

REQUEST FOR MILITARY RECORDS

1. DATE

04 June 2014

2. PULLTIME/STAFF INITIALS

1:30/JMK

3. NAME OF REQUESTER

Michelle M. Rog

4. RESEARCHER CARD NO.

~~0999199~~ 1099199

ITEM NOS. 2, 5, 6, 7,
8, AND 9 FOR
STAFF USE ONLY

5. STACK AREA

17W4

6. ROW

7

7. COMPARTMENT

17

8. SHELF

2

9. SEARCHER

JMK

10. RECORD IDENTIFICATION (Check one only)

(If Military Service or Bounty Land checked - complete items 11, 13, 14, and 15.

If Pension is checked - complete items 11, 12, 13, 14, 15, and 16.)

MILITARY SERVICE

PENSION

BOUNTY LAND

11. NAME OF SOLDIER

James E. Kent

12. NAME OF DEPENDENT (if applicable)

13. UNIT (CO, BN, or REGT.)

Iowa Inf. Reg. 7 Co. F

14. STATE SERVED FROM

Iowa

15. WAR, OR DATE OF SERVICE

Civil War

16. PENSION FILE NUMBERS

a. INVALID

APPLICATION

562661

CERTIFICATE

744966

b. WIDOW

c. MINOR

d. MOTHER

e. FATHER

f. OTHER NUMBERS (C, XC, BLWT, etc.)

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

17. RECEIVED

18. DATE

19. RETURNED

20. DATE

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

8-700

INVALID.

Cert. No. 744966

Name, James E. Kent

Rank, Priv; Service, Co F 7th Iowa Inf

Agency or Group No. Original Roll: Group 1

Transfd 1 to 1

" 1 to 1

Class General

Issued Apr 6th 1916

Rate, \$ 20 from Feb 9th 1916

and \$24 " Feb 9th 1921

Issue. Deductions: 80% GENL

Disability: 80% mgd

Class Inc.

Issued Dec 16, 1925

Rate, \$ 72 from Oct 29, 1925

Issue. Deductions: ACT OF MAY 1, 1920

Issued _____

Rate, \$ _____ from _____

Class _____

Issue. Deductions: _____

Disability: _____

Issued _____

Rate, \$ _____ from _____

Class _____

Issue. Deductions: _____

Disability: _____

INDORSEMENTS.

Sept 6 p 3 To elut date + cause of rej. gen law claim. F.M.C. Ins Dir

OCT 11 1924 Personnel Funeral Home

advised to correspond with The Director

U.S. Veterans Bureau. Phila Pa.

WIDOW

as soon as possible from date of issue of this document, state the amount of premiums paid by each person who made payment on that account...

[3-216 a.]
Beall Ex'r.
Inv. Cr. No. 562,661

Act of June 27, 1890.

4-11-91 AR
IND. Jan 6/92 Perry
ILL. Clint
IOWA. D. Co. Ia

James E. Kent
P. O. Perry
Dallas Co. Iowa
Service: F-7-Iowa-Inf.

Enlisted: _____, 18
Discharged: _____, 18
Application filed: Nov. 2, 1891.
Alleges: dis heart, pain in head
from sun stroke
Any other Claim filed: 562561
Numerical No. 745201

WIS. James E. Kent military pension file,
MINN. Private, Iowa Infantry, Company F,
NEBR. Regiment 7, Civil War, Soldier's
KANS. Application No. 562661, Soldier's
NEV. Certificate No. 744966, Records
COLO. Relating to Pension and Bounty-
CAL. Land Claims 1773-1942, Pension
OREGON. application files based upon service
IND. TY. in the Civil War and Spanish
N. MEX. American War ("Civil War and
DAKOTA. Later"), Record Group 15,
WASH. Department of Veterans Affairs,
UTAH. National Archives Building,
Washington, DC.

1174 JE
Attorney: Claimt.
P. O. _____

Board of Review,
MAR 14 1892
Received

No. _____

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's

Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

[3-216.]
~~J.S. Williams~~ Ex'r.
Rec'd No. 562661
P.J. March 1873
INVALID.
Acts of July 14, 1862, and March 3, 1873.

James E. Kent
P. O. Synnville Perry
Stallase, Jasper, Ios. Iowa
Service: Pri. F. 7. Iowa Inf.

Enlisted: Jan. 27, 1864
Discharged: July, 1865

Application filed: Feb. 17, 1886

1/172
Alleges: Sunstroke

Re-enlisted:

Attorney: S. E. Adler
P. O. Wapella, Ios. Iowa
ATTY FILED

Feb 7 1886
D. Q. B. for face with list
Med. Col, Newton Howard
L. Original treatment, & continue
W. A. March 1880
Ad. to occupy Capt.
P. M. 1880
Letter to my certificate

IS. June 10/97 - Status to claimant from
Van J. A. T. Hull - awaits replies to
INN. letters of inquiring this way sent out
EBR. in reply to his call of May 4/97
ANS. also calls to Perry at Perry, Lynn-
ville, Baker, Hedrick & Atlantic
EX. Iowa to verify cred of all officials
HO. except major. P. J. M. Ex.
AL. Apr 27, 1900. Ex. Perry Sp. order to
REGON. Check ally. W. C. Conrod & Sons not feel
ID. TY. and for evidence of order on 29
released A. S. for Broadhead
MEX. our milk - Broad head Oklahoma
under Raymond H. Sparks, D. F.
AKOTA. Sparks, and black's are
WASH.
TAIL.

9/12 2/25 4/25 4/25
at of United

Act June 27, 1890

INVALID. (Series)
Cert. No. **744966**

Name, James E. Kent
Rank, Private; Service, Iowa Inf. Co. F 7

Agency } Original Roll: Dis. Invalid.
 } Transf'd _____, 18____, to _____
 } " _____, 18____, to _____

Issued March 22, 1892
Mailed " 30, 1892
Rate and Period, \$ 6, from Nov. 21, 1891

Deductions: _____
Disability Vestigo res. of amputation

Issued Mich. 27, 1893
Mailed Apr 1, 1893
Rate and Period, \$ 5, from Dec. 24, 1892

Act of June 27, 1890

Deductions: _____
Disability Partial inability to earn & support by manual labor.

Issued, Oct. 22-1906, 28
Mailed " 23, " 28
Rate and Period, \$ 12, from Sept. 26, 1906

Deductions: _____
Disability: _____

Issued Jan. 9-1913, 48
Mailed JAN 10 1913, 18
Rate and Period, \$ 16, from May 22, 1912

Deductions: 0
Disability: _____
ACT OF MAY 11, 1912

INDORSEMENTS.

Jan 7, 1907 to Clint J. S. H.
att'y W. C. Smith
and
Jan 29 1907
att'y W. C. Smith
and
Jan 2 1906 att'y
claimant + att'y

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Invalid Division
I. C. 744966
James E. Kent
F, 7 Iowa Inf.

Nov. 20, 1925

Mr. James E. Kent

Perry, Iowa

Sir:

In your claim for increase under section 2, act of May 1, 1920, filed Oct. 31, 1925, there should be furnished an additional affidavit by Dr. I. H. Paul, showing whether you need the regular personal aid and attendance of another person, and, if so, from what date such personal aid and attendance have been needed and the nature and frequency of same.

A medical examination will not be ordered at this time and if the sworn statements submitted show that regular personal aid and attendance are needed, a medical examination will not be necessary in the settlement of this claim for the \$72 rate.

Respectfully



WINFIELD SCOTT
Commissioner

MEN/EN

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Invalid Division
C. 744966
James E. Kent
Co. F 7th Iowa Inf.

Sept. 6, 1923.

The Auditor for the War Department,
Mr. James E. Kent,
1315 - 11th St.
Perry, Iowa.

Sir:

Relative to your claim under the general law, filed Feb. 17, 1886, I have to advise you that the claim was rejected Jan. 29, 1901 on the ground that there was no record in the War Department of the alleged sunstroke, no medical evidence on file showing treatment for that disability or any results thereof in the service at the date of your discharge or after that date prior to 1871, and you declared your inability to furnish any evidence to show continuance of same from 1867 to 1871.

It is proper to add that a letter was addressed to you, advising you of the rejection on the date the action was taken.

Respectfully,
J. L. DAVENPORT

Hayes Haymaker

Acting Commissioner.

PMC:hm

passee
89,56
Servic

Civil War Division.
Inv. Ctf. 744,966.
James E. Kent,
Co. F, 7th Iowa
Inf.

SWEP

IMP

October 19, 1912.

The Auditor for the War Department,
Treasury Department,
Washington, D. C.

Sir:

Please furnish a report showing the date to
which the above-named soldier was last paid, and the
date to which he was subsisted.

He enlisted January 27, 1864, and was discharged
July 12, 1865.

Very respectfully,

J. L. DAVENPORT.

Commissioner.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Carlisle D. Bessmer

Copy to be filed in case of James E. Kent 744,966

REESE

Bessmer Funeral Home
1402 Willis Avenue
Perry, Iowa

VETERANS BUREAU
CIRCULAR SENT

September 17, 1929.

DEAD
Reimbursement blank sent
SEP 26 1929
L. H. R. Finance Division

Department of the Interior
Bureau of Pensions,
Washington, D. C.

Gentlemen:

We are asking that you send us at once proper blanks covering the \$100.00 funeral allowance for veterans of the Civil war. At the request of the following two families we are to look to your bureau for the payment of this sum.

Albert A. Worrell of Company A-34th regiment 111 Infantry who passed away Aug. 25th 1929. This veteran drew a pension under the number 89,564.

James Elwood Kent of Company F-7th Iowa Infantry who passed away Sept. 15th-1929 and who drew a pension under number 74,4966.

If you will please mail us proper blanks covering this matter for Civil War veterans we will at once furnish the information required.

Very truly your's,

S. D. Bessmer

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Pa 72 to Sep 4. 1929

Letter to Fris 9/24-29

Handwritten initials and scribbles

The M
Bessm
1402
Perry

Dear
claim
A. W
dated
that
to be
pensi
A. W
not
w if
wish
you
ance

Perry, Iowa

Oct-23-1929,

Bureau of Pensions,
Washington, D.C.

Oct 20 1929
Finance Division

Dear Sir:

On Sept-15-1929 my father passed away.

Is there anything due the estate for the 15 days Sept-1-15-1929?

Reference H 744966

James E. Kent

Co "F" 7th Iowa Inf.

Kindly advise,

Yours truly,

Effie Kent, Administrative

1315-11th St

Perry Iowa.

6261
92
130
OCT 26 1929

Direct
D. C.
the

MWW--

C. DOWE
SHINGT

s E. Kent
h Iowa Inf.

Bessmer Funeral Home
1402 WILLIS AVENUE

Perry, Iowa



October 11, 1929.

9-30-29

The Manager, or,
Bessmer Funeral Home,
1402 Willis Avenue,
Perry, Ia.

element:

We Dear Sir: We are sending the two enclosed blanks which you have seen regarding the claim which we hold against the government for the care of Albert A. Worrell. Receipt is acknowledged of your letter, Kent, pension No. 744,966, dated September 30, 1929, in which you state

As that the blank forms sent you by this bureau for our use explained to be used in making application for the accrued pension that we can pay you for pension as reimbursement in the case of Albert A. Worrell, S.C. 89564, and James E. Kent, are balance account, but not what is required. We will furnish you for the first \$100.00 in each

Now if you will please send us by return mail the proper blank forms. In reply, you are informed it appears that above amount of pension claims you desire to make application for burial allowance these claims under the World War Veterans Act.

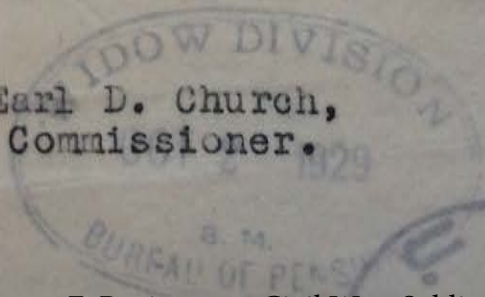
If this be true, you should address The Director, U. S. Veterans Bureau, Washington, D. C., as this bureau has no jurisdiction in the matter.

Very truly yours,

MWW-hhm

Earl D. Church,
Commissioner.

COPY TO G. C. DOWELL
WASHINGTON D. C.



James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Bessmer Funeral Home

1402 WILLIS AVENUE

Perry, Iowa



9-30-29

U.S. Dept. of the Interior,
Bureau of Pensions,
Washington, D. C.

Gentlemen:

We are returning the two enclosed blanks which you have sent us covering the claim which we hold against the government for the care of the late Albert A. Werrell, pension number 89,564 and James E. Kent, pension number 744,966, both of this city and Civil War Veterans.

As you will note these are not the right blanks for our use. As we explained in our first letter we want the proper blanks that we can file with you for the allowance of \$100.00 per each case strictly burial allowance. In each case we are holding the children for the full balance of the account, but are looking to your bureau for the first \$100.00 in each case.

Now if you will please send us by return mail the proper blank we will furnish the information leading to our claim of the above amount. These claims to be filed by our firm and not the families in these cases.

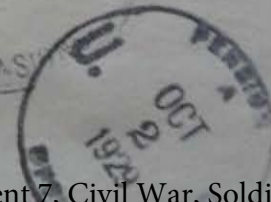
Thanking you very kindly, we are,

Very truly your's,

Bessmer Funeral Home

By - - - - -

COPY TO C. C. DOWELL
WASHINGTON D. C.



James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Beneficiary

No.

County

Date

Rate, \$

RATE

Submitted

Approved

Notes

Perry Iowa

Mar 5, 1929

to

Mr.

192

Com. of Pensions.

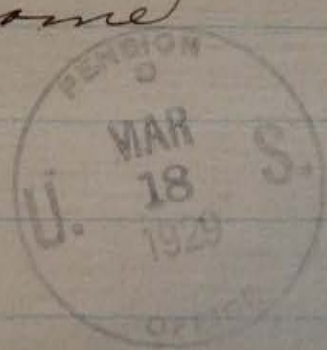
Washington D.C.

Dear Sir: Please send
me application blank
for increase in pension
and oblige

James E. Keet,
1315-11 Street,

Perry Iowa.

Please order examination
at home



, 192 ,

Rereviewer.

Dec. 11, 1925,

Medi
Me

ACT OF MAY 1, 1920
INCREASE

See Nov 16

Claimant James E. Kent
P.O. Perry Rank Private
County Dallas Service Co. F,
State Iowa 7 Iowa Inf
Rate, \$ 72 per month, commencing October 29 1925

INVALID DIVISION

STATE REPRESENTATIVE. none

APPROVAL

Submitted for Action Nov. 10 1925 W. S. Spencer Examiner.
Action Dec. 7 1925 W. S. Spencer

Approved for INCREASE, SECTION 2,
ACT OF MAY 1, 1920.

Approved for \$ 72 from
Oct. 29, 1925.

*Not warranted from
prior date.*

No Medical Examination

Nov. 11, 1925, W. S. Spencer
Reviewer.
Rereviewer.

Jaylor
Medical Examiner.
Dec. 11, 1925, W. S. Spencer
Medical Referee.

Enlisted 18.....; honorably discharged 18.....
Enlisted 18.....; honorably discharged 18.....
Enlisted 18.....; honorably discharged 18.....
Length of pensionable service years, months, days.
Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed October 31, 1925
Claimant does write.

No M. C.

MEDICAL DIVISION

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Nov. 13, 1925

No. Claim, _____

Cert. No. _____

Soldier, _____

7449566

Kent

James E. Kent

For additional medical evidence as to nature and frequency of any personal aid and attendance required.

The evidence filed ignores the point in issue

Carman

Medical Examiner.

E. J. [Signature]

Medical Referee.

Approved: _____

ION

THE APPLICATION
HEREOF

the undersigned, personally following declaration as an a

under the
a *Drift*
the Army; or vessel, if in the Navy.)
and was he

whatever time rendered.)

aval service.

inches; complexion *fair*

farmer.

Perry Dr

vice

and attendance since *Jan*

hs. at knee

exhaustion

ates between April 6, 1917,

d States between April 6, 19

y or naval service during the perio

h such service was rendered, togeth

THE PENS

RI

ate of *Iowa*

On this *29th* da

James E. Kent
pension under the provisions

That he is *79th*

Know Coun

That he is the identical

LISTED *Jan 22*

James E. Kent

CHARGED *July 12-*

United States in the *6*

hat he also served (State nam

at otherwise than herein state

at his personal description at t

f eyes *gray*; c

at since leaving the service he

occupation has been *far*

t he requires the regular perso

4 OR

vertigo.

ing to grow

ultra of a. se

he *did not* serve

(Did or did not.)

21, or at any time during said p

No member of his family se

(A or no.)

2, 1921, or at any time during sa

state the full name under which each s

tes of enlistment and discharge. State

(Give the names.)

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

State of Iowa, County of Dallas, ss:

On this 29th day of Oct, 1925, before me, the undersigned, personally appeared James E. Keck, 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 79 years of age; that he was born Feb 9 - 1946 at Know County Illinois

That he is the identical ENLISTED Jan 22 1864 at Attaguwan Iowa under the name of James E. Keck in Co. F. Seventh Iowa Inf.

DISCHARGED July 12 - 1865 at Louisville Ky having served the United States in the Civil War.

That he also served _____ War. (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 _____ employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 8 inches; complexion Fair color of eyes Grey; color of hair Black; that his occupation was Farmer.

That since leaving the service he has resided at Jasper county Ia. Perry Ia

and his occupation has been farmer and Rail Road service

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since Jan 27 1924 on account of the following disabilities:

vertigo, going way of Lower Limbs at Knees. falling to ground at times. muscular exhaustion. Lumbago, sciatica.

That he did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.

That No member of his family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.

(If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has _____ applied for pension under Original No. 744966; that he is _____ a pensioner under Certificate No. 244966

(1) C. A. Estess 2101 - Jasper Perry (Signature of first witness) James E. Keck (Claimant's signature in full) Perry Iowa (Claimant's address in full)
(2) John H. Spring Jr. (Signature of second witness) Perry Iowa (Address of second witness)

Subscribed and sworn to before me this 29th day of Oct, 1925, 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.

[L. S.]



H. L. Thomas (Signature)
Notary Public (Official character)
Perry Iowa (Post office address of office)

Declaration accepted as a claim under Act of May 1, 1920

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.

Claimant should answer fully the following:

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

Margaret Hale - Kent

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

Richland - Keokuk Co - Iowa

No. 3. What record of your marriage to her exists? Answer: Marriage License

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

your marriage to each, and the date and place of death or divorce of each former wife. Answer:

Ophelia Hale, Kent, Jan 26 - 1876 - Died 16 - 1876,
Richland - Iowa

No. 5. Have you any children under 18 years of age living? If so, state their names and the dates of their birth. Answer:

James E. Kent
(Signature of claimant.)

INSTRUCTIONS

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 in the War with Mexico, or on the coast or frontier thereof, or on route thereto, and every person who served sixty days or more in the War with Mexico, or on the coast or frontier thereof, or on 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 disability, 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.

If the applicant claims that, by reason of age and physical or mental disability, 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 disability which requires 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 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.

READ CAREFULLY

This form is only to be used by or in behalf of one who desires to claim original pension under the act of May 1, 1920, or because he requires the regular personal aid and attendance of another person.

Under the law, a person may not receive pension from the Bureau of Pensions and Compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person. That part of the declaration referring to service between April 9, 1917, and July 2, 1921, should show whether the claimant or any member of his family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which such member served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepmother, stepfather, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to inclusion into service.

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

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

I pass a sufferer for several years
right hip and limb together
to with limb together
to go to bed

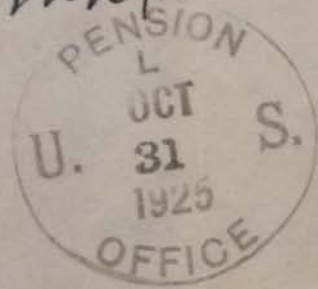
Perry Ga. Oct. 29. 1925

Commissioner of Pension
Washington D.C.

I hereby make a request for home examination

Very Truly

James E. West



Ce J. J.

Subscribe and sworn to
by Dr. N. Paul this
29th day of Oct 1925
N. L. Thomas
Notary Public

double passes

Respectfully
J. N. Paul, M. D.

I. N. PAUL
Physician and Surgeon
Ferry, Iowa

Oct. 29. 1925

To Whom it may concern.

This is to certify that the within named James O. Kent, is now and has been for several years past a sufferer from sciatica of right hip and limb together with lumbago, compelling him to go to bed.

During the past years he has had a giving away of the knees to the extent he will fall to the ground requiring aid to get up. A typical case of muscular exhaustion.

He is also a victim of vertigo to the extent he is forced to rest until the trouble passes.

J. N. Paul

Subscribed and sworn to
by Dr. I. N. Paul this
29th day of Oct 1925
W. L. Thomas
Notary Public

Respectfully,

J. N. Paul, M. D.

as a result of the above named condition

I. N. PAUL
Physician and Surgeon
Perry, Iowa

J.C. 744,966 ^{03C}

Nov. 24-1925.

In the claim for increase of
pension of James E. Kent of
J.C. 744,966. F. 7 Iowa Inf. beg
to say since about Jan 1st 1920
he suffered a giving away of
the Lower Limbs confining him
to his home for a time of weeks,
after a time he was enabled to
get about, but much enfeebled
and at intervals his Limbs would
give entirely away and would
have to be help to his feet and the
bed,

This condition has been progres-
sively increasing so that it would
seem he might soon have to go to
invalid chair. The trouble seems to be
centered at the knees.

He is also the victim of severe
vertigo spells, resulting in his
falling, requiring the aid of
some member of his family to help
him to his feet.

As a result of the above named conditions
he requires the regular aid of an attendant.
Dallas Co. Iowa

Subscribed and sworn to by Dr. I. N. Paul
this 24 day of Nov 1925

H. L. Thomas
Notary Public

ACT OF MAY 11, 1912.

Ord. No. 744966

ACT OF MARCH 4 1913

Claimant James E Kent

315 11th Street Perry

County, Dallas

State, Iowa

Rank Private

Service Co F Iowa Inf

Rate, \$ 20- per month, commencing February 9, 1916.

from February 9, 1916

CIVIL WAR DIVISION Section H

ATTORNEY OR STATE REPRESENTATIVE (Order April 28, 1907.)

Name P. O.

Fee, \$ Articles filed

Approved for increase 35 June 10, 1918

APPROVAL.

Submitted for increase March 30, 1916 R. H. Chapin Examiner. Rate \$ 20 per month; age 70 years.

Date of birth February 9, 1846.

Length of pensionable service: 1 years, 5 months, 16 days.

Deductions in service from any cause: None years, months, days.

on account of April 4, 1916 J. H. Word Legal Reviewer. April 4, 1916 C. R. Curtis

Enlisted January 27, 1864; honorably discharged July 12, 1865

Enlisted No other, 18; honorably discharged July 18, 1868

Enlisted, 18; honorably discharged, 18

Length of pensionable service: 1 years, 5 months, 16 22 days.

Pensioned at \$ 16 per month, under Act May 11, 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed February 11, 1916

Age shown by evidence 70 years; date of birth alleged February 9, 1846

Claimant does write.

None, M. C.

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Iowa, County of Dallas, ss:

On this 9th day of February, A. D. one thousand nine hundred and sixteen, personally appeared before me, a Notary Public

James E. Kent who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Perry, county of Dallas

State of Iowa; and that he is the identical person who was ENROLLED at Ottumwa Iowa, under the name of James E. Kent

on the 22d day of January, 1864, as a Private, in Co F, 7th Iowa Regiment Iowa Veteran Volunteer Infantry

(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 (State name of war, Civil or Mexican.)

at Louisville Kentucky, on the 12th day of July, 1865

That he also served (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 1/2 inches; complexion, Light; color of eyes, Hazel; color of hair, Dark; that his occupation was Farmer; that he was born February 9th 1846, 18 , at Yates City Illinois

That his several places of residence since leaving the service have been as follows: Yates City until 1870 then Keokuk County Iowa until 1876 then Jasper County Iowa until 1885 then Perry Dallas County Iowa where he still resides.

That he is a pensioner under certificate No. 744,966. 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 1315- 11th Street Perry, county of Dallas, State of Iowa

Attest: (1) L. B. Thornburg (Claimant's signature in full) (2) H. D. Washburn

SUBSCRIBED and sworn to before me this 9th day of February, A. D. 1916 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 added;

and that I have no interest, direct or indirect in the prosecution of this claim.

L. B. Thornburg (Signature.)

Notary Public in and for Dallas County Iowa. (Official character.)

 , 18 ; honorably discharged , 18

Length of pensionable service: 1 years, 5 months, 19 22 days.

Pensioned at \$ 12 per month, under act of June 27, 1891

PRESENT CLAIM, ACT OF MAY 11, 1912.

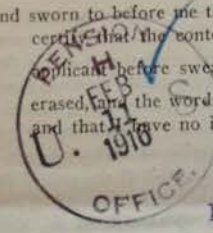
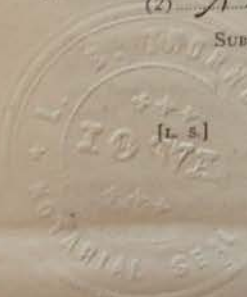
Declaration filed May 22, 1912

Age shown by evidence 66 years; date of birth alleged Feb 9, 1846

Claimant does write. No M. C.

IF A PENSIONER DO NOT FAIL TO GIVE CERTIFICATE NUMBER

Declaration accepted as valid under the act of May 11, 1912. Chief, Ins. Division.



ACT OF MAY 11, 1912.

L. S. W.

AKg/x

CLAIM FOR PENSION.

Certificate No. **744,966**

Name, **James E. Kent**

Service, **Civil War,**

Co F- 7th Reg Iowa Veteran Vol

Infantry

INSTRUCTIONS.

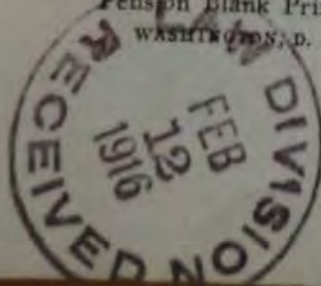
This form may be used for original pension or increase of pension.

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.

ACT APPROVED MAY 11, 1912.

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, sixteen dollars per month; three years and over, sixteen dollars and fifty cents per month; four years, sixteen dollars and fifty cents per month; four years and over, sixteen dollars and fifty cents per month; five years, sixteen dollars and fifty cents per month; five years and over, sixteen dollars and fifty cents per month; six years, sixteen dollars and fifty cents per month; six years and over, sixteen dollars and fifty cents per month; seven years, sixteen dollars and fifty cents per month; seven years and over, sixteen dollars and fifty cents per month; eight years, sixteen dollars and fifty cents per month; eight years and over, sixteen dollars and fifty cents per month; nine years, sixteen dollars and fifty cents per month; nine years and over, sixteen dollars and fifty cents per month; ten years, sixteen dollars and fifty cents per month; ten years and over, sixteen dollars and fifty cents per month; eleven years, sixteen dollars and fifty cents per month; eleven years and over, sixteen dollars and fifty cents per month; twelve years, sixteen dollars and fifty cents per month; twelve years and over, sixteen dollars and fifty cents per month; thirteen years, sixteen dollars and fifty cents per month; thirteen years and over, sixteen dollars and fifty cents per month; fourteen years, sixteen dollars and fifty cents per month; fourteen years and over, sixteen dollars and fifty cents per month; fifteen years, sixteen dollars and fifty cents per month; fifteen years and over, sixteen dollars and fifty cents per month; sixteen years, sixteen dollars and fifty cents per month; sixteen years and over, sixteen dollars and fifty cents per month; seventeen years, sixteen dollars and fifty cents per month; seventeen years and over, sixteen dollars and fifty cents per month; eighteen years, sixteen dollars and fifty cents per month; eighteen years and over, sixteen dollars and fifty cents per month; nineteen years, sixteen dollars and fifty cents per month; nineteen years and over, sixteen dollars and fifty cents per month; twenty years, sixteen dollars and fifty cents per month; twenty years and over, sixteen dollars and fifty cents per month; twenty-one years, sixteen dollars and fifty cents per month; twenty-one years and over, sixteen dollars and fifty cents per month; twenty-two years, sixteen dollars and fifty cents per month; twenty-two years and over, sixteen dollars and fifty cents per month; twenty-three years, sixteen dollars and fifty cents per month; twenty-three years and over, sixteen dollars and fifty cents per month; twenty-four years, sixteen dollars and fifty cents per month; twenty-four years and over, sixteen dollars and fifty cents per month; twenty-five years, sixteen dollars and fifty cents per month; twenty-five years and over, sixteen dollars and fifty cents per month; twenty-six years, sixteen dollars and fifty cents per month; twenty-six years and over, sixteen dollars and fifty cents per month; twenty-seven years, sixteen dollars and fifty cents per month; twenty-seven years and over, sixteen dollars and fifty cents per month; twenty-eight years, sixteen dollars and fifty cents per month; twenty-eight years and over, sixteen dollars and fifty cents per month; twenty-nine years, sixteen dollars and fifty cents per month; twenty-nine years and over, sixteen dollars and fifty cents per month; thirty years, sixteen dollars and fifty cents per month; thirty years and over, sixteen dollars and fifty cents per month; thirty-one years, sixteen dollars and fifty cents per month; thirty-one years and over, sixteen dollars and fifty cents per month; thirty-two years, sixteen dollars and fifty cents per month; thirty-two years and over, sixteen dollars and fifty cents per month; thirty-three years, sixteen dollars and fifty cents per month; thirty-three years and over, sixteen dollars and fifty cents per month; thirty-four years, sixteen dollars and fifty cents per month; thirty-four years and over, sixteen dollars and fifty cents per month; thirty-five years, sixteen dollars and fifty cents per month; thirty-five years and over, sixteen dollars and fifty cents per month; thirty-six years, sixteen dollars and fifty cents per month; thirty-six years and over, sixteen dollars and fifty cents per month; thirty-seven years, sixteen dollars and fifty cents per month; thirty-seven years and over, sixteen dollars and fifty cents per month; thirty-eight years, sixteen dollars and fifty cents per month; thirty-eight years and over, sixteen dollars and fifty cents per month; thirty-nine years, sixteen dollars and fifty cents per month; thirty-nine years and over, sixteen dollars and fifty cents per month; forty years, sixteen dollars and fifty cents per month; forty years and over, sixteen dollars and fifty cents per month; forty-one years, sixteen dollars and fifty cents per month; forty-one years and over, sixteen dollars and fifty cents per month; forty-two years, sixteen dollars and fifty cents per month; forty-two years and over, sixteen dollars and fifty cents per month; forty-three years, sixteen dollars and fifty cents per month; forty-three years and over, sixteen dollars and fifty cents per month; forty-four years, sixteen dollars and fifty cents per month; forty-four years and over, sixteen dollars and fifty cents per month; forty-five years, sixteen dollars and fifty cents per month; forty-five years and over, sixteen dollars and fifty cents per month; forty-six years, sixteen dollars and fifty cents per month; forty-six years and over, sixteen dollars and fifty cents per month; forty-seven years, sixteen dollars and fifty cents per month; forty-seven years and over, sixteen dollars and fifty cents per month; forty-eight years, sixteen dollars and fifty cents per month; forty-eight years and over, sixteen dollars and fifty cents per month; forty-nine years, sixteen dollars and fifty cents per month; forty-nine years and over, sixteen dollars and fifty cents per month; fifty years, sixteen dollars and fifty cents per month; fifty years and over, sixteen dollars and fifty cents per month; fifty-one years, sixteen dollars and fifty cents per month; fifty-one years and over, sixteen dollars and fifty cents per month; fifty-two years, sixteen dollars and fifty cents per month; fifty-two years and over, sixteen dollars and fifty cents per month; fifty-three years, sixteen dollars and fifty cents per month; fifty-three years and over, sixteen dollars and fifty cents per month; fifty-four years, sixteen dollars and fifty cents per month; fifty-four years and over, sixteen dollars and fifty cents per month; fifty-five years, sixteen dollars and fifty cents per month; fifty-five years and over, sixteen dollars and fifty cents per month; fifty-six years, sixteen dollars and fifty cents per month; fifty-six years and over, sixteen dollars and fifty cents per month; fifty-seven years, sixteen dollars and fifty cents per month; fifty-seven years and over, sixteen dollars and fifty cents per month; fifty-eight years, sixteen dollars and fifty cents per month; fifty-eight years and over, sixteen dollars and fifty cents per month; fifty-nine years, sixteen dollars and fifty cents per month; fifty-nine years and over, sixteen dollars and fifty cents per month; sixty years, sixteen dollars and fifty cents per month; sixty years and over, sixteen dollars and fifty cents per month; sixty-one years, sixteen dollars and fifty cents per month; sixty-one years and over, sixteen dollars and fifty cents per month; sixty-two years, sixteen dollars and fifty cents per month; sixty-two years and over, sixteen dollars and fifty cents per month; sixty-three years, sixteen dollars and fifty cents per month; sixty-three years and over, sixteen dollars and fifty cents per month; sixty-four years, sixteen dollars and fifty cents per month; sixty-four years and over, sixteen dollars and fifty cents per month; sixty-five years, sixteen dollars and fifty cents per month; sixty-five years and over, sixteen dollars and fifty cents per month; sixty-six years, sixteen dollars and fifty cents per month; sixty-six years and over, sixteen dollars and fifty cents per month; sixty-seven years, sixteen dollars and fifty cents per month; sixty-seven years and over, sixteen dollars and fifty cents per month; sixty-eight years, sixteen dollars and fifty cents per month; sixty-eight years and over, sixteen dollars and fifty cents per month; sixty-nine years, sixteen dollars and fifty cents per month; sixty-nine years and over, sixteen dollars and fifty cents per month; seventy years, sixteen dollars and fifty cents per month; seventy years and over, sixteen dollars and fifty cents per month; seventy-one years, sixteen dollars and fifty cents per month; seventy-one years and over, sixteen dollars and fifty cents per month; seventy-two years, sixteen dollars and fifty cents per month; seventy-two years and over, sixteen dollars and fifty cents per month; seventy-three years, sixteen dollars and fifty cents per month; seventy-three years and over, sixteen dollars and fifty cents per month; seventy-four years, sixteen dollars and fifty cents per month; seventy-four years and over, sixteen dollars and fifty cents per month; seventy-five years, sixteen dollars and fifty cents per month; seventy-five years and over, sixteen dollars and fifty cents per month; seventy-six years, sixteen dollars and fifty cents per month; seventy-six years and over, sixteen dollars and fifty cents per month; seventy-seven years, sixteen dollars and fifty cents per month; seventy-seven years and over, sixteen dollars and fifty cents per month; seventy-eight years, sixteen dollars and fifty cents per month; seventy-eight years and over, sixteen dollars and fifty cents per month; seventy-nine years, sixteen dollars and fifty cents per month; seventy-nine years and over, sixteen dollars and fifty cents per month; eighty years, sixteen dollars and fifty cents per month; eighty years and over, sixteen dollars and fifty cents per month; eighty-one years, sixteen dollars and fifty cents per month; eighty-one years and over, sixteen dollars and fifty cents per month; eighty-two years, sixteen dollars and fifty cents per month; eighty-two years and over, sixteen dollars and fifty cents per month; eighty-three years, sixteen dollars and fifty cents per month; eighty-three years and over, sixteen dollars and fifty cents per month; eighty-four years, sixteen dollars and fifty cents per month; eighty-four years and over, sixteen dollars and fifty cents per month; eighty-five years, sixteen dollars and fifty cents per month; eighty-five years and over, sixteen dollars and fifty cents per month; eighty-six years, sixteen dollars and fifty cents per month; eighty-six years and over, sixteen dollars and fifty cents per month; eighty-seven years, sixteen dollars and fifty cents per month; eighty-seven years and over, sixteen dollars and fifty cents per month; eighty-eight years, sixteen dollars and fifty cents per month; eighty-eight years and over, sixteen dollars and fifty cents per month; eighty-nine years, sixteen dollars and fifty cents per month; eighty-nine years and over, sixteen dollars and fifty cents per month; ninety years, sixteen dollars and fifty cents per month; ninety years and over, sixteen dollars and fifty cents per month; ninety-one years, sixteen dollars and fifty cents per month; ninety-one years and over, sixteen dollars and fifty cents per month; ninety-two years, sixteen dollars and fifty cents per month; ninety-two years and over, sixteen dollars and fifty cents per month; ninety-three years, sixteen dollars and fifty cents per month; ninety-three years and over, sixteen dollars and fifty cents per month; ninety-four years, sixteen dollars and fifty cents per month; ninety-four years and over, sixteen dollars and fifty cents per month; ninety-five years, sixteen dollars and fifty cents per month; ninety-five years and over, sixteen dollars and fifty cents per month; ninety-six years, sixteen dollars and fifty cents per month; ninety-six years and over, sixteen dollars and fifty cents per month; ninety-seven years, sixteen dollars and fifty cents per month; ninety-seven years and over, sixteen dollars and fifty cents per month; ninety-eight years, sixteen dollars and fifty cents per month; ninety-eight years and over, sixteen dollars and fifty cents per month; ninety-nine years, sixteen dollars and fifty cents per month; ninety-nine years and over, sixteen dollars and fifty cents per month; one hundred years, sixteen dollars and fifty cents per month; one hundred years and over, sixteen dollars and fifty cents per month.

BYRON S. ADAMS,
Pension Blank Printer,
WASHINGTON, D. C.



Division

4966 ✓

ACT

James E. Kent

Class

SWA

month, commencing

TORNEY

James E. Kent

me

ice:

any other

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., _____, 191

No. Claim, _____

Cert. No. _____

Claimant, _____

Soldier, _____

Co. _____, Reg't _____

Respectfully, _____

Claimant alleges
birth - Feb 9, 1846

The records and his
former allegations
justify

James E. Kent military pension file, Private, Iowa Infantry,
Company F, Regiment 7, Civil War, Soldier's Application No.
562661, Soldier's Certificate No. 744966, Records Relating to
Pension and Bounty-Land Claims 1773-1942, Pension
application files based upon service in the Civil War and
Spanish American War ("Civil War and Later"), Record Group
15, Department of Veterans Affairs, National Archives Building,
Washington, DC.

to pay.

, 19

examiner.

years.

90.

days.

Chief of _____ Division.

W. M.

Reissue

ACT OF MAY 11, 1912.

Cert. No. *744966*

Claimant, *James E. Tent*

P. O., *Perry*

Rank, *Private*

County, *Dallas*

Service, *of*

State, *Iowa*

Iowa Inf

Rate, \$ *16.* per month, commencing *May 22 1912.*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____; Fee, \$ _____; Agent to pay.

P. O., _____; Articles filed _____, 19 _____

CIVIL WAR

APPROVAL.

Submitted for *Adm* *Jan 2*, 191*3*, *SW Piquet*, Examiner.

Approved for *Admission* Rate \$ *16.* per month; age *66.* years.

Reissue from Act June 27 1890.

Length of pensionable service: *1* years, *5* months, *22* days.

Deductions in service from any cause: *none* years, _____ months, _____ days.

on account of _____

Jan 7, 191*3* *N C Newsome* *Jan 7*, 191*3*, *A. P. Berlin*
Legal Reviewer. *Re-Reviewer.*

Enlisted *Jan 27*, 18*64*; honorably discharged *July 12*, 18*65*

Enlisted _____, 18 _____; honorably discharged *and Substituted July 5 1865*

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: *1* years, *5* months, *19 22* days.

Pensioned at \$ *12* per month, under *act of June 27, 1891*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 22*, 191*2*

Age shown by evidence *66* years; date of birth alleged *Feb 7*, 18*46*

Claimant does _____ write.

No _____, M. C.

FATHER
OTHER
17 RECEIVED
NATIONAL

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Iowa, County of Dallas, ss:

On this 20th 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, James E. Kent who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Perry, county of Dallas

State of Iowa; and that he is the identical person who was ENROLLED AT Ottumwa Iowa, under the name of James E. Kent on the 22d day of January, 1864, as a Private, in Company "F" 7th Regiment Iowa Volunteer Infantry (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 Louisville Kentucky, on the 12th day of July, 1865

That he also served (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, Grey; color of hair, Black; that his occupation was Farmer; that he was born February 9th, 1846, at Fulton Illinois.

That his several places of residence since leaving the service have been as follows: near Ottumwa Iowa until 1868 then Knox County Ills, until 1871 then Keokuk Co Iowa until 1876 then Jasper County Iowa until 1885 then Perry Iowa where he still resides. (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 744,966 That he has applied for pension under original No. at Des Moines Iowa Agency at \$12.00 Mo

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 Perry, county of Dallas State of Iowa,

Attest: (1) S. W. Thornley
(2) J. French

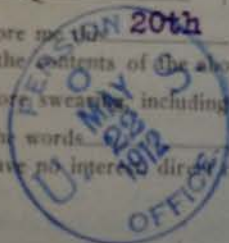
James E. Kent
(Claimant's signature in full.)

Subscribed and sworn to before me on 20th day of May, A. D. 1912, I, L. P. Hamburg, certify that the contents of the above declaration were fully made known and explained to the applicant before me, including the words erased, and the words and that I have no interest direct or indirect in the prosecution of this claim.

L. P. Hamburg
(Signature.)
Notary Public in and for Dallas County Iowa
Post Office address Perry Iowa.
(Official character.)

IF A PENSIONER DO NOT FAIL TO GIVE CERTIFICATE NUMBER

Validly accepted as per execution of S. A. Addy, Chief, I. S. Division. per W E B



ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 744,966

Name, James E. Kent

Service, Civil War,

CO, F. 7th Regiment Ills

Volunteer Infantry.

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.

BYRON S. ADAMS,
Pension Blank Printer,
WASHINGTON, D. C.

JUN 14 1912

CIVIL W
JUN 14

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late 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-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.

88W
744 966
Des M.

3-357.

Cert. No. 744.966

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, *James E. Kench*
P. O. *Perry* Rank *Private*
County *Dallas* Company *2*
State *Iowa* Regiment *7 Iowa Vol Inf*
Rate, \$ *12* per month, commencing *September 26-1906*

Pensioned for *Total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *J. A. Stuckey* Fee, \$ *25*
P. O. *Des Moines Iowa* Agent to pay.

APPROVALS

Submitted for *Oct 13*, 190*6* *L. Bangs*, Examiner.

Approved for *Vertigo result of stroke*
Rheumatism and disease of heart
(old)
Debility (new) -
alleged July 5th 1906.
Debility - (Order 71)

Approved for *vertigo, rheumatism*
disease of heart and
senile debility.

Aggregate of disabilities shown, permanent in character: \$ *12*
from September 26th, 1906.

D. Little
WESTERN
Legal Examiner.
190*6*

H. J. Hunt *Camp*
Medical Examiner. Medical Examiner.
October 15th 1906 *Sam Houston*
Medical Referee.

Enlisted *Spring 27*, 186*4*; honorably discharged *July 12*, 186*5*

Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ *8* per month. Last paid to _____
for vertigo result of stroke, rheumatism and disease of heart

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *July 5*, 190*6*, alleges *increase from*
pensioned causes and debility

Claimant does _____ write.
Certificate not filed.

J. A. T. Hull *Ho* M. C.
Cl. Inv.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant James E. Kent
 P. O. Perry Rank Private
 County Sullivan Company 4th
 State Iowa Regiment of the Iowa Vol. Inf.
 Rate, \$ _____ per month, commencing _____

Pensioned for _____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Western

Name J. J. Stuckey Fee, \$ 2.00
 P. O. Des Moines, Iowa Agent to pay.

REJECTED

APPROVALS.

Submitted for May 24, 1906, by E. O. Hanson, Examiner.

Approved for Vertigo, result of smoke,
Rheumatism and Disease of Heart
(old)

Approved for rheumatism and
disease of heart

Increase pending -

Aggregate of disabilities shown, permanent in character: \$ 8
No increase.

MAY 25 1906, 1906, by J. J. Litter
 Legal Reviewer.
WESTERN
 Re-Reviewer.

Low
 Medical Examiner.
May 28, 1906, by Sam Anderson
 Medical Referee.

Enlisted Jan, 27, 1864; honorably discharged July, 12, 1865.

Enlisted _____, 186____; honorably discharged _____, 186____.

Pensioned at \$ 8 per month. Last paid to _____

Vertigo, re. of smoke, rheumatism & dis. of heart

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 16, 1906, alleges increase pensioned claim

Claimant does _____ write.
Certificate not filed.

No. _____, M. C. B

744
744
Des M.

ACT JUNE 27, 1890.

Increase, **INVALID PENSION.**

Claimant, James E. Kent
P. O. Perry
County Dallas
State Iowa
Rank Private
Company 7th
Regiment 7th Ia. Vol. Inf
Rate, \$ 5 per month, commencing December 24 1902

Pensioned for partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. J. Strickroy Fee, \$ 2.
P. O. Des Moines, Ia. Agent to pay.

APPROVALS.

Submitted for Adm. Mar 19, 1903, E. Dalrymple, Examiner.

Approved for Vertigo result of stroke (old) Rheumatism and disease of heart (new) alleged Aug 13, 1902

Approved for Vertigo result of stroke Rheumatism and disease of heart

Aggregate of disabilities shown, permanent in character: \$ 8
from December 24, 1902

Mich 20, 1902, J. P. Quinn
Legal Reviewer
Mich
Re-Reviewer.

Klemm
Medical Examiner.
March 24, 1903, Sam Houston
Medical Referee.

Enlisted Jan 27, 1864; honorably discharged July 12, 1865

Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ 6 per month. Last paid to for vertigo, result of stroke

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug 13, 1902, alleges Vertigo, result of stroke, Rheumatism and disease of heart

Claimant does _____ write.
Certificate not filed.

no

M. C.

6. WIFE
7. SIBLING
8. MOTHER
9. FATHER
10. OTHER NUMBERS
11. RECEIVED
NATIONAL ARCHIVES

Act of June 27, 1890.

INVAID PENSION.

Claimant, James E. Kent

P. O., Perry Rank, Priv.

County, Dallas Company, F.

State, Iowa Regiment, Iowa H. Inf.

Rate, \$ _____ per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY:

Name, None Fee \$ _____ Agent to pay.

P. O., _____ Articles filed _____, 189 _____

APPROVALS:

Submitted for reg. Feb. 6, 189 6

J. C. Williams, Examiner.

Approved for Vertigo result of sunstroke - No increase. Rejection of alleged disease of head and throat, piles & rheumatism, on grounds stated in opinion of Med. Ref.

Approved for vertigo result of sunstroke of 6 months increase -

no other disability to affect rating

Feb. 19, 189 6, Tristin, Legal Reviewer.

Whelan - Med. Referee
Mar. 17, 189 6, _____, Medical Referee.

Enlisted Jan. 27, 186 4 Honorably discharged July 12, 186 5 Last paid

to _____, at \$ 6, for vertigo res. of sunstroke

Pension under other laws at \$ _____, for _____

ended _____

Original declaration, act June 27, 1890, filed Nov. 2, 189 1; alleged dis. of heart & pain in head res. of sunstroke.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Oct. 18, 189 2 alleges vertigo res. of sunstroke dis. of head & heart & rheum. Piles.

Clt. writes

M. C.

744.96
Dec 1890

3-145a

ACT OF JUNE 27, 1890.

O.S.P.

INVALID PENSION.

Claimant, James E. Kent ✓
 P. O., Perry
 County, Dallas ✓
 State, Texas ✓
 Rate, \$ 6 ✓, per month, commencing Nov 2 1891 ✓

Rank, Prvt ✓
 Company, F ✓
 Regiment, 7 Iowa vol Inf ✓

W.S. 6

Disabled by Vertigo result of sun stroke

RECOGNIZED ATTORNEY.

Name, Clut
 P. O., _____
 Fee, \$ _____ Agent to pay.
 Articles filed, _____, 189 _____

APPROVALS.

Submitted for ad March 4, 1892 Beall, Examiner.

Approved for admission

Approved for vertigo-result of sunstroke \$6.00
the disability shown in a notable degree under act of June 27, 1890

Mar 14, 1892

Thom
Legal Reviewer.

Wilson
March 19, 1892

J.H. Miller
Medical Referee.

not now pensioned under other laws. Last paid to _____, 18____, at \$_____
 Pensioned from _____, 18____, at \$_____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Jan 27, 1864 ✓, honorably discharged July 12, 1865 ✓
 Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed Nov 2, 1891, alleges permanent disability, not due to vicious habits,
 from disease of heart & pain in head ✓
caused by sunstroke
with some



Act of June 27, 1890.

AA

DECLARATION FOR INVALID PENSION.

AA

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

STATE OF Iowa }
COUNTY OF Dallas } ss.

On this 26 day of October, A. D. one thousand eight hundred and ninety-one personally appeared before me, a Notary Public James E. Kent within and for the county and State aforesaid, aged 46 years, a resident of the City of Perry county of Dallas State of Iowa, who, being duly sworn according to law, declares that he is the identical James E. Kent who was ENROLLED on the 22 day of January, 1864, in Co. F 7th Iowa Infy in Military service, or vessel, if in the Navy.]

in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Louisville Ky, on the 12th day of July 1865 That he is now unable to earn a support by manual labor by reason of Heart disease and pain in head caused by Sun stroke [Here name the disease or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character. That he has applied for pension under application No. 562561.

That he is a pensioner under Certificate No. [If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.]

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 June 27, 1890.

He hereby appoints _____ of _____ State of _____, his true and lawful attorney to prosecute his claim and receive a fee of \$ _____ That his POST-OFFICE ADDRESS is Perry county of Dallas State of Iowa

James E. Kent [Claimant's signature.]

Attest: (1) Elliott Bunch

(2) E. Bowman

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

a. INVALID
b. WIDOW
c. MINOR
d. MOTHER
e. FATHER
f. OTHER NUMBER
g. RECEIVED
NATIONAL ARCHIVES

Also personally appeared Elliott Bunch, residing at Perry Iowa
 and E. Bowman, residing at Perry Iowa, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
 and saw James E. Kent, the claimant, sign his name (or make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant
 and their acquaintance with him for 15 years and one years respectively,
 that he is the identical person he represents himself to be; and that they have no interest in the prosecution
 of this claim.

(1) Elliott Bunch
 (2) E. Bowman
(Signatures of witnesses.)

Sworn to and subscribed before me this 29 day of October, A. D. 1897,
 and I hereby certify that the contents of the above declaration, etc., were fully
 made known and explained to the applicant and witnesses before swearing,
 including the words _____, erased,
 and the words _____, added,
 and that I have no interest, direct or indirect, in the prosecution of this claim.



*Certificate on file in Pension office
 at Washington D.C.*

H. A. Chappellear
(Signature)
Notary Public
(Official character.)

645401

AA (3-circ.) AA

SOLDIER'S APPLICATION.

Name, James E. Kent

Service, 77 Iowa Inf.

Address _____

Address _____

James E. Kent military pension file, Private,
 Iowa Infantry, Company F, Regiment 7, Civil
 War, Soldier's Application No. 562661, Soldier's
 Certificate No. 744966, Records Relating to
 Pension and Bounty-Land Claims 1773-1942,
 Pension application files based upon service in
 the Civil War and Spanish American War
 ("Civil War and Later"), Record Group 15,
 Department of Veterans Affairs, National
 Archives Building, Washington, DC.

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A mental or physical disability of a permanent character not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.



State of Iowa }
County of Dallas } 88.

On this 15th day of October, A. D. one thousand eight hundred and ninety two
personally appeared before me, a Notary Public
within and for the county and State aforesaid, James E Kent, aged 46 years,
a resident of the City of Perry, county of Dallas
State of Iowa, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Des Moines Pension Agency at the rate
of Six dollars per month, by reason of disability from Vertigo result
of Sun Stroke incurred

in the Military service of the United States while Private Co. F
7th Regt Iowa Infy
the Navy.

That he believes himself to be entitled to an increase of pension on account of Increased disability
of head and heart, Rheumatism
and Piles
of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should
be fully stated. The date of treatment should be given as nearly as possible.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

that he appoints _____, of _____,
county of _____, State of _____, his true and
lawful attorney, to prosecute his claim. That his POST-OFFICE ADDRESS is Perry
county of Dallas, State of Iowa

Claimant's signature: James E. Kent

Attest: M. Moody
Robert E. Cross

Also personally appeared M. Woody, residing at Perugia,
 and Robert S Cross, residing at Perugia, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
James E. Kent the claimant, sign his name (or make his mark) to the foregoing
 declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance
 with him, that he is the identical person he represents himself to be; and that they have no interest in the prose-
 cution of this claim.

M. Woody,
Robert S Cross
 (Signatures of witnesses.)

SWORN to and subscribed before me this 15th day of October, A. D. 1892

and I hereby certify that the contents of the above declaration, etc., were fully made
 known and explained to the applicant and witnesses before swearing, including the words
 _____, erased, and the words
 _____, added; and that I have
 no interest, direct or indirect, in the prosecution of this claim.



H A Chappelle
 (Signature)

Certificate on file in the Notary Public's
Insular Office Washington, D.C.
 (Official character.)

B **INVALID.**

CLAIM FOR INCREASE.

James E Kent, Applicant.
J. Co., 7th Reg't.
Lowa Infan Vols.

(PENSION CERTIFICATE NOT REQUIRED.)

FILED BY _____

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

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

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and
 signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.
 If presented before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the
 official character and genuineness of the signature of such officer should be attached.



DECLARATION FOR INCREASE OF PENSION and New Disability Under Acts
of June 27, 1890, and May 9, 1900.

State of Iowa, County of Dallas, ss.

ON THIS 7th day of August, A. D. one thousand nine hundred and two

personally appeared before me, a Notary Public

within and for the County and State aforesaid James E Kent, aged 56.

years a resident of the City of Perry, County of Dallas

State of Iowa, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Des Moines Pension Agency, at the rate

of \$6 dollars per month, Certificate No. 741,966, by reason of disability from

Here name the disability for which pension was granted
"Vertigo result of sunstroke"

That he was a Private in Co. F 7, Regt. Iowa Vols.
Company and regiment of service if in the Army, or vessel and rank, if in the Navy, or mustered out

having enlisted on Jan 22nd 1864 and honorably discharged at
Navasport, Iowa, on July 12th 1865

That he has not been employed in the Military or Naval service otherwise than as stated above.

That he did not serve prior to _____ nor since _____

That he believes himself to be entitled to an increase of pension on account of _____ Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.
TOTAL inability to earn a subsistence by manual labor, by resorption pensioned disability; and rheumatism of muscles and disease of heart.

And he also believes himself to be entitled to a further increase of pension on account of the following disabilities

for which he has not heretofore been pensioned. If either of these new disabilities are the result of an injury, Request Examination at Des Moines, Iowa, or accident, state where, when and how they were incurred.

That said disabilities are not the result of his vicious habits and are to the best of his knowledge permanent in character: that he appoints

J. J. STUCKEY of DES MOINES, IOWA,

his true and lawful attorney, to prosecute his claim.

That his Post-Office address is Perry

County of Dallas, State of Iowa

Claimant's Signature James E Kent

Attest:

W. H. Stoughton
Bruce Bender

Two witnesses who can write, sign here

ATTY FILED

PENSION OFFICE
AUG 13 1902

NOTARY PUBLIC
IOWA

Also personally appeared C. A. Sloughton, residing at Perry Iowa, and Isaac Bolender residing at Perry Iowa, persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say that they were present and saw James E Kent, the claimant sign his name (or make his mark) to the foregoing declaration; and that they have every reason to believe, from the appearance of said claimant and their acquaintance with him for 3 years and 16 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Witnesses: C. A. Sloughton
Isaac Bolender
Signatures of witnesses

Sworn to and subscribed before me this 7th day of August 1902 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words erased, and the words erased.

and that I have no interest, direct or indirect, in the prosecution of his claim.
[Official Signature] J. E. Wanfickel
Notary Public Dallas County Iowa
Official Character



The Post-Office Address (naming street and number in all large cities) of the applicant, attorney and witnesses should be embodied in or accompany every application, AND ALL EVIDENCE IN EACH CLAIM; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated. Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized. Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

DISABILITY

Claim for Increase and New Disability Under Acts of June 27, 1890, and May 9, 1902.

James E Kent Applicant
Co. F, Seventh Regiment
Iowa
Pension Certificate No. 744-866



FILED BY
J. J. STUCKEY,
PENSION CLAIM ATTORNEY,
611 Iowa Loan and Trust Building,
DES MOINES, IOWA



W.B.

1890

Declaration for Increase of Pension
and new disability, under Acts of June 27, 1890
and May 9, 1900.

STATE OF Iowa COUNTY OF Dallas 888.

ON THIS 21st day of February, A. D. one thousand nine hundred and 19

personally appeared before me, a Notary Public

within and for the County and State aforesaid, James E. Kent Aged 60

years a resident of the town of Perry, County of Dallas

State of Iowa, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Des Moines Pension Agency, at the rate

of 8 dollars per month, Certificate No. 744,966, by reason of disability from

partial inability &c
disability for which pension was granted.

That he was a See declaration on file Priv in Co. F
Military or Naval Here state rank, Company and Reg

7 Regiment Iowa Vols.
iment if in the Army. Vessel if in the navy.

That he enlisted on see declaration on file

and was honorably discharged

That he has never been employed in the Military or Naval service otherwise than as stated above.

That he did not serve prior to _____ nor since _____

That he believes himself to be entitled to an increase of pension on account of _____
Here state the reasons for

progressive and cumulative degree of RHEUMATISM and DISEASE OF
HEART disabling for manual labor.
applying for increase. If on account of increase in the disability for which already Pensioned, that should be described.

That said disabilities are not the result of his vicious habits and are to the best of his knowledge permanent in character.

That he appoints

J. J. STUCKEY of DES MOINES, IOWA

his true and lawful attorney, to prosecute his claim.

That his Post-Office address is Perry

County of Dallas State of Iowa

Claimant's Signature James E. Kent

Attest: Patrick M. Lane

F. B. Dinkopf
Two witnesses who can write. sign here.

ATTY FILED

I wish to be examined before the Board in Des Moines



Also personally appeared Patrick M. Laine residing at Henry Ja and J. B. Dunlop residing at Henry Ja persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say that they were present and saw James E Kent the claimant sign his name (or make his mark) to the forgoing declaration; and that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be and that they have no interest in the prosecution of this claim.

Patrick M. Laine
J. B. Dunlop
Signatures of witnesses

Sworn to and subscribed before me this 21st day of February 1906

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

S. A. Rouse
Official Signature

Notary Public in and for Dallas Co
Official Character Iowa



The Post Office Address (naming street and number in all large cities) of the applicant, attorney and witnesses should be embodied in or accompany every application, AND ALL EVIDENCE IN EACH CLAIM; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated. Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized. Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect in prosecution of the claim.

S. A. Cuddy,
Chief, Law Division,
per L. L. 3-17-06

10 246

1890
DISABILITY
CLAIM FOR INCREASE
and New Disability
Under Acts of June 27, 1890.

Applicant James E Kent
Co. F Seventh Iowa
Regiment 5th
Pension Certificate No. 744,966



Filed By
J. J. STUCKEY,
Pension Claim Attorney
611 Iowa Loan and Trust Bldg.
DES MOINES, IOWA.

Handwritten initials

1890

Declaration for Increase of Pension

and new disability, under Acts of June 27, 1890 and May 9, 1900.

STATE OF Iowa COUNTY OF Dallas SS.

ON THIS 20 day of June, A. D. one thousand nine hundred and six

personally appeared before me, a Notary Public

within and for the County and State aforesaid, James E Kent, Aged 60

years a resident of the town of Perry, County of Dallas

State of Iowa, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Des Moines Pension Agency, at the rate

of \$8 dollars per month, Certificate No. 744,936, by reason of disability from

partial inability &c

That he was a private in Co. F

7th Regiment Iowa Vols.

That he enlisted on Seedeclaration on file

and was honorably discharged

That he has never been employed in the Military or Naval service otherwise than as stated above.

That he did not serve prior to 1864 nor since 1865

That he believes himself to be entitled to an increase of pension on account of

total inability to earn a subsistence by manual labor by

reason of rheumatism disease of heart vertigo and debility

Examination by Perry board did not do him justice, and he insists that he has a right to determine the place of examination, and respectfully requests examination AT DESMOINES

That said disabilities are not the result of his vicious habits and are to the best of his knowledge permanent in character.

That he appoints

J. J. STUCKEY of DES MOINES, IOWA

his true and lawful attorney, to prosecute his claim.

That his Post-Office address is Perry

County of Dallas State of Iowa

Claimant's Signature James E Kent

Attest: Omiah Petty Rich Slater

Two witnesses who can write, sign here.



ATTY FILED

Also personally appeared Josiah Petty residing _____
Pony Derra and Nick Slater
 residing at Pony Derra persons whom I certify to be
 respectable and entitled to credit and who, being by me duly sworn, say that they were present and saw
James E Kent the claimant sign his name (or make his mark)
 to the foregoing declaration; and that they have every reason to believe, from the appearance of said claimant and their
 acquaintance with him that he is the identical person he represents himself to be and that they have no interest in the
 prosecution of this claim.

Josiah Petty
Nick Slater
 Signatures of witnesses.

Sworn to and subscribed before me this 20 day of June 1906

and I hereby certify that the contents of the above declaration, &c., were fully made known
 and explained to the applicant and witnesses before signing, including the words
 added; and the words _____
 added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[Signature]
 Official Signature

Notary Public in and for Dallas Co Iowa
 Official Character



The Post Office Address (naming street and number in all large cities) of the applicant, attorney and witnesses should be embodied in or accompany every application, AND ALL EVIDENCE IN EACH CLAIM and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.
 Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.
 Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall declare any interest, direct or indirect in prosecution of the claim.

Declaration and
 Chief, Law Division.

1890
DISABILITY
CLAIM FOR INCREASE
and New Disability
 UNDER ACTS OF MARCH 27, 1890.

Applicant	<u>James E Kent</u>
Regiment	<u>Seventh</u>
File No.	<u>07</u>
Co.	<u>Iowa</u>
Pension Certificate No.	<u>744, 986</u>

Filed By
J. J. STUCKEY,
 Pension Claim Attorney
 611 Iowa Loan and Trust Bldg.
 DES MOINES, IOWA



WWS

PHYSICIAN'S AFFIDAVIT

State of Iowa County of Des Moines ss:

In the matter of Pension Claim of James E. Hunt
late _____ Company A Regiment 7 Vols.

(On this 21 day of June A. D. 1906, personally appeared before me a
Mary Lucie in and for the aforesaid County, duly authorized to administer oaths,
J. N. Paul, aged 46 years, whose residence and postoffice address
is Berry, County of Dallas and
State of Iowa, well known to me to be reputable and entitled to credit, and who,
being duly sworn, declares in relation to aforesaid case as follows:

That he is a practicing physician, and has been acquainted with said soldier for 18
years and that

(Make clinical history of disabilities.)

Examination of affiant shows him to be afflicted with the following named diseases. Both inflammatory and muscular rheumatism, very frequently taking on the special form of lumbago and sciatica, and as a result of this rheumatic condition the heart action at times becomes weak and irregular. He is also afflicted with vertigo which is a result of the irregular action of the heart. During the last six years he has been a victim of bronchitis and aphonia a large part of the fall winter and spring months. In view of his advanced age to gather with the above described diseases he is not able to perform manual labor over one fourth of the time.

He further declares that he has been a practitioner of medicine for 21 years and that he has no interest either direct or indirect in the prosecution of this claim.

J. N. Paul, M. D.

(Affiant's signature, giving rank and service, if in the army.)

This Blank is Expressly Prepared for J. J. Stuckey, Pension Claim Attorney.



Sworn to and subscribed before me this 21st day of June 1906 by the within
named affiant, and I certify that I read said affidavit to said affiant, including the words
and the words _____ erased
and acquainted him with the contents before he executed the same. I further certify that I am
in no wise interested in said claim, nor am I concerned in its prosecution; and that said affiant is personally
known to me and that he is a creditable person and a practicing physician in good pro-
fessional standing.



W. B. Sigmond
Notary Public In and
for Boone County, Iowa

James E. Kent military pension file, Private, Iowa Infantry, Company F,
Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate
No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942,
Pension application files based upon service in the Civil War and Spanish
American War ("Civil War and Later"), Record Group 15, Department of
Veterans Affairs, National Archives Building, Washington, DC.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Regiment
Vol.

No.

Affidavit of



FILED BY

J. J. STUCKEY

Pension Claim Attorney,

711 IOWA LOAN AND TRUST BUILDING,
DES MOINES, IOWA.



D-190a. Part 27
INVALID PENSION.

REISSUE TO ALLOW UNDER "GENERAL LAW."

Pensioner, James E. Kent Law No. 744966
 P. O., Berry Bank, Ames
 County, Saltus Company, F
 State, Iowa Regiment, 7 Iowa Inf. Regt.
 Rate, \$ _____ per month, commencing _____

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Western Div

RECOGNIZED ATTORNEY.

Name, A. N. M. Cornick & Sons Fee, \$ 2.50 Agent to pay.
 P. O., Cincinnati, Ohio Articles filed Feb. 24, 1891

REJECTED
 JAN 29 1901

APPROVALS.

Approved for Vertigo and head aches result of amnesia
 Submitted December 27, 1900; Cornick, Examiner
 Approved for Rejection for amnesia on the ground of no record, no medical evidence of treatment for same, or any results of same in the service, at discharge, or since, prior to 1871 to 1876 and claimant has declared his inability to furnish any evidence to show continuance from 1867 to 1871.

Jan 4, 1901 W. S. Wright, Legal Reviewer, _____, Med. Ex'r, _____, Med. Reviewer.
Jan 10, 1901 M. Kitcham, Re-Reviewer, _____, _____, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted January 27, 1864 Last paid to _____, \$ 6
 Discharged July 12, 1865
 Pensioned from November 2, 1871, at \$ 6, under the Act of June 27, 1890, for Vertigo result of amnesia

In declaration filed _____, 18____, under Act of June 27, 1890, alleged _____

Declaration filed _____, 18____; alleged _____

PRESENT CLAIM.

Declaration filed February 17, 1886, under general law was returned the 6th of May 1864, the effects of which has ever since impaired his health greatly, disabling him for performing manual labor particularly during the summer time

J. I. Hull M. C.

Claimant Kent writes.

Also personally appeared Saml Mahon residing at No. _____
 in _____ street, in Ottumwa and John Harniss
 residing at No. _____ in _____ street, in Ottumwa, persons whom I certify to be
 respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James
Kent, the claimant sign his name, (or make his mark,) to the foregoing
 declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him,
 that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

[If witnesses sign by mark two persons who can write sign here.]

Saml Mahon
John Harniss
 [Signatures of Witnesses]



Sworn to and subscribed before me this 26th day of October A. D. 1881
 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained
 to the applicant and witnesses before swearing, including the words _____
 [I. S.] _____ crased, and the words _____
 _____ added; and that I have no interest, direct or indirect,
 in the prosecution of this claim.

W. C. Thompson
 [Signature.]
Clerk District Court
 [Official Character.]

NOTES.

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.
 Declarations of claimants for original pension must be made before a Court of Record, or before some officer thereof having
 custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating
 to any pension or application therefor.
 The claimant's identity must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who
 are present and witness the signature of the declarant, and certify to his or her identity under oath or affirmation.
 Declarations and other papers should be as legible and as clear in statement as possible.
 Where any evidence is already on file in any Department of the Government, a definite description of and specific reference
 to it will render it available in any subsequent claim.
 The post-office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be
 embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties while
 communicating with the Pension Office or the pension agents should be stated.
 All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible wit-
 nesses, unless other evidence is specified.
 Testimony, in support of allegations made in a declaration, may be taken before any officer whose authority and signature
 are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.
 To facilitate the adjudication of claims all the requisite evidence that is available should be forwarded with the application.



ORIGINAL.

James C. Kent, Applicant
 Co. F, 4th Reg't
10th Iowa Infantry Vols.
 Enlisted _____, 1864
 Discharged _____, 1865

Filed by
J. H. Soule
 ATTORNEY AT LAW,
 PUBLIC NOTARY,
 IOWA.
 and sold for sale by J. H. SOULE, Washington, D. C.

FORM OF CLAIMANTS DISABILITY

In answer to Pension Office Circular (3-079)

STATE OF Iowa
COUNTY OF Dallas

In the matter of the original Invalid Pension Claim No. 562662

ON THIS day of A. D. 1891, personally appeared before me, a

J. Perry E. Kent in and for the aforesaid County, duly authorized to administer oaths
aged 45 years, a resident of
in the County of Dallas, and State
of Iowa, and who, being duly sworn, declares in relation to his claim for pension, as follows: My Post Office address is Perry, Dallas Co., Iowa.

For the year immediately preceding my enlistment into the service of the United States, I resided near, and my Post Office was, near Dahlonega, Marshall Co. Iowa

and my occupation was that of a Farmer. Since my discharge from said service on the 14 day of July, 1865, I have resided at Dahlonega, Iowa, till 1867, and since at Edgewood, Iowa, till 1871, and since at Richland Iowa till 1876, and since at Lynnville Iowa till 1886, and at above Post Office since 1886.

and my occupation has been that of a Laborer in Road House of C.M. I further state that the disability for which I claim a pension arises from effects of disease called effects of Leucostokes - contracted near Chattanooga, Tenn. contracted at about May 10, 1864, while on forced march.

that during his hospital the War, I was treated by the Surgeon, and since discharged, I was treated for above in the service by Dr. [Name] Surgeon. I was able to carry [Name] pack.

From my said discharge to the present time I have received the following medical treatment for said disease: I can not furnish any medical treatment since discharged as both the Doctors that treated is dead.

- Grace Cross Kent Feb 12 1877
Lucy E Morris June 20 1878
Effie E Kent Dec 27 1879
Ethel Le Oran Kent Jan 10 1884

Date March 22 - 1915 (Signature) James E. Kent

OF CLAIMANTS DISABILITY.
In answer to Pension Office Circular (3-079.)

STATE OF *Iowa*
COUNTY OF *Dallas* } ss.

In the matter of the original Invalid Pension Claim No. *562662*

ON THIS *12* day of *July* A. D. 18*91*, personally appeared before me, a

E. Kent in and for the aforesaid County, duly authorized to administer oaths
aged *45* years, a resident of

J. Perry in the County of *Dallas*, and State
of *Iowa*, and who, being duly sworn, declares in relation to his claim for pen-

sion, as follows: My Post Office address is *Perry Dallas Co.*
Iowa (Give present address in full.)

For the *12* year immediately preceding my enlistment into the
service of the United States, I resided near, and my Post Office was, *near Dahlonga*
Wappello Co Iowa
(Give all the places in which you resided during the period above stated prior to your enlistment.)

and my occupation was that of a *Farmer*. Since my discharge from said
service on the *12* day of *July* 18*65*, I have resided at *Dahlonga Iowa* P. O.
till 18*67*, and since at *Almwood Ill* till 18*71*

and since at *Richland Iowa* till 18*76*
(Give the name of each place, with date or any change of residence.)
and since at *Gymnville Iowa* till 18*86*

and at above Post Office since *Perry* 18*86*
and my occupation has been that of a *Laboer in Round house of CM*
rail road company

I further state that the disability for which I claim a pension arises from effects of disease called *effects*
of sunstroke - contracted near Chatham Iowa

For the ... year immediately preceding my enlistment into the service of the United States, I resided near, and my Post Office was, near Dahlonega
Wappello Co Iowa

(Give all the places in which you resided during the period above stated prior to your enlistment.)

and my occupation was that of a Farmer Since my discharge from said service on the 12 day of July 1865, I have resided at Dahlonega Iowa P. O.

till 1867, and since at Elmwood Ill till 1871
and since at Richland Iowa till 1876

(Give the name of each place, with date or any change of residence.)

and since at Glynnville Iowa till 1886
and at above Post Office since May 1886

and my occupation has been that of a Laboer in Round House of CM
St Paul rail road company

I further state that the disability for which I claim a pension arises from effects of disease called effects
of sunstroke - contracted near Chattanooga Tenn
contracted at

about May 10 1864, while on force march

(Here state the time, place and all circumstances under which the disability for which

pension is claimed originated.) that being no hospital the near I was
treated by reg surgeon at the time

at by the Surgeon, and could pass to side
in ambulance until I was able to march then the Capt.

I was treated for above in the service by Dr. E. W. ... Surgeon.

gave permission to have my baggage hauled
and I was able to carry them

From my said discharge to the present time I have received the following medical treatment for said disease:

I can not furnish any medical treatment

(Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.)

Since Discharged as both Doctors that treated
is dead

about... May 10... 1864... as stated in my declaration,

(Here state the time, place and all circumstances under which the disability for which

pension is claimed originated.)

that during the Hospital the War I was treated by ... at the time in ... was able to march then the Capt. I was treated for above in the service by ... Surgeon.

gain permission to have my baggage hauled ... was able to carry them

From my said discharge to the present time I have received the following medical treatment for said disease:

I can not furnish any medical treatment Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.

Since Discharged as both Doctors that treated is dead

FOLD

Grace	Paul	Kent	Dec 12	1877
Daisy	E	Morris	June 20	1878
Effie	T	Kent	Dec 27	1879
Ethel	Le Orah	Kent	Jan 10	1884

James E Kent

And during all of the said time my physical condition and ability to perform manual labor has been as follows:

During the hot summer months I have not been able to perform manual labor
State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giving the dates as nearly as possible, you have been prevented from following your usual occupation.

L. J. ...
[Two witnesses who can write sign here.]

A. M. Thornbush

J. E. Kent
[Signature of Claimant.]

STATE OF *Iowa*, COUNTY OF *Dallas* ss.:

Sworn to and subscribed before me this day by the above-named claimant, and I certify that I read the statement to him, and acquainted him with its contents before he executed the same. I am nowise interested in said case.



Samuel Nichols
Notary Public -
Dallas Co Ia

The Pension Office is sending out a Circular No. 3-079, calling for a blank like this to be filled FULLY, giving all the facts indicated, and saying: "No further action will be taken in this case till the above is complied with." Those to whom this is sent should comply at once, and send to A. W. McCormick & Son, Attorneys, Cincinnati, O.
This may be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached.

HISTORY OF CLAIMANT'S DISABILITY.

Invalid Claim No. *562661*

J. E. Kent
Lat. Co. *H* Regt. *7 Iowa* Vols.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

FILED BY
A. W. McCormick & Son,
ATTORNEYS,
PIKES OPERA BUILDING, CINCINNATI, O.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Affidavit of James E. Kent.

State of Iowa, Dallas County, ss.

On the matter of the pension claim No. 105 of J. E. Kent. 180 T. 7th regt. Iowa Inf. cols. On the 15th day of Feb. 1892. Before the undersigned authority within and for said County and State personally appeared James E. Kent states under oath that he cannot furnish the evidence required from 1867 to 1871 while living near Elmwood Ill. by reason of death of the parties whom I lived with and worked for during that period of time. And at this late date neighbors who being slightly acquainted with me have no recollection of my disability.

James E. Kent

Sworn to before me and subscribed to and my presence

by said James E. Kent this 15th day of February

AD 1892 and I further certify that said James

E. Kent is personally known to me and that

he is respectable and entitled to full faith

and credit as to all statements made

by him under oath and that my

Certificate of Authority is on file

at Washington D C

H. A. Kay

Notary Public Dallas Co Iowa



DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G. M. Satterberg

JAMES E. KENT,
744966 PERRY, IOWA.
1315 11TH ST..



Commissioner.

FIELD HEAD

No. 1. Date and place of birth? Answer. Feb 9 - 1846.
Gates City, Knox Co. Ill.
The name of organizations in which you served? Answer. 7th Iowa Co 7th Infantry

No. 2. What was your post office at enlistment? Answer. Dahlonga, Iowa

No. 3. State your wife's full name and her maiden name. Answer. Mary Kate Kent - Minerva Bone

No. 4. When, where, and by whom were you married? Answer. Richland, Treokuck, Ia
Mar 15 - 1876 Rev. C. C. Pugh

No. 5. Is there any official or church record of your marriage? Answer. No
If so, where? Answer. X

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.

FIELD HEAD

Feb 27 1871
at Edward, Ill name Opha E. Hale
Died April 14 - 1871

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. not married before

No. 8. Are you now living with your wife, or has there been a separation? Answer. Yes

FIELD HEAD

No. 9. State the names and dates of birth of all your children, living or dead. Answer.
Grace Pearl Kent Feb 12 1877
Daisy E. Morris June 20 1878
Effie L. Kent Dec 27 1879
Ethel Le Oran Kent Jan 10 1884

Date March 22 - 1915

(Signature) James E. Kent.

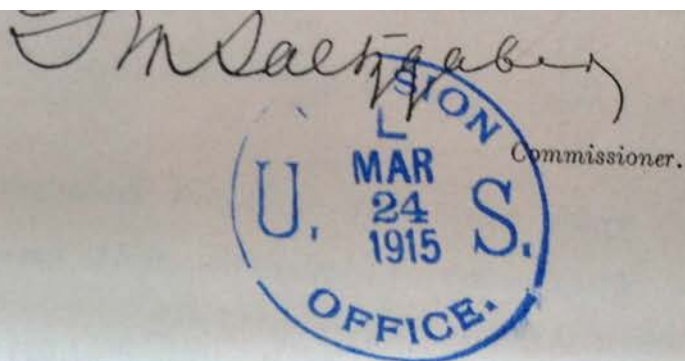
H. E. P.

JAMES E. KENT,

PERRY, IOWA.

744966

1315 11TH ST..



No. 1. Date and place of birth? Answer. Feb 9 - 1846.
 Yates City, Knox Co., Ill.
 The name of organizations in which you served? Answer. 7th Iowa Co 7th Inf

No. 2. What was your post office at enlistment? Answer. Dahlonega, Iowa

No. 3. State your wife's full name and her maiden name. Answer. Minerva Kent-Minerva

No. 4. When, where, and by whom were you married? Answer. Richland, Hickock Co
 Mar 15 - 1876 Rev. C.C. Pugh

No. 5. Is there any official or church record of your marriage? Answer. no
 If so, where? Answer. X

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.

Feb 22 1871
 St. Edmund, Ill name Alpha G. Toale
 Died April 14 - 1871

No. 4. When, where, and by whom were you married? Answer. Richland Hooker, La
Mar 15 - 1876 Rev. C.C. Pugh

No. 5. Is there any official or church record of your marriage? no
If so, where? Answer. X

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. Feb 22 1871

St. Edmund, Ill name Opha L. Hale
Died April 14 - 1871

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. not married before

No. 8. Are you now living with your wife, or has there been a separation? Answer. yes

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

Grace Pearl Kent - Feb 12 1877
Daisy E. Morris - June 20 1878
Effie P. Kent - Dec 27 1879
John P. Kent - Jan 10 1884

answer include all former husbands. Answer. *not married before*

Q. 8. Are you now living with your wife, or ~~has there been a separation?~~ Answer. *yes*

Q. 9. State the names and dates of birth of all your children, living or dead. Answer.

Grace	Paul Kent	Feb 12	1877
Daisy	E. Morris	June 20	1878
Eppie	L. Kent	Dec 27	1879
Ethel	Le Oran Kent	Jan 10	1884

March 22 - 1915

(Signature) *James E. Kent*

188

DES MOINES AGENCY.

3-402.

Certificate No. 744966
Name, James E. Kent

Department of the Interior,
BUREAU OF PENSIONS.

Washington, D. C., January 15, 1888.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

W. Hayward

Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes Minerva Houns

Second. When, where, and by whom were you married?

Answer. March 15-1876. Richland La. M.E. Minnich

Third. What record of marriage exists?

Answer. Certificate

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. Yes. Sophia R. Hulse April 14-1871

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes Lou. P. H. 1877, Daisy E. Jones 20-1878, Effie T. Dec 27-1880
E.L. Ethel L. June 10 1884

Date of reply July 4, 189

James E. Kent

(Signature.)

5301b750ml-94

ADJUTANT GENERAL'S OFFICE

OCT 14 3117301 1912

WAR DEPARTMENT

ADJUTANT GENERAL'S OFFICE

OCT 14 1963634 1912

WAR DEPARTMENT.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

3-050.

Civil War Div. *AWED.* Ex'r.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Washington, D. C., *Oct 9*, 1912

Respectfully returned to
The Adjutant General,
War Department, request
ing a report showing the
age of the soldier at enlist-
ment, and other age of
record; and also the
date of disbandment of
the organization -

216 25 100
DIVISION

In. Cf. No 744966
James E. Kent
C. F. 7 Iowa Inf.

Commissioner.

WAR DEPARTMENT,

1963634
THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, October 16, 1912.

Respectfully returned to the
Commissioner of Pensions.

At the date of the enlistment of
James E. Kent, Company F, 7th Iowa
Infantry, his age was recorded on the
records as 18 years. No other age
in his case has been found of record.

The 7th Regiment Iowa Infantry was
disbanded during the month of July,
1865, exact date not shown.

H. W. Andrews

The Adjutant General.

PENSION
U. S. OFFICE
OCT 17 1912

PENSION

with the
John
Ca
me
the
24

Con

Respect!

Mark

NOT ANSWERED

3-464 aa.

Western Div., also, Exr.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Apr 27, 1900

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting an additional full military and medical history of the soldier if any on file

WESTERN DIVISION MAY 2 1900

No other report on file.

Inv. No. 744966, Name James E. Kent, Co. F 7 Reg't Ia. vol. Inf.

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, APR 30 1900

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of James E. Kent Co. F 7 Iowa Inf. military records furnish nothing additional to report of July 24, 86 herewith.

The medical records show him treated as follows

No record found.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

PENSION DIVISION U. S. DEPT. OF WAR MAY 1 1900 OFFICE.

BY AUTHORITY OF THE SECRETARY OF WAR:

Chief, Record and Pension Office.

Per

(33a-a)

See file no. by the card

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 24th, 1886

562.661.

Respectfully returned to the Commissioner of Pensions.

James E. Kent, a Pvt. Rec. of Company F, 7th Regiment Iowa Inf. Volunteers, was enrolled on the 27th day of Jan., 1864, at Ottumwa, 34 years, and is reported: On roll Jan. & Feb. /64 present, same to April 30/65. May & June /65 absent furloughed June 22/65. Mustered out with Co. at Louisville Ky. July 12th /65. a private,

Pls. No.

25 Feb. 1886

Regimental Hospital Records covering this period of service furnish no information in the case -

Records 15th Army Corps show him furloughed June 20/65 - for 30 days. Cause for which furloughed not stated.

NO. 2

The records of this office furnish no evidence of desertion as alleged.

Donald Ward
Assistant Adjutant General.
(2.)

[Handwritten signature]

292

PO

... is totally disinterested in this claim

SSW, Ex'r. Department of the Interior,
PENSION OFFICE.

No. 562661

James E. Kent

March 24th 1886

SIR:

I have the honor to request that you will furnish from the records of the War Department a full report as to the service, disability, and hospital treatment of

James E. Kent, who, it is claimed, enlisted
June 27th, 1864, and served as Private
in Co. F, 7th Reg't Iowa Vols; also in Co.

and was discharged at Louisville Ky, July 1865

While serving in Co. F, 7th Reg't Iowa Vols, he was disabled by
Sunstroke

also

and was treated in hospitals of which the names, location, and dates of treatment are as

General Hospital

Very respectfully,

John C. Blackie
Commissioner.

General, U. S. Army.

(324-100 M.)

es of commanding officers.

attached letter with reply.

Winfield Scott

292/5

3-049

Ex. ABP Dic. Invalid

Department of the Interior
BUREAU OF PENSIONS

WASHINGTON, D. C., MAR 9 - 1929

The attached letter is respectfully returned with the information that the data furnished is not sufficient to enable this Bureau to make intelligent answer to the queries therein contained. Please fill out such of the blank spaces below as the information in your possession will permit and return to this Bureau.

No. of claim 744 966
Name of soldier James E. Kent
P. O. address of claimant 1315-11 St.
Corry Iowa
Company F
Regiment 7th Iowa Vol. Inf.
State where enlisted Ottumwa Ia.
Date of enlistment Jan 27, 1864
Date of discharge July 12, 1865
If unable to furnish company and regiment give names of commanding officers.

Return attached letter with reply.
Winfield Scott

ACT OF MAY 1, 1920

No. 744966
Pens.

30 Days

W.B. Myers

NOV 20 1925

Spencer
Myer

3-1647

Act. of May 1, 1920

Cert. 744,966

Name, James E. Kent

Application filed Oct. 31, 1925
Service, F, 7 Iowa Inf.
NOV 20 1925

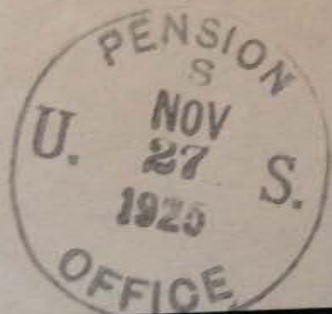
letter to Mr. Paul
additional affidavits by Mr Paul
relating to need of dependent allowance
W.B. Myers

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Perry Iowa Nov. 24. 25
Herewith find affidavit from Dr. J. N. Paul
as requested.

Respectfully,

James E. Kent.



WILLIAM WESTERN INCREASE.

Claim No. 744966
James E. Kent
P. O., Perry
County, Dallas
State, Iowa
Application filed Oct. 18, 1892
State Service, F. 7 Iowa Inf.
Dec. 17, 92
Claimant J. W. C.
Feb. 6/96 Status tolt.
at Perry Ia. this Hon.
Mr. B. Allison Sub. 673. off
by. Ord. Des Moines. Iowa.
Feb. 18. 95. J. W.

Disability,
Attorney, Clint.
P. O.,
County,
State,
Order to. - 100 M.)

REJECTED

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 744966
James E. Kent
P. O., Perry
County, Dallas
State, Iowa.

Application filed July 5, 1906
Service, F. 7 Iowa Inf.
Aug 29. 1906 Med. Dir.
E. H. S.

SEP 5 1906
Bd Des Moines Iowa
Satisfied Stuckey, CDG

Attorney F. J. Stuckey
P. O., Des Moines
County,
State, Iowa
(181 room.)

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 744966
James E. Kent
P. O., Perry
County, Dallas
State, Ia

Application filed Mar. 16, 1906
Service, F. 7 Ia. Inf.
Apr 12/06 to Med Dir.
A. A. D.

APR 17 1906
Bd Perry Iowa
Satisfied Stuckey, CDG

Attorney, F. J. Stuckey
P. O., Westminto
County,
State, Ia
(181 room.)

BBC

By

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON October 19, 1912.

na

Form 3145.
RECORDS DIVISION.

INDORSEMENT SLIP.

Auditor for the War D
Treasury Dep
Washing

J.T. Treasury Department,
OFFICE OF THE
AUDITOR FOR THE WAR DEPARTMENT,

Washington, D. C., *Dec 20*, 1917

RESPECTFULLY RETURNED TO THE
HON. COMMISSIONER OF PENSIONS.

In the case of *James E. Kent*
late *Private Co. F*

7" Regiment *Iowa Inf*

Volunteers, *He was finally paid*

July 19, 1865 to include July

13, 1865, on Company Muster

out roll, to which date the

Company was paid

356 men were subsisted

from July 11 to 15, 1865

359 " July 14 " 17 "

440 " July 17 " 18 "

Please furnish a
the above-named sold
which he was subsi
He enlisted Janus
1865.

Very res

RECEIVED
T 23 1912
MAIL ROOM

E. A. GONGWER

Auditor.

By

[Signature]

Pension Claim No. *744966*

*explain
at the time, & testify
said Refrunt,
the collection. And statement further
that claimant was abroad & able bodied
man at & prior to enlistment
knew & that he is*

Inf.

BUREAU OF PENSION

WASHINGTON

The Auditor for the War Department,
Treasury Department,

Washington, D. C.

Sir:

Please furnish a report showing the date to which the above-named soldier was last paid, and the date to which he was subsisted.

He enlisted January 27, 1864, and was discharged July 12, 1865.

Very respectfully,

OFFICE OF AUDITOR
FOR WAR DEPARTMENT
OCT 21 1912
MAIL ROOM

J. S. Davenport,
Commissioner.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

PENSION
U. S. OFFICE
DEC 23 1912

State of Iowa

Waseller Drug } ss

In the pension case of James E. Kent
 Co. F. 4th Regt. Iowa Infantry Vol.
 Samuel Mahon being first duly
 sworn according to Law, on my oath
 say - That my Post Office address is
 Ottumwa Waseller Co. Iowa. That I
 personally know the claimant - That
 said James E. Kent, while a member
 of the above organization, in the service
 and in the line of his duty at or near
 Chattanooga, Tennessee in the month
 of May 1864 became disabled in
 the following manner viz: he was
 overcome by excessive heat, being
 caused in my opinion on forced march
 from Pulaski Tenn. to Chattanooga Tenn.
 That I have personal knowledge of the
 foregoing matter, having been Captain
 & afterwards Major of said Regiment,
 & was present at the time, & testify
 from recollection - And I depose further
 say that claimant was a sound & able bodied
 man at & prior to enlistment, so far as he
 knew & that he is totally disinterested in this claim

9004

Samuel Mahon
 subscribed & sworn to before me by the said

Pension numbers & in course of
 examination service

James Makens this 7 day of December
A.D. 1881 & I certify that I read said affidavit to
said affiant & acquainted him with its contents before
he executed the same. I further certify that I
am in no wise concerned in its prosecution
and that affiant is personally known to me &
is a credible witness.

W. C. Thompson
Clerk District Court



Claim of James E.
Kent, Co. F. 7 &
Regt. Iowa Infantry

Affiant of
James Makens
Major

Filed by
S. E. Adler

Attorney
Loren



James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

State of Iowa County, of Wapello, ss.

On this 10 day of October 1891, before the undersigned authority

and for said County and State, personally appeared Samuel Mahon

who, being duly sworn, states on oath that

J. O. Keus of Co. F 7 Regt. Iowa Vols.

from exposure in the line of his duty in the U. S. Service*

at or near Chattanooga in the State of Tenn. on or about

May 10 1864, contracted disease called received a sunstroke

very much disabling him at the time and causing severe headaches
dizziness,

That he testifies from personal knowledge, having been Captain of Co. F
7th Regt. Iowa Vols., and serving with said soldier at the time.

That he has no interest in this Pension Claim.

My Post Office address is Ottumwa Iowa

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

Late Capt Co. F 7th Regt. Iowa Vols.
[Here state your rank at final discharge.]

Sworn to and subscribed before me the day and year first above written, and I certify that each affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to Affiant before signing. Witness my hand and official seal.

John Sheehan Clerk Dist Court
(Magistrate's Signature.)

This may be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said magistrate will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office.

If the officer knows that the disease continued to affect him till discharged, or that he was treated by the Regimental Surgeon, or in Hospitals, please state the facts.

This must be executed by some commissioned officer (or first sergeant of his Company,) if one can possibly be found who knows the facts; If not, have two comrades testify to the above, using this blank. Always give Company and Regiment, and Post Office.

*Here state what he was doing at the time.

Officer J Swasbroke



State of _____ County of _____, ss.

I CERTIFY that _____ before whom the foregoing affidavit was made is a _____ duly authorized to administer oaths, and the within is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this _____ day of _____ 189_____

Clerk of the _____ Court of said County.

The Clerk's Certificate need not be executed if a certificate is filed separately in the Pension Office for the term of notary's office.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

ADDITIONAL EVIDENCE

— IN —

Invalid Claim No. 562661

— OF —

J. E. Kent

Late Co. F. 7. Regt Iowa Inf Vols

FILED BY
A. W. MCCORMICK & SONS,
PENSION ATTORNEYS,
Pike's Opera Building, CINCINNATI, O.

Ottumwa Apr 10th 86

Mrs C. Black

Dr Sir,

Replying to the
enclosed I have the honor
to state that at the beginning
of the "Atlanta Campaign" the
Marched from Prospect Tenn
for Chattanooga, about May
1st 64, marching was hard
and weather warm, and
the men soft from winter
quarters. Several were over
come with heat among
them was Kent. I can't
state the extent of the
injury incurred, and
22 years leaves but little
of particulars in my

James E. Kent
Co. F. 7th Ia Inf

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 27 1902

Further aid this P...

2/

Memorandum. The bare fact is
 all I can find. Key's
 was a good soldier. Brave
 Steady and efficient
 Hoping this may
 assist you in reaching a
 proper decision in this
 case I remain
 Very Respectfully
 Your Obedt Servt
 Paul Keaton

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

3-056.

WESTERN B
MAY 11 1900
PENSION B

Two, Ex'r.

Western Div.
Ins. Off. No. 744966
James E. Keck
Co. F. 7 La. Vol. Inf.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 27, 1900

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Samuel Mahon,
Ottumwa, Iowa

A. C. Grant
Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: Cannot now remember

Of what disability did he then complain, and how was he affected?

Answer: Loss Eyes

PENSION
A
MAY 10
1900
OFFICE.

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: as long as I can remember I saw him in frequent probably two or three times. Can't say to what extent it disabled him

Very respectfully,

The COMMISSIONER OF PENSIONS.

Samuel Mahon

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

War Department,

ADJUTANT GENERAL'S OFFICE,

#562,661,

Washington, May 23, 1886

Respectfully returned to the Commissioner of Pensions.

....., a of Company
Regiment Volunteers, was enrolled on the
day of 186, at
and is reported: Return 7th Iowa for May 164
reports. Samuel Mahon, Capt. Co. F. present.
JMS. Station, May 31/64. In the Tull Ga.

JMS
92

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Thomas Ward
Assistant Adjutant General.
(2.)

by J.W.C.

U.S.

Under Act of June 27, 1890.

(3-1429.)

INCREASE.

Claim to

No. 744,966

James E. Kent

P. O., Perry

County, Dallas

State, Iowa

Application filed Aug. 13, 1902

State Service,

77 Iowa Inf.

Nov 02
Med. Ex.

Des. Moines, Iowa,

Atty. Stuckey advised

St. F.

Disability,

Attorney, J. Stuckey

P. O., Des Moines

County, , State, Iowa

(186-1000.)

St. F.

5310 (3-1429.)

Went Division.

Department of the Interior,

PENSION OFFICE,

Wichita, 1896

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about
May 20, 1864

of Samuel Mahon
Capt,

of 7th Iowa Vols
and the station, at that date, of the
Regiment

Claim No. 562,661

James E. Kent
Privt, 7th Iowa Vols

John C. Black
3/29 Commissioner.

(1620-2,000.)

3-1817.

Act of Feb. 6, 1907.

Cert. 744,966

Name, James E. Kent

Application filed May 20, 1912
Service, 77 Iowa Inf

Oct 19, 1912 Auditor for
date last payment.

S.W.E.P.

James E. Kent military pension file,
Private, Iowa Infantry, Company F,
Regiment 7, Civil War, Soldier's
Application No. 562661, Soldier's
Certificate No. 744966, Records Relating
to Pension and Bounty-Land Claims
1773-1942, Pension application files based
upon service in the Civil War and Spanish
American War ("Civil War and Later"),
Record Group 15, Department of
Veterans Affairs, National Archives
Building, Washington, DC.

GENERAL AFFIDAVIT

State of Iowa
East County,

In the matter of pension claim of J. V. Kent, late a private
Co, 7th Iowa Infantry

Personally came before me, a Notary Public in and for aforesaid County
and State, Isaac S. Daman aged 41 8 years
and _____ aged _____ years
citizen of the town of Atlantic County of Cass State of
Iowa

well known to me to be reputable and entitled to credit, and who,
being duly sworn, declare in relation to aforesaid case, as follows:

He was a private in
Co, 7th Iowa Infantry and was
well and intimately acquainted
with J. V. Kent soldier above named
and served with him in same
company and Regt. and messed
together in said Co.

He remembers that while
the Co. and Regt. was between
Athens & Chattanooga Tenn. about
the 10th of May 1864, that Claimant
incurred sunstroke, while in line
of duty, which disabled Claimant
from duty for several weeks, and he
continued to suffer more or
less with said sunstroke during
all the time there after of his service
and. Affiant further states that
he was well acquainted with
Claimant when he was first
discharged from said Company in
July 1865, and knew him
continually and intimately for
two years next after his discharge
to wit from 1865 to Aug. 1867
and knows that Claimant was
a continual sufferer from said
disability more or less each year
of that time and was at least
2/3^d disabled for manual labor
on account of said disability

Commander & sunstroke 43 case 61-667

67

MOTHER
FATHER
OTHER NUMBER
RECEIVED
FEDERAL ARCHIVE

MINOR
MOTHER
FATHER
OTHER NUMBER
RECEIVED
NATIONAL ARCHIVES

claimant often complained of severe
head ache and diarrhea, and sick at
his stomach and when in hot
sun would turn blind and had
a run aching of his limbs

He further declare that he has no interest in said case, and is not concerned
in its prosecution.

1 } Signature of Affiant. Isaac S. Downe
2 }

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons who can
write must attest the signature by signing their names opposite.
The official before whom papers are executed is not a competent witness to a mark.

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I
read said affidavit to said affiant , and acquainted him with its contents before he executed the
same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecu-
tion; and that said affiant is personally known to me; that he is a creditable person and so re-
puted in the community in which he resides.

Witness my hand and official seal this

1st day of June 1891
James Pugh
Notary Public

Sign here



The Notary Public (or Justice of the Peace), will put his signature and seal on a sheet of paper,
and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he
can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of
Court. Such Certificate for each Department where many authentications are required will save much expense.
Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate on one only, if all
are to be used in one case.
Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as
you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

May 20 1891

Ne

No. 562661
GENERAL AFFIDAVIT.
CASE OF
E. Keck
F. J. Snows Def.
FOR

AFFIDAVIT OF

FILED BY
~~JAMES PUGH,~~
ATTORNEY AT LAW

ATTEST: TOWNE
A. H. McCormicks Secy.
Circumstate Ohio

Affidavit of Neighbors, Employers or those who worked with Soldier.

State of Iowa Keokuk County, ss.

In the matter of the Pension Claim No. 62661 of J. E. Keok

On 7 Regt Iowa Inf Vols.

On the 21 day of December 1891, before the undersigned

authority within and for said County and State personally appeared

Elisha Broadhead

who, being duly sworn, states on

oath that he first became acquainted with the physical condition of J. E. Keok

That he lived near him from about

near Sakonsdwa P. O. That it is believed the above originated in the U. S. Service.

The progress and symptoms of this disease have been as follows:*

I was personally acquainted with the above named claimant was in the 31st Co & Regiment with him in the army & not that he had stroke while in the army near him well from 1865 -

from living with him while in the army & from living near neighbor to him from the year of 1865 - to the year of 1867 & during that time he was only able to perform one fourth the amount of labor of an able bodied man

*See Foot Notes on Back and Follow closely.

copy 2 - Broadhead
X 2 name 66-67

APR 30 19126 RECORDS & PENS. WAR DEPAR

NATIONAL ARCHIVES

That he did not employed said claimant.
That he did worked with him during the above time

That his means of knowing his condition are as follows: living near neighbor to him during the above named time

That claimant's occupation was that of a farmer, and he was prevented from working about 40 weeks each year as follows:

That in affiant's opinion he was disabled for hard work to a 1/4 degree on an average during the above period, and to a degree at present, by the above, as near as he can judge.

That he testifies from personal knowledge, and has no interest in this Pension Claim.

My Post Office address is Fredrick Iowa



God Editha Hoff East
Two may sign here, each giving his P. O. address.

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and seal.

God Messyfield Notary Public
(Magistrate's Signature.)

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office. The witness will please give a FULL statement, in his OWN WRITING, if possible; and if he knew of the soldier being treated, he will so state and name the doctor. Describe his appearance and complaints each year naming each disease or injury. *Here say one-fourth, one-half, three-fourths or total. It is very important that an OPINION as to the rate be given. Total for HARD work, like farm work, gives \$8 per month, and total for LIGHT work gives \$3 per month pension. *If affiant never employed or worked with the soldier, he will say so, and explain how he knew of his disability during the time named.

and the station at that time of the Co. Regt.

A. W. M. L. All 14.

ADDITIONAL EVIDENCE

IN
Valid Claim No. 6266
OF

Late Co. F 7 Regt. 10th Volts



FILED BY
A. W. MCCORMICK & SONS,
PENSION ATTORNEYS,
Pike's Opera Building, CINCINNATI, O.

further

homes which was not more than one-half of a mile away
in a term of...

RECORD & PENSION OFFICE
APR 30 1912 630 1900
WAR DEPARTMENT

3-001.

Western Div.
aoc, Ex'r.
No. 744966
James E. Kent
Co. F, 7 Ia. vol. Inf

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Apr 27 1900

SIR:

For use in the above-entitled claim for pension
please furnish a report from the records of your
office as to the presence or absence on or about

of Elisha Broadhead
Co. F, 7 Ia. vol. Inf
1861 and 1865
WESTERN DIVISION
MAY 2 1900
P DIVISION B

and the station at that time of the Co. & Regt.

Very respectfully,

[Signature]
Commissioner.

The CHIEF OF THE
RECORD AND PENSION OFFICE,
WAR DEPARTMENT

Record and Pension Office,
WAR DEPARTMENT.

Respectfully returned to the
Commissioner of Pensions.

The rolls show that

Elisha Broadhead

named in the above inquiry was present
during the period mentioned except as follows:

Aug. 64. Absent sick. July 1. 64
Oct. 64. absent sick in Hosp
Rome, Va. July 1. 64

The station of the Co
during said period was as follows:

In various places, Ill, Ala. Ga.
S. C. N. C. and Ky.

By authority of the Secretary of War:

[Signature]

Colonel U. S. Army, Chief of Office.

Per *[Signature]*

APR 30 1900

Washington, D. C. 189

James E. Kent military pension file, Private,
Iowa Infantry, Company F, Regiment 7, Civil
War, Soldier's Application No. 562661,
Soldier's Certificate No. 744966, Records
Relating to Pension and Bounty-Land Claims
1773-1942, Pension application files based
upon service in the Civil War and Spanish
American War ("Civil War and Later"),
Record Group 15, Department of Veterans
Affairs, National Archives Building,
Washington, DC.

Affidavit of Neighbors, Employers or those who worked with Soldier.

State of Iowa Keokuk County, ss.

In the matter of the Pension Claim No. 562661 of J. E. Kent
Co. 77 Regt Iowa Inf Vols.

On the 12th day of November 1891, before the undersigned

authority within and for said County and State personally appeared George W. Staats
Aged 45 years

who, being duly sworn, states on oath that he first became acquainted with the physical condition of J. E. Kent

after his return from the army, about 1871 and found him then suffering from disability or disease called effects of sunstroke,

disease of heart & head from which he knew him to continue to suffer each year up to about 1876

That he lived near him from about 1874 to about 1876

near Richland Iowa P. O. That it is believed the above originated in the U. S. Service.

The progress and symptoms of this disease have been as follows:*

I worked through Harvest in the years 1874 & 1875 with above named soldier J. E. Kent and about one month of the winter of 1875-1876 during the time I worked with said soldier he almost continually complained with Disease of head or Pain in his head in the summer he could not stand the heat would give out occasionally and had to quit work. he complained in the winter month of his head but not so much as in the summer. and at that time said soldier was incapacitated from the performance of manual labor fully half of his time and from my observation since (having met him several times since) he is Disabled to a greater Degree

*See Foot Notes on back and Follow closely.

Vertical handwritten notes on the left margin: "Keokuk Iowa", "1874 to 1876", "George W. Staats".

That he^t employed said claimant

That he^t worked with him during the above time

That his means of knowing his condition are as follows:

by working with said soldier in the field in the summer of 1874 and 3rd 1875 in harvest and in the timber

Chopping in winter of 1875-1876 and personal observation & hearing him complain
That claimant's occupation was that of a farmer, and he was

prevented from working about

weeks each year as follows

That in affiant's opinion he was disabled for hard work to a degree on an average during the above period, and to a degree at present, by the above, as near as he can judge.

That he testifies from personal knowledge, and has no interest in this Pension Claim.

My Post Office address is Baker Jefferson County Iowa G. W. Staats

good

Two may sign here, each giving his P. O. address.

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and seal.

Lewis Harton Notary Public (Magistrate's Signature.)

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office. The witness will please give a FULL statement, in his OWN WRITING, if possible; and if he knew of the soldier being treated, he will so state and name the doctor. Describe his appearance and complaints each year naming each disease or injury. *Here say one-fourth, one-half, three-fourths or total. It is very important that an OPINION as to the rate be given. Total for HARD work, like farm work, gives \$3 per month, and total for LIGHT work gives \$3 per month pension. †If affiant never employed or worked with the soldier, he will say NEVER—and explain how he knew of his disability during the time named.

ADDITIONAL EVIDENCE

Incapacitated Claim No. 562666

J. C. Staats

Late Co. F of Regt. Iowa Vols



FILED BY A. W. MCCORMICK & SONS, PENSION ATTORNEYS, Pike's Opera Building, CINCINNATI, O.

Affidavit of Neighbors, Employers or those who worked with Soldier.

State of Iowa Gaspar County, ss.

In the matter of the Pension Claim No 562661 of J. E. Keub
Co. A 7 Regt Iowa Inf Vols:

On the 15th day of December 1891, before the undersigned authority within and for said County and State personally appeared

S. T. Sparks & J. W. Sparks, who, being duly sworn, states on this oath that he first became acquainted with the physical condition of J. E. Keub

That ~~they~~ lived near him from about March 1st 1876, to about 1876 near Linnville Iowa P. O. That it is believed the above originated in the U. S. Service.

The progress and symptoms of this disease have been as follows:*

That about the first of March 4th 1876 the applicant moved to this Township (Logan ground) & lived with his family near some homes which was not more than one half of a mile away for a term of ten years - and during that time we saw him nearly every day - we often worked together in common farm work - and of our personal knowledge we do know that he was disabled & complained of some pain in
Neuron I expect am mistake 86 to 91

(Signature of Affiants.)

That in affiant's opinion he was disabled for hard work to a 1/2 degree on an average during the above period, and to a degree at present, by the above, as near as he can judge.

That ~~the~~ testings from personal knowledge, and has no interest in this Pension Claim.

Post Office address is by mail John and Jane

Bureau

J. H. Sparks

Two may sign here, each giving his P. O. address.

I swear to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and seal.

Joseph A. ...
(Magistrate's Signature.)

This can be sworn before a Justice or Notary, and a certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office. The witness will please give a FULL statement, in his OWN WRITING, if possible; and if he knows of the soldier being treated, he will so state and name the doctor. Describe his appearance and complaints each year naming each disease and injury. Here say one-fourth, one-half, three-fourths or total. It is very important that an OPINION as to the rate be given. Total for HARD work, like farm work, gives \$8 per month, and total for LIGHT work gives \$3 per month pension. Affiant never employed or worked with the soldier, he will say YES— and explain how he knew of his disability during the time named.

ADDITIONAL EVIDENCE

— IN —

Invalid Claim No. 562661

— OF —

J. E. Kent

Late Co. 7 Regt. 7th Vols.



FILED BY
A. W. MCCORMICK & SONS,
PENSION ATTORNEYS,
Pike's Opera Building, CINCINNATI, O.

Me
Prosecution
Affiant sign by
40-

Kind
The COMMISSIONER
NOTE— If the
number; his mark
be proper with
14-1
Sts

He told me it was on account of sun stroke
that he received in service as a Soldier during the late
War.

He has quite a family to keep up and it is very
hard for him to make a living for them
he goes to work when he not able to do so

See Foot Notes on Back and Follow closely
Neighbor 3 effects sunstroke 86 to 92

That he†..... employed said claimant.....

That he†..... worked with him during the above time.....

That his means of knowing his condition are as follows:.....

That claimant's occupation was that of a Rd House Helper C. M. St. P. R. Co. and he
prevented from working about..... weeks each year as follows:.....

Neighborhood 3 effects earthquake '76 to '86

he told me it was on account of sunstroke that he received his injuries as a soldier during the late war.

he has quite a family to keep up and it is very hard for him to make a living for them he goes to work when he not Hoff able to do so

See Foot Notes on Back and Follow closely
Neighborhood 3 effects earthquake 86 to 92

two able bodied men could do - or one to do =
do one half as much work as
Neighbors 3 effects earthquake '76 to '86
*See Foot Notes on Back and Follow closely.

That he/_____ employed said claimant _____

That he/_____ worked with him during the above time _____

That his means of knowing his condition are as follows: _____

That claimant's occupation was that of a Rd House Helper C. M. M. P. R. R. and he was
prevented from working about _____ weeks each year as follows: _____

Affidavit of Neighbors, Employers or those who worked with Soldier.

State of Iowa, Dallas County, ss.

In the matter of the Pension Claim No. 562661 of J. C. Kent
Co. A 7 Regt. Iowa Inf. Vols.

On the 10 day of Feb 1892, before the undersigned authority within and for said County and State personally appeared

Ernest Boyer, who, being duly sworn, states on oath that he first became acquainted with the physical condition of J. C. Kent

from which he knew him to continue to suffer each year up to about 1886

That he lived near him from about Feb 1886, to about July 31 1892 near Perry Iowa P. O. That it is believed the above originated in the U. S. Service.

The progress and symptoms of this disease have been as follows:*

Mr. J. C. Kent the applicant moved to said Perry Iowa on about Feb 1886 with his family and lives with in 12 miles of my place and I saw the applicant J. C. Kent to lay off time and a game on a count of his Heart & Head he is no a able Body Man he only work time to time. When he is Half able to work

43-

ADDITIONAL EVIDENCE

— IN —

Invalid Claim No. 562661

— OF —

J. E. Kemp

Late Co. 77 Regt. 10th Wols.



FILED BY

A. W. McCORMICK & SONS,
PENSION ATTORNEYS,
Pike's Opera Building, CINCINNATI, O.

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office.
The witness will please give a FULL statement, in his OWN WRITING, if possible, and if he knew of the soldier being treated, he will so state and name the doctor. Describe his appearance and complaints each year, naming each disease or injury.
*Here say one-fourth, one-half, three-fourths or total. It is very important that an OPINION as to the rate be given. Total for HARD work, like farm work, gives \$8 per month, and total for LIGHT work gives \$3 per month pension.
*If the witness is employed or worked with the soldier, he will say SEVERE—and explain how he knew of his disability during the time named.



Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and seal.

H. A. Chappell
(Notary's Signature)

Two may sign here, each giving his P. O. address.

That in affiant's opinion he was disabled for hard work to a* 1/2 degree on an average during the above period, and to a* 1/2 degree at present, by the above, as near as he can judge.

That he testifies from personal knowledge, and ~~has~~ no interest in this Pension Claim.

My Post Office address is

Brook
Henry Jones
Frank Hayward

3-056.

Western Div.

Give Ex'r.

Invc. No. 744966,
James E. Kent,
Co. I 7 Sa. Vol. Inf

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 27, 1900

RECEIVED
MAY 2 1900
DIVISION B

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Mr. Ernest Baynard,
Perry, Iowa.

A. C. Evans
Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: in about Feby 1886
he moved in to Perry Iowa at that time

Of what disability did he then complain, and how was he affected?

Answer: ~~Heart & head trouble.~~
and at this present time is very bad

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: yes continues suffer.
i see him about every day
and thair for i now he his total
disability from head labe

Very respectfully,

PENSION
MAY
19
1900
OFFICE.

The COMMISSIONER OF PENSIONS.

Ernest Baynard

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

Personally appeared before me
this 14th day of July 1900. Who certify
that the above statement is true
H. A. Rous

GENERAL AFFIDAVIT.



State of Iowa, County of Dallas, ss:

In the matter of Pension claim No. 562661 of James E. Kent Co. F. 7 Iowa Inf Regt

ON THIS 24 day of October A. D. 1891; personally appeared before me

Notary Public in and for the aforesaid County duly authorized to administer oaths.

C. S. Custer aged 43 years, a resident of Perry

in the County of Dallas and State of Iowa

whose Post Office address is Perry, Iowa

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

[Note—Affiants should state how they gain a knowledge of the facts to which they testify.]

Perry Iowa Oct 24 1891
I have known James E. Kent since 1854
and have also worked with him up until
now 1891 and I have known him to be
sick with head trouble & also heart trouble
which he says was caused by sunstroke
while in the army and I believe he is
disabled from doing light labor three fourths

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.



We further declare that we have no interest in said case and are not concerned in the prosecution.

A. M. Kellogg, Charles Custer
E. Bowman

Neighbor 3 effed ametrake 86 to 91 (Signature of Affiants.)

a. INVALID
b. WIDOW
c. MINOR
d. MOTHER
e. FATHER
f. OTHER NUMBER
g. RECEIVED
NATIONAL ARCHIVES

STATE OF Iowa COUNTY OF Dallas
Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said
affiant including the words _____ erased, and the words _____ added



and acquainted him with its contents before me executed the same. I further certify that I am in
good faith interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known
to me and that he is a credible person.

On file in the Pension office at Washington D.C.

H.A. Chappelle
(Official Signature)
Notary Public
(Official Character)

Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the
foregoing declaration and affidavit was at the time of so doing _____ in and
for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and
that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 188 _____

[L. S.] _____
Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE.
If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and
not on a separate slip of paper.

James E. Kent military pension file, Private, Iowa Infantry,
Company F, Regiment 7, Civil War, Soldier's Application
No. 562661, Soldier's Certificate No. 744966, Records
Relating to Pension and Bounty-Land Claims 1773-1942,
Pension application files based upon service in the Civil
War and Spanish American War ("Civil War and Later"),
Record Group 15, Department of Veterans Affairs,
National Archives Building, Washington, DC.



ADDITIONAL EVIDENCE.

CLAIM OF
J. E. Kent of
117 1/2 Iowa Inst.
W. 562661

AFFIDAVIT OF
Neighbors of fellow workman

Filed by
A. W. MCCORMICK & SONS,
ATTORNEYS,
CINCINNATI, OHIO.

Printed and for sale by J. H. SOUTER, Washington, D.C.

3-056.

WESTERN DIVISION
MAY 18 1900

Acc. Exp.

Western Div.

Sub. No. 744966,
James E. Kent,
Co. F 7 Ia vol. Inf.

Department of the Interior,
BUREAU OF PENSIONS.

Washington, D. C., April 27, 1900

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Charles S. Burler,
Perry, Iowa.

Charles S. Burler

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: I have known him every since 1885
& have lived close neighbor to him

Of what disability did he then complain, and how was he affected?

Answer: he complained of his head & heart trouble
& also rheumatism

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: he is still suffering he is obliged
to leave his work frequently I would
consider him total disable from doing
hard work

Very respectfully,

The COMMISSIONER OF PENSIONS.

Charles S. Burler

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

*I subscribed and swear to before me
this 11 day of May 1900 J. H. Rouss
Public Notary*

not been prolonged or aggravated... as stated by himself, it is, in our judg-

GENERAL AFFIDAVIT.

State of Iowa, County of Keokuk

In the matter of The Claim of James E Rent

ON THIS 28 day of June, A. D. 1890, personally appeared before me in and for the aforesaid County duly authorized to administer oaths aged 64 years, a resident of Redland in the County of Keokuk and State of Iowa

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: I am a practicing physician for 40 years

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

That the said James E Rent came under my treatment for trouble in his head and weak heart in the spring of 1871 and tried to work for me some during that summer but could not work in the hot sun without bringing on these troubles which he said was caused by sun stroke which he said was caused while he was in the service of the U. S. as a soldier. I treated him from time to time until he left here in 1876 and I know that he suffered a great deal during that time and was not any better when he left a little work in the hot sun would bring on the trouble so that he would have to quit

H Post-office address is Redland Iowa I further declare that I have no interest in said case and am not concerned

in its prosecution.



Witnessed 1871 to 1876

R H Payne M.D. (Signature of Affiant.)

...and for said County and State, personally appeared John F. Paul, 1900, before the undersigned authority

STATE OF Ohio, COUNTY OF Kent, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____

_____ erased, and the words _____

_____ added, and acquainted _____ with its contents before _____ executed the same. I further certify that I am in nowise interested

in said case, nor am I concerned in its prosecution; and that said affiant is _____ personally known to me, and that _____ is a credible person.

Law Allen
(Official Signature.)

Notary Public
(Official Character.)

[L. S.]

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing _____

_____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____ 189 .

[L. S.]

Clerk of the _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

12
ctf 744966

ADDITIONAL EVIDENCE.

CLAIM OF

James C. Kent
177 Iowa Inf

AFFIDAVIT OF

FILED BY
SEP 6 1900
WESTERN P. DIVISION
P

A. W. MCCORMICK & SONS,
ATTORNEYS,
CINCINNATI, OHIO

Printed and for sale by John F. Sherry, Chain, Blank Printer
625 D Street, N. W., Washington, D. C.

AFFIDAVIT FOR GENERAL PURPOSES.

State of Iowa & Des Moines County, ss.:
In the matter of the Pension Claim No. 744966 of James E Kent
Co. F 7 Regt. Iowa Inf Vols.:
On the 12 day of May 1900, before the undersigned authority
within and for said County and State, personally appeared Dr. J. W. Paul
aged 40 years who, being duly sworn, states on oath that

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

This is to certify that I have known the above named affiant for thirteen years and during this time have had occasion to treat him for the following named affections, Hyperemia of brain which is the result of brain stroke, also for weak heart and valvular weakness, which condition is the result of his brain stroke. He also has had at various times muscular and inflammatory rheumatism for which I have treated him. Have also treated for catarrhal deafness and dipiness which at times are very bad. At times he is a great sufferer from piles. In conclusion will say that as a result of the above named diseases that he is totally disabled to perform hard manual labor whatsoever.



James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

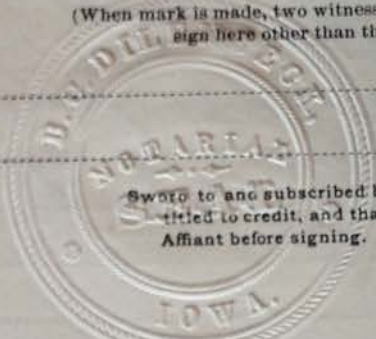
That he testifies from personal knowledge and has no interest in this Pension Claim.

My Post Office address is Perry Iowa

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

J. N. Paul



Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to Affiant before signing. Witness my hand and official seal.

[Signature]
(Magistrate's Signature.) *Notary Public*

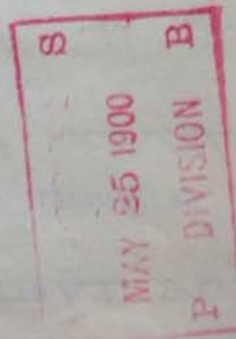
This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of the Court, which will be sufficient for his term of office in that case. Affiant will please state the facts as fully as possible, and ALWAYS give Post Office address.

ADDITIONAL EVIDENCE

IN City
Invalid Claim No. 744966

OF

James E. Kent
Late Co. 77 Regt Iowa Vols



FILED BY

A. W. MCCORMICK & SONS,
PENSION ATTORNEYS,

Pike Building - Cincinnati, O.

S. cty 744966

November 9, 1929

cl
Mrs. John Starrett
1315 11th Street
Perry, Iowa

FAB8

121 ~~Mr. James E.~~
Civil War Veteran

Dear Madam:

This is to advise you that a voucher in the amount of \$100 has been prepared in favor of the Bessemer Funeral Home, 1402 Willis Avenue, Perry, Iowa, in settlement of claims for burial allowance in the case of the above named deceased veteran.

A check for the above amount will go forward to the undertaker within a reasonable time.

By direction,

H. H. ~~Chief~~

GENERAL RECORDS
RECEIVED
NOV 11 1929
FILE SECTION
NO 2
CHIEF CLERK'S

Date _____

I further certify that I have examined the financial status of the deceased veteran (numbered beneficiary) and find that the deductions have been made in accordance with the regulations of the U. S. Veterans Bureau and that the circumstances in this case are such that in my judgment the deceased veteran is entitled to the amount of \$100 for burial, funeral, and transportation expenses to be paid within the amount of the allowance.

I further certify that I have exercised my judgment in the approval of this class of payments.

Date _____

RECEIVED
NOV 9 1929
SECTION
NO 1

File 11/9/29 by

ACCOUNTING DIVISION - FINANCE SERVICE

Examined and found correct payment in the amount and from the appropriation above stated.

(Title) _____

Paid to _____, United States Veterans Bureau, by check on the Treasurer of the United States in favor of _____ as shown above.

875
NOV

EO'G:es

Voucher No. _____

OF

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT

M 876
1934

OUTCHARGE

Date

10/30/29

File No.

801 Kent, James E.

Subject

Bu G.

Letter, memorandum, indorsement, telegram, last date

10/19/29

Deliver to

C. Reimb.

Searcher

[Handwritten initials]

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE: 1923 2-14548

...and for which payment has not been received as shown by claimant's place stated in column
... (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau;
that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the
veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior
enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling
under orders of the bureau; and that this voucher is approved for \$ 100.00, of which no amount repre-
sents a payment in excess of that allowed by law.

UNITED STATES VETERANS BUREAU
 ADJUDICATION SERVICE—Form 515, Rev. Oct., 1923
 Form approved by Comptroller General, U. S.
 October 23, 1923

Voucher No. _____
 D. O. Symbol No. _____

APPROPRIATION: _____
 BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
<p>Bosmer Funeral Home, 1402 Willis Ave., Perry, Ia.</p>	<p>James E. Kent, Perry, Ia.</p> <p>Civil War Veteran Non-Bureau Beneficiary</p>	<p>Sept 15, 1929 Perry, Ia.</p>	<p>\$100.00</p>

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have ~~not~~ been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Sub-section (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for \$ ~~100.00~~ **100.00**, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date _____

 Chief, } Reimbursement Section.
 Asst. Chief, }

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed \$1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date _____

\$ _____
 Chief, } Reimbursement Section.
 Asst. Chief, }

EDG/ama 11/4/29

Jan 11-4-29

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

(Title) _____

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Bestner Funeral Home 1402 Wallis Ave Perry Iowa	James E Kent Perry Iowa Civil War Non-B	Sept 15, 1929 Perry, Iowa	100.

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for \$100.00, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date _____

Chief, }
 Asst. Chief, } Reimbursement Section.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed \$1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date _____

Chief, }
 Asst. Chief, } Reimbursement Section.

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

(Title) _____

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonbureau beneficiary."
 † Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
 ‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
 § Sign here where deceased veteran's financial circumstances are to be considered.

Cask, mule, from service -	425.
Spray flowers	15.
Open gram	10.
Misc	4.
	<hr/>
	454.
	354
	<hr/>
	100.

Recd from children

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

REQUEST FOR ARMY INFORMATION
FOR USE OF—

October 19, 19 39

DIVISION Awards SUBDIVISION _____ SECTION Reimb. UNIT R. 937

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name 801 KENT, James E.
(Last) (First) (Middle)

Army Serial No.: S Civil War Veteran

Rank and organization Co. F, 7th Iowa Inf.

Allotment No.: A _____

Date _____ Camp _____

Compensation Claim No.: C _____

Date of enlistment Jan. 22, 1864

Converted Insurance No.: K _____

Date of discharge or death July 12, 1865

Term Insurance No.: T _____

Home address _____

Allotment deductions, Class A _____ Class B _____

From _____, 19____, to _____, 19____

Made subsequent to _____, 19____

Premium deductions:

From _____, 19____, to _____, 19____

Status of allotment through Z. F. O. _____

Additional information _____

Has final settlement been made? _____

Complete service record.

Certified copies of Forms 1-B _____

Alleged disability _____ incurred at _____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

FABB NO: 6:1r

By GEORGE E. IJAMS, Assistant Director.

1. Name Kent, James E.
(Last) (First) (Middle)

17. Present rank, organization, and location _____

2. Army Serial No. _____

18. Date and cause of death _____

3. Rank and organization at discharge Private, Co. F, 7th Regiment Iowa Vol. Infantry.

19. Death in line of duty? _____ Death due to own misconduct? _____

4. Date of enlistment June 27, 1864.

20. Emergency address _____

5. Physical defects at enlistment _____

21. Date of birth _____

6. Was he medically examined and accepted at camp? _____

22. Date and rank of retirement _____

7. Date and hour of induction by draft board _____

23. Dates and history of desertion or absences with combat findings _____

8. Defects noted by draft board _____

9. General or limited service _____

10. Date of discharge July 12, 1865.

11. Character of discharge Honorable

12. Date of indefinite furlough _____

13. Physical defects at discharge _____

14. Complete medical history _____

15. Future address _____

16. Date of reenlistment (new army) _____

Report below on National Guardsmen only.

24. Date of President's call (World War) _____

25. Date answered President's call _____

26. Date mustered into Federal Service _____

27. Date of physical examination for Federal Service (World War) _____

Re-10-30
11-1-19
AK

October 1929

SECTION Reimb. UNIT. E. 927

SUBDIVISION

Information be given on the subject checked and this sheet returned to the United States

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted?

29. Effective date, amount of insurance and premiums

33. Statement of service from

30. Insurance increased to \$..... on 11-29-29
19..... from \$.....

31. Insurance canceled
Reinstated.....

32. Insurance reduced to \$..... on
19..... from \$....., 19..... to

Camp or station.

Organization.

Period served in particular organization.

From, 19....., to, 19.....

34. Occupation at time of enlistment

3-0723

The records in this man's case do not indicate any other service.

War Department, A. G. O.

October 25, 1929.

C. H. Bridges
Major General,
The Adjutant General.
By *ojs*

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.



FOR USE OF

RECEIVED FOR VETERAN DEPARTMENT

REQUEST FOR ARMY INFORMATION
FOR USE OF—

10/31
VETERANS BUREAU
Home Verification Unit
OCT 23 1929

October 19, 1929

DIVISION Awards SUBDIVISION _____ SECTION Reimb. UNIT R. 927

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name 801 KENT, James E. E. 5
(Last) (First) (Middle)

Army Serial No.: S. Civil War Veteran

Rank and organization Co. F. 7th Iowa Inf.

Allotment No.: A

Date _____ Camp _____

Compensation Claim No.: C

Date of enlistment Jan. 23, 1864

Converted Insurance No.: K

Date of discharge SKAGG July 12, 1865

Term Insurance No.: T

Home address _____

Allotment deductions, Class A _____ Class B _____

From _____, 19____, to _____, 19____

Made subsequent to _____, 19____

Premium deductions:

From _____, 19____, to _____, 19____

Status of allotment through E. F. O. _____

Additional information _____

Has final settlement been made? _____

Complete service record.

Certified copies of Forms 1-B _____

Alleged disability _____ Incurred at _____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

FABB

By George E. Evans
GEORGE E. EVANS, Assistant Director.

1. Name Kent, James E.
(Last) (First) (Middle)

17. Present rank, organization, and location _____

2. Army Serial No. _____

18. Date and cause of death _____

3. Rank and organization at discharge Private, Co. F,
7th Regiment Iowa Vol. Infantry.

19. Death in line of duty? _____ Death due to own
misconduct? _____

4. Date of enlistment June 27, 1864.

20. Emergency address _____

5. Physical defects at enlistment _____

6. Was he medically examined and accepted at camp? _____

21. Date of birth _____

7. Date and hour of induction by draft board _____

22. Date and rank of retirement _____

8. Defects noted by draft board _____

23. Dates and history of desertion or absences with court-
martial findings _____

9. General or limited service _____

24. Date of President's call (World War) _____

10. Date of discharge July 12, 1865.

25. Date answered President's call _____

11. Character of discharge Honorable

26. Date mustered into Federal Service _____

12. Date of indefinite furlough _____

27. Date of physical examination for Federal Service (World
War) _____

13. Physical defects at discharge _____

14. Complete medical history _____

15. Future address _____

16. Date of reenlistment (new army) _____

will verify his statements

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted?
 29. Effective date, amount of insurance and premiums
 33. Statement of service from

30. Insurance increased to \$..... on
 19....., from \$.....
 31. Insurance canceled
 Reinstated.....
 32. Insurance reduced to \$..... on
 19....., from \$.....
 19....., to 19.....

Camp or station. Organization. Period served in particular organization.

34. Occupation at time of enlistment From 19....., to 19.....

2-0732

The records in this man's case do not indicate any other service.

War Department, A. G. O.

October 25, 1929.

RECEIVED
 MAJOR GENERAL
 THE ADJUTANT GENERAL
 BY *[Signature]*

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.



STATE OF IOWA--Department of Health

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Dallas State Iowa Registered No. 71
 Township Spring Valley or Village _____ or
 City Perry No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME James Elwood Kent
 (a) Residence No. 1315-11st St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, year) Feb 9 1846

7 AGE Years Months Days if less than
83 7 6 1 day..... hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired R.R. Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Air Brake Dept

(c) Name of employer _____

9 BIRTHPLACE (city or town) Ill.
 (State or country)

10 NAME OF FATHER -----Kent

11 BIRTHPLACE OF FATHER (city or town) Unknown
 (State or country)

12 MAIDEN NAME OF MOTHER -----Brown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
 (State or country)

14 Informant Mrs Ethel Starrett
 (Address) Perry - Ia

15 Filed Sept. 17 19 29 Mrs. Adrian Cross
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept. 15, 19 29

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 29 to Sept. 15, 19 29
 That I last saw him alive on Sept. 15, 19 29
 and that death occurred, on the date stated above, at 4:00 P.m.

THE CAUSE OF DEATH* was as follows

Diabetes mellitis

..... (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Tests for sugar

(Signed) I. N. Paul, M. D.
 _____, 19 29 (Address) Perry, Ia.

*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Violet Hill

DATE OF BURIAL

9/17/29 19

20 UNDERTAKER ec

C. D. Bessmer

ADDRESS

1705

Perry - Ia

CERTIFIED COPY OF CERTIFICATE OF DEATH

I HEREBY CERTIFY that I am Commissioner of the Iowa State Department of Health and as such Commissioner, am State Registrar of Vital Statistics. I further certify that as said Registrar I am the legal recipient of the original certificates of death returned under Chapter 114, Code of Iowa 1927.

I further certify that the foregoing certificate of death of James Elwood Kent is a true and correct copy from the original on file in this office.

Witness my hand and official seal hereunto attached this 25th day of October, 19 29

Signed Henry Albert State Registrar.

By _____ Assistant State Registrar.

(SEAL)

Employee

Dept

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Tests for sugar

(Signed) I. N. Paul M. D. 19 29 (Address) Perry, Ia.

*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Violet Hill

9/17/29

20 UNDERTAKER

C. D. Bessmer

ADDRESS 1705

Perry - Ia

F CERTIFICATE OF DEATH

of the Iowa State Department of Health and as such Commissioner, that as said Registrar I am the legal recipient of the original certificate Iowa 1927.

th of office. James Elwood Kent

is. 25th day of October 19 29

Signed Henry Alber State Registrar.

By Assistant State Registrar.



UNITED STATES VETERANS BUREAU

WASHINGTON

October 19, 1929

THIS LETTER REFERS TO
YOUR FILE NUMBER:

IN REPLY REFER TO: FABE

801

~~KENT, James E.~~ *Est*
Civil War Veteran

Mr. C. D. Bessmer,
Undertaker,
1402 Willis Street,
Perry, Iowa.

Dear Sir:

Receipt is acknowledged of certain evidence which was transmitted to this office by the Commissioner of Pensions in support of claim for burial allowance in the case of the above named deceased veteran.

In order that further consideration may be given this claim it is necessary that the Bureau be furnished a certified copy of the public record of the veteran's death.

Your prompt attention to this matter is urged.

By direction,

H. H. Milks
H. H. MILKS,
Chief, Awards Division.



1 incl

*Bill in sup.
Oct*

REQUEST FOR ARMY INFORMATION

FOR USE OF—

October 19, 1929

DIVISION Awaris SUBDIVISION _____ SECTION Reinb. UNIT R. 927

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name KENT, James E.
(Last) (First) (Middle)

Army Serial No.: S. Civil War Veteran

Rank and organization Co. F, 9th Iowa Inf.

Allotment No.: A _____

Date _____ Camp _____

Compensation Claim No.: C _____

Date of enlistment Jan. 31, 1864

Converted Insurance No.: K _____

Date of discharge or death July 13, 1865

Term Insurance No.: T _____

Home address _____

Allotment deductions, Class A _____ Class B _____

From _____, 19____, to _____, 19____

Made subsequent to _____, 19____

Premium deductions: _____

From _____, 19____, to _____, 19____

Status of allotment through Z. F. O. _____

Additional information _____

Has final settlement been made? _____

Complete service record.

Certified copies of Forms 1-B _____

Alleged disability _____ incurred at _____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

Treated at _____ Hospital No. _____ at _____ from _____, 19____, to _____, 19____

FAB 20:12:17

By GEORGE E. JAMS, Assistant Director.

1. Name _____
(Last) (First) (Middle)

2. Army Serial No. _____

3. Rank and organization at discharge _____

4. Date of enlistment _____

5. Physical defects at enlistment _____

6. Was he medically examined and accepted at camp? _____

7. Date and hour of induction by draft board _____

8. Defects noted by draft board _____

9. General or limited service _____

10. Date of discharge _____

11. Character of discharge _____

12. Date of indefinite furlough _____

13. Physical defects at discharge _____

14. Complete medical history _____

15. Future address _____

16. Date of reenlistment (new army) _____

17. Present rank, organization, and location _____

18. Date and cause of death _____

19. Death in line of duty? _____ Death due to own misconduct? _____

20. Emergency address _____

21. Date of birth _____

22. Date and rank of retirement _____

23. Dates and history of desertion or absences with court-martial findings _____

Report below on National Guardsmen only.

24. Date of President's call (World War) _____

25. Date answered President's call _____

26. Date mustered into Federal Service _____

27. Date of physical examination for Federal Service (World War) _____



File 119/21

STATE OF Iowa

28. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? _____

29. Effective date, amount of insurance and premiums _____

30. Statement of service from _____, 19____, to _____, 19____

Camp or station.

Organization.

Period served in particular organization.

From _____, 19____, to _____, 19____

31. Occupation at time of enlistment _____

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

OUTCHARGE

Date

10/15/29

File No.

~~801-Kent, James E. (Jr) CW~~

Subject

~~Co 7 72d Inf D-9/15/29
Und - C. D. Bessmer~~

Letter, memorandum, indorsement, telegram, last date

~~Daughter, Mrs John~~

Deliver to

~~Rams~~

Searcher

~~BT~~

NOTE.—This form must not be detached until returned to files

U. S. GOVERNMENT PRINTING OFFICE

it is necessary that the Bureau be furnished a certified copy of the public record of the veteran's death.

Your prompt attention to this matter is urged.

October 19, 1929

October 19, 1929

FABB

Mr. C. D. Bessmer,
Undertaker,
1403 Willis Street,
Perry, Iowa.

KENT, James E.
Civil War Veteran

OK

Dear Sir:

Dear Sir:

The enclosed papers were inadvertently forwarded

to you. Receipt is acknowledged of certain evidence which was trans-
mitted to this office by the Commissioner of Pensions in support of
claim for burial allowance in the case of the above named deceased vet-
eran.

Carl D. Church
Carl D. Church,
Commissioner.

In order that further consideration may be given this claim
it is necessary that the Bureau be furnished a certified copy of the
public record of the veteran's death.

Your prompt attention to this matter is urged.

By direction,

H. H. MILKS,
Chief, Awards Division.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

TO:G:wlr

IN REPLY REFER TO
Widow Division

3-1885

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

October 12, 1929.

*Cardwell
J.S.*

The Director,
U. S. Veterans' Bureau,
Washington, D. C.

*OK
7*



Dear Sir:

The enclosed papers were inadvertently forwarded
to this Bureau.

Very truly yours,

Earl D. Church
Earl D. Church,
Commissioner.

JGB-SW

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

CLAIMANT'S AFFIDAVIT IN SUPPORT OF BURIAL EXPENSES

I, C. D. Besomer
(Name of person who paid expenses) or (Undertaker, if expenses have not been paid)
of 1402 Willis Perry Ia
(No.) (Street) (City or town) (State)
on oath depose and say that I am the Undertaker
(Relationship to deceased) or (Undertaker)
of James E. Kent
(Name of deceased)
Co. F. 7th, Iowa - Infantry
(Rank) (Organization)
who died at Perry, Ia on the 15th
(Place of death)
of Sept, 1929, before discharge or ~~resignation~~ from service; that expenses
were incurred for the ~~return home~~, funeral and burial of the body of the deceased, amounting in all
to \$ 454⁰⁰

- (1) That the foregoing amount has been paid by me from my personal funds and reimbursement therefor has not been received.
- (2) That the foregoing amount was charged by me for all services rendered and payment therefor has not been received.

Wherefore claim is hereby made for such amount as may be allowed under existing law and in support thereof completely itemized bills are herewith attached and made a part of this affidavit.

C. D. Besomer
(Signature of Affiant)

Subscribed and sworn to before me this 4 day of October, 1929

[SEAL]

Leonard French
Notary Public.

INSTRUCTIONS

If claim is made by the person who has paid expenses, cross out statement number two. If claim is made by person or firm performing services, cross out statement number one. No application will be accepted without seal of Notary Public. If the Notary Public is not provided with a seal, attach certificate from the Clerk of the Court under seal of the Court stating that the person signing as Notary is the officer he professes to be. Signatures made by mark must be witnessed by two persons to whom the person making affidavit is personally known and the addresses of such witnesses shown.

If claim is made by an undertaking firm the firm name should be shown and the person acting for the firm should state his capacity, as "President," "Treasurer," "Secretary," etc.

AFFIDAVIT SUPPORTING BURIAL CLAIM

(To be executed by next of kin, or other near relative, or friend of deceased)

1. (a) Full name of deceased James E. Kent
 (b) Rank and organization Co. F. 7th Iowa Infantry
 (c) Date of enlistment Jan 22-1864 (d) Date of discharge July-12-1865
If dates of service can not be furnished, state war in which veteran served
 (e) Age of deceased 83 (f) Legal residence at time of death Perry - Iowa
 (g) Date of death Sept 15-1929 (h) Place of death Perry - Iowa
 (i) Date of burial Sept 17-1929 (j) Place of burial Perry - Iowa
 (k) Name and address of undertaker C. D. Bessmer

2. Was deceased single, married, widowed or divorced? Widowed

3. (a) All cash money left by deceased \$ 803.⁰⁰
 (b) All amounts due and collectible from solvent debtors at date of death including accrued salary or commission none
 (c) Nature and value of all other personal property left by deceased none

(d) All real property owned by deceased at date of death none

(e) Actual value thereof at date of death none

(f) Total encumbrances thereon none
(If actual value can not be given state assessed value)

(g) If property owned consists of house and land, state whether or not it was occupied or claimed as the home of the deceased at date of death none

4. (a) State total amount of all debts contracted and owing by the deceased at date of death exclusive of encumbrances on real property shown in 3 (f) above none

(b) Were the expenses of funeral, burial and transportation of the deceased entirely or in part paid by a state or other political subdivision, beneficial society, lodge, union, fraternal organization or national home for disabled volunteer soldiers? none

(c) If so, what amount was allowed?

(d) By whom?

5. What is your relationship to the deceased?

*None
no one
Daughter*

STATE OF

Iowa

COUNTY OF

Dallas

887

I, *Mrs. John Starrett*, of *1315-11th Perry - Iowa*

(Affiant)

(Street)

(City or town)

(State)

do on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Sign here)

Mrs. John Starrett

Subscribed and sworn to before me this

4th

day of

October

, 192*9*

Leonard French
Notary Public.

[SEAL]

NOTE.—This form is intended for use by the next of kin, other near relative, or friend of the deceased having full knowledge of his financial affairs and never by the undertaker presenting claim. Each question on this form must be fully answered. This form need not be used in the presentation of claim for reimbursement of burial expenses if the deceased died while in service or while receiving compensation, vocational training, or authorized medical, surgical, or hospital treatment.

In answering questions under Section 3 above, state only the property of deceased veteran. If property was held in joint ownership, attach hereto certified copy of that portion of the deed showing joint ownership. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court, under seal of the court, stating that the person signing as notary public is the officer he professes to be.

Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known and the addresses of such witnesses shown.

U. S. GOVERNMENT PRINTING OFFICE: 1925 2-4349

RECEIVED
OCT 16 1929
Reimbursement Section
AWARDS DIVISION

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Here give a full
symptom pic-
ture of the case,
embracing all
the physical
and rational

of special sense; the heart, lungs, l. b.
and spinal cord present no objective
abnormalities. auscultation and percuss.

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He believes his statements to be
true and place him in

Total - Disabling

effects of which are as great as
an ankylosed wrist or ankle

than 1/10 the labor
equally season. He says J. H. Sparks and S. J.
Da. will verify his statements

From the existing condition and the history of this claimant, as stated by himself,
probable that the disability was incurred in the service as he claim
entitled to

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insured character and number of claim: *Original* Pension Claim No. *562661*
Name and rank of claimant: *J. James Ekert*, Rank, *Private*
Company, *7th Reg't La Vols*, *Newton La* State,
Claimant's post office address: *Perry La (Dallas Co)* (Post office address of the Board.)
May 26th, 188*6*. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability: *Stroke and results*

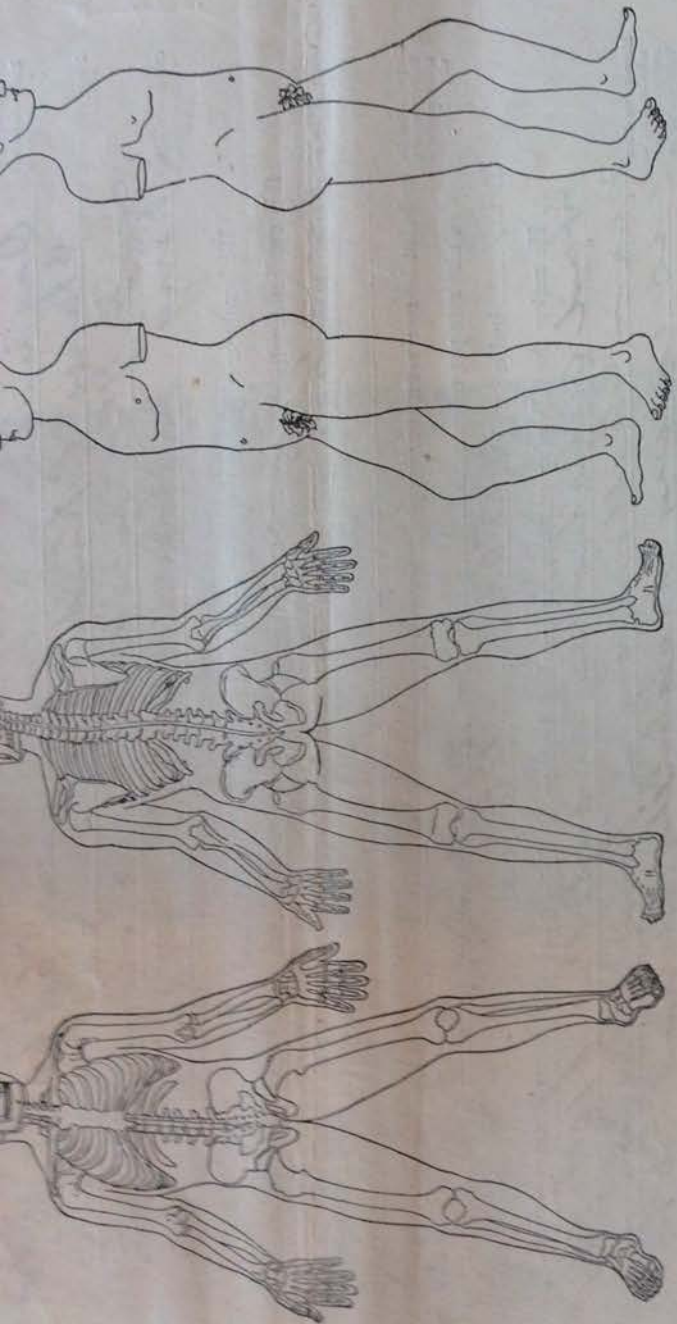
Has pension, \$11 in the amount, if not, enter the whole line. and that he receives a pension of _____ dollars per month.
Pulse rate per minute, *68*; respiration, *22*; temperature, *98.5*; height, *5* feet *7* inches; weight, *150* pounds; age, *40* years.

He makes the following statement upon which he bases his claim for *Original*
Had stroke about May 10th 1864
near Chattanooga Tenn, and
increasing disability during hot weather
* See the back.

Upon examination we find the following objective conditions: *general appearance*
Healthy, no disease of any of the organs,
of special sense; the heart, lungs, brain,
and spinal cord present no objective
symptoms; auscultation and percussion
reveal no abnormal condition of any of
the thoracic viscera; patella tendon reflex
normal neither exaggerated nor diminished.
As stated, par, 71 his symptoms are mainly
subjective - they are but little noticed in
cool weather, but in summer exposure to
the sun rays, produce palpitation, short
ness and difficulty of breathing with a
feeling of suffocation in the chest which
incapacitates him for performing more
than 1/2 the labor of a man during that
season. He says J. H. Sparks and S. T. Sparks
will verify his statements

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *full* rating for the disability caused by *stroke and results* for that caused by _____, and _____ caused by _____

Always forward a certificate of examination whether a disability is found to exist or not.
* See the back.
Here state whether for original, increase, restoration, or renewal, or for a re-rating.
Perry Engle, Pres. *J. H. Barrett*, Sec'y. *J. R. Ryan*, Treas.



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

SURGEON'S CERTIFICATE

IN CASE OF

James E Kent
Co. *F.*, *7th* Reg't *La Volk*

Applicant for *Original*

No. *562661*

DATE OF EXAMINATION:

May 26th, 188*6*.

Perry Engel, Pres.,
J. R. Howell, Sec'y,
J. R. [unclear], Treas., } BOARD.

Post office, *Newton*

County, *Jasper*

State, *Iowa*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certifi-
tain a full description of the physical condition of the claimant at the time, which shall includ
physical and rational signs and a statement of all the structural changes. [Extract from Section
Congress approved July 25, 1882.]

James E. Kent military
pension file, Private, Iowa
Infantry, Company F,
Regiment 7, Civil War,
Soldier's Application No.
562661, Soldier's
Certificate No. 744966,
Records Relating to
Pension and Bounty-Land
Claims 1773-1942, Pension
application files based
upon service in the Civil
War and Spanish
American War ("Civil War
and Later"), Record Group
15, Department of
Veterans Affairs, National
Archives Building,
Washington, DC.

See

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original
James S. Kent

Pension Claim No. 562.661.

Rank and rank of claimant.

Company F 7 Regt Pa Copt.

Rank private

Place of birth.

Perry Pa.

[Post-office address of claimant.] Perry Pa. State.

[Date of examination.] Jan. 13, 1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Results of sunstroke, disease of Heart, Pain in Head.

Amount of pension.

and that he receives a pension of No dollars per month

State of the claimant at the time of the disability.

He makes the following statement upon which he bases his claim for Original Sunstroke at or near Chatanoga Tenn in May 1864, and dis of Heart and Pain in head followed army service

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 20; temperature, 98 1/2; height, 5 feet 8 inches; weight, 165 pounds; age, 46 years.

State of the claimant at the time of the disability.

Sunstroke: Heart area of dullness, apex beat and sounds normal, but weak. Pain & tenderness on pressure from the first to the seventh dorsal vertebrae, and has well marked anaesthesia over left side of back from the top of the scapula to the upper portion of the ilium. Action of tendon reflex of both knees gone; gait in walking with eyes closed, drooping and pupil responds to light & shade slowly.

gives history of being unable to endure exertion, rest, with constant pain in the head

No other disability is found to exist

Rate for 1/2 rate

He is, in our opinion, entitled to a 1/2 rate for the disability caused by Sunstroke & results of disease of Heart, and for that caused by

J. H. Grant Pres. P. A. Mouser Secy. A. J. Coe Treas.



SURGEON'S CERTIFICATE

IN CASE OF

James E. Kent
Co. *F*, *7* Reg't *Ia Inf.*

Applicant for *Original*

No. *562,661*

DATE OF EXAMINATION:

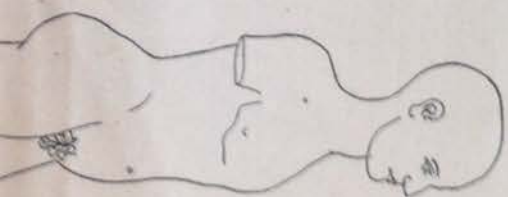
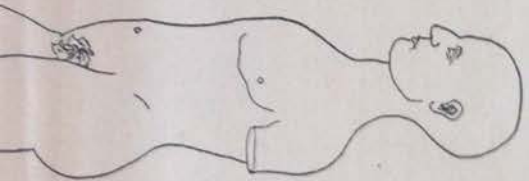
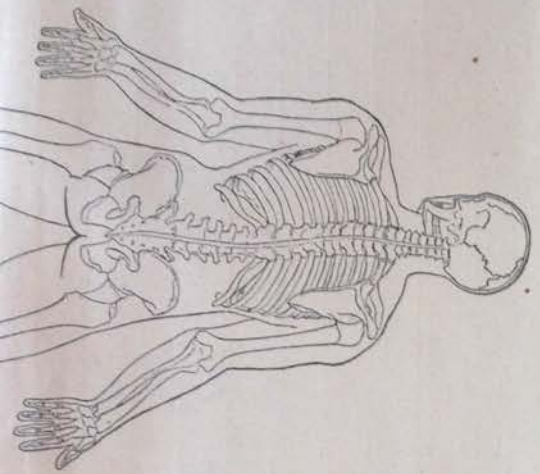
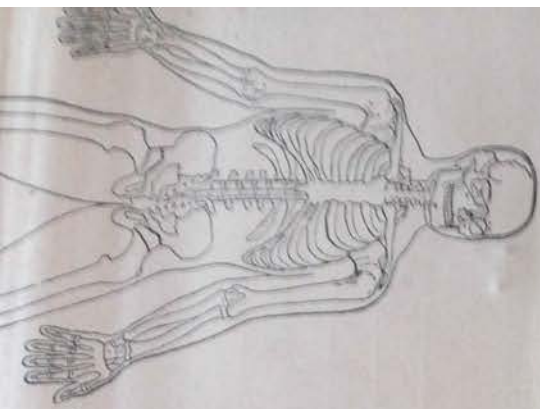
January 13, 189*2*
A. W. Grant, Pres.,
P. Gallagher, Sec'y,
A. J. Hoops, Treas., } BOARD.

Post office, *Serry*

County, *Dallas*

State, *Iowa*

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



James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, so that they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Increase Pension Claim No. 744966
Name and rank of claimant. James G. Smith Rank Private
Company 7th Reg't La. Tols. Jefferson, Iowa State Iowa
Claimant's post-office address. Bevy, Iowa Feb. 22 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

in the service, viz. Vertigo - results of muscular dis. of head & head rheumatism. Piles, results.

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

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

That the above named disabilities were incurred during his military service and subsequently.

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 19; temperature, normal; height, 5 feet 8 1/2 inches; weight, 155 pounds; age, 40 years.

Vertigo, said to be present, - not depending on ocular or aural cause, or discernible neural cause.

Neuralgia of head. Said to be neuralgia headache. no objective signs present. Neuralgia of heart.

The Cardiac Physical Examination reveals nothing abnormal beyond weak Cardiac sounds. no murmur or irregularity.

Rheumatism. no objective signs of its presence. Is claimed as lameness affecting hip & shoulder joints.

Piles. Are external hemorrhoids of slight size, that only make their appearance when applicant strains at stool. no hemorrhoidal tumours present apart from this.

No other disease

He is, in our opinion, entitled to a 4/30 rating for the disability caused by vertigo, 4/30 for that caused by Cardiac Decum., and _____ for that caused by _____

O. W. Lowery, Pres. Chas. E. Inguit, Sec'y. W. M. Tigner, Treas.

Attention to this certificate, and they of a disease or injury, the entrance of the absentee, must be indicated.

Company James C. Hunt
1st Reg't Iowa Infy
Perry Iowa

We hereby certify that in compliance with the requirements of the law we examined this applicant, who states that he is suffering from the following disability, viz: vertigo, result of pneumonia, disease of the ear.

taind, there are no signs of disease



SURGEON'S CERTIFICATE

IN CASE OF

James C. Hunt
Co. 1st Reg't Iowa Infy

Applicant for Discharge

No. 744966

DATE OF EXAMINATION:

Feb. 10th 1893

W. Query, Pres.,
Chas. Capell, Sec'y,
Wm. J. Sigfus, Treas., } BOARD.

Post office, Jefferson

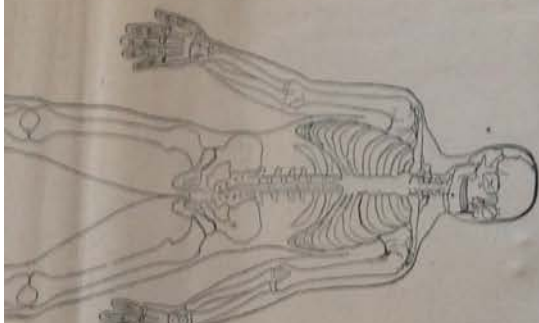
County, Greene

State, Iowa

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

Kearney

N. B.—Always



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.
The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Increase Pension Claim No. 744966
(State above whether by official increase, or promotion.)
 Name and rank of claimant. James C. Hunt, Rank, _____
 Company F, 7th Reg't Iowa Infy, Dist. Missouri State, _____
[Post-office address of the Board.]
 Claimant's post-office address. Perry Iowa Feb 26, 1896.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Vertigo, result of apoplexy, disease

Disease of rectum.

This claim is not sustained, there are no hemorrhoidal tumors, no fissures, no fistula, no disease of rectum that we can detect. no rating on this claim.

Rheumatism.

There are no joints involved in this claim - he claims that the disease is confined to the muscles of arms, thighs and legs. as there are no apparent changes in these structures, we are unable to rate him on this claim.

There are no other disabilities present in this case, no evidence of vicious habits, or venereal taint. Applicant is well nourished, muscles hard and well developed, hands ~~hard~~ but not ~~any~~ of the great ~~centers~~, there are none of the above named symptoms present at this time. We cannot rate him on vertigo or disease of head.

Disease of Heart:

Apeal Beat 1 inch below and a little to right of nipple, imperceptible to sight

R. Chapman, Pres. J. B. Patton, Sec'y. W. Van Herden, Treas.

this physical appearance is good
his avocation a farmer.

Recapitulation Par. 84.

No changes in joints, muscles or
tendons. Par 86. no apparent injury
to brain, spinal column or peripheral
nerves. Par. 87. No apparent disease of
brain or membranes, no spasms, convulsions
or nausea, arcus senilis absent. Par. 90
no evidence of syphilis indicated.

Par 94 has been described. Par. 95 has suffered
for many years from symptoms as described.
we believe to be the result from history he
gives of ~~stroke~~ stroke. Par. 103. is not inflamed
bleeding or ulcerated, no apparent
enlargement or engorgement of
hemorrhoidal veins.

Cause of disability. in the

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

of and

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

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

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to aggravated vicious habits the opinion of the board must

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c. The absence of a member from a session of a board and the reason therefor, if known, and the name of the substitute, must be indorsed upon each certificate.

Success
Name of applicant: James C. Hunt Pension Claim No. 744966
Company: 7th Regt Iowa Infy Rank: Drum Major
Perry Torve Date of examination: Febr 26 1896

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant who states that he is suffering from the following disability, incurred in the service, viz: Vertigo, result of apoplexy, disease of heart, head, rectum and rheumatism.

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

He makes the following statement upon which he bases his claim for Success dollars per month.
(Original, Income, Retention, &c.)

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 17; temperature, 97.4; height, 5 feet 7 1/2 inches; weight, 158 pounds; age, 52 years. Vertigo

applicant claims this as a result of stroke, he claims to suffer from it most of the time, claims that he has frequently fallen from this cause, that when he bends forward, then assumes the erect position, it effects him, he also includes disease of head under this claim, he states that he cannot bear the direct rays of sun during the hot months, that he suffers when so exposed with intense headache, and dizziness reasons to doubt his veracity whatever, but believe that he states the truth, but unfortunately, there are no pathological lesions present at this time that we can detect. There is no apparent disease of brain or spinal cord or any of the great nerve centers, there are none of the above named symptoms present at this time. The cannot rate him on vertigo or disease of head.

Disease of Heart:
Apex Beat 1 inch below and a little to right of nipple, imperceptible to sight.
R. B. Chapman, Pres. J. B. Cotton, Sec'y. H. Van Kester, Treas.

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The actual or printed description of every existing disability must be fully set forth. 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 the fact must be stated.

Complete for the U.S. Surgeon General

on palpation, area of cardiac dulness, $3\frac{3}{4}$ inches, first sound of heart reduced in volume, second sound barely perceptible. Force and power of heart much reduced. pulse weak and easily compressed. Capillary circulation fair, there are no distinct murmurs, this is a case of weak heart. he claims to suffer greatly from palpitation occurring from nervous excitement or rapid movement. Pulse 76 sitting 94 standing, 108 after moderate exercise. rhythmic action of heart normal. rate him for disease of heart $\frac{1}{8}$



SURGEON'S CERTIFICATE

IN CASE OF
 James E. Kent
 Ad. 7 Rec. Browniff
 Applicant for Increase

No. 744966

DATE OF EXAMINATION:

Feb 26 - 1896

BY BOARD
 R. M. Chapman, Pres.,
 J. B. Hartman, Sec'y,
 H. Van Norden, Treas.,

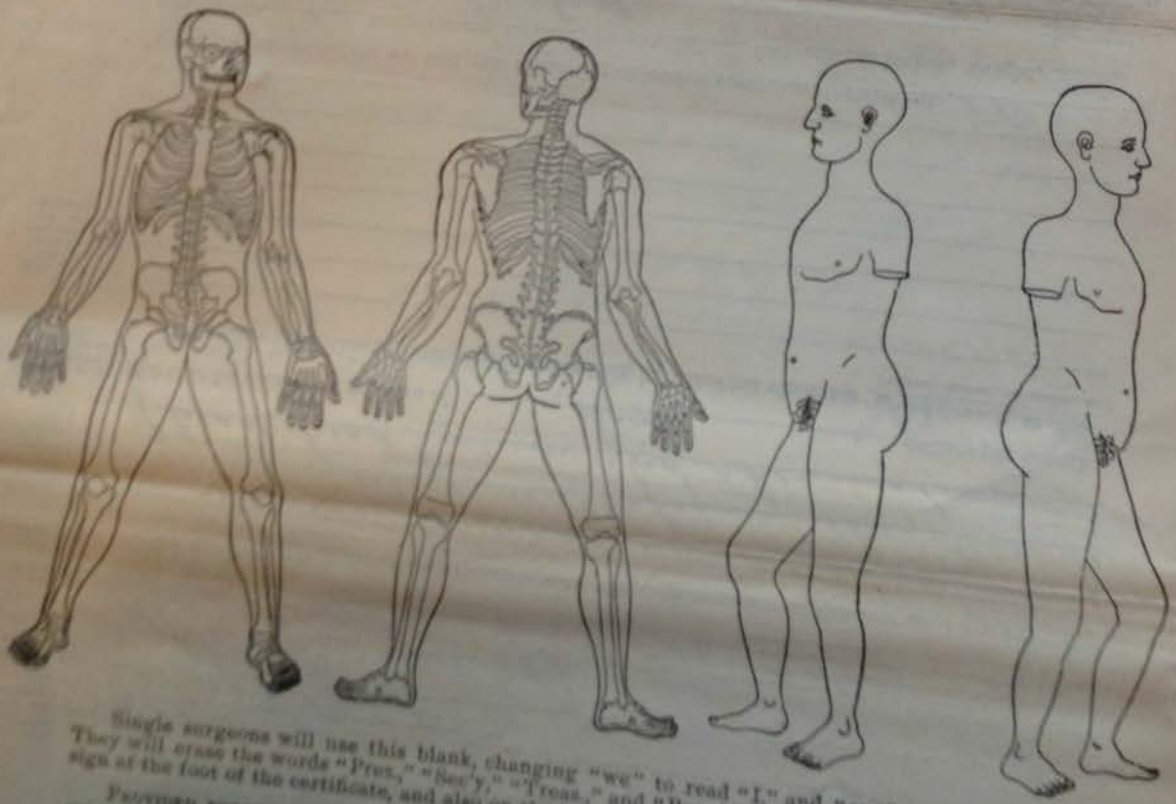
Post office, Ash Grove

County, Polk

State, Iowa

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

White



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

Previous returns. That all examinations shall be thorough and searching, and each contain a full description of the physical condition of the claimant, and include all the physical and rational signs and symptoms.

From Section 4, Act of Congress...

Treas. properly made.

SURGEON'S CERTIFICATE.

Insert character and number of claim Additional Pension Claim No. 744966
 Name of claimant James B. Prout P. O. Perry
 Company 7 Reg't 1st Cav. Inf. Address Iowa State Iowa
 Claimant's post-office address Perry Iowa Date of examination May 16 1890

Cause of disability results of sunstroke vertigo disease of Head Rheumatism and disease of Heart piles and any other disability. He receives a pension of \$6. dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disability and the manner in which they affect him.
He makes the following statement upon which he bases his claim for additional results of Sunstroke and disease of Head 1864. Rheumatism and disease of Heart 1865. Piles 1870

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

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate, 80 84 104, respiration, 20 28 30, temperature, 98
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
 height, 5 feet 8 inches; actual weight, 160 pounds; age, 54 years.

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

results of sunstroke vertigo and disease of head: Joffey's normal and eyes respond readily to light and shade: Co-ordination with eyes open and closed normal. No tenderness over spine or any anesthesia or hyperesthesia. Mental faculties good. Gives history of occasional attacks of headache and slight intolerance to heat. No rating for sunstroke. Rheumatism and disease of heart: gas well marked crepitus in both knee and shoulder joints but no contraction or lesion of tendons; atrophy or lesion of muscles. Heart area of dullness, apex beat and sounds normal, but very weak; not discernible to inspection or palpation only by auscultation. Gives history of frequent attacks of inflammatory rheumatism. Rated for rheumatism six eighteenth. Piles: rectum relaxed and very much varicose and has cicatrices of those former external piles. Rated for piles four eighteenth.

The actual or probable origin of every existing disability must be fully set forth. 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.

Each disability must be rated separately, the act of Congress of March 2, 1890, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

No other disability is found to exist, and no evidence of any vicious habits

A. W. Trout, Pres. P. A. Mowbray Sec'y. S. R. Cline, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must be made on the back.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

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

"I hereby certify that Dr. A. W. Trout, Dr. P. A. Mouser, and Dr. C. R. Sisk were personally present and actually participated in the examination of James B. Kent the claimant in this case, on 16 day of May 1900

(Signature.) P. A. Mouser
(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____ the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18__."

(Signature.) _____



PENSION SURGEON'S CERTIFICATE

IN CASE OF

James B. Kent
Co. F, 7 Reg't 2d Vol. Inf.

APPLICANT FOR additional

No. 744966

DATE OF EXAMINATION:

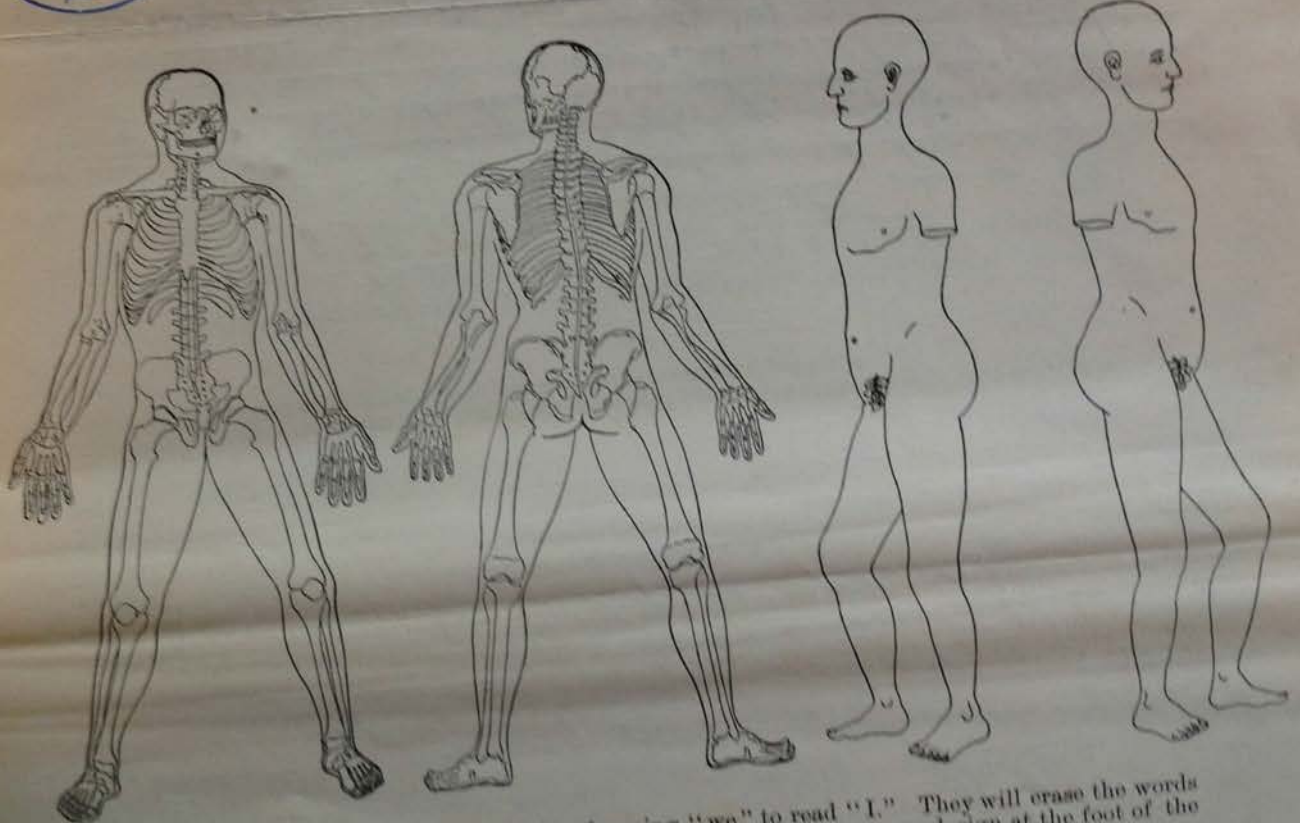
May 16, 1890

BOARD:
Pres., A. W. Trout
Sec'y, P. A. Mouser
Treas., C. R. Sisk

Post-office, Perry
County, Galles
State, Iowa

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

Alaska



N. B.—When added, numbered, & dated

Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and the certificate contain a full description of the disease, and the certificate shall include all the

SURGEON'S CERTIFICATE

Insert character and number of claim. *Lucres*

Name of claimant. *James E. Kent*

Company. *7* Rec't. *Co. Inf.*

Claimant's post-office address. *Des Moines, Iowa*

Cause of disability. *Vertigo, Result of sunstroke, Rheum. + dis. of heart.*

Pension Claim No. *744,966*

Address. *Des Moines* P. O. State. *Iowa*

Date of examination. *Dec. - 24 - 1902*

He receives a pension of *— 6 —* dollars per month.

Here give the claimant's statement (as briefly and as completely as possible) in regard to the nature of origin and cause of his disability 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: *Off duty 2nd. May 14th 64 near South Penn. Sunstroke resulting in vertigo. Off duty Mumpst hills, Alaska, Apr. 18th 64. Dis. inc. since war.*

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

Birthplace. *Knox Co. Ill.*; age, *57* years; height, *5-7*; weight, *150* pounds; complexion, *Fair*; color of eyes, *Grey*; color of hair, *Grey*; occupation, *None*; permanent marks and scars other than those described below, *Scar on front of right leg below knee*

We hereby certify that upon examination we find the following objective conditions:
Pulse rate, *90 84 168*; [Sitting, standing, after exercise.] respiration, *20 20 27*; [Sitting, standing, after exercise.] temperature, *98.4*;

Here give a full description of the disability, in accordance with Book of instructions.

Vertigo, the Result of Sunstroke.

This applicant states that ever since he received a sunstroke he has been dizzy the greater portion of the time, that he has had constant pain in his head, that he has had backache and lassitude, has been nervous and irritable, that he has been at times sleepless and very uncomfortable. We find no evidence of meningitis at present time. There is tenderness over greater portion of the spine and over the right side. The applicant states that he is sometimes sick at his stomach when he is dizzy. There is a portion of the right side of the body as marked on the chart where there is loss of sensation to quite a degree.

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

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

Rheumatism.

The applicant has crepitus in the elbows and knees. Some deposits in the hands. The lumbar muscles are very tender. Both sciatic nerves are tender from their origin to popliteal space. Knees somewhat swollen. No contraction of tendons.

Disease of Heart.

Apex beat together with gastric impulse plainly visible 15'. Apex beat is at the sixth space. Dullness extends upward 4" and latterly 3 1/2". Some cyanosis on exercise. No dyspnoea or odema other than described under rheumatism. The heart is irregular, irritable and intermittent. It is dilated, with fair compensation. The applicant complains severely of pain in his heart, due in our opinion to pericarditis.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Lungs.

Chest measures 36", at expansion 38", at contraction 35 1/2", no rales or consolidations.

Kidneys.

Specific gravity of the urine is 10.19, rather light in color, no sugar or albumen. We find no further evidence of disease or vicious habits.

Pres. _____ Sec'y. _____ Treas. _____

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (on 3-155) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

SURGEON'S CERTIFICATE.

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

Insert character and number of claim.

Name of claimant.

Pension Claim No.

744,966

[Rank], Company _____, Reg't _____

[Date of examination] _____, 190

EXAMINATION—Continued.

We find the aggregate permanent disability for earning support by manual labor due to effects of sunstroke, rheumatism and disease of heart, not due to vicious habits, and warranting a Rate of \$ 10

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.

R. U. Chapman
I. O. [unclear] Sec'y. J. P. [unclear]

SURGEON'S CERTIFICATE

Board of Surgeons and number of votes *Unsuccessful* Pension Claim No. *744,966*
 Name of claimant *James E. Kent*

A examination must not be made by one member of a board except upon a special order of the Combinations of Physicians.
 (This certificate to be filled in and signed by the secretary when the full board is present.)
 I hereby certify that Dr. *R. Chapman* and Dr. *Shively* and Dr. *Skinner* were personally present and actually participated in the examination of *James E. Kent* the claimant in this case, on *24* day of *Dec*, 190*2*
 (Signature.) *James E. Kent*

(This certificate to be filled in by the members of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190*2*

(Signature of Applicant.) _____
 Witness to mark.



SURGEON'S CERTIFICATE

IN CASE OF
James E. Kent
 Co. *F*, 7 Reg't *Pa. Inf.*

APPLICANT FOR *Increase*

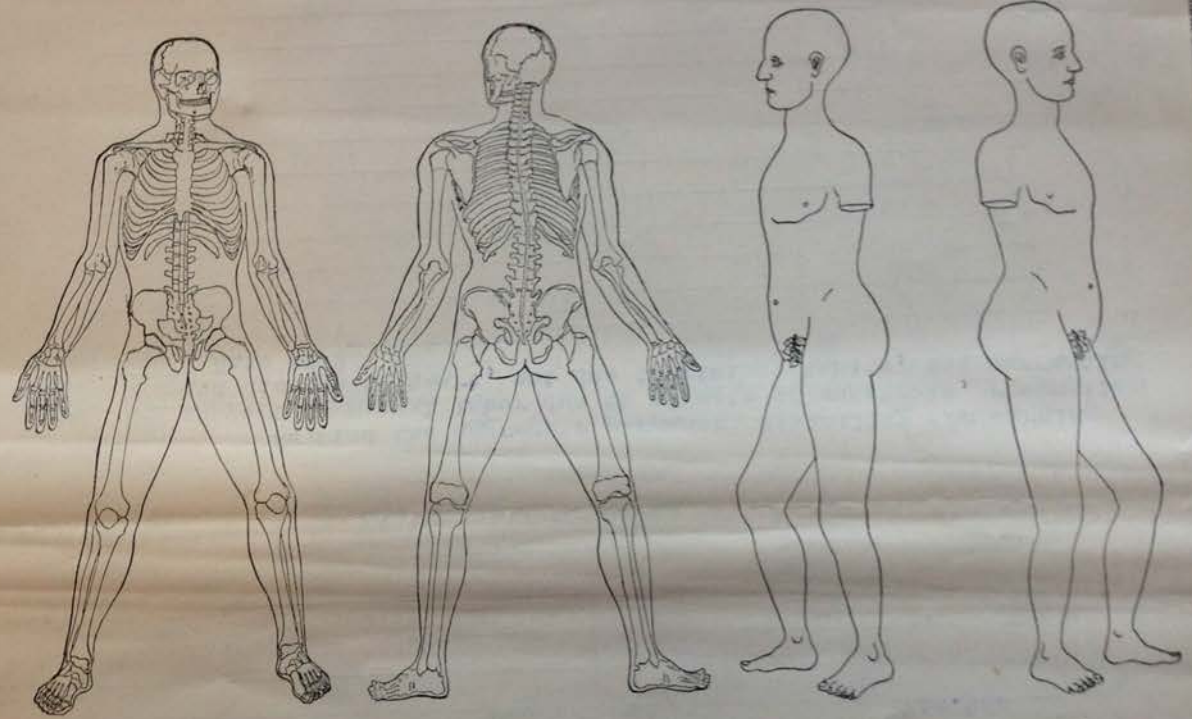
No. *744,966*

DATE OF EXAMINATION:
Dec. - 24 - 1902

BOARD:
 Pres., *R. Chapman*
 Sec'y, *R. Shively*
 Treas., *J. E. Skinner*

Post office, *Belleville*
 County, *Pike*
 State, *Mo.*

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.
 "All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE

Insert character and number of claim.
Name of claimant.
Company.
Claimant's post-office address.

Amersbach
James E. Hunt
Company *7* Reg't *Iowa Inf't*
Perry Co Dallas Co

Pension Claim No.

744,966

Address of Board.

Perry Iowa P. O. State
May 2nd, 1906
(Date of examination.)

Name of disability.

Vertigo result of sunstroke; Rheumatism and disease of Heart

He receives a pension of *8.00* dollars per month.

Here give the claimant's statement (as briefly and as completely as possible) in regard to the date of origin and cause of his disability 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: *Vertigo and sunstroke in 1864 whilst in the service. Rheumatism and disease of Heart for 30 years.*

Birthplace, *Ills*; age, *60* years; height, *5'8 1/2*; weight, *128* pounds; complexion, *dark*; color of eyes, *gray*; color of hair, *gray*; occupation, *laborer*; permanent marks and scars other than those described below, *none*

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

Pulse rate, *80 90 110*; respiration, *22 24 26*; temperature, *98*
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Vertigo, result of sunstroke; there is no tenderness over spine. Coordination with eyes open normal, eyes closed unsteady, pupils respond to light and shade normal; action of reflexes normal. No objective or subjective symptoms of any vertigo.

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

Rheumatism; there is well marked crepitus in all the large joints; and is unable to raise the arms above the shoulders; there is a stiffened action of the hip joints in walking. No other lesion or enlargement to any joints, muscles or tendons.

Whenever disability is shown or is believed to be due to vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Heart, area of dullness 2 inches below and 1/2 inch to the right of left nipple; and 1 1/2 inches to the right and 3 to the left of sternum; no murmurs. pulse rate recling 72 standing 100. Gives history of frequent attacks of pain in region of Heart, also, some dyspnea after exertion. No edema or cyanosis.

Urine spec gravity 1020 no albumen (test acid & heat) no sugar (Fehling's). Lungs auscultative and percussion show the things to be normal. Chest measure inspi. 139, expi 36. No rales

We find that the aggregate permanent disability for earning a support by manual labor is due to diseases of Rheumatism and irritable Heart, and warrants a rating of \$10.

When rates are recommended solely on subjective evidence the strongest reasons used to give therefor.

No other disability is found to exist, and no evidence of any vicious habits

W. Hunt, Pres. *J. A. Mowrer*, Sec'y. *E. R. Bissell*, Treas.

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

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

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

"I hereby certify that Dr. A. W. Grant, Dr. P. A. Mowrer, and Dr. E. R. Siker, were personally present and actually participated in the examination of James E. Kent, the claimant in this case, on 2 day of May, 1906."

(Signature.) P. A. Mowrer

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1906."

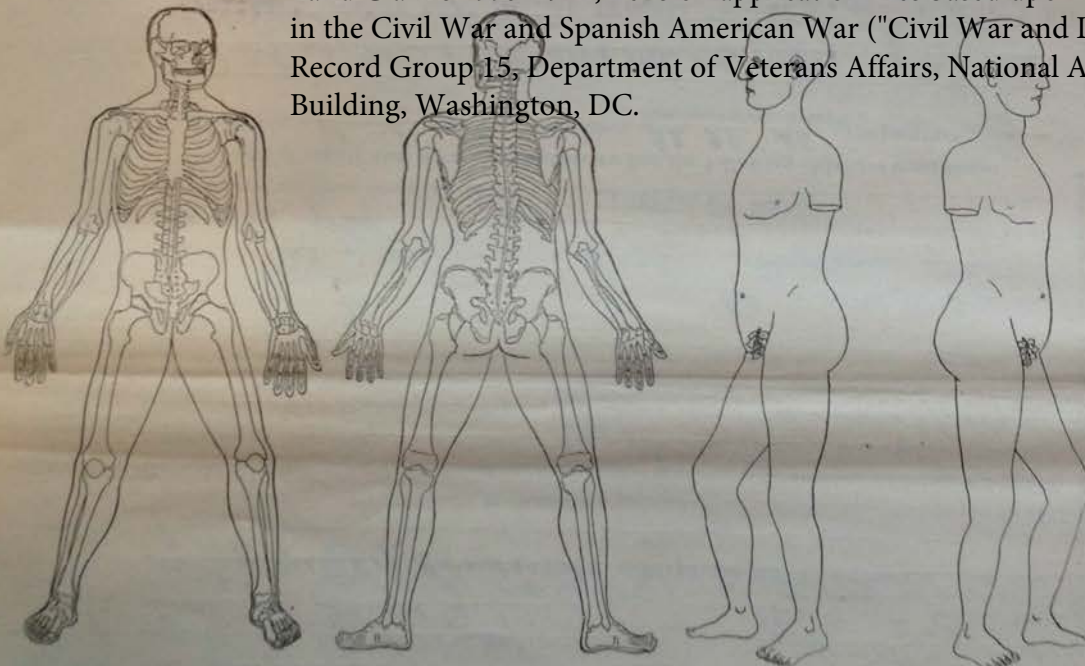
Witnesses to mark. } (Signature of Applicant.)



IN CASE OF James E. Kent
Co. F, Reg't. 7, Iowa Inf'ty.
APPLICANT FOR Increase
No. 744,966
DATE OF EXAMINATION: May 2nd, 1906
BOARD:
A. W. Grant, Pres.,
P. A. Mowrer, Sec'y.,
E. R. Siker, Treas.,
Post office, Pring
County, Dallas
State, Iowa

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.
Jed E S T 18 1906 W.D.

James E. Kent military pension file, Private, Iowa Infantry, Company F, Regiment 7, Civil War, Soldier's Application No. 562661, Soldier's Certificate No. 744966, Records Relating to Pension and Bounty-Land Claims 1773-1942, Pension application files based upon service in the Civil War and Spanish American War ("Civil War and Later"), Record Group 15, Department of Veterans Affairs, National Archives Building, Washington, DC.



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

P. O. State, 1906
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Marginal entries must never be made.