

# DECLARATION FOR PENSION

Act of May 1, 1920

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE HEREOF

BE SURE TO STATE THE DATE FROM WHICH REGULAR AID AND ATTENDANCE HAS BEEN REQUIRED.

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.

State of Kansas, County of Norton, ss:

On this 8<sup>th</sup> day of November, 1923, before me, the undersigned, personally appeared Absalom M. Aylor, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That he is 87 years of age; that he was born January 8, 1836 at Lafayette, Madison County, Ohio.

That he is the identical Absalom Aylor, who ENLISTED August 25, 1861, at \_\_\_\_\_, under the name of

Absalom Aylor, in Company K, Second Regiment of Iowa Cavalry (Here state company and regiment, if in the Army; or vessel, if in the Navy.) and was honorably

DISCHARGED September 19, 1865, at Selma, Alabama, having served the United States, in the Civil War. (State name of war, Civil or Mexican.)

That he also served none (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was not employed in the United States Military or Naval service.

That his personal description at time of first enlistment was as follows: Height five feet eight inches; complexion dark color of eyes hazle; color of hair dark; that his occupation was baker

That since leaving the service he has resided at Pittsburg, Iowa; Winchester, Iowa; Birmingham, Iowa; Wanetta, Iowa; Milton, Iowa; Polaska, Iowa; Norton, Kansas, and his occupation has been farming and day labor

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since July 1, 1922. on account of the following disabilities:

Had a stroke of paralysis in 1902 and another one in 1903 causing loss of use of one arm; has lost use of one eye entirely on account of a cataract and very poor sight in other eye on account of old age, and very feeble on account of old age (State in this space the nature of any and all disabilities.)

That he has applied for pension under Original No. 590541; that he is a pensioner under Certificate No. 590541

Two attesting witnesses:  
(1) J. B. Krenus (Signature of first witness.)  
Norton Kansas (Address of first witness.)  
(2) E. D. Larson (Signature of second witness.)  
Norton Kansas (Address of second witness.)

Absalom M. Aylor (Claimant's signature in full.)  
Norton Kansas R.F.D. No. 5 (Claimant's address in full.)

Subscribed and sworn to before me this 8<sup>th</sup> day of November, 1923, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

ACT OF MAY 11, 1912.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Iowa  
County of Davis } ss.

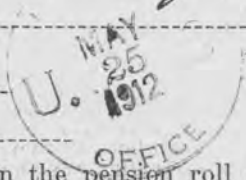
On this 23 day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, Absalom Maylor, who, being duly sworn according to law, declares that he is 76 years of age, and a resident of Scottland county county of Scottland, State of Missouri; and that he is the identical person who was ENROLLED at Burlington Iowa under the name of Absalom M Saylor, on the 25 day of August, 1864, as a Private, in Co K Second Regiment Iowa Cavalry Vols  
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Selma Alabama, on the 19 day of September, 1865. That he also served Only served in 2d Iowa Cavalry Vet Vols  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion, Dark; color of eyes, Hazel; color of hair, Dark; that his occupation was Farmer; that he was born January 8th 1836, 1836, in Madison County Iowa

That his several places of residence since leaving the service have been as follows: From discharge in Van Buren & Davis Counties Iowa until 4 yrs ago I moved just over the line in Scottland Co Mo.  
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 590541  
That he has ----- applied for pension under original No. -----  
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  
That his post-office address is Pulaski, county of Davis, State of Iowa R.F.D #1



Attest: (1) Chas H Miceiga  
(2) R. M. Pierson  
Absalom Maylor  
(Claimant's signature in full.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

**INSTRUCTIONS.**

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

Compliance with these instructions will expedite the adjudication of the claim.

(Signature of claimant)

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

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. Answer: **No.**

1865, died winter 1886, at Pittsburg, Iowa.  
to each, and the date and place of death or divorce of each former wife. Answer: **Louisa Kent, married Nov. 26,**

No. 4. Were you previously married? Answer: **Yes.** If so, state the name of your former wife or wives, the date of your marriage

No. 3. What record of your marriage to her exists? Answer: \_\_\_\_\_

No. 2. When, where, and by whom were you married to your present wife? Answer: \_\_\_\_\_

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: **No. Wife is dead.**

Claimant should answer fully the following:

ACT OF MAY 11, 1912.

## CLAIM FOR PENSIO

Certificate No. 590541

Name, Absalom M. Aylor

Service, Co. K 2d Regt

Iowa Cavalry Vet. Corp.

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.

AYLOR, Absalom M. military pension file (partial), Civil War, Company K, Second Regiment of Iowa Cavalry, Invalid Application File No. 753386, Invalid Certificate No. 590541. U.S. Government National Archives and Records, 700 Pennsylvania NW, Washington DC 20004, (202) 357-5400, <www.archives.gov>. Copy of partial pension file taken on 20 December 2011 by Michelle M. Roy. Note: Very full file to copy.

## AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the civil war and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seventh, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence: and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: May 11, 1912.

### CERTIFICATE OF MEDICAL EXAMINATION.

Insert character and number of claim.

Pension Claim No. 590541

Name of claimant.

Absalom M Aylor

Address of Board.

Norton

P. O.

Company K Reg't 2nd Iowa Cal.

Kansas

State.

Claimant's post-office address.

Norton Kawo

March 5, 1924

[Date of examination.]

Names of disabilities.

Chronic Diarrhea

He receives a pension of 50 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Original Chronic Diarrhea later paralysis

Birthplace, Madison Co Ohio; age, 88 years; height, 5-8; weight, 186 pounds; complexion, Med. Light; color of eyes, Gray; color of hair, Gray; occupation, Relief; permanent marks and scars other than those described below, None.

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

Pulse rate, 76-84-95; respiration, 19-20-24; temperature, 98.1;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Hqs. had two attacks Paralysis throat. Hyperthyroid. Malaria Malaria. & Very weak Chest. Neg as to disease. Pronounced Paralysis agitans Able to get around with assistance and cane. - Paralysis of Right side. - unable to use Right hand. Vision R. Light perception Hearing R. 20-100 Senile Cataract Right eye Hearing 10-20. Ordinary Conversation

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

Act June 3-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-fourth, one-half, three-fourths, or total.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the Board must be stated. When not due to such habits, this fact must be stated.

§72 Cases: In every instance where aid and attendance is

Requires constant aid and attendance

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

Marginal entries must never be made.