

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death December 27<sup>th</sup> 1910.  
 Give date of commencement of pensioner's last sickness Stroke Paralysis 1909-March  
 From what date did the pensioner require the regular and daily attendance of another person constantly until death?  
From March 1909.  
 During what period did you attend the pensioner? October 1910 to death  
 State nature of disease from which pensioner died Paralysis & resulting apoplexy

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service  
Mrs. Betsey Whaley

Give name of any other physician who attended the pensioner in last sickness Dr. Jones & N. H. Street Newton

Does your bill include a charge for all medicine furnished the pensioner during last sickness? no

State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such answers are correct according to your best knowledge, information, and belief? yes

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 29<sup>th</sup>, 1911

6-1572



J. F. Chen M. D.  
 Attending Physician.

Attending Physician.



3-1E-111  
4-222

NAME OF SOLDIER: *Fisher, David J* MEXICAN WAR.

NAME AND CLASS OF DEPENDENT: *Fisher, Bertha, -widow*

SERVICE: RANK *"16 3" 2 S. 1st* ENLISTED \_\_\_\_\_ DISCHARGED \_\_\_\_\_

ADDITIONAL SERVICE: \_\_\_\_\_

| DATE OF FILING.   | CLASS.         | APPLICATION NO. | CERTIFICATE NO. | FILE NO. | ACT.               | STATE.    |
|-------------------|----------------|-----------------|-----------------|----------|--------------------|-----------|
| <i>1891 Dec 3</i> | <i>Replied</i> | <i>9692</i>     | <i>7875</i>     |          | <i>Jan 20 1897</i> | <i>IL</i> |

BOUNTY LAND: \_\_\_\_\_

REMARKS: *176* \_\_\_\_\_

OF *Shedden*

VETERAN *David J. Fisher*

CAN NO. *443* BUNDLE NO. *36*

DROP ORDER AND REPORT.

Department of the Interior,  
BUREAU OF PENSIONS,  
FINANCE DIVISION.

Washington, D. C., MAR 18 1911, 19

*Bonita Fisher*  
(Pensioner.)

*7875*  
(Certificate number.)

WIDOW  
(Class.)

*David G*  
(Soldier.)

MEXICAN WAR.  
(Service.)

U. S. Pension Agent,  
Knoxville

SIR: You are hereby directed to drop from  
the roll the name of the above-described pen-  
sioner who died *Dec 26*, 19*10*

*J. L. Lavenport*  
Commissioner.

REPORT.

Commissioner of Pensions.

SIR: The name of the above-described pen-  
sioner, who was last paid at \$ *12* per  
month to *4 Nov*, 19*10*, has this  
day been dropped from the roll of this agency.

*Am. Rule*

U. S. Pension Agent.

*Mar 20*, 19*11*

*E. B. Taper*  
No. <sup>(3-229a)</sup> 9692 ✓  
U.S. L. No. 74114-168 8/47

# Widow's Service Pension, MEXICAN WAR.

ACT OF JANUARY 29, 1837.

*Sanita Fisher*  
*Box 564 Newbern, N.C.*  
WIDOW of *David M. Fisher*  
*Private, U.S. Art.*

Enlisted *Aug. 1846*  
Discharged  
Died *Oct. 1 64*  
Age *58*  
Disability *Kidney disease*  
*General Debility* } *No CW.*  
*Inv. or*  
*No* claim on file

*W. J. Taper*

*J. S. Neathus*  
*Mar 21, 1891*

Received *March 3, 1891.*  
*Claimant*

Attorney.

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., April 17, 1891.

Respectfully returned to the Commissioner of  
Pensions

It appears from the records of this office that David Y  
Fisher was enlisted on the 14<sup>th</sup> day of  
Aug., 1846, at Warsaw, N. C., and was  
assigned to Batty "H," 3rd Regiment of U. S. Art.  
Personal description: Born in  
County Down, Ireland, aged 25,  
by occupation a shoemaker, has  
gray eyes, brown hair, fair complexion,  
and is 5 ft. 10 1/2 in high. Muster-rolls  
from Dec. 31/46, to June 30/48, show  
him present with Batty in  
Mexico. Roll Aug. 31/51 reports him  
Discharged Aug. 14, 1851, by reason  
of expiration of service, a private.  
A statement of service furnished  
Pension Office Sept. 9, 1851.

AL

RECEIVED  
APR 20 1891

A. C. K. 11

Post-Office address  
care Box 564 Newbern NC

(3-038.)

## MEXICAN WAR PENSIONS.

ACT OF JANUARY 29, 1887.

### DECLARATION OF WIDOW FOR PENSION.

State of North Carolina } ss:  
County of Craven

On this 3rd day of \_\_\_\_\_, A. D. 1897, personally appeared before me, clerk of The Superior Court of Craven County, the same being a court of record in the State of North Carolina, a resident of Newbern in the county of Craven, in the State of North Carolina who being by me first duly sworn according to law, deposes and says:

I am the widow of David G. Fisher, who served under the name of David G. Fisher, as a private in the company commanded by Captain C. H., in the 3rd regiment of Artillery, commanded by Captain J. B. Burt in the war with Mexico; That my said husband enlisted at Keenansville North Carolina on or about the August day of 1846, A. D. 1846 for the term of the war; That I was married under my name of Bonita Smith to my said husband, by Council B. Wood, a justice of the peace, on or about the sixth day of November, A. D. 1853 at The residence of Gabriel Henderson, in the State of North Carolina, and lived

with my said husband from the date of my said marriage until the day of his death, to wit: the first  
day of October, A. D. 1864, when my said husband died at Newbern  
in the State of North Carolina, and that I have not since remarried; That there was never any  
legal impediment to said marriage.

No. 1. That my said husband, being duly enlisted as aforesaid, actually served sixty days with the Army and  
Navy of the United States in Mexico, or on the coast or frontier thereof, or en route thereto, in the war with that Nation,  
which service was as follows: In The Artillery in the field he having  
enlisted at the breaking out of the war and served till the end  
of the war and was honorably discharged

at Place unknown on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_  
as she was informed by her said husband and from papers now lost

No. 2. That my said husband was actually engaged in a battle in said war, to wit: in the battle of Medlin  
\_\_\_\_\_, at \_\_\_\_\_, on the 26<sup>th</sup> day of  
March A. D. 1847, and was honorably discharged at Place unknown  
on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_

No. 3. That my said husband was personally named in a resolution of Congress for a specific service in said  
war, to wit: in the resolution of the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_, and was honorably  
discharged at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_

No. 4. That I am fifty eight years of age, and that I was born on or about the 8<sup>th</sup> day  
of December, A. D. 1832, at Princeton, Conn. Ct., in the State of North Carolina

No. 5. That I am disabled by reason of apparent kidney affection and  
am now suffering from general debility, apparently a breaking  
down of the system, and am unable to do continuous work of any kind  
and the said disability was not incurred while I was in any manner voluntarily engaged in, or aiding or abetting, the  
late rebellion against the authority of the United States.

No. 6. That I claim pension by reason of the fact that I am dependent in whole or in part for my support upon  
wholly upon my own labor and my daughter who is a widow over 30 years of age  
and I have no other addition besides my own labor to support me  
as alleged consists in this, to wit: this I have no property or interest in  
any except clothing, a little furniture and my only means of support  
is by sewing and canning - see and how out the health to work continuously

That I have no heretofore made application for pension or bounty-land, which said claim is  
numbered \_\_\_\_\_

That I am a pensioner of the United States as \_\_\_\_\_

under certificate No. \_\_\_\_\_, at the rate of \_\_\_\_\_ dollars per month.

That in support and proof of my right to pension, I tender herewith, under the regulations prescribed by the  
Secretary of the Interior, the following evidence: As to my debility, L. S. Wood  
and Kate Hallin, for several years since (10) I have  
been afflicted with weakness and my present trouble  
is that I could work only at times and have been  
supported and cared for by my daughter a widow with (2)  
children and but for her care and support would have been  
dependent on public charity for the greater part of the last 10 years  
and the affidavits of L. S. Wood and Miss Kate Hallin  
as to disability and L. S. Wood and W. H. Marshall and  
M. L. Hall, as to marriage examinations and discharge of notice

That since the death of my said husband I have resided at the following places, to wit: Newbern  
North Carolina

That I am not laboring under any political disabilities imposed by the fourteenth amendment to the Constitution of the United States.

WITNESSES:

W. H. Marshall  
L. S. Wood  
Kate Hallin

*Boneta Fisher*  
(Claimant's Signature)

STATE OF *North Carolina*  
COUNTY OF *Ceremon*

Before me *W. M. Watson*, a clerk of a court of record, on this *56* day of *Feb*, A. D. *1891*, personally appeared *Boneta Fisher* known to me as the person described in, and who executed and signed the foregoing declaration for pension as widow of *David G. Fisher*, and whom I certify to be a credible person and of good report for truth and veracity in the community in which she lives, who being by me first duly sworn, deposes and says that she has read (if claimant cannot read, read to her and so state in acknowledgment) the foregoing declaration and knows the contents thereof, and that all of the facts therein stated are true.

[L. S.]

(8535-20 M.)

*W. M. Watson*  
*AK Superior Ct.*

I have a certificate of merit given to my husband for distinguished services at the Battle of Medlin March 26<sup>th</sup> 1847 entitling him also to the additional pay of two dollars per month as provided in 17<sup>th</sup> section of the Act of Congress approved March 3<sup>d</sup> 1847. Certificate issued to David G. Fisher Nov 25<sup>th</sup> 1848 signed by Jas K Polk President U S and W L Marcy Secy of War  
N<sup>o</sup> 107 Recorded in Adjt-General's Office  
November 25 1848

My husband I am informed enlisted at Keenawissee and Stated from Warsaw Sept 1<sup>st</sup> 1846

# APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF North Carolina } ss:  
COUNTY OF Craven

On this 28th day of March, A. D. one thousand nine hundred and eleven personally appeared before me, a Notary Public within and for the County and State aforesaid, Bettie Whaley aged 53 years, a resident of New Bern, County of Craven, State of North Carolina, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Bonita Fisher, who was a pensioner of the United States by certificate No. 7875, on account of the service of Daniel G. Fisher (Name of decedent pensioner.) who was a private in Co. "H" 3 Regt. U. S. Artillery (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to November 4th, 1910, by the U. S. Pension Agent at Knoxville Tenn

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Bonita Fisher
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow of Daniel G. Fisher
3. If decedent was pensioned as an invalid soldier or sailor—
  - (a) Was he ever married? (Answer yes or no.) yes
  - (b) How many times, and to whom? Bonita Smith
  - (c) If married, did his wife survive him? (Answer yes or no.) yes
  - (d) If so, is she still living? (Answer yes or no.) no
  - (e) If not living, give full names and dates of death of all wives Bonita Fisher  
died Dec 27 1910
  - (f) Was he ever divorced? (Answer yes or no.) no
  - (g) If so, is the divorced wife still living? (Answer yes or no.) no (If living, a copy of the decree of divorce must be filed.)
  - (h) If not living, give her full name and the date of her death no
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) no
6. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written no
8. Who was the beneficiary named in each policy? no
9. What was the relation of each beneficiary to the pensioner? no
10. Were the premiums paid by the deceased pensioner? no
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that no



12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) No
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? No
15. If so, state the character and value of all such property \_\_\_\_\_
16. What was the assessed value (last assessment) of the real estate? \_\_\_\_\_
17. How was the pensioner's property disposed of? \_\_\_\_\_
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) No
19. What was your relation to the deceased pensioner? Daughter
20. Are you married? (Answer yes or no.) widow
21. What was the cause of pensioner's death? Paralysis
22. When did the pensioner's last sickness begin? March 1909
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? March 1909
24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. W. H. Galt  
Dr. R. L. Jones Newbern N.C. Newbern N.C.  
Dr. J. F. Rhum Newbern N.C.
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance Mrs. Bettie Whaley  
night and day



Also personally appeared C. W. Barington  
 and Dallas D. Robinson, persons whom I certify to be respectable and  
 entitled to credit, and who, being by me duly sworn, say that they were present and saw Bettie Whitley  
Bettie Whitley, the claimant, sign her name (or make \_\_\_\_\_ mark)  
 to the foregoing application, and that they know the claimant therein; that they have read all the questions, answers, and  
 declarations in said application and believe the facts therein set forth to be true; and that they have no interest, direct or  
 indirect, in this claim.

C. W. Barington  
Dallas D. Robinson  
New Bern N.C.  
New Bern N.C.  
 (Signatures and post-office addresses of witnesses.)

Subscribed and sworn to before me this 28<sup>th</sup> day of March,  
 A. D. 1911; and I certify that the contents of the foregoing application, etc., were fully made known and explained to the  
 claimant and witnesses before swearing, including the words \_\_\_\_\_  
 erased and the words \_\_\_\_\_ added; and  
 that I have no interest, direct or indirect, in the prosecution of this claim.

My Commission  
expires Mar 10<sup>th</sup> 1918

C. W. Barington  
 (Signature)  
Notary Public