

THE NATIONAL ARCHIVES

SERIALS CERTIFICATE

No. 9135

VETERAN

Adonzo F. Scott

RANK

1st Lt

SERVICE

1st Lt 134th Infantry

No.

9135

BUNDLE NO.

5

380,960

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Sept. 5th, 1882.

Respectfully returned to the Commissioner of Pensions.

Alonzo Scott, a private of Company I,
124th Regiment Indiana Volunteers, was enrolled on the
6th day of February, 1864, at Richmond, Ind. for 3 yrs,
and is reported: On muster-roll of Co. from
enrollment to April 30, 1864, present. May
and June, 1864, absent; left sick in field hospital
since May 26, 1864, and came to Dec. 31,
1864. Jan and Feb. 1865, present, and same
to June 30, 1865. Mustered out with
Co. Aug. 31, 1865, at Greensboro, N.C.

Not borne as Alonzo F. Scott.
Nature of sickness not stated. Regt Hosp Records not
on file.

4

W. R. ...
Assistant Adjutant General.
J. M. ...

DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Indiana, County of Wayne

On this 4 day of June 19 24 personally appeared before me, a Notary Public Alonzo F. Scott within and for the county and State aforesaid, who, being duly sworn according to law, declares that he is 77 years of age, and a resident of Richmond Wayne county of Indiana; and that he is the identical person who was ENROLLED at Richmond Ind. Wayne County under the name of Alonzo F. Scott on the 6th day of Feb. 18 64 as a Private in Co. I Reg. 124th Ind. Inf. Vol. in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Greensburgh, N. C., on the 31st day of Aug. 18 65 That he also served None

That his personal description at enlistment was as follows: Height 5 feet 6 inches; complexion Light color of eyes Hazel; color of hair Dark; that his occupation was Clerk; that he was born August 20 18 47 at Henry County, Ind. That he requires the regular personal aid and attendance of another person on account of the following disabilities: Doctors statement inclosed as to disabilities

That since leaving the service he has resided at Preble County, Ohio, and Wayne County, Ind and his occupation has been Traveling salesman That he has applied for pension under original No. 427,595 That he is a pensioner under Certificate No. 427,595

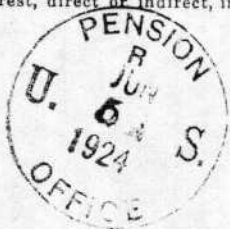
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of May 1, 1920.

Witness signatures and addresses: Charles Wodges, 110 North 20th St. Richmond Ind.; Paul C. Campbell, 222 N. 9th Richmond Ind.; Alonzo F. Scott, National Road East. P. R. C Richmond Ind.

Subscribed and sworn to before me this 4 day of June A. D. 19 24

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

Declaration accepted as a condition 2, ACT OF MAY 1, 1920 Law Clerk



Notary Public Signature: Harry B. ... Richmond Ind. (Official character.) (Post Office address of officer.)

My commission expires Dec. 29. 1925

ACT APPROVED MAY 1, 1920.

DECLARATION FOR PENSION.

Number.....427,595.

ClaimantAlonzo, F. Scott

ServiceCivil War.

INSTRUCTIONS.

This form is only to be used by or in behalf of one who desires to claim original pension or under section 3 of the Act of May 1, 1920, because he requires the regular personal aid and attendance of another person. The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

ACT APPROVED MAY 1, 1920.

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

INFORMATION REQUIRED.

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

1. The sworn statement of the attending family physician, describing the disabilities which make necessary the regular personal aid and attendance of another person.
2. The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance rendered; 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.
3. The claimant should state whether any member of his family rendered military or naval service in the late World War, and if so, whether he has applied to the War Risk Insurance Bureau for compensation, or is in receipt of the same because of the death in, or since the service, of such member of his family.

WAR OF 1861.

Declaration for Invalid Army Pension.

STATE OF Indiana, COUNTY OF Marion, ss:

On this 9th day of June One Thousand Eight Hundred and Eighty —, personally appeared before me, Samuel M. Kausel, Clerk of the Circuit Court within and for the County and State aforesaid, Alonzo F. Scott aged 34 years, and a resident of Indianapolis County of Marion and State of Indiana, who being duly sworn according to law, declares that he is the identical Alonzo F. Scott who enlisted in the service of the United States at Richmond, County of Wayne and State of Indiana, on the 7th day of March 1864, as a private in Company "D" commanded by Captain J. J. Wright in the 124th Regiment of Indiana Volunteers in the War of 1861, and honorably discharged at Greensborough, State of N. Carolina, on the 31st day of August, 1865. That while in the service aforesaid and in the line of duty as a soldier near a place called Pessacca, State of Georgia, about the no day of August, 1864,

From hardships and exposure he contracted chronic diarrhoea, also about same time and place he received a sun stroke the effects of which continue to disable him for the performance of manual labor for which he asks a pension

Received Hospital treatment, as follows: 1st Hospital Knoxville East Tennessee

Since leaving the service he resided mostly at or near in Indiana. His occupation has been Traveling salesman. When enrolled he was a Clerk. And for the purpose of prosecuting his claim he hereby appoints P. H. FITZGERALD & CO., of Indianapolis, Indiana, his attorneys in fact, with full power of substitution.

His post-office address is 96 S. Meridian St., Indianapolis, County of Marion, State of Indiana.

If mark is made, have two witnesses sign here.

Alonzo F. Scott
Signature of Claimant.

In dea

Also personally appeared Joseph D. Maguire of Marion Co
and William A. Brown, of the County of Princeton
and State of _____, whom I certify to be respectable and entitled to credit,
and who being by me duly sworn, say that they were present and saw

_____ to the foregoing declaration.
And they further say, that from the appearance of the applicant and their acquaintance
with him, that he is the person he represents himself to be.

They further state that they have no interest in the prosecution of this claim.

When signed
by marks, two
persons must
sign as witness-
es to mark.

Signatures of
two identifying
witnesses.

² Joseph D. Maguire
² Wm. A. Brown

Sworn to, acknowledged and subscribed before me, this 9th day of June
1880, and I hereby certify that the contents of the foregoing declaration of claimant and
affidavit of witnesses was made known to each of them before administering the oath; and
that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signatures.

³ Daniel McAusdee

Clerk of the Marion Circuit
Court

The law requires that this application must be executed before a Clerk or a Judge of a Court of Record.

WAR OF 1861.

No. _____

Invalid Pension.

CLAIM OF

of Capt.

Co. _____ Reg't _____

P.O. _____

County _____
State _____



P. H. FITZGERALD & CO.,

U. S. CLAIM ATTORNEYS,
INDIANAPOLIS, IND.

Douglas & Carlton, Printers.

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3-402.

Certificate No. 427595 Department of the Interior,
Name, Alonzo F. Scott 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,

B. C. Rice,

U. S. Pension Agent,

Columbus, Ohio.

McClay Brandt

Commissioner.

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

Answer. Yes. Rebecca Jane Swain maiden name

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

Answer. April 17/72. New Paris Ohio. Asm. m.

Third. What record of marriage exists?

Answer. on Record at Eaton Ohio. County Sec

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. no.

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

Answer. Yes. Chas F. Scott Born April 10/1873
Blanche A. Scott Born Dec 22/18

Date of reply, June, 1898

Alonzo F. Scott
(Signature.)

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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 inclose envelope, which requires no stamp.

Very respectfully,

G. M. Saenger

ALONZO F SCOTT
NEW PARIS OHIO
427595 ACT MAY
R R 3



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? *Answer. Rush County Indiana*
The name of organizations in which you served? *Answer. Co. B 124 Ind Vol Inftry*

No. 2. What was your post office at enlistment? *Answer. Richmond Ind*

No. 3. State your wife's full name and her maiden name. *Answer. Rebecca Jane Swain*

No. 4. When, where, and by whom were you married? *Answer. April 17th 1872
by Rev Aaron Moore*

No. 5. Is there any official or church record of your marriage?
Answer. I do not know of any Church office
Records, but there is a record at Eaton Ohio Probate office

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. no*

FOLD HERE.

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. no*

No. 8. Are you now living with your wife, or has there been a separation? *Answer. my wife died
Sept 21st 1906*

No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Chas F. Scott born April 10th 1873.
Blanche Mcguire born Dec 23rd 1875.*

FOLD HERE.

Date *March 20/15*

(Signature) *Alonzo F. Scott*