

*Agathos Co  
Juggle, Robert*

No. *1350*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

*Issued by from amount in body*

Applicant *Robert Juggle*

County *Agathos Co*

Amount *50*

Date of Warrant *Feb 13*

Entered on Record,

*Mar 14 1889*

*M. A.*

SECRETARY EXECUTIVE DEPARTMENT.

*M. A. Morgan*

# APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1888.

FOR

Security from *Robert Duggie*

Applicant *Robert Duggie*

County *Appling*

Amount *50*

Date of Warrant *March 14*

Entered on Record, *March 14 1889*

SECRETARY EXECUTIVE DEPARTMENT.

## STATE OF GEORGIA,

*Appling* County.

PERSONALLY appears *Robert Duggie* of *Appling* 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 *5<sup>th</sup>* day of *March* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *8<sup>th</sup>* Regiment of *Georgia* Volunteers *Graves*'s Brigade; that whilst engaged in such military service, at the battle of *Deep Bottom* in the State of *Virginia*, on the *14<sup>th</sup>* day of *August* 1864, he was wounded as follows: *Shot through right shoulder joint causing paralysis of right arm and neck with no stock in arm, disabled, requiring medical attention but substantially permanently and essentially disabled for all ordinary manual avocations of life*

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

the *20<sup>th</sup>* day of *January* 1889

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,

*Appling* County.

PERSONALLY comes before me *J. J. Bacon* Ordinary of said county, *Dr. W. Z. Kest* and *Dr. H. H. Holey*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Robert Duggie* and after such examination say that the applicant has been injured as follows: *Shot in right shoulder joint causing paralysis of right arm and neck with no stock in arm, disabled, requiring medical attention but substantially permanently and essentially disabled for all ordinary manual avocations of life*

Sworn to and subscribed before me, this

the *20<sup>th</sup>* day of *January* 1889

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

Colthart County

I, J. P. Bacon Ordinary of said county, do certify that I am well acquainted with Robert Truggle, 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: Geo. W. Z. Faust and Geo. W. H.

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

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

Given under my official signature and seal, this 25<sup>th</sup> day of February 1887

J. P. Bacon

Ordinary Colthart County.

## POWER OF ATTORNEY.

# STATE OF GEORGIA

Colthart County

KNOW ALL MEN BY THESE PRESENTS, That I, Robert Truggle of Colthart County, in said State, do hereby appoint Geo. W. Z. Faust 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 25<sup>th</sup> day of February 1887

Robert Truggle (L. S.)

Executed in the presence of us:

Thos. D. Gilham

Geo. W. Z. Faust

Super Court

## DIRECTION:

Send money to me as follows, by Geo. W. Z. Faust to Antioch, Ga., N. C. Gilham P. O. Colthart County, Georgia.

Robert Truggle

## 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,

Appling County.

I, J. J. Bacon Ordinary of said county, do certify that I am well acquainted with Robert Fuggle 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 Geo. H. Seiler before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Superior Court of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 20<sup>th</sup> day of February 1890.

J. J. Bacon  
Ordinary Appling County.

1890.

Fuggle, Robert

No. 240  
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Arm/disabled

Applicant, Robert Fuggle

County, Appling

Amount, 50

Date of warrant, Feb 28 1890

Entered on record

Feb 28 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

to a writ

1891

Fuggle, Robert

No. 1729

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Arm Disabled

Applicant, Robert Fuggle

County, Appling

Amount, 50

Date of Warrant, Feb 28

Entered on record

Feb 28 1891

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

to a writ

Geo. W. Harrison, State Printer, Milledgeville.

STATE OF GEORGIA,

Appling County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Fuggle 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 George H. Seiler before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Superior Court of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 17<sup>th</sup> day of February 1891.

J. J. Bacon  
Ordinary Appling County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Oglethorpe* County. }  
PERSONALLY appears *Robert Truggle* of said 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 *8<sup>th</sup>* day of *November* 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 *K*, of *8<sup>th</sup>* Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service, at the battle of *Deep Bottom* in the State of *Virginia*, on the *14<sup>th</sup>* day of *August* 1864, he was wounded as follows: *that by a minnie ball in right shoulder causing Paralysis of right arm - said right arm being rendered thereby permanently, essentially and substantially useless -*

Deponent desires to participate in the benefits of the Act, approved October 21, 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 *40 cts* dollars.

Sworn to and subscribed before me, this the

*21<sup>st</sup>* day of *Feb.* 1890

*Robt Truggle*

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

*Oglethorpe* County. }

KNOW ALL MEN BY THESE PRESENTS, That I, *Robert Truggle* of said

county, in said State; do hereby appoint *Wm A Wright* of *Atlanta 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 *20<sup>th</sup>* day of *Feb.* 1890

Executed in the presence of us:

*J. J. Bacon*

*Wm. H. Taylor, Clerk*

DIRECTION.

Send money to me as follows, by *Wm. H. Taylor* to *Atlanta Ga* P.O.

to *Atlanta Ga* County, Georgia.

*Robt Truggle*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Oglethorpe* County. }

PERSONALLY appears *Robert Truggle* of *Oglethorpe* 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 *8<sup>th</sup>* day of *Nov* 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 *K*, of *8<sup>th</sup>* Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Deep Bottom* in the State of *Virginia*, on the *14<sup>th</sup>* day of *August* 1864, he was wounded as follows: *that by a minnie ball in right shoulder causing Paralysis of said right arm - said right arm being rendered thereby permanently, essentially and substantially useless - as set forth in my proof already submitted -*

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* dollars, for *Truggle's* hand

Sworn to and subscribed before me, this, the

*11<sup>th</sup>* day of *Jan.* 1891

*Wm. H. Taylor, Clerk*

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

*Oglethorpe* County. }

Know all Men by these Presents, That I, *Robert Truggle* of *Oglethorpe* County, State of Georgia, do hereby appoint

*Wm A Wright* 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 *11<sup>th</sup>* day of *Jan.* 1891

*Robt Truggle*

Executed in the presence of us:

*J. J. Bacon*

*Wm. H. Taylor, Clerk*

DIRECTION.

Send money to me as follows, by *Wm. H. Taylor* to *Atlanta Ga* P.O.

to *Atlanta Ga* County, Georgia.

*Robt Truggle*

# STATE OF GEORGIA

*Aggleton* County.

I, *J. J. Bacon* Ordinary of said county,  
do certify that I am well acquainted with *Robert Tuggle* 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 *2* day of *May* 189*2*.

*J. J. Bacon*

Ordinary

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Aggleton* County.

Know all Men by these Presents, That I, *Robert Tuggle*  
of *Aggleton* County, State of Georgia, do hereby appoint  
of *Robert Tuggle* 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  
*4* day of *April* 1893.

Executed in the presence of us:

*J. J. Bacon*  
*J. J. Bacon*

## DIRECTION.

Send money to me as follows, by *check* to *Robert Tuggle* P. O.  
to *Aggleton* County, Georgia.

*Robert Tuggle*

## SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name *Robert Tuggle*

County *Aggleton*

Disability *Dis. from*

Amount \$ *50*

Entered on record

1892.

W. W. HARRISON.

Secretary of Executive Department.

AGENT.

*J. J. Bacon*

W. W. Harrison, State Printer, Albany, Ga.

1893.

## Application for Allowance

No. *11*

For the Year Ending October 26, 1893.

FOR

Applicant, *Robert Tuggle*

County, *Aggleton*

Amount, *50*

Date of Warrant, *11*

Entered on record, *11*

1893.

Secretary Executive Department.

WARRANT HANDLED TO

W. W. Harrison, State Printer, Albany, Ga.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Oglethorpe* County.

PERSONALLY appears *Robert Juggle* of *Oglethorpe* 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 *1st* day of *April* 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *K* of *8th* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Deep Bottom* in the State of *Virginia*, on the *14th* day of *August* 1864, he was wounded as follows:

*Shot by Minnie Ball in right shoulder, completely disabling right arm as set forth in my papers now of file in the Department of Pensions.*

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 *Disabled Arm* Sworn to and subscribed before me this *14th* day of *May* 1892.

*J. J. Bacon* 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,

*Oglethorpe* County.

Know all Men by these Presents, That I, *Robert Juggle* of *Oglethorpe* County, in said State, do hereby appoint *J. J. Bacon* of *Oglethorpe* 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 *May* 1892. *Robert Juggle* [L. S.]

Executed in the presence of us:

*J. J. Bacon* Ordinary.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Oglethorpe* County.

PERSONALLY appears *Robert Juggle* of *Oglethorpe* 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 *1st* day of *Nov* 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *K* of *8th* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Deep Bottom* in the State of *Virginia*, on the *14th* day of *August* 1864, he was wounded as follows:

*Shot by Minnie Ball in right shoulder, causing injury resulting in the right arm being substantially and essentially paralyzed as will more fully appear by reference to my papers now of file in the Department of Pensions.*

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

*Fifty* dollars, for *Disabled Arm* Sworn to and subscribed before me, this *14th* day of *April* 1893.

*J. J. Bacon* 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,

*Oglethorpe* County.

I, *J. J. Bacon* Ordinary of said County, do certify that I am well acquainted with *Robert Juggle* 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 *J. J. Bacon* before whom the foregoing affidavits were made and power of attorney was signed, is a *Ordinary* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *14th* day of *April* 1893.

*J. J. Bacon*

Ordinary *Oglethorpe* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

Colbert County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of 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 6<sup>th</sup> day of October, 1894.

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by check to Settlement P. O. Colbert County, Georgia.

(For Those Already Enrolled.)

**Soldier's Pension.**

**1894.**

Name Robert Triggles

County Colbert

Disability Wound

Amount \$ 50

W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

of 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 20<sup>th</sup> day of February, 1895.

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by check to Settlement P. O. Oglethorpe County, Georgia.

(For Those Already Enrolled.)

**SOLDIER'S PENSION.**

**1895.**

Name Robert Triggles

County Oglethorpe

Disability Wound

Amount \$ 35

RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe - County. }

PERSONALLY appears Robert Trigg of Oglethorpe 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 9<sup>th</sup> day of March 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 8<sup>th</sup> Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service at the battle of Deep Bottom in the State of Virginia on the 14<sup>th</sup> day of August 1864, he was wounded as follows: Shot by mine Ball in right Shoulder inflicting right arm to such an extent as to render said right 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

Fifty dollars, for the year 1893 *in full*

Sworn to and subscribed before me, this, the

6<sup>th</sup> day of March 1894.

J. J. Bacon 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, }

Oglethorpe County. }

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Trigg 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 6<sup>th</sup>

day of March 1894.



Ordinary J. J. Bacon Oglethorpe County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe - County. }

PERSONALLY appears Robert Trigg of Oglethorpe 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 9<sup>th</sup> day of March 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 8<sup>th</sup> Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service at the battle of Deep Bottom in the State of Virginia on the 14<sup>th</sup> day of August 1864, he was wounded as follows: Shot by mine Ball in right Shoulder causing a laceration of said arm to such an extent as to render said arm substantially and irretrievably useless, as fully appears by reference to records of file in Executive office -

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 *in full*

Sworn to and subscribed before me, this, the

20<sup>th</sup> day of July 1895.

J. J. Bacon 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, }

Oglethorpe - County. }

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Trigg 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 20<sup>th</sup>

day of July 1895.



Ordinary J. J. Bacon Oglethorpe County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, Robert L. Suggs, hereby authorize Henry L. Suggs of DeKalb

to receive and receipt for the pension paid hereon and request that he remit same to me by ordinary by chk. or express at Washington D.C.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of July 1896.

Robert L. Suggs [L.S.]

Executed in presence of us

J. J. Bueary  
J. J. Suggs

# POWER OF ATTORNEY.

STATE OF GEORGIA.

DeKalb County.

I, Robert L. Suggs

hereby authorize Henry L. Suggs of DeKalb

to receive and receipt for the pension paid hereon and request that he remit same to me by ordinary by chk. or express at Washington D.C.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 day of July 1897.

Robert L. Suggs [L.S.]

Executed in presence of

J. J. Bueary  
J. J. Suggs

**SOLDIER'S PENSION.**

**1896.**

Name Robert L. Suggs

County DeKalb

Disability Right Arm

Amount, \$ 57.00

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

me

Geo. W. Harrison, State Printer, Atlanta.

No data

**SOLDIER'S PENSION.**

**1897.**

Name Robert L. Suggs

County DeKalb

Disability Right Arm

Amount, \$ 57.00

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

me

Geo. W. Harrison, State Printer, Atlanta.

No data



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Robert Tuggle of Oglethorpe 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 Birth 1846; 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 K, of 8th Regiment of Vol. Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Fla, on the 14 day of Aug 1864, he was wounded, injured or diseased as follows:

At Battle of Deep Bottom Va. on 14th Aug. 1864  
was wounded by minnie Ball in right shoulder  
causing such injury to right arm as to render  
same essentially and substantially useless so will  
never fully appear by reference to photo already  
submitted.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore as a resident of Oglethorpe county been allowed a pension of \$4.00 dollars, for the year 1890 and previously.

Sworn to and subscribed before me, this, 12 day of July, 1890.

Robert Tuggle

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,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Tuggle 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 12 day of July, 1890.



Ordinary J. J. Bacon County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Robert Tuggle of Oglethorpe 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 Birth 1846; 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 K, of 8th Regiment of Vol. Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Fla, on the 14 day of Aug 1864, he was wounded, injured or diseased as follows:

was shot by minnie Ball in right shoulder  
causing such injury to right arm as to render  
same essentially and 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 pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of Oglethorpe county been allowed an invalid pension of \$4.00 Dollars, for the year 1890 and previously.

Sworn to and subscribed before me, this, 12 day of July, 1890. POST OFFICE Oglethorpe.

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,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Tuggle 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 12 day of July, 1890.



Ordinary J. J. Bacon County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Oglethorpe* County.

I, *Robert J. Guggen*

hereby authorize *Wm. H. H. H.*

of *Atlanta*

to receive and receipt for the pension paid hereon and request that he remit same to

*me, personally*

by *cash or express*

at *Sebrington*

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

day of *Feb.* 1898.

Executed in presence of

*J. E. Lester*

ACT OF MARCH, 1878.  
(For Those Already Enrolled.)

No. *2820*

INVALID

SOLDIER'S PENSION.

1898.

Name *Robert J. Guggen*

County *Oglethorpe*

Disability *leg amputated*

Amount, \$ *5.00* 2/2 3 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*n. n.*

REC'D HARRISON, STATE PRINTER, ATLANTA

*11 5716*

*Guggen Robert*  
*Oglethorpe*

(For Those Already Enrolled.)

No. *2153*

INVALID

SOLDIER'S PENSION.

1899.

Name *Robert J. Guggen*

County *Oglethorpe*

Disability *right arm*

Amount, \$ *5.00* 2/1 5 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*W*

REC'D HARRISON, STATE PRINTER, ATLANTA

*11 5716*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Oglethorpe* County.

I, *Robert J. Guggen*

hereby authorize *Wm. H. H.*

of *Atlanta*

to receive and receipt for the pension paid hereon and request that he remit same to

*me, personally*

by *check*

at *Sebrington*

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

day of *Feb.* 1899.

*Robert J. Guggen*  
*mark*

[L. S.]

Executed in presence of

*J. E. Lester*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears Robert Tucker of Oglethorpe 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 his birth 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 14th day of August 1864, he was wounded, injured or diseased as follows:

Shot by minnie Ball through right shoulder  
causing right arm to be substantially  
useless as will appear by reference to papers of  
file in Pension Office -

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Oglethorpe county been allowed an invalid pension of

Twenty Dollars, for the year 1898 and previously by

Sworn to and subscribed before me, this, the 17th day of February 1898: POST-OFFICE Oglethorpe

STATE OF GEORGIA,

County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Tucker 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 21th day of February 1898.

Ordinary Oglethorpe County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears Robert Tucker of Oglethorpe 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 his birth 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 14th day of August 1864, he was wounded, injured or diseased as follows:

Shot by minnie Ball through right shoulder  
causing right arm to be substantially  
useless as will appear by reference to papers of  
file in Pension Office -

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of

Oglethorpe County been allowed an invalid pension of Twenty Dollars, for the year 1898 and previously by

Sworn to and subscribed before me, this, the 17th day of February 1898: POST-OFFICE Oglethorpe

STATE OF GEORGIA,

County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Tucker 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 21th day of February 1898.

Ordinary Oglethorpe County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, Robert Juggles hereby authorize him my self of Williamson him

to receive and receipt for the pension paid hereon and request that he remit same to me of ordinary by chk or ex at Sebrington

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of February 1900.

Robert Juggles [L. S.]

Executed in presence of

J. J. Bacon, Ordinary

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, Robert Juggles hereby authorize J. J. Bacon, Ordinary of Sebrington

to receive and receipt for the pension paid hereon and request that he remit same to me of ordinary by chk or ordinary at Sebrington

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15 day of February 1901.

Robert Juggles [L. S.]

Executed in presence of

J. J. Bacon, Ordinary

CODE SECTION 120

(For Those Already Enrolled.)

No. 1

INVALID

SOLDIER'S PENSION.

1900.

Name Robert Juggles

County Oglethorpe

Disability right arm

Amount, \$ 500

Warrant issued 1/17 1900.

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 120

(For Those Already Enrolled.)

No. 2

DISABLED

SOLDIER'S PENSION.

1901.

Name Robert Juggles

County Oglethorpe

Disability right arm

Amount, \$ 500

1901.

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Robert Juggle of Oglethorpe County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of his birth 1846; 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 K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 14th day of August 1864, he was wounded, injured or diseased as follows:

at Battle Deep Bottom Va. on above date was wounded by Minnie Ball through right shoulder, causing paralysis of right arm, and rendering said arm substantially and essentially useless, as will appear by reference to proofs of file in Pension office -

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of

Oglethorpe County been allowed an invalid pension of Fifty Dollars, for the year 1899 and previously

Sworn to and subscribed before me, this the 15th day of February 1900. POST OFFICE Stephens Ga

J. J. Bacon, 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,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Juggle 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 15th day of February 1900.

Ordinary

J. J. Bacon  
Oglethorpe County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Robert Juggle of Oglethorpe 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 his birth 1846; 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 K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 14th day of August 1864, he was wounded, injured or diseased as follows:

At Battle of Deep Bottom Va. on above date was wounded by Minnie Ball in right shoulder, causing right arm to be substantially and essentially useless, as will fully appear by reference to proofs in Pension office -

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of

Oglethorpe County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8th day of July 1901. POST OFFICE Stephens Ga

J. J. Bacon

NOTE. State fully the nature of the 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,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Robert Juggle 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 8th day of July 1901.

Ordinary

J. J. Bacon  
Oglethorpe County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, Robert Tuggle hereby authorize J. J. Bacon  
Ordinary of Superior County

to receive and receipt for the pension paid hereon and request that he remit same to  
me by

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th

day of January, 1902.

Robert Tuggle [L. S.]

Executed in presence of

J. J. Bacon, ordinary

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, Robert Tuggle hereby authorize J. J. Bacon  
Ordinary of Oglethorpe County

to receive and receipt for the pension paid hereon and request that he remit same to  
me by  
at Lexington Georgia

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th

day of January, 1903.

Robert Tuggle [L. S.]

Executed in presence of

J. J. Bacon, ordinary

( FOR THOSE ALREADY ENROLLED. )

No. 2402

DISABLED

SOLDIER'S PENSION

1902.

Name Robert Tuggle

County Oglethorpe

Co. 8th Regiment Quartermasters

Disability Right arm

Amount, \$ 50.00 2/6 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Cady

Geo. W. Harrison, State Printer, Atlanta.

No data

Tuggle, Robert  
Oglethorpe Co.

( FOR THOSE ALREADY ENROLLED. )

No. 2719

DISABLED

SOLDIER'S PENSION

1903.

Name Robert Tuggle

County Oglethorpe

Co. 8th Regiment Quartermasters

Disability Right arm

Amount, \$ 50.00 2/6 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Cady

Geo. W. Harrison, State Printer, Atlanta.

No data



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Oglethorpe* County.

Personally appears *Robert Fuggle* of *Oglethorpe* 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 *his birth* in 1846; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *8*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14*th day of *August*, 1864, he was wounded, injured or diseased as follows:

*At the Battle of Bush Bottom was an arrow shot in his right arm, causing a wound in the right arm to be substantially and essentially disabling, as will appear to persons in Pension Office.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Eight* Dollars, for the year 1901, and previously

Sworn to and subscribed before me, this the *15*th day of *January*, 1902. *Robert Fuggle* Post-office *Oglethorpe* *Georgia*

*J. J. Bacon* Ordinary

STATE OF GEORGIA,

*Oglethorpe* County.

I, *J. J. Bacon* Ordinary of said County, do certify that I am well acquainted with *Robert Fuggle* 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 *15*th day of *January*, 1902.

*J. J. Bacon* Ordinary *Oglethorpe* County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Oglethorpe* County.

Personally appears *Robert Fuggle* of *Oglethorpe* 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 *his birth* in 1847; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *8*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14*th day of *August*, 1864, he was wounded, injured or diseased as follows:

*At the Battle of Bush Bottom was an arrow shot in his right arm, causing a wound in the right arm to be substantially and essentially disabling, as will appear to persons in Pension Office.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Eight* Dollars, for the year 1902, and previously

Sworn to and subscribed before me, this the *15*th day of *January*, 1903. *Robert Fuggle* Post-office *Oglethorpe* *Georgia*

*J. J. Bacon* Ordinary

STATE OF GEORGIA,

*Oglethorpe* County.

I, *J. J. Bacon* Ordinary of said County, do certify that I am well acquainted with *Robert Fuggle* 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 *15*th day of *January*, 1903.

*J. J. Bacon* Ordinary *Oglethorpe* County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Opelika* COUNTY. }  
*Robert Tuggle* hereby authorize  
*Lee Cloud* of *Lexington Ga*  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
 at *Lexington* by *mail*  
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24th*  
 day of *Jan* 1904.

Executed in presence of

*Lee Cloud*

DISABLED  
SOLDIER'S PENSION

1904.

Name *Robert Tuggle*  
 County *Opelika*  
 Co. *K* Regiment *8*  
 Disability *mind & sight*  
 Amount, \$ *50.00*  
 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*Ordry*

Geo. W. Harrison, State Printer, Atlanta.

*no date*

*Tuggle, Robert*  
*Opelika Co.*

Cons. Section 1250. 1901  
(FOR THOSE ALREADY ENROLLED.)

No. *1020*

DISABLED  
SOLDIER'S PENSION  
1905.

Name *Robert Tuggle*  
 County *Opelika*  
 Co. *K* Regiment *8*  
 Disability *mind & sight*  
 Amount, \$ *50.00*

1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*Ordry*

The People's Printing and Publishing Co., Atlanta.  
Geo. W. Harrison, Printer, 101 East Prince

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Opelika* COUNTY. }  
 I, *Robert Tuggle* hereby authorize  
*Lee Cloud* of *Opelika*  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
 at *Lexington* by *mail*  
 IN WITNESS WHEREOF I have hereunto set my hand and seal, this *24th*  
 day of *Jan* 1905.

Executed in the presence of

*Lee Cloud*



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Oglethorpe* County.

Personally appears *Robert Truggle* of *Oglethorpe* 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 *November* 1846 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *8th* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *14th* day of *August* 1864, he was wounded, injured or diseased as follows:

*In the right shoulder, causing injury, which was so severe as to require amputation of the right arm at the joint.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Five* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *8th* day of *January*, 1904.

Post-office *Sevens Ga*

NOTE.—State fully the nature of the 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,

*Oglethorpe* County.

I, *Jesse Cloud* Ordinary of said County, do certify that I am well acquainted with *Robert Truggle* 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 *8th* day of *January*, 1904.

Ordinary *Oglethorpe* County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Oglethorpe* County.

Personally appears *Robert Truggle* of *Oglethorpe* 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 *Nov* 1846; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *8th* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14th* day of *August* 1864, he was wounded, injured or diseased as follows:

*In the right shoulder, causing injury, which was so severe as to require amputation of the right arm at the joint.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Five* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *15th* day of *June*, 1905.

*Jesse Cloud, Ord.*

Post-office *Sevens Ga*

NOTE.—State fully the nature of the 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,

*Oglethorpe* County.

I, *Jesse Cloud* Ordinary of said County, do certify that I am well acquainted with *Robert Truggle* 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 *15th* day of *June*, 1905.

Ordinary *Oglethorpe* County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Agenton Robt Figgie COUNTY. }  
I, Agenton hereby authorize  
June Cloud of Rockingham  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at Rockingham by June Cloud  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3  
day of June 1903.

Executed in the presence of

June Cloud, Ordy

Cons. Section 1250.  
(FOR THOSE ALREADY ENROLLED.)

No. 2

## DISABLED SOLDIER'S PENSION 1906.

Name Robt Figgie  
County Agenton  
Co. 7 Regiment 8  
Disability shoulder  
Amount, \$ 5.00  
FEB 1 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Printed and Published by Geo. W. Harrison, 1897.

in date

Figgie Robt F  
Agenton

Cons. Section 1250.  
(FOR THOSE ALREADY ENROLLED.)

No. 1804

## DISABLED SOLDIER'S PENSION 1907.

Name Robt Figgie  
County Agenton  
Co. 7 Regiment 8  
Disability shoulder & arm  
Amount, \$ 5.00

FEB 1 1907.  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Printed and Published by Geo. W. Harrison, 1897.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Agenton Robt Figgie COUNTY. }  
I, Agenton hereby authorize  
June Cloud of Agenton  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at Rockingham by June Cloud  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5  
day of June 1907.

Executed in presence of

June Cloud Ordy

Robt Figgie

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears Robert Luggie of Oglethorpe 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 8 day of Nov 1866 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 K, of 8th Regiment of 8th Volunteers Audubon's Brigade; that whilst engaged in such military service in the State of Va, on the 18 day of Aug 1864, he was wounded, injured or diseased as follows:

in right shoulder causing loss of use of arm.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Oglethorpe County, been allowed an invalid pension of Five Dollars, for the year 1905.

Sworn to and subscribed before me, this the 3 day of Jan 1906.

NOTE.—State fully the nature of the 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,

Oglethorpe County.

I, Jessie Cloud Ordinary of said County do certify that I am well acquainted with Robert Luggie 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 3rd day of Jan 1906.

Jessie Cloud  
Ordinary Oglethorpe County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Oglethorpe County.

Personally appears Robert Luggie of Oglethorpe 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 8 day of Nov 1866; 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 K, of 8th Regiment of 8th Volunteers Audubon's Brigade; that whilst engaged in such military service in the State of Va, on the 18 day of Aug 1864, he was wounded, injured or diseased as follows:

in arm and R. shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Oglethorpe County, been allowed an invalid pension of Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the 5 day of Jan 1907.

Jessie Cloud Ordinary Postoffice Lexington

NOTE.—State fully the nature of the 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,

Oglethorpe County.

I, Jessie Cloud Ordinary of said County, do certify that I am well acquainted with Robert Luggie 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 5 day of Jan 1907.

Jessie Cloud  
Ordinary Oglethorpe County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Debit

Maimed Soldiers.

Audited Dec. 10 1889.

Voucher No. 1310

Amount \$ 50

Paid to Robert Trigg

For General disability

in body since

March 16 1889.

Included in Warrant No.

issued to Treasurer.

1889

WARRANT CLERK

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

W. A. Wright

Maimed Soldiers.

Voucher No. 2165

Amount \$ 50.

Paid to Robert Trigg

For Arm disabled

March 3 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

W. A. Wright



STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1350

Atlanta, Ga. Mch 10 1890

Mr. Robert Suggs of the County of Oglethorpe having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 21, 1888, and the same having been allowed for

General disability from body, namely Fifty Dollars He is entitled to receive the sum of

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.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty & 00/100

per above voucher, this

10 of March  
Robt. Suggs  
W. H. Harrison

Dollars,  
1889.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 2164

Atlanta, Ga. Mch 3 1890

Mr. Robert Suggs of the County of Oglethorpe 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

Arm disabled 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.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty & 00/100

per above voucher, this

10 of March  
Robt. Suggs  
W. H. Harrison

Dollars,

*Suggs, Robert*  
*C. C. Suggs*

1891.

AUDITED

Audited FEB 27 1891, 1891.

*Wm. B. Smith*  
COMPTROLLER GENERAL.

Maimed Soldiers.

Voucher No. 1724

Amount \$ 50

Paid to *Robert Suggs*  
For *Arm disabled*.

*Feby 24* 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

*Wm. B. Smith*

1891.

No. 1729

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

*Atlanta, Ga. July 22 1891.*

Mr. Robert Suggs of the County  
of Oglethorpe 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

Arm disabled  
He is entitled to receive the sum of Fifty 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.

PAID

*W. D. Harrison*

GOVERNOR.

By the Governor,

*W. D. Harrison*

SECY EXECUTIVE DEPARTMENT.

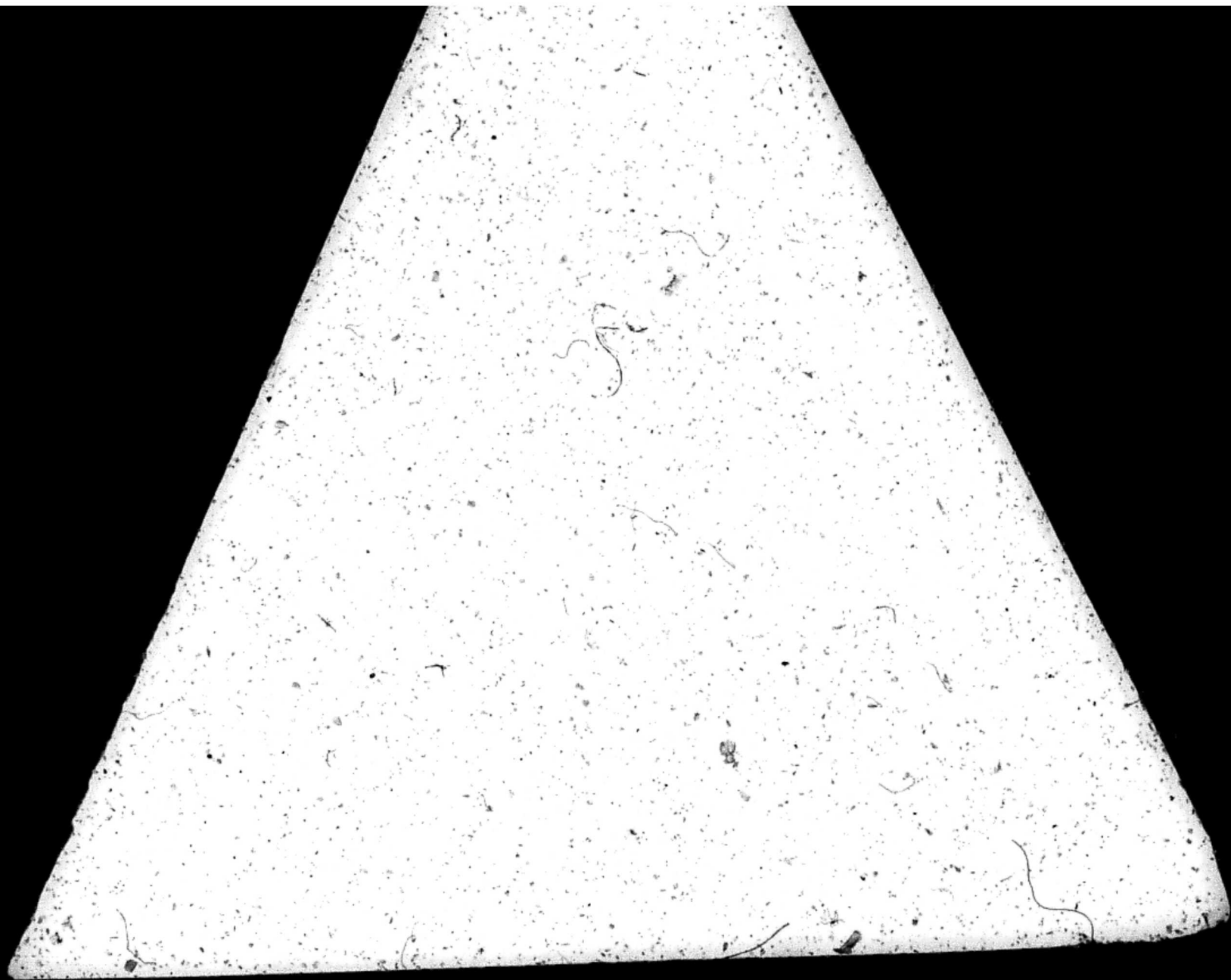
\$ 50

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

Fifty dollars Dollars,  
per above voucher, this 24 of July 1891.

*Robt Suggs*  
*W. D. V.*





POWER OF ATTORNEY.

STATE OF GEORGIA,

Apfelbach COUNTY.

I, W. H. Ingle, hereby authorize  
Benjamin C. Wright of Atlanta Ga.

to receive and receipt for the pension allowed, and request that he remit same to me

Ordinary at Sittington by check

Witness my hand and seal this 18 day of July 1898.

Executed in presence of

J. J. Green Ordinary W. H. Ingle (L.S.)

INDIGENT PENSION

1898.

Name W. H. Ingle

County Apfelbach

Approved \_\_\_\_\_ 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

689. W. HARRISON, STATE PRINTER, ATLANTA.

2/20-99

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe COUNTY.

I, W. H. Juggles

do hereby authorize

hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to me

C/Ordinary at Lexington by Chuck

Witness my hand and seal this 18 - day of Feb 1898

Executed in presence of

J. J. Bacon, Clerk

W. H. Juggles (L.S.)

## Questions for Applicant.

STATE OF GEORGIA,

Oglethorpe County.

of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? (give State, County and post office.)  
W. H. Juggles, Maysboro S. O. Oglethorpe Co. Ga.
- How long and since when have you been a resident of this State? Since birth
- When and where were you born? 1844, in Oglethorpe Co. Ga.
- When and where and in what company and regiment did you enlist or serve? May 1861  
In Oglethorpe Co. Ga. Co. K. 8th Reg.
- How long did you remain in such company and regiment? Four years
- For how long a period did you discharge regular military duty? Four years
- When, where and under what circumstances were you discharged from service? April 9th/1865  
at Camp Milledge, S. A. Co. 12th Reg. of Cavalry of Georgia
- What is your present occupation? Farming when able to do anything
- How much can you earn (gross) per annum by your own exertions or labor? Practically nothing
- What has been your occupation since 1865? Farming
- Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Second
- If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? am afflicted with chronic rheumatism, Paralysis of left side, badly lambed in both sides all limbs rendering me unable to do labor of any sort
- What property, effects or income do you possess, and its gross value? Nothing at all
- What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? Had nothing in those years
- In what County did you reside during those years, and what property did you then return for taxation? Oglethorpe, returned no property
- How were you supported during the years 1896 and 1897? By Charity of Friends
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$75 per year, no portion in labor, no income
- What was your employment during 1896 and 1897? What pay did you receive in each year? assisting about the farm when I could, nothing but what
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? none
- Are you receiving any pension? If so, what amount, and for what disability? no

Sworn to and subscribed before me this the

18 - day of Jan, 1898

Ordinary.

of Oglethorpe County.

W. H. Juggles Applicant.

INDIGENT PENSION

1898.

Name W. H. Juggles

County Oglethorpe

Approved 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. JOHNSON, STATE PRINTER, ATLANTA.

Every Question MUST be Answered



# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY.

W. T. Young, of said State and County, having been presented as a witness in support of the application of W. H. Jaggie for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? W. T. Young  
Superior, Ga.
2. Are you acquainted with W. H. Jaggie, the applicant; if so how long have you known him? yes, since 1860
3. Where does he reside, and how long and since when has he been a resident of this State? In Oglethorpe Co. since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? May 1861 In Oglethorpe Co. 8th Reg.
5. Were you a member of the same company and regiment? yes.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Four years. He was true and faithful to his duty, he was discharged 9th April 1865 at Appomattox Va. because of sickness of his own.
7. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing. I have known him well since the war.
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? He had nothing in those years.
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? He has had nothing to convey.
10. What is the applicant's occupation and physical condition? He is not able to do anything, he is afflicted with rheumatism seriously, and has it in one side, with double night blindness.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to do any thing in the way of labor because of his afflictions above mentioned.
12. How was he supported during the years 1896 and 1897? By the charity of his friends and relatives who are poor people.
13. What portion of his support for these two years was derived from his own labor or income? none from his labor, he has no income.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is so weak with the infirmities above described that he is practically helpless, so far as labor is concerned.
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 17th day of July 1897

Witness

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Oglethorpe COUNTY.

Personally came before me W. C. Durham and S. D. Durham, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. H. Jaggie, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is afflicted with rheumatism, double blindness, and is unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 18th day of July 1897

J. J. Bacon Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Oglethorpe COUNTY.

I, J. J. Bacon, Ordinary in and for said County, hereby certify that the applicant W. H. Jaggie resides in said County, and has been a bona fide resident of this State since the 18th day of July 1892 and that the witnesses, viz: W. T. Young, W. C. Durham, M. D. and S. D. Durham, M. D. are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Oglethorpe County show that applicant returned for taxation in his name in 1897 no Dollars of property, and in 1896 no Dollars of property.

In my opinion the foregoing claim is no made in good faith.

Witness my hand and seal of office, this 18th day of July 1897

J. J. Bacon Ordinary  
of Oglethorpe County.

# NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Ziegler hereby authorize

Har. Wm. C. Wright of Atlanta Ga

to receive and receipt for the pension allowed, and request that he remit same to

me of ordinary at Savannah Ga

by chk or exp

Witness my hand and seal, this 4<sup>th</sup> day of January 1900.

W. H. Ziegler [L. S.]

Executed in presence of

J. J. Bacon, ordinary

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Ziegler hereby authorize J. J. Bacon, ordinary

of Savannah

to receive and receipt for the pension allowed and request that he remit same to

me of ordinary at Savannah Ga

by chk or otherwise

Witness my hand and seal, this 4<sup>th</sup> day of January 1901.

W. H. Ziegler [L. S.]

Executed in presence of

J. J. Bacon, ordinary

CODE SEC. 1264.

(For Those Already Enrolled.)

NO. 3430

INDIGENT

SOLDIER'S PENSION,

1900.

Name W. H. Ziegler

County Oglethorpe

WARRANT ISSUED

Jan 31 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

Geo. W. Lindsey, State Printer, Atlanta.

CODE SECTION 1264

(For Those Already Enrolled.)

No. 4019

INDIGENT

SOLDIER'S PENSION.

1901.

Name W. H. Ziegler

County Oglethorpe

WARRANT ISSUED

2/19 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

Geo. W. Lindsey, State Printer, Atlanta.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Ingle of Oglethorpe County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of his birth 1844; that he is 56 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Geo. Volo) during the war between the States, and served for the term of Four years in Company K, of 8 th Regiment of Geo. Volo;

that his physical condition is as follows: Is afflicted with Rheumatism, Paralysis of left side and Double Nephritis, all rendering him unable to do anything to earn a living;

that his property consists of the following items, has no property of any kind, is entirely dependent on friends for support

of the value of        Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Oglethorpe county been allowed a pension for the year 1899 but not paid.

Sworn to and subscribed before me, this, the 22 th July 1900.  
J. J. Bacon Ordinary.

State of Georgia,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with W. H. Ingle 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 8 day of January 1900.



J. J. Bacon Ordinary Oglethorpe County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1900.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Ingle of Oglethorpe County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of his birth 1844; that he is 56 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Geo. Volo) during the war between the States, and served for the term of Four years in Company K, of 8 th Regiment of Geo. Volo;

that his physical condition is as follows: has Rheumatism, Paralysis of left side & double Nephritis - as will appear by reference to proofs in Pension;

that his property consists of the following items has no property

of the value of        Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Oglethorpe county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 7 th day of January 1901.  
J. J. Bacon Ordinary.

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with W. H. Ingle 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 7 th day of January 1901.



J. J. Bacon Ordinary Oglethorpe County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1901.



A. J. GILLEN

S. T. GILLEN

**GILLEN BROS.,**

.. MERCHANTS, ..

Gum Dealers and Cotton Buyers.

Maxeys, Ga., Dec 24, 1897

Mr Joseph T. ...  
(Blank)

Dear Sir,

I would be very glad  
if you would interest yourself  
enough to call upon the  
Pension Commission Mr Johnson  
and see him in reference  
to securing a Pension for Mr  
W. H. Gingle <sup>and J. J. Arthing</sup> both  
of W. G. Gingle & Co. These two gentlemen  
are both old soldiers & are old  
& poor & worn out & unable to do  
anything & deserve the consideration  
of the Pension act.

Yours Truly,  
A. J. Gillen

Meade Bros & Co. Wm. G. Gingle & Co.