

DUDLEY McINTOSH
MILLERS CREEK KY
388037 ACT MAY

3-1081

DROP REPORT—PENSIONER

INVALID Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class _____ SECTION 1

LAW DIVISION

_____, 192
In the above-described case a declaration filed
in this Division indicates that said pensioner died
_____, 19_____

Per _____ *Chief, Law Division.*

FINANCE DIVISION

NOV 10 1925_____, 192

The name of the above-described pensioner who
was last paid at the rate of \$ 72 per month
to OCT - 4 1925, 19_____, has this day
been dropped from the roll because of Death

Oct. 6, 1925

O. Randall
Chief, Finance Division.

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 Kentucky, County of Estill, ss:

On this 13 day of June, 1925, before me, the undersigned, personally appeared Dudley M. McIntosh, 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 81 years of age; that he was born Estill County, Virginia Ky.

That he is the identical claimed to be who ENLISTED May City Ky at Powell under the name of Dudley M. McIntosh, in Co. E 42th Ky. Vol. Inf. and was honorably

DISCHARGED Chattanooga Tenn at 1864 having served the United States in the Civil War.

That he also served none (Have give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was no employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 2 inches; complexion fair color of eyes Blue; color of hair Black; that his occupation was Farmer

That since leaving the service he has resided at Estill County Ky

and his occupation has been Farmer

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since March Bad case of on account of the following disabilities: flu and have trouble Neuralgia of heart and Rheumatism. Almost blind. (State in this space the nature of any and all disabilities.)

That he no (Did or 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 (A or 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 date of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has not applied for pension under Original No. _____; that he is regular a pensioner under Certificate No. 384037

(1) Harold Feltner (Signature of first witness.) Dudley M. McIntosh (Claimant's signature in full.)
Willow Tree Kentucky (Address of first witness.) Miller Creek (Claimant's address in full.)
(2) Samuel M. McIntosh (Signature of second witness.) Kentucky (Address of second witness.)

Subscribed and sworn to before me this 13 day of June, 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 _____ crossed, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Robert Paul

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.