Cornett*  
For *Loss of an eye*

*July 24* 1890

Included in warrant No.

issued to Treasurer.

*Ex of Ordnance*  
*Ellis Jay*

WARRANT CLERK.

*W. A. W.*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1119

Atlanta, Ga. Feb 5 1889

Mr. *A. J. Cornett* 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

*Loss of right Eye*  
He is entitled to receive the sum of *Thirty 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.

By the Governor,

*W. H. Hamman*

CLERK EXECUTIVE DEPARTMENT.

*\$ 30.*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Thirty 00/100* Dollars.  
per above voucher, this *6* of *March* 1889.

*A. J. Cornett*  
*Per W. A. Wright*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1913

Atlanta, Ga. Feb 24 1890

Mr. *A. J. Cornett* 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

*Loss of an Eye*  
He is entitled to receive the sum of *Thirty* 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. Hamman*

CLERK EXECUTIVE DEPARTMENT.

*\$ 30.00*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Thirty* Dollars,  
per above voucher, this *24* of *Feb* 1890.

*A. J. Cornett*  
*W. A. Wright*



AUDITED

Audited MAR 13 1891 1891.

Wm. Wright  
Wm. Wright, Auditor General.

Cornett, A. J.

Gilbert

1891.

Maimed Soldiers.

Voucher No. 2567

Amount \$ 30

Paid to A. J. Cornett  
for Loss of eye

McK 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Wm. Wright

No. 7567

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 12 1891.

Mr. A J Comett 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

Loss of eye  
He is entitled to receive the sum of thirty 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.

H. J. Munroe  
GOVERNOR.

By the Governor,

W. H. Harrison  
SEC'Y EXECUTIVE DEPARTMENT.

30

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

thirty Dollars,  
per above voucher, this 12 of mch 1891.

A J Comett  
W. H. Harrison