Adjutant General's Office. Washington, D. C., June 28th 871 I have the honor to acknowledge the receipt from your Office of application for Pension So. 165.219, and to roturn its

Fig.

herewith, with such information as is furnished by the files of this Office It appears from the Bolls on file in this Office, that In J. Vardinan was enrolled on the \_ 14 day of Octo. , 1861, ats Camp Sigel in Co. II, 6 It Regiment of Ky. Dufy Volunteers, to \_ years or during the war, and mustered into service as as Confel on the 24 day of Dec. 1861, ats Camp Sigel , in Co. H Regiments of Ry Dofy Volunteers, to serve 3 years, or during the war On the Muster Roll of Co. to of that Regiment, for the months of 1862, he is reported absent wounder ec. 31 18624

S am, Sir very respectfully Your obedients servant

	Department of the Interior,
Jon 28	PENSION OFFICE,
Sip: GENS	
In the d	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	requested that you furnish this Office whatever evidence
disability, and di	
He alleg	as he was wounded at the battre of <u>La Vergel. Lon</u> w, lay of <u>Dec 1862</u> , and discharged on the 3125.
duy of Dec	1864.

Please return this circular with your report. Respectfully, yours,

J. H. Baker

Commissioner.

Adjutant General U. S. A.,

Present.

INVALID.

#### N

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Myssouri,
County of Saline. 88.
2.1 0 1
On this 3 day of Co., A. Dongthousand nine hundred and Cight
personally appeared before me, a goldology Tubbe, within and for the county
and State aforesaid, John J. Wardiman who hoing duly among
declares that he is U.Z. years of age, and a resident of
State of // 12229111
identical person who was ENROLLED at Commerce, Tey under the name of the Landing on the 14th day of Oct. 1861, as a friendly in the Name, in Company and regisport in the Army, or vessels if in the Navy.)
in the service of the United States, in the divil far war, and was HONORABLY DISCHARGED at Marhville Lenn, on the grant day of Dean day of
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 - front D inches
complexion, fair, color of eyes, the ; color of hair, dark ; that his occu-
at Shelles lounts, My
That his several places of residence since leaving the service have been as follows:
novel to Salin Conty, Mo, have lived frese since
That he isa pensioner. That he hasheretofore applied for pension
(If a pensioner, the certificate number only need by given. If not, give the number of the former application, if one was made.)  That he remarks this declaration for the
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 Epbrushy 6, 1907.
That his post-office address is Clipon county of Saline
State of Missouri.
Attest: (1) Dany John J. Wardenan (Claimson's elepature in fall.)
(2) A Fi mood
Also personally appeared J. R. Barron, residing in Melson, Mo
pertity to be respectable and entitled to credit, and who, being by me duly sworn, say that they were
to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant
and their acquaintance with him of 20, years and 20, 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.

Act Fune 27, 1890.

3-402.

Name John I Vardinian

# 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,

Melay Brand Commissioner.

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

Answer. It. Cornella J. Marshinan March Farmer Garner

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

Answer. Stateman State Sarakhina Ca. 14 Akc. 14 1867. Ret. Foresta Markey.

Third. What record of marriage exists?

Answer. Book of Records Forestation County. A control of 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.

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

Answer. Easue 1 Jish pt 1/868, John P Aou 25-1870, Richard & (27 25-1972)
Jeremiah Dec 1/1874 Horam B. Dec 17 1876 Grace J. Jan 24 1878 Miles D. March 14
Bonnie D. Norm 3/882, Maggie May Jame 17, 1885 Dazie Apr 5 1888

Jannie aug. 14 1890, all living John J. War Liman

Date of reply, May 4 , 1898

04

Bootstooming

BUREAU OF PENSIONS,

Weisington, D. Charact & 1895.
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of comme and that

Dinhan et nashile

Carl 116897

Cot 6 My Life

gr Lochoon

Commissioner

4.7 Address: "Chief of the Becord and Follows Co. War Department, Washington, D. C."

# Accord and Bension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Co. A. 6 Reg't & Ly

was enrolled Oct 14 186/
and h. 6. wit C, Sec. 31 1864

From Col. 14, 1861, to Sec. 31, 1864.

and during that period the rolls show him present except as follows Da 3/62 Hounded at Language Da 26/62 (Pag. C. as ottal) chad 28/62 (Pag. 26/62) (Pag. 26/62)

Amount Sec 26/62 at the spiss of the spiss o

The medical geowrds show him treated as follows

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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 inclosed envelope, which requires no stamp.

Very respectfully;

JOHN T VARDIMAN
NELSON MO
116392 ACT MAY
R R 1 POX 4

In Salpade Commissioner.

U. 1915 S.)

Commissioner.

The name of organizations in which you served? Answer. . Carefully No. 2. What was your post office at enlistment? Answer. . . BAH ANK No. 3. State your wife's full name and her maiden name. No. 4. When, where, and by whom were you married? Answer. Kille. 18. 1867. No. 5. Is there any official or church record of your marriage? . . Had. 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. ...... bun murnich. 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 miltary 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 No. 9. State the names and dates of birth of all your children, living or dead. Answer. Ensured S. S.

7	Act Approved May 1(21920. On DECLARATION FOR PENSIMENT	Number Claimant John T.Vardiman Service Co. F. 6th Ky.Vol Inf.	INSTRUCTIONS.  This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 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.	MAR 31 1922
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#### Act Approved May 1, 1920.

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

#### INSTRUCTIONS.

If 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:

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

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required; 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.

There should also be filed claimant's statement 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.

of his family.	of the same because of the	death in or since the service	e of such member
Claimant should answer fully the fe	ollowing:		
No. 1. Are you a married man? If s		maiden name. Answer:	My wife
departed this life Nov	ember 24,1921	811 87.20	
No. 2. When, where, and by whom v	ere you married to your present wife	? Answer:	
No. 3. What record of your marriage	to her exists? Answer:		***************************************
	***************************************	****	

### 1

# DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	-
STATE OF Nissouri COUNTY OF Saline	
On this 27th day of March , A. D. 19.22 personally appeared before me, s Note	3 9997
Public , within and for the county and State aforesaid, John T. Vardiman	**-y
who, being duly sworn according to law, declares that he is years of age, and a resident of Marsha 11	facconone a
county of Saline ,State of Missouri ; and that he is the identic	
who was ENROLLED at Eminence K entucky , under the name of John T. Vardimar	al person
14th October Co	1
on the 14th day of October 18 61 as a private	**********
in Robert H. Armstrong's Company "F" 6th Regt Ky. Vol. Inf.  (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 DISCH	ARGED
at Nashville Tenn. on the 31 day of December , 18 64 Tha	t he also
served	
That his personal description at enlistment was as follows: Height,	
color of eyes, blue ; color of hair, ; that his occupation was farme	r
that he was born October 2 , 18.38st Near Bagdad Ky.	
That he requires the regular personal aid and attendance of another person on account of the following disabilities:  Disabilities incident to old age, long continued suffering from Rheum stomache and bowel trouble and from wound recleved at the Battle of L in said Civil war on 25th day of December 1862,	a Ver
That since leaving the service he has resided at near Bagdad Ky. intil 1882, Since that d	
in Saline County, Missouri	
and his occupation has been farmer and Local Preacher	**********
That he has applied for pension under Original No. ++6-292. That he is a pensioner under C	ertificate
No. 116,392	
	nder the
provisions of the act of May 1, 1920, for the increase allowed under said act.	
John T Vegrelisma	22
(Signature of first witness.) (Claimant's signature in full.)	
1 000 Mars 2 ML	
(Claimant's signature in full.)  (Claimant's signature in full.)  (Claimant's address in full.)  (Eignature of second witness.)	
(2) (Signature of second witness.)	
the state of the s	

State of Missouri) In the matter of the application of County of Saline ) John T. Vandiman, of Co. F 6th Regt Ky.

Vol. Inf. Pension Certificate No. 116,392M

John T.Vardiman the above named applicant, well known to me to be a person entitled to credit this day personally appeared before me and being first duly sworn upon his oath states in support of the above application that no mamber of his family rendered any military or naval service in the later World War and that he has not applied for nor is he receiving any compensation from the War Risk Insurance Bureau or from any other source on account of any such service of any member of his family during said Warld War.

Subscribed and sworn to before me this 27th day of Narch 1922 and I further certify that the contents of the above affidavit were fully made known to said affiant before the execution of same and that I am not interestd in nor concerned in any manner in the prosecution of said claim.

My Commission as Notary Public will expire May 10th, 1924.

Notary Public.

Marshall Mo.

JOHN	T VARD	IMAN		8-1081
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19, has be	en canceled.			********
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The name of	the above-de	scribed p	ensioner	who
was last paid at	the rate of 8	72	per mo	onth
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been dropped f	rom the roll b	ecanse of	Deat	h"
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6-2240	Chief	, Finance	Division	2.
100 100 100	SHYDRANGET PLOWS	Ont commerce		

CHARLES CONTRACTOR

# GENERAL AFFIDAVIT.

In the matter of Constitute Chairm of Mandaman ON THIS 200 day of Angus A. D. 18 PD, personally appeared before me, to Country of Constitute of Angus A. D. 18 PD, personally appeared before me, in and for the aforesaid Country, duly authorized to administer oath Johnson of the Country of Constitute and State of Angus A. D. 18 PD, personally appeared before me, in and for the aforesaid Country, duly authorized to administer oath Johnson of the Country of Constitute and State of Angus And State of Angus Anguel Constitute and State of Angus An	, A. D. 18 70, personally appeared before presaid County, duly authorized to administer s, a resident of
ON THIS Desd day of August , A. D. 18 PD, personally appeared before me,  Polary Public in and for the aforesaid County, duly authorized to administer oath  J. J	, A. D. 18 70, personally appeared before presaid County, duly authorized to administer s, a resident of
in and for the aforesaid County, duly authorized to administer oath  Johnstein aged Jt years, a resident of  and State of Luxar  ose post-office address is Southern County of Long State of  and State of  and State of  years, a resident of  and State of  years, a resident of  and State of  years, a resident of  and State of	oresaid County, duly authorized to administer s, a resident of State of
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and State of  and State of  One post office address is.  Il known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, is ation to aforesaid case, as follows:  I NOTE.—Alliants should state how they gained a knowledge of the laste to which they testify!  A are the applicant for function in this country of hourses.  Cost of land the same an actor of hourses.  Controlled during the war Chemic dealers.  I state our astirllast which up they was tracked a time for it by our regiments physician by.  Controlled State at Cosmoto received a form of my come of the state of	orycle County Lixas
and State of  State poer office address is.  Ill known to me to be reputable and entitled to credit, and who, being duly sworn, declares seed for himself, it lation to aforesaid case, as follows:  [Note-Allanta should state how they gained a knowledge of the logic to which they testify]  I am the afflicant for function of the logic to which they testify]  Cash I Claims the Same on acceptant of hours forming the way the way of the logic to which they are they accept they are action of the logic to which they are they are action of the logic to the logic through the logic and they are a state of the logic to which they are a supported to the logic to which they are a supported to the logic to the logic to the logic to the logic to which they are a supported to the logic to the logic to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to the logic to which they are a supported to which they are a supported to the logic to which they are a supported to which they are a supported to the logic to which they are a supported to the logic to the logic to which they are a supported to the logic to the logic to the logic to the logi	
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7
STATE OF Jet as COUNTY OF Congell
Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affi-
davit to said affiant , including the wordserased,
and the wordsadded.
and acquainted have 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 affiantpersonally
known to me and that he is a creditable person .
[L s.) Clovers Miller (Official Signature)
May Public Comele
1 N N Nammael , Clerk of the County Court in and for aforesaid County
and State, do certify that Owens Miller who hath signed his name to the
foregoing declaration and affidavit, was, at the time of so doing, a Notary Oublic 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 23 day of August 18.20.
[L. S.] W W Hoummuck
Clerk of the Courty Court Congell Go I
NOTE.—This should be sworn to before a CLERE OF COURT, NOTARY PUBLIC, of JUSTICE OF THE PEACE. If before a JUSTICE OF MOTARY, then CLERE OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

# Invalid Pension, Application.

\* A ...

This Invalid I's mine Becketation must be executed before a Judge or Clerk of a Court of Record, and if before the Judge, the Clerk thereof will certify a 11 Judge's official expectly and signature, and attest the same under the real of the Court.

\*\*\* \*\*\* A Judge of the Pencer in is not authenticate this paper. If he does, the work is untorty uniter, and must be all done over again before a Judge or Clerk of a Court of Mecord, or first mated.

On this day of A. D., one thousand eight hundred and line of the County and State aforesaid for the County and State afor
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Court, a Court of Record within and for the County and State aforesaid for the County of Atlanta of Aller of State of Aller of State of Aller of Who, being duly sworn according to law, declares that he is the identical fall of Aller of Who (4) I when the county of the United States at County of Order of the State of Aller of the State of Aller of the year 1864, as a law for the commanded by Captain of Order of the County of Order of the County of the County of Order of the State of Aller of the Year 1864, as a law for the commanded by Captain of Order of the County of Order of the County of the County of the Captain of Order of the County of the Captain of Order of the Captain of the Cap
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was treated up about year 25/63 when he was
La to Touspilat at Lausarilety
That since leaving the said service, this applicant has resided in the (3) . Laurely of Alatha
in the State of
with the contract of the contr
That prior to his entry into the service above named, he was a man of good sound physical health, being when
enrolled a (8)
I hat his habits have always been uniformly good and temperate.
THE STATE OF THE S
That now he is (10) hand half disabled from obtaining his subsistence from manual labor in
consequence of his above named injuries, received in the service of the United States.
That now he is (10) described from obtaining his subsistence from manual labor in consequence of his above named injuries, received in the service of the United States.  He makes this Declaration for the purpose of being placed on the Invalid Pension Roll of the United States, by reason of the disabilities above stated, and revoking and countermanding all other authority that may have been given,
That since leaving the said service, this applicant has resided in the (3)

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illilli	1.
F0181818	
Sworn to and subscribed before me, this 25 day of Office A. D. 18	7/
## 10 NOT 10	/
and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim; also that the foregoing declaration	
and witnesses' joint affidavit were read over to and understood by the respective parties before they signed the same. Also, the	nat
the applicant and witnesses are credible persons. John # Sarie Cl	2
Shely County Con	rt.
Norm.—If the Clerk of the Court himself (hepury will not answer) takes the declaration and affidact in dead of the July, he signs the above cost and places the seal of the Court thereto, and the following certificate then guess unauthenticates, but if the July: a limitators the outles, he signs progoling certificate, and then the Clerk himself authenticates the certificate berety in 1 wing.	the
State of Alexandry County of Dhelly SS.	ud
for the County and State aforesaid, do hereby certify that Esq. before who	oni
the foregoing Invalid Pension Declaration and joint affidavit were made, and who has therecunto signed his name was, at the ti-	
of so doing, Judge of the."	
duly elected, qualified and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature, as it above appears, is genuine.	iid
GAVEN, under my hand and seal of	ice
	100
in	
_Cler	k.
Con	rt.
Remarks.—In case the Doputy sushesticates the Clerk's certificate, evidence may be required to show that the Deputy is duty appointed and authorized by law to a the Clerk's name and use the sect of the Court.—therefore it is better to have the Ulerk's name ladicidual authorization at once, and thus save the trouble and expense a general authorization certificate respecting the Deputy which might be required it the paper, were sufficient to be instead with Clerk.	izo nec
INSTRUCTIONS.	
1. "Judge;" or "Cerk."	
2. Name of the Court. 2. "Cape," "Those," "Corporation," or "County," as the case may be.	
	to be
the give a particular and minute description of the woman or disability, stating when, where and how it was incurred, and how it affects the applicant	Lat
this time.  7. "Computercy different from physical incorposity to perform manual labor, if such he the fact if not, then state what kind of labor he has performed, whether of very light that of the vision.	and
a. There at the the report into the design which the applicant was corrected in.	
9. "(Recognition:" "coule;" as "profession;" as the case may be. 10. Here insert "one-fourth;" "one-third;" 'sme-hall;" has thirds;" fiver-fourth;" or "Twally;" as the rase may be. 11. "Home, An. atreet, between and street, in the only of in the cours y and State aforemald;" or if, on the other hall the applicant radios in the country instead of the city, in place of the foregoing, say: "(in the wayon for rail) road leading from the country with the country west of country shall above meet."	nt, out
12. "Asym," or "marke." 13. "Asym;" or "marke." as the case may be	