

INDIAN WARS

ACT OF MARCH 3, 1927

ORIGINAL INCREASE

Claimant John R. Alford
 Post office Hisco
 Rank _____
 Company Capt. J. M. Rice's Co
 County _____
 Regiment Texas Vols
 State Texas
 War, Campaign, or Hostility no

Rate, \$ _____ per month, commencing _____

REJECTED Oct-20/27

Attorney Wm Fletcher Ho Fee, \$ _____
 P. O. 605-F St. NW. Wash DC Articles filed _____, 19____

Submitted for ref. Sept. 17, 1927, A. M. Meacham, Examiner.
no official record of service obtainable

Approved for rejection under act of Mar. 3, 1927, on the ground that the official records of the U.S. afford no evidence of claimant's service or of payment for service in any named organization as alleged there is no muster or pay roll or other record of the company on file in the Texas State Archives and claimant is manifestly unable to furnish satisfactory evidence to show 30 days service in connection with said Indian hostilities as a member of a military company officially recognized as a part of the State forces of Tex.

Rate, \$ _____ per month Age, _____ years.
 Date of birth _____

Sept 21, 1927 W. H. Stout Reviewer.
 _____, 19____ Medical Reviewer.
 _____ Medical Referee.

alleged
✓
✓
✓

Enlisted Spring, 1913; honorably discharged Spring, 1860

Enlisted _____, 1____; honorably discharged _____, 1____

Pensioned at \$ _____ per month, under _____

Declaration filed May 12, 1927

Age shown by evidence _____ years; date of birth alleged Jan 18, 1834

Claimant does _____ write.

Don Tom Connally, M. C.
Marlin, Texas.

6-5530

U. S. GOVERNMENT PRINTING OFFICE: 1922

Form of Fee Agreement is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884, under the provisions of the Act of Congress approved July 4, 1884.

**POWER OF ATTORNEY AND ARTICLES OF AGREEMENT
TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT**

KNOW ALL MEN BY THESE PRESENTS, That I, J.ohn R. Alford,
(Claimant's name)

Capt. J.N. Rice's Co., Texas Vols-
late a _____ in Company _____ of the _____ Regiment of _____
Volunteers, in the war of 1861 - 1865, have made, constituted and appointed and
by these presents do make, constitute and appoint **Wm. FLETCHER & CO.**, of Washington, D. C.,
my true and lawful Attorneys, for me, and in my name, place and stead, with full power of substitution and revoca-
tion, to prosecute my claim for Indian War pension No. _____
under Act March 4-1917- _____ hereby cancelling and
revoking all previous powers of attorney, if any have heretofore been given in this case.

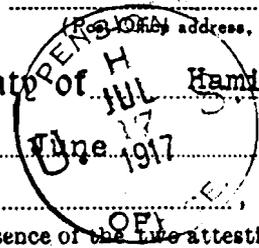
Now, This Agreement Witnesseth. That for and in consideration of services done and to be
done in the premises, I hereby agree to allow my attorneys, **Wm. FLETCHER & CO.**, of Washington,
D. C., the fee of **TWENTY-FIVE DOLLARS**, which shall include all amounts to be paid for any service in further-
ance of said claim; and said fee shall not be demanded by or payable to my said attorneys in whole or in part, except
in case of the granting of my pension by the Commissioner of Pensions and that the same shall be paid to them in
accordance with the provisions of Sections 4768 and 4769, R. S.

[Signature]
John A. Eatkins
(Signatures of two witnesses who can write, in every case.)

John R. Alford
(Signature of Claimant.)

State of Texas, County of Hamilton, ss:

Be it Known, That on this 5 day of June, 1917, A. D. 191 7
personally appeared John R. Alford, the above named, who, after
having had read over to him in the hearing and presence of the two attesting witnesses the contents of the
foregoing Articles of Agreement, voluntarily signed and acknowledged the same to be his free act and deed.



J. L. Rodgers
(Official Signature.)

[L. S.] Notary Public, Hamilton County, Texas.
(Official Character.)

ATTORNEY'S ACCEPTANCE.

The Claimant should not fill any part of the following under any circumstances.
AND NOW, to wit, on this 11th day of June, A. D. 191 7, we accept the provisions
contained in the foregoing Articles of Agreement, and will to the best of our ability, endeavor faithfully to represent
the interest of the claimant in the premises. We hereby certify that we have received from the claimant above-named
the sum of no dollars, and no more; nothing being for fee, and the
sum of no dollars being for postage and other expenses; and that these agreements
have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above
named, we having made no charge therefor.

Witness our hands the year and day above written.

Wm. Fletcher & Co.
(Signature of Attorneys.)

DISTRICT OF COLUMBIA, ss:

Personally came **JOHN L. FLETCHER**, representing the firm of **Wm. FLETCHER & Co.**, whom I

RECEIVED
EXECUTION
Law Division

State of Texas, County of Hamilton, SS:

IN the matter of pension claim #13546-- J. R. Alford

ON THIS 23 day of July, A. D. 1917, personally appeared before me, a Notary Public, in and for the aforesaid County and State, duly authorized to administer oaths John Rankin Alford, aged 83 years, whose Post Office address is Hico, Hamilton County, Texas, and

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

I was in the Frontier Service from 1863 to 1865

As a Ranger my duties were to protect this Country from the Indians

I was in Capt. J. M. Rices Company.

NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.

XXXXXXXXXXXXXXXXXXXX

1. [Signature]
2. [Signature]
If either witness signs by X mark, two witnesses who can write must sign here.

[Signature: John Rankin Alford]
Affiant's Signature.

No. 1. Date and place of birth? Answer. Tennessee 18c

The name of organizations in which you served? Answer. Captain J. M. Alford Company of Texas Rangers

No. 2. What was your post office at enlistment? Answer. Hico, Hamilton Co

No. 3. State your wife's full name and her maiden name. Answer. 1st Marriage Martha Ann Malo

No. 4. When, where, and by whom were you married? Answer. By Rev Friend in Forestone Co. NOV 17 1859 & Died Dec 20 1876

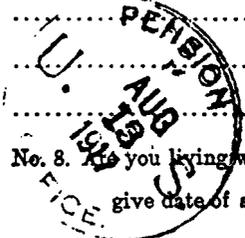
No. 5. Is there any official or church record of your marriage? ... No

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. ...

My 2nd marriage, my present wife was Leona Elizabeth King married by Rev Wilson in Erath County Texas

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. 8. Are you living with your wife? Answer. Yes If there has been a separation give date of same. Answer. No

No. 9. State the names and dates of birth of all your children, living or dead. Answer. Byron Alford was born in Hico Hamilton Co August 2 1860

& died Feby 6 1879

Ruffus Alford was born May 5 1862 & died June 22 1876

Emily Alford was born June 5 1864

Arubell Alford " " Dec 27 1864

Ira Alford " " May 22 1867 & died Nov 12 1883

Marshall Alford " " Feby 2 1872 Aaron Alford was born Dec 11 1877

Alley Alford born July 27 1878 John A Alford born Oct 11 1879

Etta Alford born Nov 4 1880 Larra Alford born March 29 1883

Van Alford born May 14 1886 Ursie Alford born June 17 1896

Date July 8 1917 (Signature) J. R. Alford

CBM Ex'r.

Ind Sur No. 13546

DEPARTMENT OF THE INTERIOR

John R. Alford

BUREAU OF PENSIONS

Texas Vols

WASHINGTON, D. C.

INDIAN WARS.

AUG - 3 1917

Mr. John R. Alford

HICO

Texas.

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope, which requires no postage. Very respectfully,

J. M. S. [Signature]
Commissioner.

1. When were you born? Answer. Jan'y 18 1834
2. Where were you born? Answer. Tennessee
3. When did you enlist? Answer. 1863
4. Where did you enlist? Answer. Hamilton Hamilton Co
5. Where had you lived before you enlisted? Answer. Hico "
6. What was your post-office address at enlistment? Answer. Hico "
7. What was your occupation at enlistment? Answer. Farmer
8. When were you discharged? Answer. 1865
9. Where were you discharged? Answer. Hamilton
10. Where have you lived since discharge? Gives dates, as nearly as possible, of any changes of residence. in T. around Hico all the time
11. What is your present occupation? Answer. Physician
12. What is your height? Answer. 5 feet 3 1/2 inches. Your weight? 125
The color of your eyes? Blue The color of your hair? light Your complexion? light
Are there any permanent marks or scars on your person? If so, describe them. no
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

U. S. DEPARTMENT OF THE INTERIOR
AUG 13 1917
OFF.

1. *John A. Collins*
2. *[Signature]*
[Witnesses who can write sign here.]

JR Alford
Date: July 8, 1917

That otherwise than herein stated he was..... employed in the United States service.....

That his personal description at time of first enlistment was as follows: Height.. 5..... feet, 5 1/2..... inches; complexion light.....; color of eyes, blue.....; color of hair, auburn.....; that his occupation was Farmer.....

That since leaving the service he has resided at... Near Hico and at same in Hamilton..... County, Texas.....

.....and his occupation has been Physician since 1874.....

That he has.... NOT..... applied for pension under Original No. That he is NOT..... a pensioner under Certificate No.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of ACTS OF CONGRESS GRANTING PENSION TO SURVIVORS OF CERTAIN WARS AND DISTURBANCES WITH AND CAMPAIGNS AGAINST INDIANS FROM 1817 TO JANUARY, 1891, INCLUSIVE.

That he hereby appoints with full power of substitution and revocation Wm, FLETCHER & CO., of WASHINGTON, D, his true and lawful attorneys to prosecute his claim

(Two attesting and identifying witnesses.)

(1) *B. F. Williams*
(Signature of first witness.)
HICO, TEXAS
(Address of first witness.)

John R. Alford
(Claimant's signature in full.)
.....
(Claimant's address in full.)

(2) *S. E. Blain*
(Signature of second witness.)
HICO, TEXAS
(Address of second witness.)

RECEIVED
DIVISION
JUN 1 1917

SUBSCRIBED and sworn to before me this 28..... day of May....., 19 17, 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

[L. S.] erased, and the words, added

and that I have no interest, direct or indirect, in the prosecution of this claim.

J. B. Rodgers
(Signature)
Notary Public, Hamilton County, Texas
(Official character.)



over

DECLARATION FOR SURVIVOR'S PENSION—INDIAN WARS

ACT OF MARCH 3, 1927

State of Texas, County of Hamilton, ss:

On this 5th day of May, 1927, before me the undersigned personally appeared

Dr. John R. Alford, who makes the following declaration as an application for pension under the provisions of the Act of Congress approved March 3, 1927, granting pensions to survivors of certain wars with and campaigns against Indians from 1817 to 1898, inclusive.

That he is 93 years of age; that he was born January 18, 1834 at in Lawrence County Tennessee.

That he is the identical Dr. John R. Alford, who ENLISTED Spring of 1863, at Hamilton Texas under the name of

John R. Alford, in Capt. J. M. Rice's Co. Texas Vols. organized (Here state company and regiment) under authority of the State of Texas, for protection against Indians, and was honorably

DISCHARGED Spring of 1865, having served thirty days or more in the war with, or campaign against, the various Tribes of Indians, in the State (~~of~~) TEXAS or in connection therewith;

That he also served in the zone of active Indian Hostilities, at various times (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.) amounting to more than 30 days actual service, in the State of Texas, in Hamilton and surrounding counties.

That otherwise than herein stated he was not employed in the United States military service.

That his personal description at time of first enlistment was as follows: Height 5 feet 5 inches; complexion fair color of eyes blue; color of hair sandy; that his occupation was _____

That since leaving the service he has resided at Hico in Hamilton Co. Texas and his occupation has been Physician since about 1875, prior to 1875, stockman.

That he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, which so incapacitates him from the performance of manual labor as to render him wholly unable to earn a support, to wit: almost totally blind, very deaf, and has been very deaf several years, and nearly blind two years. (Here state mental or physical disability or disabilities of permanent character.)

That he 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. (did or did not.)

That 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. (a or no.)

(If claimant or any member of his family was in the military or naval service during the period mentioned, state the full name under which each served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names.)

That he has ----- applied for pension under Original No. 13546; that he is not a pensioner under Certificate No. _____

That he hereby appoints with full power of substitution and revocation.

Wm. FLETCHER & Co. of Washington, D. C.

his true and lawful attorneys to prosecute this claim, and receive therefor the legal fee.

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON BACK OF THIS DECLARATION.

Two attesting witnesses:
(1) W. Rice (Signature of first witness.)
Hamilton Texas (Address of first witness.)
(2) J. B. Hibits (Signature of second witness.)
Hamilton Tex (Address of second witness.)

John R. Alford (Claimant's signature in full.)
Hico, Texas (Claimant's address in full.)

Subscribed and sworn to before me this 5th day of May, 1927, and I hereby certify that

Claimant should answer fully the following:

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: Yes.

Lerona Alford, maiden name, Lerona King.

No. 2. When, where, and by whom were you married to your present wife? Answer: March 8, 1877,

in Erath Co. Texas, married by Rev John Wilson (minister Christ Church)

No. 3. What record of your marriage to her exists. Answer: Marriage License Record

at Stephenville, Erath Co. Texas,

No. 4. Were you previously married? Answer: Yes. If so, state the name of your former wife or wives, the date of your

marriage to each, and the date and place of death or divorce of each former wife. Answer: Martha Ann

Malone, Nov 17, 1859, she died Dec 20, 1876.

No. 5. Have you any children living? If so, state their names and dates of their birth. Answer: Yes.

Emily Alford (now Steen) born June 5, 1864; Arabel Alford (now McFadden) born Dec 27, 1866
Marshall Alford born Feb 2, 1872; Aaron Alford born Oct 12, 1875; Alsey Alford b. July 27, 1878
John A. Alford b. Oct 11, 1879; Etta Alford b. Nov 4, 1880; Laura Alford (deceased)
Ursie Sarah Alford, b. June 17, 1896.

Date: May 3, 1927

(Signature of claimant)

INDIAN WAR SURVIVORS.

The act of March 3, 1927, grants pension to any person who served thirty days or more in any military organization, whether such person was regularly mustered into the service of the United States or not, but whose service was under the authority or by the approval of the United States or any State or Territory in any Indian war or campaign, or in connection with or in the zone of any Indian hostilities in any of the States or Territories of the United States from January 1, 1817, to December 31, 1898, inclusive, and who is suffering from any mental or physical disability or disabilities of a permanent character not the result of his own vicious habits, which so incapacitate him for the performance of manual labor as to render him unable to earn a support. Rates range from \$20 to \$50 per month proportionate to the degree of inability to earn a support, and pension commences from the date of filing of the application in the Bureau of Pensions, after the passage of this Act, upon proof that the disability or disabilities then existed, and continues during the existence thereof.

Any person above referred to who has reached the age of sixty-two years shall, upon making proof of such fact, be placed upon the pension roll and entitled to receive a pension of \$20 per month; in case such person has reached the age of sixty-eight years, \$30 per month; in case such person has reached the age of seventy-two years, \$40 per month; and in case such person has reached the age of seventy-five years, \$50 per month.

FEE.

The legal attorney fee is \$10 in claims for original pension only, which is payable only on the order of the Commissioner of Pensions to the attorney of record in the claim at the time of its allowance.

INSTRUCTIONS—READ CAREFULLY.

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow, child or parent on account of the death of any person will not bar the payment of pension on account of the death of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of his family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and, if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.