

INVALID PENSION.

REISSUE TO ALLOW UNDER "GENERAL LAW."

Pensioner, *George C. Miller* Af 538719
 P. O., *Annapolis* Rank, *Cair*
 County, *Anne Arundel* Company,
 State, *Maryland* Regiment, *50th U.S. Inf*
 Rate, \$ _____ per month, commencing *Feb 19, 1890* ✓

REJECTED

RECOGNIZED ATTORNEY.

Name, *Chas. J. Donnelly & Co.* Fee, *25.00*; Agent to pay.
 P. O., *City* Articles filed *March 17, 1890* ✓

APPROVALS.

Approved for *shell wound left hip and results*
 Submitted *July 29, 1890* Examiner, *J. H. Levere*
 Approved for *shell wound left hip*
 Supplemental to allow under general law pension to cease July 27, 1890, by reason of allowance of claim under Act of June 27, 1890.
 Approved for *rejection of alleged shell wound of left hip no disability since filing.*

Legal Reviewer *Frank* Med. Ex'r. *W. A. ...* Med. Reviewer.
 Re-Reviewer. *Feb 13, 1890*

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted *Feb 23, 1864* Last paid to \$ _____
 Discharged *May 27, 1865*
 Pensioned from *July 28, 1890* at \$ *6.00* under the Act of June 27, 1890, for *rheumatism*

In declaration filed *July 28, 1890* under Act of June 27, 1890, alleged *shell wound of left hip*

Declaration filed *Nov 11, 1890* alleged *rheumatism and shell wound of left hip*

PRESENT CLAIM.

Declaration filed *Feb 19, 1890* under general law *shell wound of left hip in front of Petersburg, Va. July 30, 1864.*

DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having custody of the Seal.

State of *Maryland* County of *Anne Arundel*:

On this *5th* day of *February* A. D. one thousand eight hundred and *eighty-six* personally appeared before me *Black* of the *Circuit Court* a Court of Record within and for the county and State aforesaid *George C. Miller* aged *48* years, who, being duly sworn according to law, declares that he is the identical *George C. Miller* who was ENROLLED on the *24* day of *Feb* 18 *64* in company *D* of the *30* regiment of *U.S. Inf* commanded by *Capt. Whistler* and was honorably DISCHARGED at *Alexandria Va* on the *27* day of *May* 18 *65*. That his personal description is as follows: Age *48* years; height *5* feet *2* inches; complexion *black* hair *black*; eyes *black*. That while a member of the organization aforesaid in the service and in the line of his duty at *Petersburgh* in the State of *Va.* on or about the *30* day of *July* 18 *64* he received *a wound* Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

That on the 30th of July my company "D" was marching toward Petersburg when a shell exploded on my left and a piece of it struck me on its left hip making a flesh wound. I was felled and covered with dirt and lay there senseless until I came to in the City Point Hospital.

That he was treated in hospitals as follows: *General hospital at City Point, Va. from thence to General hospital at Alexandria Va.* Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
 That he has *not* been employed in the military or naval service otherwise than as stated above. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the *27* day of *May* 18 *65*. That since leaving the service this applicant has resided in the County of *Anne Arundel* in the State of *MD.* and his occupation has been that of a *Systeman*. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a *farmer*. That he is now

disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints, with full power of substitution and revocation, *Chas. J. Donnelly & Co., Successors to*

Thomas J. McElhenny, of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That he has *not* received *not* applied for a pension; that his residence is No. *6* *McPleasant* street

Annapolis Md. and that his post office address is *St. Anne's*
Daniel Price
Nathan Ross
 (Two witnesses who can write signs here.)

Annals 1864
Mr Ramm

Dear Sir, my
No. 756564 when I first
came home I live in
Warren ^{street} and the second
place I lived was in
Blacken street there was no
numbers then and the
third place was on Colled
ave and it had no number
and the 4th place was on
North west street, North E-
pleasant street ¹⁸⁶⁶ is the
last place and I am
living there now I
was wounded in the
left side on the 30th day
of July 1864 since then

REPRODUCED AT THE NATIONAL ARCHIVES

REPRODUCED AT THE NATIONAL ARCHIVES

my whole left side has
been affected and I
am also affected in the
kidney my first doctor
since coming home
was Dr Washington Gluck
but Master General my
second was Dr Wm Bishop
my third was Dr Thompson
Dr Tyck lives on State
circle Dr Bishop lives on
cornhill street Dr Thompson
lives on main street my
occupation has been
hard crabs in the
summer in the winter
when I am able I work
after as a diver my
earnings was not really
5,000 a year the whole
summer (I was not able
to work on the account

of my disability my
master has been
annoyed every since
I left the service

reply to call No 13

Geo Miller
Company D. 30th
United States reg-



PROOF OF DISABILITY.

NOTE: The applicant must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence, then two of the soldiers comrades may testify.

County of Maryland State of Maryland, ss:
ON THIS 2nd day of March A. D. 1890 personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,

James M. Allen aged 65 years, a resident of Annapolis

in the County of Anne Arundel and State of Maryland aged _____ years, a resident of _____

in the County of _____ and State of _____ who being

duly sworn according to law, state that he is acquainted with George C. Miller

applicant for Invalid Pension, and know the said George C. Miller to be the identical

person of that name who enlisted or volunteered as a private in Company D. 30th

Regiment of U. S. C. & V. vols., and who was discharged at Jackson's Hospital on or about _____ day of _____ 1864

by reason of _____

That the said George C. Miller while in the line of his duty, at or near Petersburg Va in the State of Virginia did, on or

about the 30th day of July, 1864, become disabled in the following manner, viz:

By explosion of a shell and Miller was wounded in the hip, whereby he was disabled and sent to Hospital at City Point, Va, and thence to Alexan-ria Va, where he was finally dis- charged.

[Here state the time and place and manner in which the wound or injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. It is necessary to state time and place when contracted, what caused it, the nature of the sickness, and how it affected him.]

By explosion of a shell and Miller was wounded in the hip, whereby he was disabled and sent to Hospital at City Point, Va, and thence to Alexan-ria Va, where he was finally dis- charged.

That the facts stated are personally known to the affiant, by reason of I was Orderly Ser-geant David G. D. and know from per-sonal observation at the time, going to the soldier's medical treatment for his disability while in the service should be stated, giving time and place if possible.]

Do not know anything as to his treatment while in Hospital, but do know that he was not permitted to return to duty with us to again by reason of David's wound.

[Here state whether affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to the affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place if possible.]

I was Orderly Ser-geant David G. D. and know from per-sonal observation at the time, going to the soldier's medical treatment for his disability while in the service should be stated, giving time and place if possible.]

Do not know anything as to his treatment while in Hospital, but do know that he was not permitted to return to duty with us to again by reason of David's wound.

I was Orderly Ser-geant David G. D. and know from per-sonal observation at the time, going to the soldier's medical treatment for his disability while in the service should be stated, giving time and place if possible.]

Do not know anything as to his treatment while in Hospital, but do know that he was not permitted to return to duty with us to again by reason of David's wound.

DR: 8
80007

No. 756564

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner of Pensions.

George C. Miller

Co. D. Reg't 30 M.A.C.V.

was enrolled July 23 1864

and W. O. Miller May 27 1864

at York P. O. for 90 77

As of Apr 26 1865

Name George C. Miller

has not been found on

Roll U. S. O. 30 M. A. C. V.

From Feb 23 1864, to Oct 21 1864

he held the rank of Private.

Write nothing to the left of this line.

and during that period the rolls show him present except as follows:

Aug. 21-64 Present in Am. Stripl Hospital since

July 20th. Came to get

with 1 Co. in a detail

must returning 22 July 1864

(Other records found)

Nothing additional found

upon the rolls

The medical records show him treated as follows: As Surgeon Miller to

wounded, 2nd Stryker's Regt, 1st

all at the battle of Petersburg,

Nov. 20th. Grant Aug. 30th

1864. W. O. Miller. Aug. 30th

By authority of the Secretary of War:

W. O. Miller

Captain and Asst Surgeon, U. S. Army

Date Feb 5 1890

(COMMISSIONER OF PENSIONS.)

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully 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.

And deponent further state that *he is* well acquainted with the claimant, having known him for at least *thirty* years, and further, that *his* knowledge of the facts above stated *is* derived from said acquaintance, and from having served as *Officer* of Company *D* of the *20th* Regiment of *N.C.I.* volunteers, from the day of *February* 1867 to the day of *December* 1865. And deponent further state that claimant was a sound and able-bodied man at and prior to enlistment, so far as *he* knew, and that *he is* totally disinterested in this claim.

Post-office address of affiant is *No 4 White Row, Annapolis Anne Arundel County, State of Maryland*
James M. Allen (Signature of affiant.)
STATE OF *Maryland* COUNTY OF *Anne Arundel*

State of *Maryland* County of *Anne Arundel*, ss:

In the pension claim No. _____ of *George E. Miller* late of *Company D, 36th Reg Colored Troops* (Company and regiment of service, if in the Army; or vessel and rank, if in the navy.)

Personally came before me a *Justice of the Peace* in and for the aforesaid county and State, *Wm. Lusk Mat.*, a citizen of *Maryland* whose post-office address is *Annapolis Maryland* well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

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 *he* 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 *he is* a creditable person.

[L. S.] _____
Justice of the Peace (Official Character.)

That he is a practicing physician, and that he has been acquainted with said soldier for about *thirty* odd years and that *the said George E. Miller was a slave*

_____, Clerk of the County Court in and for aforesaid County and State, do certify that _____ who hath 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; and that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and official seal of office this _____ day of _____ 18____.

[L. S.] _____
Clerk of the _____

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

NOTES.
The Physician's Affidavit must show the following facts: (1) Whether or not the soldier was to enlistment; (2) length of time he has known him; (3) intimately acquainted with the soldier; (4) at opportunity he has had of observing his physical condition, whether as a neighbor or as a neighbor; (5) how near he has lived to him; (6) whether he knew that the soldier was a soldier at enlistment; (7) should so state if true; (8) if he has treated the soldier while in service either as a surgeon or while on furlough; (9) if he should be treated; (10) the claimant's physical condition at such times; (11) as well as the dates of treatment; (12) if he has treated the soldier since discharge; (13) giving the nature of his condition at the time of the discharge; (14) the period during which he attended him should be stated, with the extent or nature to which he has been able to perform manual labor during each year from the date of his discharge to the present time; (15) if the case may be, the extent of the disability.

belonging to my father at the time of his enlistment in the Army, and at that time this soldier was perfectly sound and in good health - if otherwise I would have known it. I did not treat him while in the Army at any time. I have prescribed for him several times for Rheumatism - this trouble is the result of a wound at the left hip joint from a splinter from a shell and exposure attending a soldier's life. His disability is a bout 3/4 hours. This affidavit was written by myself on the 2nd day of October 1893 at Annapolis, Maryland and I was not aided or prompted by any written or printed statement or report prepared or dictated by any person and not attached as an exhibit to my testimony.

ADDITIONAL EVIDENCE.
PROOF OF DISABILITY.
CLAIM OF *George E. Miller, Co. D "30th U.S. Col."*
FILED BY *CHARLES J. DONNELLY & CO., ATTORNEYS, WASHINGTON, D. C.*

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1916.

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. C. Miller
Commissioner.

GEORGE C. MILLER,
66 CLAY ST.,
538719 ACT MAY
ANNAPOLIS, MD.

Annapolis, Md. *March 1* 1916

Mrs. *Annie M. Blackman*
Widow of

Mrs. E. H. B. Parker & Son
Funeral Directors

92 WEST STREET

ANNAPOLIS MD.

Phone 645 M

For Burial of her Father

Geo George C Miller
Casket & Box

Embalming
Suits Burial Suit
Hears
5 Carriages
Grave Shaving

MAR 28 1916
OFFICE

10.00
8.00
6.00
15.00
4.50
31.50

Receive Payment
E. H. B. Parker & Son

Recd from
Annapolis March 9/1916
Mrs Annie Blackman
4.50 for grave of her father
Mrs Geo Miller
Capt and captain

MAR 28 1916
U. S.

FOLD HERE.

FOLD HERE.

FOLD HERE.

FOLD HERE.

FOLD HERE.

No. 1. Date and place of birth? Answer. *anna arundel County Maryland 1844*
The name of organizations in which you served? Answer. *Co. D 80 Regiment*

No. 2. What was your post office at enlistment? Answer. *Annapolis MD*

No. 3. State your wife's full name and her maiden name. Answer. *Maiden Name Catherine Ross*

No. 4. When, where, and by whom were you married? Answer. *on 25 of March 1869 by
Rev Daniel Draper minister*

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

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.

*I was not his married but once and my only
wife was Dearest*

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. *my wife was not married
before her marriage to me*

No. 8. Are you now living with your wife, or has there been a separation? Answer. *Separated by Death*

No. 9. State the names and dates of birth of all your children, living or dead. Answer. *Jesse Miller was
Born July 13-1870 Dead William Miller Born June
17-1873 living Anne Miller Bleckton living
Born August-17-1876 Charles Miller Dead
was Born Oct-13 1878 George Miller Junior was
Born March 14-1882 living*

- 13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? *no*
- 14. Did the deceased pensioner leave any money, real estate, or personal property? *none*
- 15. If so, state the character and value of all such property *none* ✓
- 16. What was the assessed value (last assessment) of the real estate? *none*
- 17. How was the pensioner's property disposed of? *none*
- 18. Did pensioner leave an undorsed pension check? (Answer yes or no.) *no*
- 19. What was your relation to the deceased pensioner? *his daughter*
- 20. Are you married? (Answer yes or no.) *yes*
- 21. What was the cause of pensioner's death?
- 22. When did the pensioner's last sickness begin? *Feb. 20, 1914*
- 23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death?
- 24. Give the name and post-office address of each physician who attended the pensioner during last sickness
- 25. State the names of the persons by whom the pensioner was nursed during the last sickness
Annice Blackston No. 66 Clay St
- 26. Where did the pensioner live during last sickness? *No. 66 Clay St Annapolis Md*
- 27. Where did the pensioner die? *No. 66 Clay St*
- 28. When did the pensioner die? *March 1, 1914*
- 29. Where was the pensioner buried? *in the Brewers Hill cemetery*
- 30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) *no*
- 31. State below the expenses of the pensioner's last sickness and burial. Write the word none where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAME.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<i>Ambrose Garcia M.D.</i>	Physician <i>Visits</i>	<i>Unpaid</i>	<i>4 00</i>
<i>Rodney B. Williams M.D.</i>	Medicine <i>Visits</i>	<i>Phys & Q</i>	<i>1 50</i>
<i>Annice Blackston</i>	Nursing and care		<i>10 00</i>
<i>G. H. Parker</i>	Undertaker		<i>82 50</i>
	Livery		<i>21 00</i>
<i>Robt. M. Davis</i>	Cemetery <i>Brewers Hill</i>		<i>4 50</i>
	Other expenses and their nature:		
	TOTAL		

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.)

That my post-office address is No. *66* on *Clay* street, town or city of *Annapolis* County of *Anne Arundel* State of *Maryland*

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Annice E. Blackston
(Claimant's signature in full.)

Also appeared *Chas. Wooten* and *Annie E. Brown* who, being duly sworn, say that they saw *Annice E. Blackston*, the claimant, sign *her* name (or make *her* mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

- 1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? *none at all*
- 2. When did the pensioner die? *March 1, 1916*
- 3. Did pensioner leave any property? If so, state its character and value *none*
- 4. We knew pensioner _____ years. We believe above statements to be true because _____

Name *Annie E. Brown* Name *Charles H. Wooten*
P. O. Address *West Annapolis, Md.* P. O. Address *Annapolis, Md.*
Subscribed and sworn to before me, this *27th* day of *March*

A. D. 191*6*; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is *good*.

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 2, 1898.

Joe Garner
(Signature)
Notary Public
(Official character)

CHIEF, LAWSTATEMENT OF ATTENDING PHYSICIANS.
PER *[Signature]*
Give date of the pensioner's death *March 1, 1916*
Give date of commencement of pensioner's last sickness *July 20, 1916*
From what date did the pensioner require the regular and daily attendance of another person constantly until death? *July 20*
During what period did you attend the pensioner? *July 24 to March 1*
State nature of disease from which pensioner died *Arterio Sclerosis*

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service *Annice Blackston*

Give name of any other physician who attended the pensioner in last sickness *Dr R. B. Williams*

Does your bill include a charge for all medicine furnished the pensioner during last sickness? *Visits only*
Has your bill been paid; if so, by whom? *No*

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.
March 24 1916
Mar 25 1916

Ambrose Garcia M.D.
Attending Physician
Rodney B. Williams M.D.
Attending Physician

