

Certificate No. 664450 Department of the Interior, Name, Los M. Labehar Department of the Interior,
Name, Les M. Labehart 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
······································
entro de la servición de la composición
First. Are you married? If so, please state your wife's full name and her maiden name.
Answer Lusar fame Land Meural
Second. When, where, and by whom were you married?
Second. When, where, and by whom were you married? Answer. JAME 1. J. S. C.C. MAMMAN (U. J.M. Banky felicity Third. What record of marriage exists?
Answer I have a cortification.
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.
Answer. And And
Fifth. Have you any children living? If so, please state their names and the dates of their birth.
Anower John Gette levert breared ful 26, 1867.
Al for hunned Jans. 14: 1873 Af & hunned Man. 15, 1575.
Date of route (11/6) 190 (Signature.)
Date of repry, 47.7.12.2,, 189(3) 0-8 5801b750m1-98

GENERAL AFFIDAVIT.

Sinte of Alimois County of Play, 55.
In the matter of Florge M. Jahrhart late a Private
of East of My Caverley
ON THIS 31 day of flammary A. D. 1883; personally appeared before me a
in and for the aforesaid County, duly authorized to administer oaths
famus of Collon aged 32 years, a resident of
in the County of Larrice and State of Illrows
whose Post Office address is day weevelle Ellensis and
William m Lankford aged Of years, a resident of W
in the Country of Blury and State of Blury
Whose Post Office address is ALEPTOLE / LECTOR DE LE
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case
as follows: Ware Well and Personelle acquainted (Nork-Affing should streep bow they gran a knowledge of the fact of which they togate)
Wift Level in Galehart five years Precding
his Enlistment and know that he was a found
Man When he intered the Service of the
Unded States and know that he has free
from Scurry and Epilepte His and my our
Willed Wilt the Scurry antendeptie Tils Willed
begins whence Was Rich that if hi hade winn trulled With the Denry and plefice Tils Willand have known it and the father state that We
knew him after this dischase from the
hervier of the muled states and knew that
Fit and the disability was such that he
Could not Prefessor Morre Then 1/2 Manuel
labor and Me forther State that We have
Was discharded and that him every server the
Was discharged and may acquantence With him
further declare that W. Lave no interest in said case and W. L. not concerned in
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ité prosecution.
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its prosecution. 1/ 0/92115CCCdene Quinte X of to C 1/ 1/ 1/11/11/11/11/11/11/11/11/11/11/11

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knate of	Illen	oro,	County of	Clay	99.
Y In the ma	itter of 27 ve	lid Pl	un	u Cla	mg
; 4. r.	orge Dic.	gatha	L Cla	un 2040	18626
on this	15 day of	Jaw	A4	D. 1883; personally app	eared before me a
221	Fang Prus	blee in and	for the aforesaid (County, duly authorized to	administer oaths
91	Lettly	her nged &	i	, ~	un ,
in the County	of Clay		and State of	Muw	W.
	o me to be reputable and en	titled to credit, and	who, being duly	worn, declared in relation	to aforesafti case:
as follows:	That he	mas.	ui l	au dine	overlle
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H Post Off	loe address is	my	Clay	Co Call	mois
he	further declare that	for has no	interest in said ca	sefund 1	not concerned in
its prosecution	. o.		of f	8.0	HAS.
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County of me to be reputable and entitled to credit. who, being duly sworn, declares in relation to the aforesaid claim as follows I just had a fit in the Buderson suffer from them inbout wery month I im effected so that I am mus able to do mimal later I first have a blindness and to mys I Know is that I am down and get up. us in The last I 16 Ima bus 14 Lis P.C. Ladres In In oras auch to It Jalmage It whim the DC production in get min attach from his Attorney for Claimant. Filed by O. E. HOWE

Hale of Kentucky Sune 18.1890 3 Wilson Sinkhorn residing at Jion is Hendersov County State of Kentucky lake a formate in Go. B. 1 Newburky Cavalry of thell . & areny and captured and leuprioned in audiremille Prison in 1864 uponoath dolestily audsay, that I know George bu Gabekart late africate in Co I of the Mental? Cavalry, I know that he has apronir attherame hime I was in said andersonville. Trison w 1864. I knur that fakkart was renseit and suffered from Sawy and fits and was win teny pour audition. I was noth fabetart for about 3 ments, leuled nich huis anothere fire shad every apportunity tokun that he was cich was health generally was Very had Lalso lestily that at that time his Brother William yabehart raa withhiin with same tent which here In 3 packs stitched trajether anahutuh for a cover Ustitues my hande and each this 181 day of June 1890 Wilson Sinkhorn (ed)

Witness

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Les. b. Lesten D. C.

Hor Ers. W. Smith L.H.C.

State of Oklahoma,)
(89.
County of Caddo.)

Refore me the undersigned authority personally appeared Joseph A, Gabehart and J. W. Gabehart, with whom I am personally acquainted and whom I certify to be respectable and entitled to credit and being by me duly sworn deposed as follows;

That we are the sons of the claimant, George M. Gabehart, late of Co. H lst My, Cav. Ctf. No. 664450, and state that the said claimant has been ix living with affiants for many years and we know that since the lst of October, 1922, he has had the constant attendance and assistance of one of us douring the entire time since said date in conducting him from place to place, dressing and undressing him nights and morning, assisting at stools and in various other ways, being almost totally deaf, eyes very deficient, ruptured on right side, mind weak and aannot recoolect any thing that he sees or occurs.

Affiants are 43 years and 57 years of age respectively, residence and postoffice address, Einger, Caddo County, Oklahoma, and have no pecuniary interest in said claim.

Subscribed and sworn to before me October 10th,1924; and I have no interest in said claim.

My Com. Ex. Jan. 7, 1926.

Notary Public.

State of Oklahoma,)
(88.
County of Caddo.)

Before me the undersigned authority persoanly appeared Dr.W.W.Kerley, with whom I am well and personally acquainted and whom I certify to be respectable and entitled to credit and being by me duly sworn deposed as follows:

That affiant is a practicing physician and surgeon at Anadarko, Okla. and have been for many years; that I personally know George M. Gabehart, late of Co.H. 1st Ky.Cav. Ctf.No.664450, and have this day made an examination of his physical condition and find the following to exist; That he suffering from general debility and age, being 80 years old, very deaf in both ears, can scarcely hear any conversation, cannot see to read, ruptured on right side, has to wear trusses, is very feeble and mind is weak, cannot remember things occurring, mentally weak, from all of which the claimant requires the constant attendance and assistance of another person.

Affiant is 53 years, residence, Anadarko, Okla., and have no interest in said claim.

Manney M.D.

Subscribed and sworn to before October 10th, 1924; and I certify that I have no interest in said claim.

My Com. Ex, Jan, 7th, 1926.

Notary Public.



DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Oklahoma, County of Caldo, ss:
On this 21 day of may ,A. D. one thousand nine hundred and Twelve , personally
appeared before me, a Justany Bublic within and for the county and State aforesaid,
Learge M. Habehast who, being duly sworn according to law, declares that he is 6.7
years of age, and a resident of Busique , county of Cadd
State of Charage and that he is the identical person who was ENROLLED at Junfidual!
Hobinson, Kentucky , under the name of Livinge m Labehart
on the 15 day of august 1861, as a rivale in 600 14.
1" Regionent - Hintucky Voluntee Caroly, (Here state rank, and compy) and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the
(Str.te name of war, Civil or Mexican.)
at Janwelle Kentucky, on the day of an may, 1865
That he also served
That he was not employed in the military or naval service of the United States otherwise than as stated above. That his persona
description at enlistment was as follows: Height, feet inches; complexion, light; color of
description at emistment was as follows: Height,
eyes, blue ; color of hair, dark ; that his occupation was Farmer ; that h
was born July 17th , 1844, at Bradfordwille, marion
County, Stinlinky
That his several places of residence since leaving the service have been as follows: Bradfordwell, My, till
1870, Lawrenceville, Ill till 1884. Dougherty, Indian Ty. till 1910
(State date of each change, as dearly as possible.)
Bingu, Okla,
That he is a pensioner under certificate No. 44450. That he has applied for pension under original
No
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the Provisions the act of May 11, 1912.
That his post-office address is Binging, county of Caldo
State of alklahoma his
War will I Steven & Marchant
(Claimant's alguature in full.)
(2) 111 W. 1 JUGAN
Subscribed and sworn to before me this
Valid typlicang the top temperature, including the words
S. A. Cuddy,
Chief, Law Division. EMOCRESELO
(Signature)
Motorp Oulelie:
My Commission Expires and 26 1912

CLARATION FOR AN ORIGINAL INVALID PENSION: This most be Executed before a Court of Record or some Officer thereof having Custody of the Seal. . County of personally appeared before me... cord within and for the county and State aforesaid,... ears, who, being duly sworn according to law, declares that he is the was ENROLLED on the. . in company 1/2 inches; complexion 200 personal description is as follows: Age vears: height That while a member of the organization aforesaid, in the That he was treated in hospitals as follows: Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment. tr prior or subsequently that stated above, and the de That since leaving the service this applicant has resided in the...... M....., and his occupation has been that of a..... That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a That he is now Carua 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 of the United States. He hereby appoints with full power of substitution and revocation T. W. TALLMADGE, OF WASHINGTON, D. C.,

1. W. TALLMADGE, OF WASHINGTON, D. C.,

? - true and lawful attorney to prosecute his claim. That he has Ment received applied for a pension; that his residence is No.

personally appeared before me Clark of the Oreus Reviews & Cours
of Record within and for the county and State aforesaid, Le Tyge M Sabehart
agedyears, who, being duly sworn according to law, declares that he is the identical
George me Sabshart who was ENROLLED on the 14 day of
Sife f., 186/, in company 16 of the First regiment of My. Calley Vol.
commanded by Col. Frank Hoofford, and was honorably DicharGED at
Loncovillety on the First day of July , 1865; That his
personal description is as follows: Age 3.7 years; height 6 feet 1/2 inches; complexion 2.7
hair, Carly ; cycs That while a member of the organization aforesaid, in the service and in the line of his duty at Audiro number of the organization aforesaid, in the
on or about the 15th day of July . 1864he Contracted
Here state name or nature of disease, or the location
of wound or topury. It disabled by disease, state fully flaguage; if by wound or injury, the precise manner in which received.
leg. He also last his hearing to some in-
link from the pame and other causes
He also contracted Epileptic Juls, from
the varie and other causes resulting
Jon exposure and abuse in rebel
pron. Bou none of these diseases
has he ever reovered.
That he was treated in hospitals as follows: Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
1
That he has Man been employed in the military or naval service otherwise than as stated above. State above Here state what the service / 66/
was, whether prior or subsequent that stated aboys, and the dates at which it began and exided.
That he has leaving the service this applicant has resided in the
That since leaving the service this applicant has resided in the Camou and Camou,
In the State of My. Let as W. I., and his occupation has been that of a, That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a
In the State of My. Let as W. I., and his occupation has been that of a, That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a
In the State of My. Let as W. I., and his occupation has been that of a, That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a
In the State of My. Lexas W. I., and his occupation has been that of a, That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a
In the States of My Lexas W L., and his occupation has been that of a Lexas W. It is a policy and his occupation has been that of a Lexas W. It is a policy and his occupation has been that of a Lexas W. It is a policy and his occupation has been that of a Lexas W. It is a policy when enrolled a Lexas W. It is now that the list now that the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension
In the States of My Acas W M, and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his occupation has been that of a Market M., and his
In the States of My lexas well, and his occupation has been that of a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a disabled from that he is now first prior disabled from the limited States, and he therefore makes this declaration for the purpose of being placed on the invalid pension and the United States. He hereby appoints with full power of substitution and revocation to the United States. He hereby appoints with full power of substitution and revocation true and lawful attorney to prosecute his claim. That he has mental received applied for a sension; that his residence is No.
In the States of New Ashing the service this applicant has resided in the Cartain of the States of New Ashing to prosecute his claim. That he has New Preceived applied for
In the States of My lexas well, and his occupation has been that of a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a first prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a disabled from that he is now first prior disabled from the limited States, and he therefore makes this declaration for the purpose of being placed on the invalid pension and the United States. He hereby appoints with full power of substitution and revocation to the United States. He hereby appoints with full power of substitution and revocation true and lawful attorney to prosecute his claim. That he has mental received applied for a sension; that his residence is No.
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Musher-out roll of los, next on file, Die. 31.64, Camp nelson, Ky, reports hum absent prisoner of war. Mustered out on in dividual mushr-out roll at Logisville, Ky, July 1.1865. Achurus. Special rehirm aug 1162, lonly rehim for 1862 on file) reports be absent oh det service Franklin Tenn, may 63 incom Thek, June, July, & aug & not oufile. Relieved from charge of desertion without trial pur 0.#107, Halrs Deft Ky, June 23. 1865." nevidence That calls of Febry 4.83 and Oct 26 for 86 were ever received in this office. wines of War Records Show Fine Daftered at Philadelphia Com. Octo " 20 63. Confined as Richmond Ta C. Far. 1.63 sent to Characian or Anderweille Da. Branch 22 64 Dufined at Indersonstille Va date not given Paroled as Lackmuille Fla: Office 28.65, reported an College Green Jamasko, Ind. Bray 14 165 Dent to Campi Chase Ohis Dray 17.65 where he reported Gray 20.65. and sent to Pro Brushal

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,

GEORGE M GABEHART BINGER OKLA 664450 ACT MAY

R R 2

Commissioner.

New .
1/17 18 44 Bandlonder lette.
No. 1. Date and place of birth? Answer 18.44 Bradford'Vailly K. The name of organizations in which you served? Answer. 1st King Calvery. J. Co. H.
The name of organizations in which you served? Answer. 1st. Kin. Colvers.
$oldsymbol{v}$
No. 2. What was your post office at enlistment? Answer. Diadford Ville Munican ev. K.7
No State and Land Land
No. 3. State your wife 8 full name and ner maiden name. Answer. Aparter. S. 1999.
No. 2. What was your post office at enlistment? Answer. Bradford Ville Munican ever Ky. No. 3. State your wife's full name and her maiden name. Answer. Answer. Jane 1 Lowford. No. 4. When, where, and by whom were you married? Answer. June 12 th. 1964. at Brodfordwill Ky 1. Dy Rev Barry funcy. No. 5. Is there any official or church record of your marriage?
Kr. Da Rev Barner bener.
No. 5. Is there any official or church record of your marriage?
If so, where? Answer.
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 diverse. If there was more than one provious marriage let wave appear include all former wives. Assure
death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer
•••••••••••••••••••••••••••••••••••••••
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
answer include all former husbands. Answer.
•
······
No. 8. Are you now living with your wife, or has there been a separation? Answer.
·
No. 9. State the names and dates of birth of all your children, living or dead. Answer. Lyhn. Holes hort. Born 1969
Turn Hala Hart - Bare 1968 Colol Halah A. 1871 Namar Hatalat-15
No. 9. State the names and dates of birth of all your children, living or dead. Answer. John. Hobschort. Born 1969 Torn Gaby hart—1869 Celel. Gaby har 1871 Nancy Gabylant-19 for Sabyhart—1891 Char X Frank Trains B 1884 Den Sabehart—1899
for Babshart-, 1891 that X Fronk hairs B 1884
Den Gabehart 1889
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GEORGE M GABEHART BINGER OKLA 664450 ACT MAY

Commissioner.

1/17 18 44 New Bradlonder 10 Ke.
No. 1. Date and place of birth? Answer! 18.44 Bradford Villy The name of organizations in which you served? Answer. 181 King Calvery. J. Co. H.
No. 3 State your wife's full name and her maiden name. Answer August Lane & Lane & Land
No. 2. What was your post office at enlistment? Answer. Diadford Ville Munion ev. Ky. No. 3. State your wife's full name and her maiden name. Answer. Answer. Jane 1. Lawford. No. 4. When, where, and by whom were you married? Answer. June 12th 1964. at Brodford Vaille Ky. Dy Rew Barang funcy. No. 5. Is there any official or church record of your marriage?
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No. 8. Are you now living with your wife, or has there been a separation? Answer.
No. 9. State the names and dates of birth of all your children, living or dead. Answer. John Malushort. Born 186
for Sabrhart 1891 Char X Frank Twins B 1884 Ben Sabrhart 1889
Ben Sabehart 1889
<u>, </u>