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THE NATIONAL ARCHIVES

SOLDIER'S ORIGINAL

NO. *1120647*

VETERAN: *James Brant*

RANK: *Pt.*

SERVICE: *En. 16th Mass. Inf.*

COMP. NO. *1394*

REG'T. NO. *10*

James Brant
 [3-216 a.]
 Gen'l Ex'r.
 No. 20647
 Act of June 27, 1890.

James Brant
 P. O. *106 Somerset St -*
Brooklyn - N.Y.
 Service *Pr-E 26 Mass Dr*
Co. 26th Baw
 Enlisted: _____, 18____
 Discharged: _____, 18____
 Application filed: *July 8*, 18*92*
 Alleges: _____
 Any other Claim filed: *No* - $\frac{3}{99}$
 Numerical No. _____

ABANDONED

Attorney: *Butts & Phillips*
 P. O. *City*

Recognized. _____ Contract.
 Cert. of Dis. Searched for _____, 18____
(2915-60,000.)

With 3-72

ME. Aug. 20/92. ~~A. B.~~

~~Mass. H. Brookfield~~

N. H.

VT. Feb. 21-90. atty. for
Chambers. stated as to
origin of injury of
right hand.

MASS.

R. I. Aug. 16/93 - Notice of rejec.
to Blunt and Atty. D.

CONN.

N. Y.

N. J.

DEL.

No.

E

rec June 27 '90
(3-5573)

FILES SLIP.

Invalid No. 1120.647

Widow's No.

Certificate No.

E 26 Mass. Vols.

NAME:

James T Brant
106 Sower St. Brooklyn N.Y.

Submitted to the Board of Review for
Ref. July 1, 1893

H. A. Stearns, Examiner.

Re-submitted to the Board of Review
, 189 .

, Examiner.

S. E. D.

, 189 .

(3-428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C. *June 27, 1893*

No. Claim *11 20 647.*

Claimant: _____

Soldier *James Brant,*

Co. *E. 56. Reg't. Men. Vol.*

Respectfully returned to *Chief Exam. Div*
writes his opinion that Ch.
is not shown to be dis-
abled in a degree su-
fficient to a rate
under act of June
27, 1890.

Hollified

Medical Examiner.

Approved: _____

Wm. Featherstonhaugh

Medical Referee.

[Signature]

10987 n-15 m

6-090.

Act of June 27, 1890.

1120647

E. INVALID PENSION.

Claimant, James Brant,
 P.O., 106 Jones St. Brooklyn, Rank, Private,
 County, Kings, Company, E, *Transferred to*
 State, N. Y. Regiment, 26 Mass. Vol. Inf. *Co. E. 26 Boston. Mass. 1867*
 Rate, \$ _____, per month, commencing _____

Disabled by _____

REJECTED.

RECOGNIZED ATTORNEY.

Name, Butts and Phillips, Fee, \$ _____ Agent to pay.
 P.O., Washington, D.C. Articles filed, _____, 189 _____

APPROVALS.

Submitted for Rejection July 1, 1893 *H. J. Thompson*
 Examiner. *Am. Henderson*

Approved for _____

Approved for rejection *Bennett*

No ratable disability shown
under act of June 27, 1890.
Evidence July 15, 1893
Hollified in
 Medical Referee.

Legal Reviewer.

July 7, 1893

June 26, 1893.

Not now pensioned under other laws. Last paid to _____, 189 _____, at \$ _____

Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Sept. 4, 1861, honorably discharged Aug. 26, 1865.

Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____

Declaration filed July 8, 1892, alleges permanent disability, not due to vicious habits,

from rheumatism, piles, kidney trouble, bayonet wounds of
head and wounds in knee. Filed Mar. 9/93 injury to hand
in May 1875

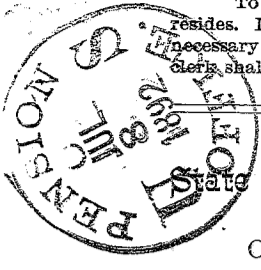
James Brant

THM

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.



State of New York, County of Kings, SS:

On this 6th day of July, A. D. one thousand eight hundred and ninety two personally appeared before me, a commissioner of deeds

within and for the county and State aforesaid James Brant

aged 46 years, a resident of the city of Brooklyn, county of

Kings, State of New York, who, being duly sworn according to law,

declares that he is the identical James Brant who was enrolled on

the 4 day of Sept, 1861, in C. E. 26 Regt

Mass Inf. Vols Here state rank, company, and regiment in military service, or vessel, if in the Navy.

in the service of the United States in the War of the Rebellion, and served at least ninety days, and was honorably discharged at _____, on the 1

day of January, 1864. That he is now unable to earn a support

by manual labor by reason of Rheumatism, Piles, Kidney trouble Here name the diseases or injuries from which disabled.

bayonet wound in head received at Winchester 1864. - Wound in knee at Fishers Creek October 1864.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character; that he has not applied for pension under application No. _____;

that he is a pensioner under Certificate No. _____

If a pensioner, the certificate number only need be given; if not, give the number of the former application, if one was made.

That he has _____ been employed in the Military or Naval service otherwise than as stated above.

re-enlisted C. E. 26 Battalion 1st Jan 1864 & dis. 23 August 1865 and has not been employed in the Army or Navy of the U. S. since 1865

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 June 27, 1890.

He hereby appoints, with full power of substitution and revocation, BUTTS & PHILLIPS, OF WASHINGTON, D. C., his true and lawful attorneys to prosecute his claim, and to receive

therefor a fee of ten dollars; that his post-office address is 106 Somerset Brooklyn

county of Kings, State of New York

James Brant
Claimant's signature.

Attest: 1 _____

2 _____

If affiants make mark, two witnesses who write sign here.

Also personally appeared John Lyons, residing at 336 10th Avenue,
 and B. F. Miller, residing at 744 Bainbridge Street, 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 James Grant, the claimant, sign his name (make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
 acquaintance with him for 3 years and 3 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.

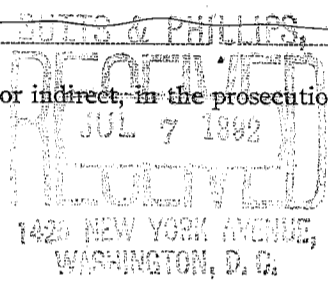
John Lyons
B. F. Miller
 Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 6 day of July, A. D.

1892, and I hereby certify that the contents of the above declaration, &c., were fully
 made known and explained to the applicant and witnesses before swearing, including the

[L. S.] words _____ erased and the words _____

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



Joseph M. Williams
 Signature of Commissioner of Deeds,
 City of Brooklyn,
 Kings Co., N. Y.
 Official character.

Jan 9 1897
 100-15000-100

NOTES.

The act of June 27, 1890, requires, in case of a soldier:

- (1) An honorable discharge (but the certificate need not be filed unless called for).
- (2) A minimum service of ninety days.
- (3) A mental or physical disability of a permanent character not due to vicious habits. (It need not have originated in the service.)
- (4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
- (5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.



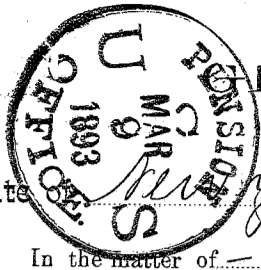
ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name James Grant
 Service Co. E. 26 Regt
Mass Inf Regts
 ADDRESS:
106 Somerset
Brooklyn N. Y.

FILED BY
BUTTS & PHILLIPS,
 ATTORNEYS,
 1425 NEW YORK AVE.,
 WASHINGTON, D. C.

Date of Execution July 6 1892
W Grant W.B.



GENERAL AFFIDAVIT.

State of New York County of Kings, ss;

In the matter of - James Brant
No. E-26 Mass. Inft.

Personally came before me, a Notary public in and for aforesaid County and State, Jessie Barrett, aged 47 years citizen of the town of Brooklyn, County of Kings, State of New York, well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows:

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

That on or about the
1st day of May 1875, at or near Key West State of Florida he incurred "injury to right hand" under the following circumstances:— I injured the right hand in the Machinery of a tug boat lying in Key West harbor. May. 1875. permanently injured beyond all medical aid.

further declare that no interest in said case, and not concerned in its prosecution.

1 William C. Whiteside
2 John H. Ashby } James Brant
Signature of Affiant.

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (f.) two persons who can write must attest the signature by signing their names opposite.
The official before whom papers are executed is not a competent witness to a mark

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and acquainted him 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 affiant is personally known to me; that he is a credible person and so reputed in the community in which he reside.

Witness my hand and official seal this 29th day of July 1898

Sign here *Wm M Beeching*
Notary Public *Wm M Beeching*

ADD SEAL HERE.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.



BUTTS & PHILLIPS,
MAR 1 1898
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No. 1120647
GENERAL AFFIDAVIT.

CASE OF
James Bryant
No. E-26 Mass.
Afft.

FOR
Quaid's Son

AFFIDAVIT OF
Shamant

FILED BY
BUTTS & PHILLIPS,
ATTORNEYS,
1425 NEW YORK AVE.,
WASHINGTON, D. C.

AUG 22 721584

Write nothing above this line.

1892

F. H. G. Capt

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

James Brant

Captain Div. Bureau of Pensions, Ex'f. Aug 20, 1892 No. 1120 b 47

SIR:

It is alleged that the above-named man enlisted Sept 4, 1861, and served as a private in Co. G, 26 Reg't Mass. Inf. also as a private in Co. E, 26 Reg't Mass. Inf., and was discharged at on Aug 28, 1865.

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully, Andrew Davidson Acting Commissioner. THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

War Department,

Record and Pension Division,

AUG 22 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

James Brant Co. E 26 Mass. Inf. mentioned in the preceding indorsement, was enrolled Sept 4, 1861, and discharged Oct. Aug 26, 1865 of Co E 26 Battery Mass Inf to which transferred. Reenlisted Vet Vol Jan'y 1/64



BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Ainsworth Colonel Major and Surgeon, U. S. Army. Per

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No. 1120647

Name and rank of claimant.

James Traub

Rank, Pvt.

Claimant's post-office address.

Company E, 26 Reg't Mass Vol. Brooklyn N.Y. State,

106 Bome St Brooklyn N.Y. Deph 21, 1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Piles rheumatism kidney trouble

Cause of disability.

Layout wound of head and wound in knee.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Pension

Here give the claimant's statement as briefly and as compactly as possible.

Troubled with piles for 10 years. troubled with Rheumatism 8 years. wound of head & knee but does not think these incapacitate him as he has not lost a day from them and does not now make any claim for pension on account of them.

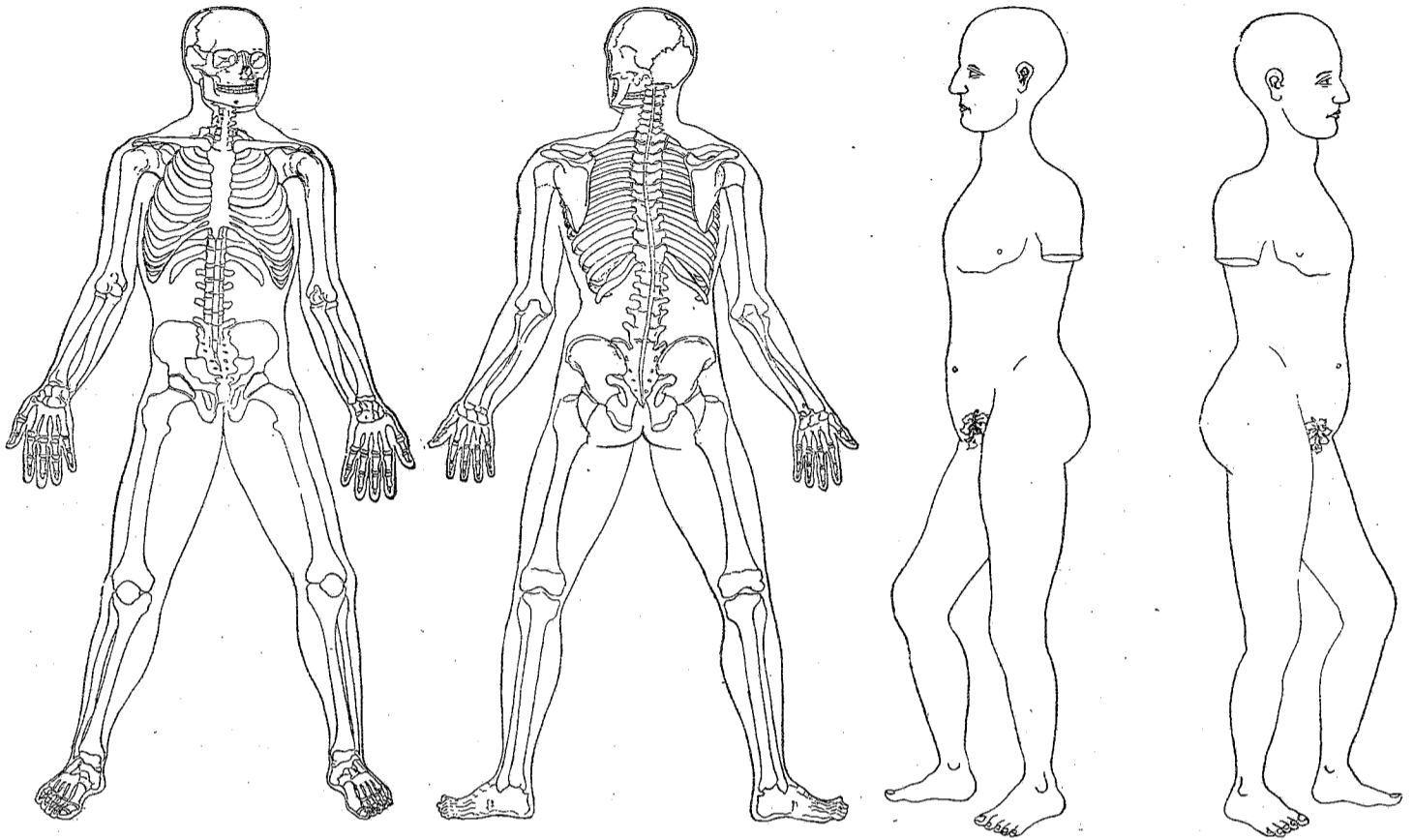
Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 18; temperature, Normal; height, 5 feet 7 1/4 inches; weight, 145 pounds; age, 47 years. Heart and lungs normal, Liver & Spleen Normal. Joints uniform & symmetrical and muscular condition good except as herein after described. Pain in back (lumbar region) extending down left leg involving sciatic nerve. also complaint of pain in side at times evidently suffers from neuralgia & muscular rheumatism four eighths. Right hand atrophied result of crushing in machinery Rgt hand measures 7 1/4 around palm and left 8 1/2 inches. all muscles are atrophied and hand colder than other, and power lost about 1/4. Four eighths. Small, insignificant scars on left knee and right occipital region causing no disability. No rotting. Rectum prolapsed and two piles size of filbert external not ulcerated no fissures or ulcers no internal piles but rectum sensitive and engorged. Four eighths. No other disability found to exist. Urine Normal, except excess of bile coloring matter.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Neuralgia & Muscular Rheumatism 4/18 for that caused by Condition rgt hand, and 4/18 for that caused by Piles

Geo W Bush, Pres. J H Clark, Sec'y. J Edmister, Treas.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]



Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

James Brant
Co. E, 26 Reg't Mass Vol.

Applicant for Original

No. 1120 647

DATE OF EXAMINATION:

Sept 27, 1892

Geo W. Brush, Pres.,
F. H. Clark, Sec'y,
F. Edmister, Treas., } BOARD.

Post office, Brooklyn

County, Kings

State, N.Y.

P. S.—Write your Post-office address plainly and in full.

James Brant

Act of June, 1890.

May 9, 1893.

To the Hon. Commissioner of Pensions:

Please furnish the condition of the claim mentioned below and state what evidence, if any, is needed to complete the same.

Very respectfully,

BUTTS & PHILLIPS,

Claimant's Attorneys.

No. of Claim *1120647*

No. of Certificate

James Brant
Name of Claimant.

Name of Soldier

Co. *E* 26th Regt *Mass Inf*

Vols.

Nature of Claim *Invalid*

Attention is respectfully invited to claimant's Examination Order, filed Sept 7/92

Call No. 7.

Call Division. (3-091.) No. 1120647

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Aug 22, 1892

SIR:

You are hereby directed to report yourself for medical examination to the Board of Examining Surgeons

(St. and No.) Room 3 City Hall

Town Brooklyn

County _____, State N. Y.

within three months from date hereof.

The Board meets at 10 o'clock

on ~~Friday~~ Wednesday in each month.

Return this slip with the date of the examination indorsed hereon by the Secretary of the Board making the same.

Very respectfully,

Geo B Raum

Commissioner.

Claimant: James Brant

P. O.: 106 3rd St, Brooklyn N. Y.

Attorney: Butts & Phillips

P. O.: City

Examination made by the Board this 2 day of Sept, 1892

J. H. Clark

Secretary.

(3-073 a.)

East Div.
M. J. H. Exr.

Claim No. *1120647*

Department of the Interior,

James Brant,
Co. 26th Reg't Mass. Inf.

BUREAU OF PENSIONS,

Washington, D. C., *February 21st 1893.*

Address your reply to the COMMISSIONER OF PENSIONS with return of this letter.

SIR:

The claimant above named is required to file his sworn statement showing when, ~~and~~ *where* and under what circumstances he received *injury of right hand*

(a cause of disability not alleged in his declaration filed under the act of June 27, 1890), and that such disabilities are not due to vicious habits, and are to the best of his knowledge and belief of a permanent character.

If incurred subsequent to *July 8th 1892*, the date of such (Date of filing claim.) incurrence should be shown by competent testimony.

Very respectfully,

Geo B Rawson

Commissioner.

Butts & Phillips,
City.

501TS & PHILLIPS,
RECEIVED
FEB 22 1893
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

0-4



Washington D.C.
March 1st 1893-

Respectfully returned
to Hon. Commissioner
of Pensions - inviting
attention to affidavit
herewith.

Respt.
Burt. H. Phillips

5

(EXAMINING SURGEON'S VOUCHER.)

(3-100.)

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.
2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade*.
3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade*.
4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.
5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.
6. When disability falls below above-named grades, the ground of comparison should be ankylosis of wrist or ankle, and disabilities should be rated accordingly.
7. When disability is *greater* than that caused by ankylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.
8. The *Third* is the only grade subject to fractional divisions.
9. The lowest degree of disability pensionable is $\frac{1}{4}$.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination*, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

Circular Call No. 7.

(3-100.)

*F. H. G.
Carson*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 23, 1892

Mr. *James Brant*

late a *private*

Co. *B*, *26* Regiment *Mass Vol*

an applicant for *original*

Invalid Pension, No. *1120647*

on account of disability from *feels, rheumatism,
kidney trouble, bayonet wound of
head and wound in knee*

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,

Commissioner.

Dr. *Wm. C. ...*

Brooklyn

Co. *N. Y.*

N. B.—Read the inside of this circular before examining a claimant.

Adm June 24-90.
(5-587.)

FILES SLIP.

Invalid No. 1120647.

Widow's No. _____

Certificate No. _____
Pol. Co. E, 26 Mass. Inf
" " " " " " " "

NAME:

James Grant

106 Toner St. Brooklyn, N.Y.

Submitted to the Board of Review for

Med. Refers June 15th, 1893

JUN 16 1893

Wm. J. Anderson, Examiner.

Re-submitted to the Board of Review

_____, 189 .

_____, Examiner.

S. E. D. _____

_____, 189 .

Act June 27 90. ✓
M. 76 June 15, 1893.

No. 1120 647.

Claimant, James Brant.

Soldier, [Signature]

Pvt. Co. E 26 Reg't Mass. Inf.
" " " " " " " " " " " "

Respectfully referred to Medical
Referee, with the request that he state
whether the claimant is
entitled to a rating
under the Act of June
27, 1890.

[Empty lines for additional text]

[Signature]

Chief, East Division.

