

THE ORIGINAL ARCHIVES

OF THE

NO 80955

MEMORANDUM *Dennis M. Higgins*

Put in

in the

file

INVALID. (Series.....) ✓

Cert. No. 680955

Name Dennis M. Hartford

Rank, *1st Lt.*; Service, *Co. E. 3rd N.Y. Vol. Ingt.*

Original Roll: *Buffal*

Agency: **DEAD**

Issued *Nov. 7*, 1891

Mailed *19*, 1891

Rate and Period, \$ *12*, from *Sept. 17*, 1890

Action complete by *CO. E. 3rd N.Y. Vol.* Division. *Rev. 7/94*

Disability: *Rheumatism*

Issued *July 9*, 1907

Mailed *11*, 1907

Rate and Period, \$ *20*, from *Feb. 23*, 1907

Deductions: *0*

Disability: *a*

1 Issue. Class *ully*. Entered *11*.
2 Issue. Class *Reis*. Entered *11*.

Issue. Class. Entered.

Proc. \$

Issued,, 18
Mailed, 18
Rate and Period, \$....., from, 18

Deductions:

Disability:

Issue. Class. Entered. Proc. \$

Issued, 18
Mailed, 18
Rate and Period, \$....., from, 18

Deductions:

Disability:

INDORSEMENTS.

DROPPED

Apr 9 1908

Auditor advised of Death. *SEP 14 1908*

SMJ

*Miss
Buffalo*

Original No. _____

Certificate No. *680.953*

RE-ISSUE

ACT OF FEBRUARY 6, 1907.

Claimant, *Dennis M. Hartford* *Genl*
 P. O., *Potsdam* Rank, *Private*
 County, *Saint Lawrence* Company, *B*
 State, *New York* Regiment, *50. NY Vol Corps*
B Rate, \$ *20* per month, commencing *February 23, 1907*

Removed as Dist.

RECOGNIZED ATTORNEY.

Name, _____
 P. O., _____

APPROVAL.

Submitted for *order June 6, 1907*, Examiner. *Chapman*
 Approved for *Admitted July 2, 1907*

Age over 75.

Rate \$20. per month.

Revised to allow under act of February 6, 1907. Select subsequent payments and drop name from rolls under act of June 27, 1890.

June 7, 1907, August 21, 1907, July 8, 1907
 Legal Reviewer *W. Pearce* Re-Reviewer *67*

Enlisted *Aug 21*, 18 ; honorably discharged *Sept 20*, 18
 Enlisted _____, 18 ; honorably discharged _____, 18
 Enlisted _____, 18 ; honorably discharged _____, 18

Pensioned at \$ *14.00* per month, under *act June 27 1890*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *Feb 23*, 1907
 Date of birth alleged, *May 27*, 1827
 Age shown by evidence *80* years.

Claimant does _____ write.

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 Pension Claim No. 931270
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Demas N. Hartford, Rank, Priv

Claimant's post-office address.

Company B, 50 Reg't 1st Cav Ogdensburg N.Y. State,
[Post-office address of the Board.]
Potdam N.Y. June 17, 1891.
[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: Liver & Kidney disease, rheumatism, Palsy and heart trouble.

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

I am suffering so much from my liver, kidney, rheumatism & heart that I cannot do one half day manual labor in a day. I have had liver trouble for more than 25 years.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 21; temperature, 98.4; height, 5 feet 9 inches; weight, 162 pounds; age, 65 years.

Here give a full description of the disability, in accordance with Book of Instructions.

General Appearance that of an extremely nervous man, with body poorly nourished. Careful examination shows the liver to be normal in size and free from tenderness. Urine light straw color, acid reaction. Sp. Gr. 1.025. Heat and Nt. acid shows no albumen, nor does the copper test reveal any traces of sugar. Examination of the right shoulder joint shows it to be slightly enlarged, tender on pressure, and stiff on passive motion. All the joints of the fingers of both hands are enlarged, red, swollen and stiff. The right wrist joint is also swollen and painful on pressure and motion. All the other joints of the body are in approximately normal condition. The muscles of the lumbar region are extremely tender on pressure. Examination of the heart by inspection, percussion and palpation shows the impulse and size to be normal and Auscultation shows that both aortic and

He is, in our opinion, entitled to a 78 rating for the disability caused by For Rheumatism, 78 for that caused by For Incurable Heart, and _____ for that caused by _____

Rate for EACH cause of disability.

J. H. Brewster Pres. J. S. Gale, Sec'y Chas. P. Hawley, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.

sinistole have lost their normal rhythm and the heart is irregular in its action, and slight exercise increases its irregularity. No murmurs can be detected. No other abnormality can be found to exist.



SURGEON'S CERTIFICATE

IN CASE OF

Quinn M. Hartford

Co. B, 50 Reg't A.V. Eng.

Applicant for *Original*

No. *931270*

DATE OF EXAMINATION:

June 17, 1891

J. H. Johnson, Pres.,
J. S. Gale, Secy,
Chas. Anthony, Treas.,
BOARD.

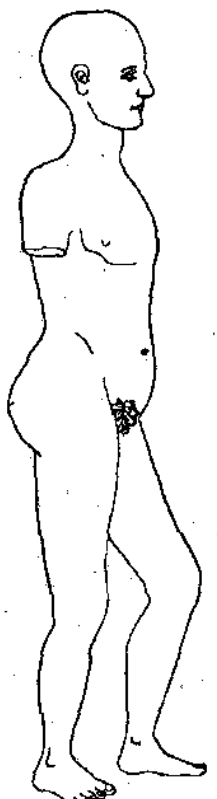
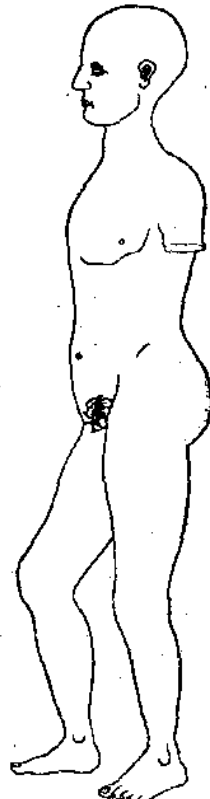
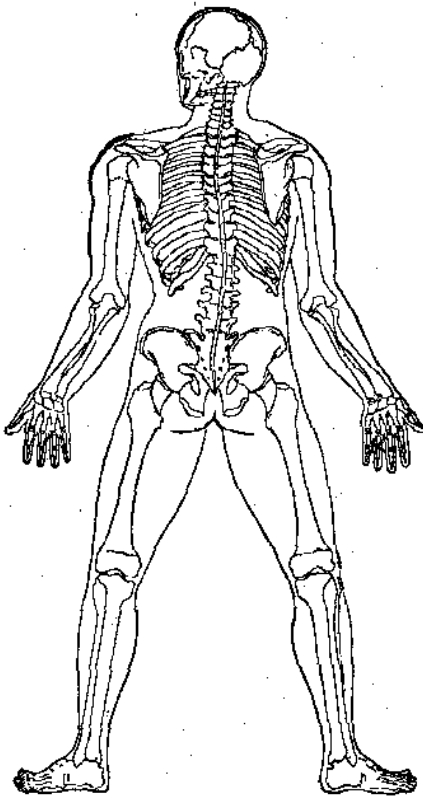
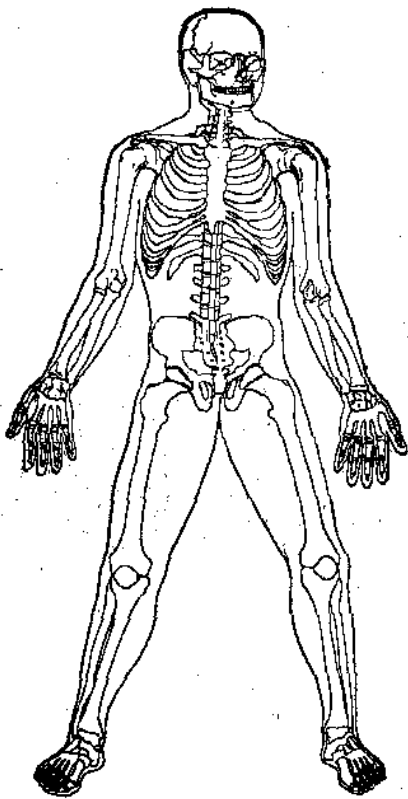
Post office, *Ogdenburg*

County, *St Lawrence*

State, *New York*

P. S.—Write your Post-office address plainly and in full.

TCOC



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Secy," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That 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.]

No. 931270.

Physician's Affidavit,

Act of June 27, 1890.

This affidavit, should, if possible, be in the handwriting of the affiant; the instructions on the back should be carefully observed. All the facts in the possession of affiant, as to the origin and continuance of the disabilities alleged, should be set forth, and the dates of treatment should be specially given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of New York, County of Schamoon, ss:
In the pension claim of Dennis Hartford late
of Co. B of the 50 Regiment of Engineers N.Y. Volunteers. Per-
sonally appeared before me a Notary Public in and for the County and State afore-
said, Jesse Reynolds, a resident of Potterton
in the County of Schamoon, State of New York,
who, being duly sworn, declares in relation to said claim as follows: That I am

well acquainted with Dennis Hartford
and that I have this 16th day of February
1891. Carefully examined him.

And find said Soldier suffering from
disorder of the bladder manifested by
pain in the region of the bladder almost
constant desire to urinate pain in the
back over the kidneys with stiffness
in the muscles of the back & tenderness
said Soldier has disturbances of the heart
causing short & difficult breathing
upon walking especially when going
up a flight of stairs, or rise of ground
or attempting to hurry in any exercise
Said Soldier has a broken down nervous
system causing trembling of the hands
& limbs & a general feeling of debility
has also Rheumatic stiffness of the shoulder
& hips. Urging him to give up his work. Blacksmithing
In my opinion the above named disabilities are
permanent & that said Soldier cannot labor to earn
more than 1/4 of his living & a just rating would be 1/4

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he has

ADJUTANT GENERAL'S OFFICE

JUN 4 2630994 1907

WAR DEPARTMENT

3-335.

ACT OF FEBRUARY 6, 1907.

East Div. *W.M.* Ex't.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *June 1, 1907*

The Adjutant General,

War Department:

For use in the claim indicated below, you are respectfully requested to furnish this Bureau with a full military history and personal description, including birth place and occupation, of *Dennis M. Hartford*

who, it is alleged, entered the service *Aug. 21, 1861* as a *private* in Co. *B*, *50* Reg't *N.Y. Eng's* and was discharged *Sept. 20, 1864*

(1 enclosed)
No other report on file

cf No. *680955*

J.L. Mearns
Acting Commissioner.

57

EAST. DIV.
JUN 5 1907
V E D

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Dennis M. Hartford
Co. *H*, *50* Reg't *N.Y. Inf.*

the records show the following:

Age *36*, height *5* feet *9 1/2* inches,
complexion *Fair*

eyes *Gray*, hair *Brown*

place of birth *Montreal, Canada*

occupation *Blacksmith*

enrolled *Aug. 21*, 1861

and *M.O.* *Sept. 20*, 1864

as an *Artificer*, with *Detach-*

ment, as of Co. *B*, *50* Reg't

N.Y. Eng's to which *trans-*

feration was changed *July or Aug. 1862*

and the rolls on file for that period do not

show him absent without leave or in deser-

tion, except as follows:

** 1862, from Co. B. 50 Reg't*
N.Y. Inf. to which trans-

ferred Nov. 1, 1861

JUN 6 1907
OFFICE

H. Ainsworth
The Adjutant General.

Per *6*

Washington, D. C.,

JUN 4 1907

(Commissioner of Pensions.)

GENERAL AFFIDAVIT.

State of New York, County of St. Lawrence ss:
In the matter of Pension Claim of Dennis Mc Hartford, Co. B. 50. 1st Engineers No 93, 1270

ON THIS 21 day of March, A. D. 1891, personally appeared before me a Notary Public in and for the aforesaid County, 'duly authorized' to administer oaths Dennis Mc Hartford aged 65 years, a resident of Potectaw, in the County of St. Lawrence, and State of New York whose Post Office address is the same aged _____ years, a resident of _____ in the County of _____ and State of _____ whose Post Office address is _____

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

I am the claimant above named
(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)
I have not been in the Naval or Military Service September 20, 1864, since September 20, 1864.

I first discovered my disabilities, which resulted in 14 years and liver disease and trembling palsy, about six months before I was discharged from the Service—then I had chronic diarrhoea which did not leave me until about October 1864. I also had fever and ague while on the Chickahominy river in Virginia in 1862, which I have had spells of at different times ever since. My discharge was had on account of Chills & fever lately and had to take quinine to lay it during Spring months. I have attacks of Chills & fever as often as once a week, I have no trouble from diarrhoea now. If I work too hard I have fluttering palpitations of the heart, I have constant trembling of hands and have had for about twenty years, I am unable to shoe horses by reason of lame back & weakness.

_____ further declare that _____ no interest in said case and not concerned in its prosecution.

Dennis Mc Hartford

(If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiant.)

Act of June 27, 1890.

A

DECLARATION FOR INVALID PENSION.

A

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 New York
COUNTY OF Sch Lawrence } ss.

On this 13th day of Sept, A. D. one thousand eight hundred and ninety-
personally appeared before me, a Notary Public

within and for the county and State aforesaid, Dennis M Hartford
aged 65 years, a resident of the town of Potodan
county of Sch Lawrence, State of New York, who, being
duly sworn according to law, declares that he is the identical Dennis M Hartford
who was ENROLLED on the 21st day of August, 1861, in C. B. 58th Regt
Regiment of NY Engineers Bobs. [Here state rank, company and regiment
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 HONOR-
ABLY DISCHARGED at Colonia NY, on the 20th day of September

1864. That he is unable to earn a support by manual labor by
reason of Liver & Kidney disease, Rheumatism & palsy & heart trouble.
[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
permanent. That he has not applied for pension under application No. _____

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 Samuel Coram
of Potodan, State of New York, his true and lawful attorney
to prosecute his claim and receive a fee of \$10. That his POST-OFFICE ADDRESS is Potodan
county of Sch Lawrence, State of New York.

Dennis M Hartford
[Claimant's signature.]

Attest: (1) Isaac Matthews
(2) Charles Heaton

ACT OF JUNE 27, 1890.

INVALID PENSION.

680,953
Buffalo

Claimant

P. O.

County

State

Rate, \$

per month, commencing

Rank

Company

Regiment

Disabled by

RECOGNIZED ATTORNEY.

Name

P. O.

Fee, \$

Agent to pay.

Articles filed,

189

APPROVALS.

Submitted for

Approved for

Admission

Approved for

Sept 23, 1891

Examiner.

Legal Reviewer.

Medical Referee.

now pensioned under other laws. Last paid to

18

at \$

Pensioned from

18

at \$

for

SERVICE SHOWN BY RECORD.

Enlisted

August 21, 1864

and was honorably discharged

September 20, 1864

Re-enlisted

18

honorably discharged

18

Declaration filed

September 17, 1890

alleges permanent disability, not due to vicious habits,

from

Liver and Kidney disease, rheumatism, palsy & heart trouble.

Claimant writes his name

W. M. Hoff

ACT OF FEBRUARY 6, 1907.

Declaration for Pension.

The Pension Certificate SHOULD NOT Be Forwarded With The Application.

State of New York, County of St Lawrence ss:

On this 21 day of February, A. D. one thousand nine hundred and seven, personally appeared before me, a Mary O'Brien within and for the County and State aforesaid, Dennis M. Hartford, who, being duly sworn according to law,

declares that he is 50 years of age, and a resident of Potsdam County of St Lawrence, State of New York; and that he is the identical person who was ENROLLED at Potsdam New York under the name of Dennis M. Hartford on the 21 day of August, 1861,

as a Orrale in Co. B 50 Reg. N.Y.V.E. Here state rank, company and regiment, if in Military service, or vessel if in the Navy.

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Albion N.Y. on the 20 day of September, 1864. 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 5 1/2 inches; complexion, Fair; color of eyes, Gray; color of hair, _____; that his occupation was Black Smith; that he was born May 22, 1837, at Montreal Prov. Canada.

That his several places of residence since leaving the service have been as follows: _____ State date of each change, as nearly as possible.

That he is _____ a pensioner by Certificate No. 680955, at \$ 12.00 per month. That he has _____ heretofore applied for pension, Claim No. _____

That he makes this declaration for the purpose of being placed on the pension roll of the United States under Act of February 6, 1907, and any amendments thereof.

He hereby appoints, with full power of substitution, _____

J. B. CRALLE & CO.,

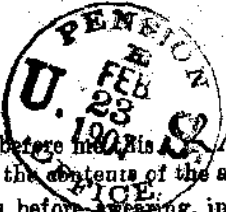
PENSION ATTORNEYS, CRALLE BUILDING, 100 C St., N. W., WASHINGTON, D. C.,

their successors or legal representatives, his true and lawful attorneys to prosecute his claim under said law; and he requests and directs that they be allowed and paid, upon the issuance of a certificate, or thereafter, such fee or compensation as may be hereafter provided by law or ruling.

That his post office address is Potsdam County of St Lawrence State of New York

ATTEST: Sherman L. Weller Dennis M. Hartford
J. B. Cralle Signature of Claimant.
Two persons who write, sign here, _____

Also personally appeared Sherman L. Weller, residing at Potsdam N.Y., and J. B. Cralle, residing at Potsdam N.Y., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Dennis M. Hartford, 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.



Sworn to and subscribed before me this 21 day of February, A. D., 1907, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before me, including the words _____ erased, and the words _____ added; and that I have no interest, _____ in the prosecution of this claim.

_____ Signature of two witnesses who write their names.

valid and _____
expira March 31 '07 Potsdam J. B. Cralle Mary O'Brien

ACT OF JUNE 27, 1890.

3-402.

Certificate No. 680 955
Name, Dennis M. Hartford Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

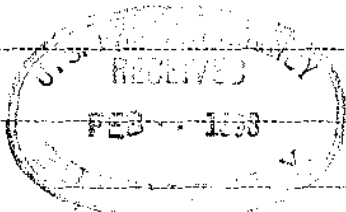
SIR:

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. H. Brandt

Commissioner of Pensions.



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

Answer. Yes - Catherine L. Hartford, maiden name Donning

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

Answer. Jan 15th 1868 - Norfolk St, Law, Va, U.S.

Third. What record of marriage exists? By the Rev. A. E. Munson

Answer. Marriage - 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. Marriage - Certificate, Margaret Donny

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

Answer. Yes two - Margaret Donny, (died May 12th 1862)

Car. Chabot - George A. Hartford - born Mar 24th 1854

Belle - Hartford - born April 2nd 1860

Dennis M. Hartford
(Signature.)

Date of reply, May 9th, 1898

Gibson may take at Law for off

Bonorden. Ex'r.

28/178 No. 931,270

Act of June 27, 1890.

Dennis M Hartford

P. O. Potsdam

St Lawrence Co N.Y.

Service: B-50-N.Y. Eng
(B + H 50 N.Y. Eng)

Enlisted: Aug 21, 1861

Discharged: Sept 20, 1864

Application filed: Sept 17, 1890

Alleges:

Any other Claim filed: No

Numerical No. 1152894
22/128

Attorney: Sam'l C. Crane

P. O. Potsdam N.Y.

SEP 24 1891
Recognized

Contract.

Cert. of Dis. Searched for, 18

Pos

22-128

3-1847.

Act of Feb. 6, 1907.

28/178
Cert. 680,950

Name, Dennis M. Hartford

Application filed Feb 23, 1907
(B + H 50 N.Y. Eng.)

B 50 N.Y. Engers.

~~Just 17/17/18~~

Pos

3-871.

RECORD DIVISION,

Department of the Interior,
BUREAU OF PENSIONS.

Briefed by A M

Claim No. _____

Certificate No. 680955

Claimant _____

Soldier Dennis M. Hartford

Service B 50 NY Eng.

Additional Service _____

(B 50 NY Eng.)

No other claim, State records June 25, 1907

No claim, combination records _____, 190_____

REMARKS:

Records corrected

G. C. Kniffin

0-8

Chief Division

3-1081.

PENSIONER DROPPED.

United States Pension Agency,
Buffalo, N. Y.

SEP 9 1908, 190_____

Certificate No. 680955

Class ACT FEBY. 8, 1907

Pensioner Dennis M. Hartford

Soldier _____

Service Act. B. 50 NY S. E.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 20, to Apr. 90th, 1908.
has been dropped because of death.
31 May 08

Very respectfully,

C. A. D. M.

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once
and when cause of dropping is death, state date of death
when known.

0-9

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the ages and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.