

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No.

583 184

VETERAN

Joseph H. Newcom

RANK

Priv

SERVICE

Co B 19 Maine Inf

CARD NO.

18667

INDEX NO.

7

3-056.

Department of the Interior,
BUREAU OF PENSIONS,

Col 19, Reg't Mass Vol Inf
Return this with your reply.

Washington, D. C., Oct 6, 1894

SIR:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

J. A. Lockman
Commissioner.

Mr M. B. Delmage
Kendall Creek
McKean Co Pa

OCT 19 1894
FILES

When did you first see claimant after he returned from the Army, and how do you fix the date?

Answer: I first saw him the fall of 1877 I first met by coming to this place in 1876 also by commencing to board with him in the spring of 1878
Of what disability did he complain, and how was he affected?

Answer: Coughing and Hemmerages his lungs were bad he went to a Doctor in Bradford Pa he examined the explanation didn't seem to satisfy his wife so she went to the Doctor
How frequently have you seen him since your first acquaintance? Told her he might live 5 years

Answer: as often as once a month most of the time saw him 5 years
If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled therefrom for manual labor during each year.

Answer: Coughing and Hemmerages he has in my opinion never been able to do manual labor but had to try some times to work to get a living he tried to team it for a living but couldn't he is not able to work at all

My means of knowing the facts of the case are these: I have known him for 17 years and have seen him have several Hemmerages and know him to be a weak and feeble man for a man of his age

Very respectfully,

M. B. Delmage

COMMISSIONER OF PENSIONS,

Washington, D. C.

Application for Invalid Pension Under New Law.

State of Connecticut County of Madison ss:

ON THIS 27 day of July A. D. one thousand eight hundred and ninety
before me a Notary Public, in and for the County and State aforesaid,
personally appeared Joseph H. Newcomb, who, being sworn according
to law, declares that he is the identical Joseph H. Newcomb
who was enrolled on the 5 day of January 1865, in Company B
of the 19 regiment of Mass and honorably discharged at
Boston, Mass on the June day of June 1865

That he is now Totally incapacitated and unable to earn an adequate support by reason of disability
Totally or partially.
of a permanent character, that is not the result of vicious habits; therefore he makes this application to
have his name placed upon the list of Invalid Pensioners, and be paid a pension proportionate to the degree of
inability to earn a support, as provided for by the recent law, reserving his right to claim and receive pension
under any other general or special Act of Congress than the one under which this application is made.

That he is disabled in the following manner, to wit: Excitement or exertion
Disease of lungs
(Here state the name and nature of every disease and describe every
wound and injury that causes the disability, no matter whether the same was incurred in the service or not.)
Caused hemorrhage of the lungs and am continually
spitting up blood

That he has yes been employed in the U. S. military or naval service otherwise than as stated above
Served 1 year on gunboat Michigan on Wampanoag Blockade
from Mar 1863 to Nov 1864
(If in other service, here state in what organization, and when it began and ended.)
That since leaving the service he has resided in the East Haddon of Mass Wendover Pa
Kendall Creek Pa
and State of Pa, and his occupation has been that of laborer

That his present personal description is as follows: Age 47 years; height 5 feet 10
inches; complexion light; hair Brown; eyes hazel

He hereby appoints J. W. MORRIS, OF WASHINGTON, D. C., his true and lawful attorney to
prosecute said claim, with full power of substitution and revocation.

That he has not received yes applied for a pension do not receive a Pension
made first application in Jan. 1890
and Disabilities mentioned in it. If you have applied, but not received pension, state when and for what Disability and give Number of claim. Disease of lungs 7536737

That his place of residence is Kendall Creek McKean Co, Penna
and post-office address is Kendall Creek, Penna

Joseph H. Newcomb
[Signature of Claimant.]

Harvey Bachelder

appeared Harvey Bachelder, residing
at Braintree, and M B DeMagne
residing at Randall Creek

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 Joseph H Newcomb
the claimant, with whom they are well acquainted, and whom they fully identify as being the person represent-
ed, sign the foregoing application for pension; and that they have no interest in said claim.

Harvey Bachelder
M B DeMagne
(Signature of witnesses.)

(If either witness sign by mark, two persons who can write must sign here)

Sworn to and subscribed before me this 9 day of Aug, A. D. 1890

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and
explained to the applicant and witnesses before swearing, including the words
erased, and the words
added, and that I have no interest, in said
claim, either direct or indirect.

Charles H. DeLoach
(Signature.)

all manner Pension Notes
May 3/86 to May 3/91
as Pension Notes
Mar 26/86 to May 3/91

Chas 28
11-28-90
H.L.F.

[L. S.]

Dup. of 853397
Original No 753,673
Certificate No. _____

INVALID

APPLICATION FOR PENSION
UNDER NEW LAW.

Act June 27, 1890

Joseph H Newcomb
B 19 Reg't.
Co. _____ Vols.

Morris
PENSION

Enlisted 11 JUL 10 1890
Discharged 11 JUL 10 1890
RETURNED INFO
U.S. PENSION BUREAU
FILED IN BUREAU

J. W. MORRIS,
U.S. Principal Examiner U.S. Pension
Attorney at Law,
WASHINGTON, D. C.

DUPLICATE FILED DELETION

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Penna County of McKean ss:

ON THIS 13 day of August, A. D. one thousand eight hundred and ninety

before me, a Notary Public in and for the County

and State aforesaid, personally appeared Joseph H. Newcomb

aged 47 years, a resident of Kendall Creek, county of

McKean, State of Penna, who being duly sworn according to

law, declares that he is the identical Joseph H. Newcomb who was enrolled on

the 5 day of January 1865, in Co. B 19. Mass Vol.

in the army Private Coal Heaver on Gunboat Nippon
in the Navy. Served 1 year was discharged at Brooklyn Navy
yard by Nov-1864

in the war of the rebellion, and served at least ninety days and was honorably discharged at

New Boston Mass., on the June day of 1865.

That he is totally unable to earn a support by reason of Disease of lungs
[Partly or Totally] Here name the disease or injuries from which disabled.

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has now applied for pension under application No 753. 643.

~~That he is a pensioner under Certificate No~~ 753. 643.

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 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 J. W. MORRIS, of Washington, D. C., his true and lawful attorney to prosecute his claim. That his post-office address is Kendall Creek.

county of McKean, State of Pa.

Joseph H. Newcomb
[Signature of Claimant.]

M. E. DeFmagle
A. S. Palmer
Two witnesses who can write sign here.

Also personally appeared A. T. Palmer, residing
at Smithyork McLean & Co and M. B. Delmage
residing at Kendall Creek McLean Co Va., 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 Joseph H. Newcomb, the claimant, sign his name (or 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 13 years and 5 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.

A. T. Palmer has known him 5 years and M. B. Delmage has known him for 13 years

If either witness sign by mark, two persons who can write sign here.

[Signature of two witnesses.]

Sworn to and subscribed before me this 23 day of August A. D. 18 90

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

erased, and the words

added, and that I have no interest, in said
claim, either direct or indirect.

[L. S.]

J. W. Morris
(Signature.)
Notary
(Official Character.)

7533 637
Act June 27, 1890
Ind. Dep. 36/3 395763

SOLDIER'S APPLICATION.

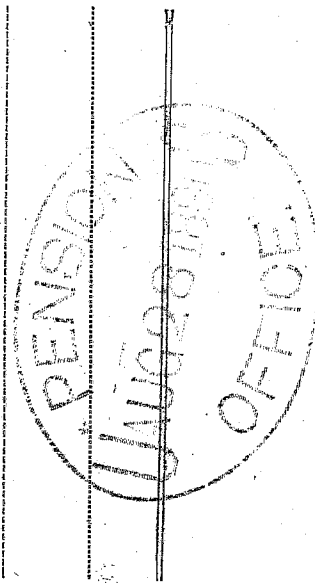
Joseph H. Newcomb
Co. B, 19

Reg't.

Vols.

ADDRESS:

2142



FILED BY

J. W. MORRIS,

Late Principal Examiner U. S. Pension Office.
Attorney at Law,
WASHINGTON, D. C.

Date of execution. 1890

Patfall 11-28-90. C.H.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Pennsylvania, County of McKean ss:

ON THIS 25th day of March A. D. one thousand eight hundred and ninety 93

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, Joseph H. Newcomb

late a Private in Company "B" of the 19th Regiment of

Mass. Volunteers, aged 50 years, who being duly sworn according

to law, declares that he is a pensioner of the United States, duly enrolled at the Pittsburgh

Pension Agency, at the rate of \$25 dollars per month, under Pension Certificate No 583984

by reason of disability resulting from Disease of lungs

Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low, and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for

If you claim additional pension for a disability not mentioned in your Pension Certificate, here

describe it fully and state when, where and under what circumstances the same originated.

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

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Salamanca Kendall Creek County of McKean

State of New York Pennsylvania

Joseph H. Newcomb
Signature of Claimant

If claimant signs by mark, two persons who can write must sign here.

_____ appeared _____ residing at _____, and _____, persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw _____, the claimant, sign his name (or 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 that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write must sign here.

Signatures of witnesses.

Sworn to and subscribed before me, on the day first above written; 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 words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

L. F. Egbert
Signature
Alderman
Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No. 583184.	UNITED STATES	APPLICATION FOR	INCREASE OF PENSION.	Joseph H. Newcomb.	Co. B. 19	Reg't.	Mass.	Vols.	FILED BY	J. W. MORRIS;	(Late Principal Examiner U. S. Pension Office.)	Attorney at Law,	WASHINGTON, D. C.
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Physician's Affidavit.

State of Penn, County of McKean ss:

In the Pension Claim of Joseph H Newcomb
late of Co B 190 Mass Vols.
Company and regiment of service, if in the army; or vessel and rank, if in the navy.

Personally came before me, a Justice of the Peace, in and for the
County and State aforesaid, Doctor D. E. Ash

whose Residence and Post Office address is Kendall Creek Penn

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:

That he is a Practicing Physician, and has been acquainted with said soldier about 11 years,
and that Joseph H Newcomb is at the present
time suffering from chronic Bronchitis.
has a very bad cough full expirations 30 in
full inspiration 36 1/4 in. There is dyspnoea and
laboured respiration and he is not fit
to perform any kind of manual labour.
Height 130 lbs a height 5 ft 4 in. The cough is
so severe that vomiting is frequently induced

The above testimony was all written by

D. E. Ash M D
State by whom written.

in my presence and from my own to him then made on the 23 day of

If in "your presence," so state.

If from your "oral statements," so state.

Jan 1894, at or near Brucapine City, and that I was not

Town or City and State.

If "not prompted by any printed

or written statement of any other person" so state; but, if so prompted, state that fact, and attach such other statement to this affidavit.

He further declares that he has been a practitioner of medicine Seven years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

A. E. Ash
Affiant sign here, giving rank and service, if in the army or navy.

Sworn to and subscribed before me, this 23 day of January, A. D. 1894
and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents were fully made known to him 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.

[L. S.]

Official Certificate
on file

Philo Ackley {Seal}

Official Signature.

Justice of the Peace
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

66
14
No. 13
JAN 25 1894
PENSION DIVISION
PENSION CLAIM OF
J. H. Morris
Co. 19
Affidavit of
Doctor
J. H. Morris
Present Degree of Disability
Board of Revision
Wed Feb 3 1894
FILED BY -
J. W. MORRIS,
LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,
ATTORNEY-AT-LAW,
WASHINGTON, D. C.

29835 APR 12 1900

Form No. 236.
Ed. 11 2 99 5,000.

Hughes

g

Treasury Department,

OFFICE OF THE

AUDITOR FOR THE NAVY DEPARTMENT

No. 29,835

April 18, 1900.

E.D.

F.

Respectfully Returned

TO THE

COMMISSIONER OF PENSIONS

RECEIVED
APR 18 1900
NAVY DEPARTMENT

Joseph H. Newcomb enlisted
Dec. 14/63 and served as Lds.
on the Ohio to Dec. 31/63, on
the Nippon to Nov. 1/64, and
on the North Carolina to Dec.
13/64, when discharged.

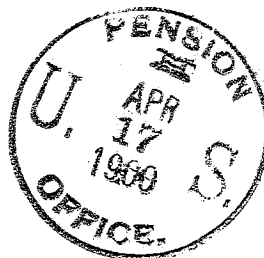
W. W. Brown

Auditor.

No. 583,184

Jos. H. Newcomb.

6.000



29835 APR 12 1900

O. W. & M. E. N. H. Ex'r.
Div.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. April 7, 1899.

Respectfully referred to the
Hon. Auditor for Navy
Dept. Treasury Dept.
requesting that a
report be furnished
showing the date
and manner of the
termination of
claimants Naval service.

Oct-588/84.

Jos. H. Newcomb.

A. C. Evans
Commissioner.

refer to No. *—*

OK

NAVY DEPARTMENT,

BUREAU OF NAVIGATION,

Washington, *June 18. 90.*

Sir:

In accordance with *your* request of the *7th inst.*,
the Bureau furnishes the following *description and*
history of service of
Joseph M. Hancock.

He enlisted *14th* day of *Decr*, 18*63*, at *Boston*
Mass, for *one* year, as *alumner*; place of birth,
Novascotia; age at shipment, *21* years; occupa-
tion, *Farmer*; color of eyes, *grey*; color of hair,
brown; complexion, *light*; height, *5* feet *8 1/4* inches;
permanent marks and scars about person when enlisted,
None.

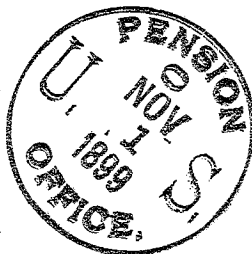
served in the following vessels, viz:

USS Ohio and Albatross
Final disposition not reported.

and was discharged from the U. S. S.

, 18 .

Very respectfully,



Endicott
Chief of Bureau.

Commissioner of Pensions,

Washington, D. C.

Claim No.

753673

Initials.

J. C. C.

BUR. M. & C.

52274

OCT 30



IN REPLY REFER TO No. 52,274 - F.L.P. (LETTER FORM 15.)

ct
M.P. CLAIM No. 583,181-
I.T.T.

1 - Enclosure.



WASHINGTON, D. C.,

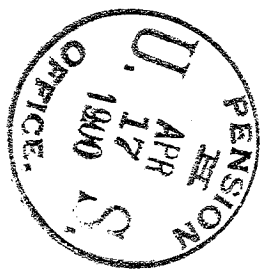
October 31, 1899.

Sir:

In reply to your communication of Oct. 26, 1899
relative to the disability of Joseph H. Newcomb,
Rate Lds., U. S. Navy, you are informed that
the records of this Bureau show as follows, viz:

"NIPHON"

Admitted Aug. 12, 1864. Paronychia. Origin not stated.
Discharged Aug. 19, 1864 to duty.
Admitted Oct. 25, 1864. Abscess left foot. Origin not stated.
Discharged Oct. 28, 1864 to duty.



Very respectfully,



Acting Chief of Bureau, U. S. Navy.

Hon. COMMISSIONER OF PENSIONS.

Reproduced at the National Archives

RECEIVED
JAN 1 1891

ADJUTANT GENERAL'S OFFICE
MAR 21 1913
3243269
WAR DEPARTMENT

DEPARTMENT OF THE INTERIOR
Bureau of Pensions

A & N Div.

Ex'r. *Ell*

Washington *March 20, 1913.*

Respectfully referred to the Adjutant General, War Department, requesting a report showing age at date of enlistment of the soldier named below.

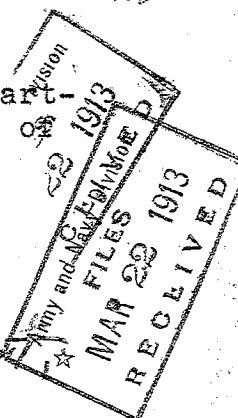
Inv. Ctf. *583184*

Name *Joseph H. Newcomb*

Service *B. 19th Mass Inf.*

(Inclosures)

Commissioner.

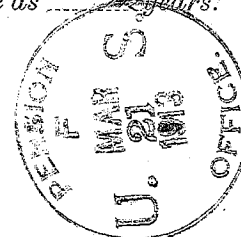


War Department, A. G. O.,

Mar, 21 1913.

To the Commissioner of Pensions.

The age of *Joseph H. Newcomb*, Co. *B*, *19* Regiment
Mass. I., is shown by the records of this office as *21 1/4* years.



Geo. Andrews

The Adjutant General.

A

Write nothing above this line.

(3-060.)

Div.

Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. 753,673

Joseph H. Newcomb
Private B. 19th Mass. Vol.

Washington, D. C., March 27, 1890

SIR:

It is alleged that Joseph H. Newcomb enlisted January 5, 1865,
and served as a Private in Co. B, 19th Mass. Infantry
also as a in Co. , Reg't

Served one year from Nov 2, 1863 on gun boat
Kiplon.

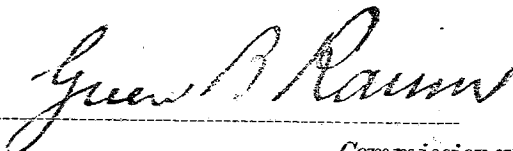
and was discharged at at Boston Mass., 1865

It is also alleged that while on duty at Petersburg Va
on or about February, 1865, he was disabled by disease of the
lungs

and was treated in hospitals of which the names, locations, and dates of treatment are as follows: In
field and division Hospital March 11 to 27, 1865 -
in General Hospital at Washington from March 10, 1865 -
to about April 9, and at Philadelphia, Pa.

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,



Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

(3-060.)

No. 753.673

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner
of Pensions.

Joseph H. Newcomb
Co. "B" 9th Reg't Mass. Inf
was enrolled Jan 6, 1865
and M.O. with to Jun 30 1865

From Jan 6, 1865, to Apr 30 1865
he held the rank of priv

and during that period the rolls show him
present ~~except as follows:~~

Other records not
on file. —

MAY 28

165451

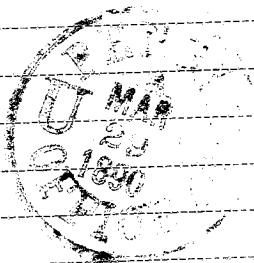
1890

Write nothing to the left of this line.

The medical records show him treated as follows Mar 16 to 22/65 Consumption: Mar 22 to 23/65 no diag-
nosis: Mar 24 to Apr 9/65
Ruminal fever: Apr 9 to 14/65
Convulsions from Gut Fever: and
as J. Newcomb re May 14 to
21/65 Diarrhoea, returned to
duty. Nothing additional
found.

as

map
log
1
4/65
ad
to
10
al



By authority of the Secretary of War:

F. C. Ainsworth

Captain and Adj. Gen., U. S. Army

Per

R

Date

(COMMISSIONER OF PENSIONS.)

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Pennsylvania County of McKean ss:

In the Pension Claim of Joseph H Newcomb
Co B 19th Mass. Vols.

ON THIS 13 day of August A. D. 1890, personally appeared
before me, a Notary Public in and for the aforesaid County,

duly authorized to administer oaths, Amos Palmer

aged 49 years, a resident of Smethport in the County of

McKean and State of Pennsylvania whose Post Office address is

Smethport Pa and _____

aged _____ years, a resident of _____ in the County of

_____ and State of _____ whose Post Office address is

_____ well known to me to be respectable

and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows:

That we have been well and personally acquainted with Joseph H Newcomb
the said soldier, for Five years, and _____ years, respectively, and we know from our own

Instructions.

Read carefully. personal knowledge that after said soldier's discharge from the U. S. service, we first met him in the

The witnesses must state: How long they have known the soldier, and if they have employed or worked with or for him since his return from the army, they should state where and at what business; or if they have known him as neighbors only, they should state about what distance from him they have lived, how frequently, on an average, each week, month, or year they have seen and conversed with him, and how intimate they have been with him; from what disease or disability he has suffered during all that time, and how severely; whether at any time during said period he has been obliged to stop work; whether confined to his bed or house, or wholly unable to do manual labor by reason thereof, giving dates as nearly as possible when such attacks occurred, how long they lasted, and how severe they were, and stating the symptoms of his disease or disability as actually observed by them. They should state about what portion of a sound able-bodied man's work he has been able to do, and should compare the degree of disability to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, according to their best judgment; what his actual earnings were, and whether or not the wages paid him were less than were paid to others physically sound.

year 1884-85, and at that time we noticed he was affected as follows:

First Knowledge of said Joseph H Newcomb he was trying to drive team - hauling some logs in the lumber woods - later he was doing lighter work in the oil territory hauling oil well supplies - being unable to further do this work he has later been doing light work caring for Billiard tables and work in that line in Billiard room. Have known him as a neighbor - part of the time he worked near me and now is some 18 miles distant. Have some of the time seen him every day for many days then not more than once a week for a time - occasionally not oftener than two or three times a month. Have always at these meetings conversed with him and been on friendly visiting terms. When first met him judged he had Consumption. He was 'pinched' and emaciated was a walking skeleton - lungs seemed very weak and had a severe cough, often spitting a quantity of blood when having a coughing spell. At times would be obliged to stop work for weeks, and would be so exhausted - finally give up his work for the lighter occupation now followed. - Only for his will power he would be classed as totally disabled. He has not in the time I have known him been able to do any hard work one would expect of an able bodied man, never employed him or worked for him. Am in no way related to him,

We further declare that we have no interest in said claim, and are not concerned in its prosecution.

Amos Palmer

Sworn to and subscribed before me this 13 day of August, A. D. 1890.

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing thereto, including the words _____ erased, and the words _____ added; and that I am not interested in said claim.

[L. S.]

W. M. Eloy
[Signature]
Prothonotary
[Official Character]

CLAIM OF

Joseph H. Newcomb

Reg't.

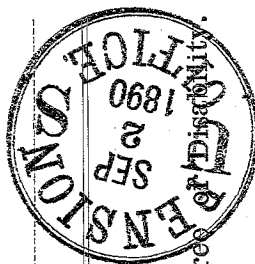
Co.

13, 19

Vols.

Mass.

AFFIDAVIT OF



Continuance and Degree of Disability.

FILED BY

W. MORRIS,

[Late Principal Examiner U. S. Pension Office]

Attorney at Law,

WASHINGTON, D. C.

Affidavit.

State of Mass., County of Essex ss:

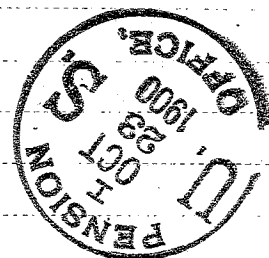
In the Pension Claim of Joseph H. Newcomb
late of Co B 19 Mass Inf
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

Personally came before me, a Justice of the Peace, in and for the
County and State aforesaid, Maria A. Brown
whose Residence and Post Office address is Methuen Mass

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

Affiant should here state all the known facts pertaining to the case, and how a knowledge of them has been obtained,

I was well acquainted with Joseph H. Newcomb from Aug. 1865 to
Aug. 1873 as he made it his home with me during those years. When
I first knew him, he came to my house in East Hampden Maine in
Aug. 1865, and was with me when unable to work, until Aug. 1873
He had a hard sucking cough all the time, but felt obliged to
work, but was not able to, but a little while at a time, then he
would come home to me, and get recruited a little and try
it again. He was very steady, had no bad habits, so
he could not have brought on his troubles by
dissipations.



He further declares that he has no interest, either direct or indirect, in the prosecution of said claim.

John Dr. Drane

Maria A. Brown
Affiant sign here.

If affiant signs by mark, two persons who can write must sign here.

To '73

Certificate on file at
Pension Office, Washington

Sworn to and subscribed before me, this 14 day of Sept, A. D. 1900

I certify that said affiant is a reliable person, that the contents of the foregoing affidavit were fully made known to him before swearing thereto, including the words

erased, and the words

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

[L. S.]

April 8-1891
May 16-1900-
2 N.H.

John E. Sawyer
Official Signature.

Justice of the Peace
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No.

Certificate No.

583184

PENSION CLAIM OF

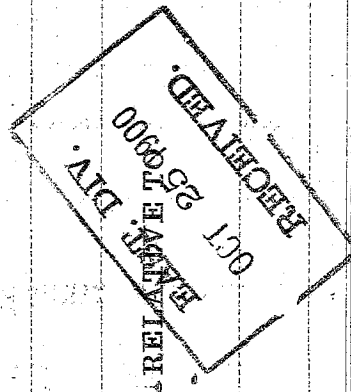
G. H. Newcomb

Reg't.

Vols.

Co. B 19
Mark

AFFIDAVIT OF



-FILED BY-

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

3-056.

O. W. + M.

Div.

E. N. H. Ex'r.

Cert. No. 583184

Joseph H. Newcomb

Department of the Interior,

BUREAU OF PENSIONS,

B 19 Mass N. Infl - Washington, D. C., Feb. 23, 1901.

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mrs. Maria B. Brown.

Wethers

Mass.

A. Clay Evans

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer:

Dec 11th day

Of what disability did he then complain, and how was he affected?

Answer:

frail - chest - weakness from
inherent coughing & general weakness

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer:

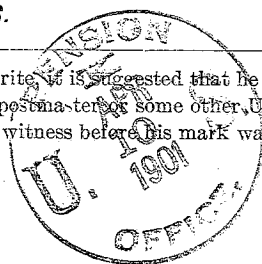
I saw him once a week and after he
for a year or more Consumption
bore light mark and after that
I gave up as true as I can remember

Very respectfully,

The COMMISSIONER OF PENSIONS.

Maria B. Brown

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.



Department of the Interior
Bureau of Indians
Washington D.C.
The reason of my not replying
before was I was away from
home Christ was just
returned from papers
and haste to forward them
please do not worry me
further in this way
the truth and all I know
about Mr. Pearson who
is a worthy man and
deserving all that is due him
and make for the love of the cause
do not keep the poor ^{it} unfortunate
one this sick and ^{it} larger
for he needs it more than I do.

3-056.

O. M. & N. Div.

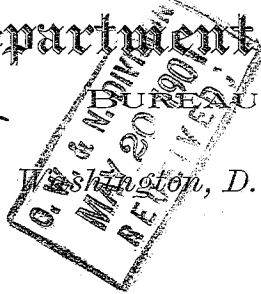
E. M., Ex'r.

Cert. No. 583184.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec. 11, 1900.



*Joseph H. Newcomb
B 18 Mass N. Inf-
& US Navy*

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mrs Maria B. Brown.

Medford

Mass.

A. C. Brown

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: *In August 22 1865*

Of what disability did he then complain, and how was he affected?

Answer: *Complained of pain in lungs. Difficulty in breathing no appetite. Unable to sleep well. In fact almost every thing that goes to make up the conditions of a sick man*

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: *Continued to suffer. Saw him once a week for the next year. Often when unable to work. Thought he was in Consumption from appearances and racking cough. Only able to do light work and that only occasionally. not sufficient to pay his way.*

Very respectfully,

Maria B. Brown
Mark

The COMMISSIONER OF PENSIONS.

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

at Medford Mass Dec 24. 1900

This is to certify that Maria B. Brown dictated the above affidavit and made her mark in my presence John E. Sawyer Justice of the Peace

Affidavit.

State of Mass, County of Essex ss:

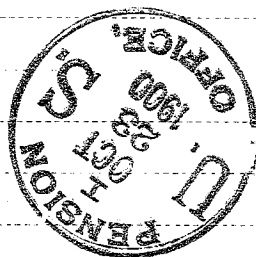
In the Pension Claim of Joseph H. Newcomb
late of Co B 19 Mass Inf
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

Personally came before me, a Justice of the Peace, in and for the
County and State aforesaid, Frederick E. Jay
whose Residence and Post Office address is Methuen Mass

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

Affiant should here state all the known facts pertaining to the case, and how a knowledge of them has been obtained.

17 When I was a young man I remember Joseph Newcomb came
to my Mother and made it his home when unable to work,
after he got his discharge in 1865 and remained with us until
1873. During the time he lived with us I remember he had a
very bad cough also remember he was a steady upright man



He further declares that he has no interest, either direct or indirect, in the prosecution of said claim.

John T. Doran

Frederick E. Jay
Affiant sign here.

If affiant signs by mark, two persons who can write must sign here.

1873

Sworn to and subscribed before me, this 14 day of Sept, A. D. 1900

I certify that said affiant is a reliable person, that the contents of the foregoing affidavit were fully made known to him before swearing thereto, including the words

erased, and the words

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

[L. S.]

John E. Sawyer
Official Signature.

Justice of the Peace
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Navy
Application No. 583184
Certificate No. 583184

PENSION CLAIM OF

J. H. Newcomb

Co. B, 19th Reg't.
Mass Vols.

AFFIDAVIT OF

RECEIVED.
OCT 23 1900
RELAT. DIV.

-FILED BY-

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

RECEIVED
OCT 23 1900
U. S. PENSION BUREAU

Certificate on file at Pension Office Washington D.C.

3-056.

E. J. H. Ex'r.

Div.

Cert. No. 583 184

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec. 11, 1900.

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Frederick E. Jay.
Brethren

[Signature]

Commissioner.

Mass.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: In August 22, 1865 - my mother's birth-day

Of what disability did he then complain, and how was he affected?

Answer: As near as I can remember he coughed a great deal

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Saw him every time he came to our home which was every Sabbath and oftener. He always coughed. Did light chores about the barn

Very respectfully,

The COMMISSIONER OF PENSIONS.

Frederick E. Jay

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

Affidavit.

Province of Ontario, Canada, County of Wentworth ss:

In the Pension Claim of Joseph N. Newcomb
late of Co B 19 Mass Inf
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.
Personally came before me, a Police Magistrate, in and for the
County and State aforesaid Emma Rennie
whose Residence and Post Office address is 51 Market St Hamilton
well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to
aforesaid case as follows:

Affiant should here state all the known facts pertaining to the case, and how a knowledge of them has been obtained.

Emma Gillis born 1846 London Town Ship Canada

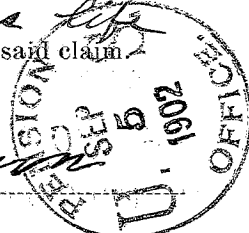
I first became acquainted with Mr Newcomb in 1873
at my home at Muncy Lycoming Co. Pa. he married my
my Sister Elizabeth Gillis and resided at Wmport Pa.
I used to visit them very often - Mr Newcomb was troubled
with a bad Cough and used to raise blood which troubled
my Sister very much. In 1877 I moved to Kendall Creek
and kept a boarding house in partnership with them
Mrs Newcomb sold her interest to me in 1881 and left
he remained and made my place his home - and when
sick or out of work he would come home to rest and be
nursed - in 1884 he was laid up 3 weeks and the Dr said
he could not live his lungs were so weak - I moved
from Kendall Creek in 1890 to Bradford and am now
in Hamilton Ont Canada. And between those
dates of 1873 & 1890 I have seen him at intervals to exceed
3 months I have gone to the woods and dug roots and made
a Cough remedy - and he says that I saved his life

He further declares that he has no interest, either direct or indirect, in the prosecution of said claim.

Emma Rennie

Affiant sign here.

If affiant signs by mark, two persons who can write must sign here.

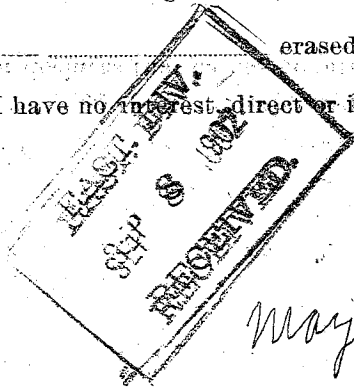


Sworn to and subscribed before me, this 18 day of August, A. D. 1902

I certify that said affiant is a reliable person, that the contents of the foregoing affidavit were fully made known to him before swearing thereto, including the words

erased, and the words added, and that I have no interest, direct or indirect, in the prosecution of said claim,

[L. S.]



Geo. W. Morris
 Official Signature.
 Police Magistrate, City of Hamilton
 Official Character.
 May 18, 1893 for life.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. <u>583184</u>	PENSION CLAIM OF <i>Joseph A. Murrend</i>	Co. <u>19</u>	Reg't.	Vols.	RELATIVE TO	- FILED BY - J. W. MORRIS, LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU, ATTORNEY AT LAW, WASHINGTON, D. C.
Certificate No.		<u>Murphy</u>				
		AFFIDAVIT OF				

AK

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

Province of Ontario
State of _____, County of Wentworth ss:

In the PENSION Claim of Joseph H. Newcomb

Co B 19 Mass Inf

ON THIS 8th day of August, A. D. 1902, before me a,

Notary Public, in and for the aforesaid County, duly authorized to

administer oaths, personally appeared Elizabeth Wheeland

aged 54 years, a resident of the city of Hamilton, in the County of

Wentworth, and State of Ontario, whose Post Office address is

274 John St Hamilton Coy of Wentworth Province of Ontario

aged _____ years, a resident of _____, in the County of _____

and State of _____, whose Post Office address is _____

well known to me to be respectable

and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

That I have been well and personally acquainted with Joseph H. Newcomb.

the said soldier, for 29 years, and _____ years, respectively, and I know from my own

personal knowledge that after said soldier's discharge from the U. S. service, I first met him in the

year 1873, and at that time I noticed that he was affected as follows,

I was married to J. H. Newcomb in 1873 his business was Lath Sawing, after marriage I discovered he had Consumption and he coughed at night which was very irritating to me he could not work enough to support us and the Dr. advised him to get lighter employment on account of his weak lungs In 1877 he went to the Bradford Oil Fields and if he was benefited I would move there I moved in 1878 shortly after to Kendal Creek Me Kean Co Pa, And My Sister Mrs Rann and I kept a Boarding house Mr Newcomb was sick for most time with Consumption with Lung Trouble and being afraid of contracting the disease from him, I left him and in 1883 he was divorced from Me He was not able to work one fourth of the time when he had steady employment

We further declare that we have no interest in said claim, and are not concerned in its prosecution.

E. L. Wheeland
Chas. K. Kinnear

If either sign by mark, two persons who can write sign here

Elizabeth H. Wheeland
mark

Signature of affiants.

Instructions.
Read carefully.

The witness must state: How long they have known the soldier and if they have employed or worked with or for him since his return from the army, they should state where and at what business; or if they have known him as neighbors only, they should state about what distance from him they have lived, how frequently, on an average, one week, month, or year they have seen and converse with him, and how intimate they have been with him from what disease or disability he has suffered during all that time, and how severely; whether at any time during said period he has been obliged to stop work; whether confined to his bed or house, or wholly unable to do manual labor by reason thereof, giving dates as nearly as possible when such attacks occurred, how long they lasted, and how severe they were, and stating the symptoms of his disease or disability as actually observed by them. They should state about what proportion of a sound able-bodied man's work he has been able to do, and should compare the degree of disability to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, according to their best judgment; what his actual earnings were, and whether or not the wages paid him were less than were paid to others physically sound.

Sworn to and subscribed before me the day and year first above written, and I certify that said affiants are ^{is a} credible persons, and that I read the foregoing affidavit to ^{her} ~~them~~ before swearing thereto, including the words "with - erased and "for" inserted ~~erased,~~ and the words ~~added,~~

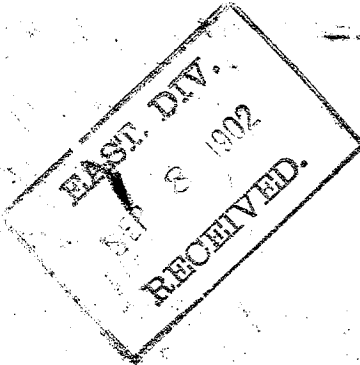
and that I have no interest, either direct or indirect, in the prosecution of said claim. ~~and that the said affiant made her mark thereto in my presence and seemed properly to understand the same~~

"July 30, '74
Life."

Official Signature.

Chas Lemoine
Notary Public
Term unlimited

Official Character.



Application No.

Certificate No.

583,184

PENSION CLAIM OF

Joseph W. Newcomb

Co.

B

Reg't.

19

Vols.

Mmes

AFFIDAVIT OF

Continuance and Degree of Disability.

-FILED BY-

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW

WASHINGTON, D. C.

Affidavit.

RECEIVED
MAR 25 1902
AID LST
McKean

State of Pennsylvania, County of McKean,

25:

In the Pension Claim of

late of

Company and Regiment of Service, in the Army; or Vessel and Rank, if in the Navy.

Personally came before me, a

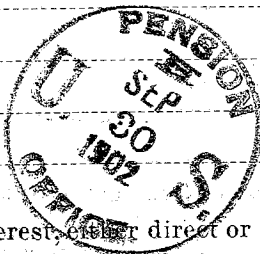
County and State aforesaid

whose Residence and Post Office address is

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

Affiant should here state all the known facts pertaining to the case, and how a knowledge of them has been obtained.

I first knew Joseph H. Newcomb at Kendall Creek Pa. (now East Bradford) early in 1877, I kept a Drug-Store there. He bought medicine from me for Lung-trouble, he had a bad cough, looked like a walking Skeleton, every evidence of consumption. I had lung trouble and every thing I tried I induced him to try likewise. I furnished him medicine at my own expence and delivered it to him personally, and for the past four or five years he has not been able to do any kind of labor and gave up business on ac't of sickness. I am surprised that he is living to day.



He further declares that he has no interest, either direct or indirect, in the prosecution of said claim.

A. H. Wilson

Affiant sign here.

If affiant signs by mark, two persons who can write must sign here.

77-1902

Sworn to and subscribed before me, this 12th day of September, A. D. 1902

I certify that said affiant is a reliable person, that the contents of the foregoing affidavit were fully made known to him before swearing thereto, including the words _____

_____ erased, and the words _____

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

MY COMMISSION EXPIRES JANUARY 2ND, 1905.

[L. S.]

W. E. Burdick
Official Signature.
Notary Public
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. 83.184
Certificate No. 83.184
PENSION CLAIM OF
Geo. A. Newcomb

Co. R, Reg't. 19
Mass Inf Vols.

AFFIDAVIT OF

RELATIVE TO

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

Affidavit.

State of Pennsylvania, County of McKean

In the Pension Claim of

late of

Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

Personally came before me, a

County and State aforesaid

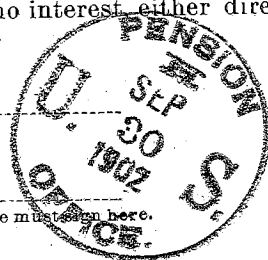
whose residence and Post Office address is

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

Affiant should here state all the known facts pertaining to the case, and how a knowledge of them has been obtained.

I have known Joseph H. Newcomb for twenty five years and with exception of past years have been his neighbor and have seen him every few days when I first met him he was troubled with his lungs and frequently and eventually his health continued to fail and about four years ago he had to give up business entirely and was confined to his room where I visited him frequently.

He further declares that he has no interest, either direct or indirect, in the prosecution of said claim.



George B Abbey

Affiant sign here.

If affiant signs by mark, two persons who can write must sign here.

78 17/98.

Sworn to and subscribed before me, this 16th day of September A. D. 1902

I certify that said affiant is a reliable person, that the contents of the foregoing affidavit were fully made known to him before swearing thereto, including the words George B Abbey

erased, and the words

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

[L. S.]

Melvin Doherty
Signature.
Melvin Doherty
Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. 53 / 184
Certificate No. 53 / 184
RECEIVED
SEPT 30 1902

PENSION CLAIM OF

Joseph A. Newcomb

Co. D Reg't. 19
Mass Inf Vols.
AFFIDAVIT OF

RELATIVE TO

-FILED BY-
J. W. MORRIS,
LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.
ATTORNEY AT LAW,
WASHINGTON, D. C.

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.

Name and rank of claimant.

Claimant's post office address.

[State above whether for original, increase, or restoration.]

Pension Claim No.

, Rank,

[Post-office address of the Board.]

[Date of examination.]

Original -
Joseph H. Newcomb, Rank, *Pvt.*
 Company *B*, *19* Reg't *Mass Inf.* *Bradford M. Keane Co Pa* State,
Pendall Creek. M. Keane Co 1890.

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: *disease of the lungs.*

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

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

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

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

[Original, increase, restoration, &c.]

Original
First had disease of lungs in front of Petersburg. Sprung
'65. began with cold & cough & pain. was treated by Reg. Dr.
went to Division Hos. at to Hos. in Washington D. C. and one
in Philadelphia. then returned to regt. & remained till close
of war in July. Has since had cough most of time. first hem-
orrhage in 1870 - last in 1885. now raises bloody spits. is very
weak
Occ = Laborer = Does light work 1/2 time.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, *96*; respiration, *18*; temperature, *98 1/2*; height, *5* feet *9 1/2* inches; weight, *130* pounds; age, *46* years. *Hands do not indicate manual labor. Muscular system poorly developed, skin dry and callous, nutrition bad.*
Exo chest shows supra and infra clavicular notches well marked. and inter scapular notch prominent. percussion reveals flatness over apex of right lung. otherwise normal. auscultation discovers loud bronchial breathing over upper portion of right lung with mucous rales. there is indistinct respiratory murmur over lower portion of right lung. Expansion of right lung is very imperfect.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *8/18* rating for the disability caused by *disease of lungs* for that caused by *8/18 of 3rd grade*, and _____ for that caused by _____

G. E. Bunniff, Pres. *A. M. Wright*, Sec'y. *C. S. Kurnand*, Treas.

SURGEON'S CERTIFICATE

IN CASE OF

IN CASE OF
Joseph H. Vercomb
Co. B, 19th Reg't Mass. Inf.

Applicant for Original.

No. 755-673-

DATE OF EXAMINATION:

May 7th _____, 1890.

1890.

J. C. Cunningham, Pres.,
A. M. Macgregor, Sec'y,
C. W. Hubbard, Treas.,

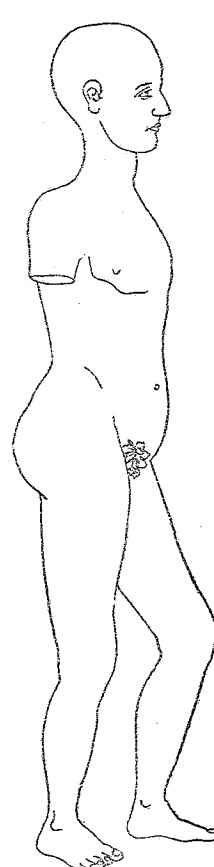
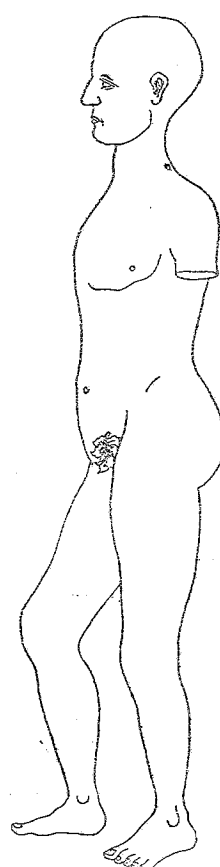
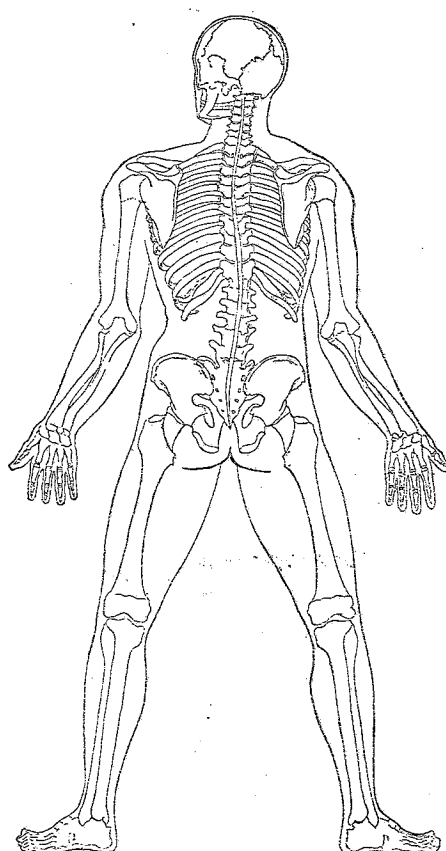
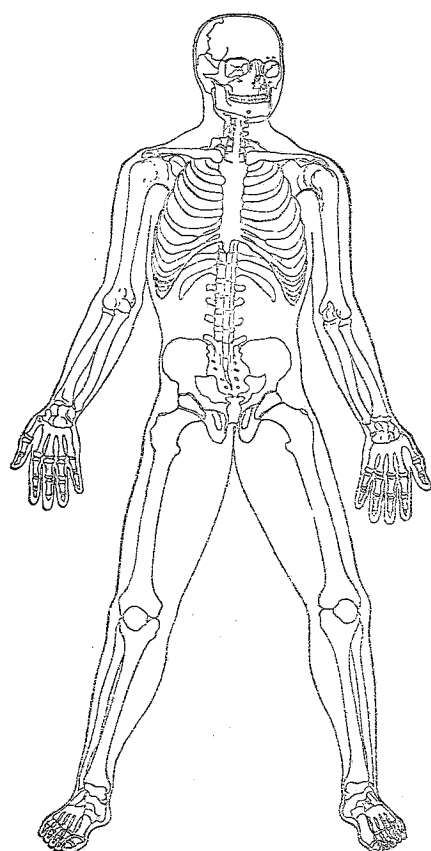
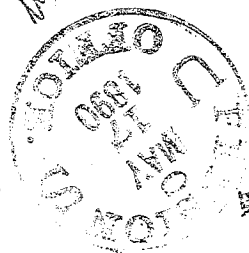
BOARD.

Post office, Bradford

County, McLean.

State, Penn.

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



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.*]

(3-III.)

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.

Incurred

Pension Claim No. *583184*

Name and rank of claimant.

Joseph H. Newcomb

Rank, *Plt*

Company *D, 19 Reg't*

Mass Inf.

Sulamanga N.Y.

State,

Claimant's post-office address.

Kudall Creek Pa

[Post-office address of the Board.]

June 21st

189*0*

[Date of examination.]

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

Cause of disability.

in the service, viz: *Disease of Lungs*

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

and that he receives a pension of *Eight* dollars per month.

He makes the following statement upon which he bases his claim for *Inc.*

[Original, increase, restoration, &c.]

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

Has pain in the chest, is very weak and debilitated. Has a cough, and expectorates freely in the morning.

Upon examination we find the following objective conditions: Pulse rate, *86*; respiration, *18*; temperature, *normal*; height, *5* feet *10 1/2* inches; weight, *130* pounds; age, *50* years.

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

Circumference of chest at rest - 31
" " " expiration 30
" " " inspiration 32 1/2

The respiratory murmur is clear and distinct over all parts of both lungs and there is no abnormal dullness at any point. There are few rales.
Neither pulse nor respiration are quickened on exercise.
The heart is normal in size position and function.
No tracing.

No other disability found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a _____ rating for the disability caused by _____, _____ for that caused by _____, and _____ for that caused by _____

A. D. Lane

Pres.

W. B. Johnson

Sec'y.

J. B. Baker

Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

tion here.



SURGEON'S CERTIFICATE

IN CASE OF

Joseph H. Newcomb
Co. B, 19 Reg't Mass. Inf.

Applicant for Pensions

No. 583,184

DATE OF EXAMINATION:

1883.

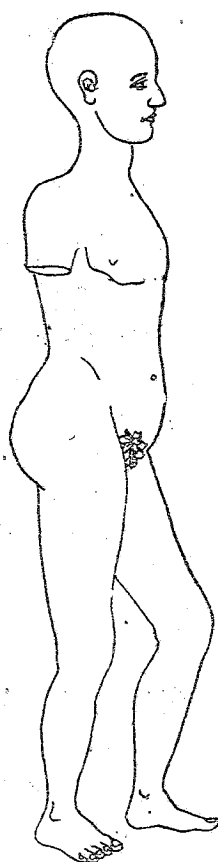
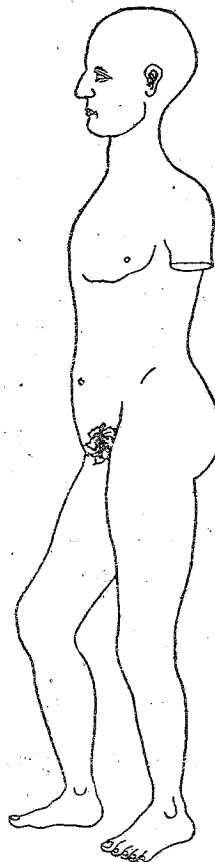
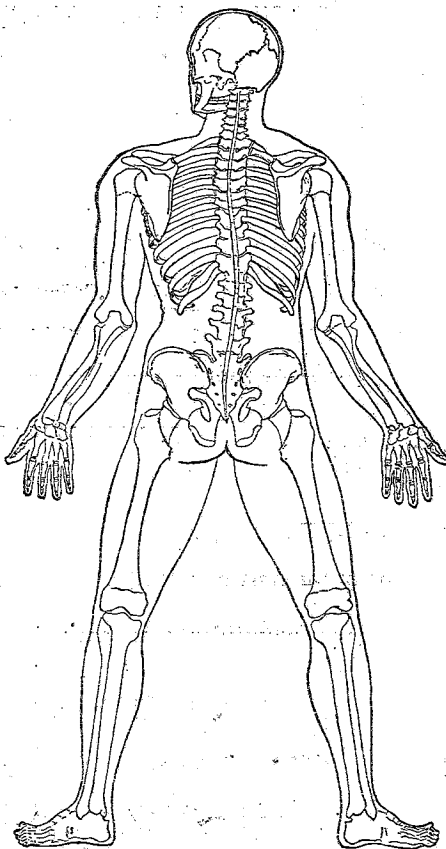
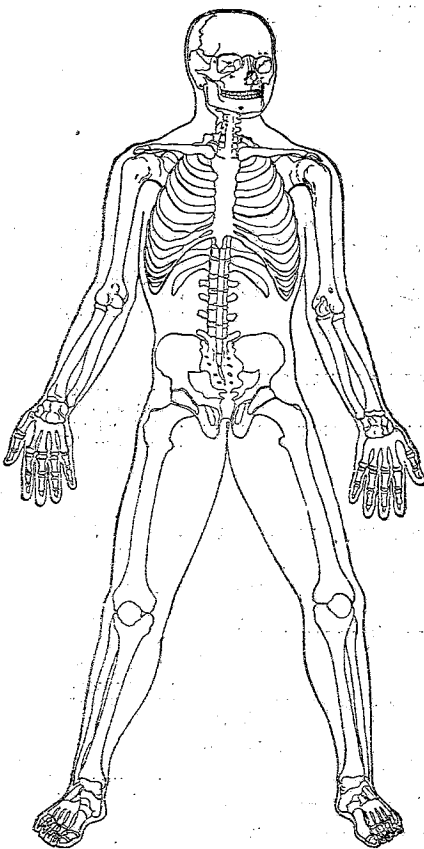
January 21

A. J. McKeon, Pres.,
W. B. Buchanan, Sec'y, BOARD.
J. P. Cogswell, Treas.,

Post office, *Salamanca*
County, *Cattaraugus*
State, *New York*.

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

White



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.]

(3-11)

Department of the Interior,

BUREAU OF PENSIONS

J. B. May 8, 1894

Nature of Claim: Act of June 27, 1890.

No. 583184

Soldier: Joseph H. Newcomb

Service: B. 19. Mass Inf

It is desired in this case that the examination be made with special reference to—

disorder lungs

Attention is invited to the outlines of this certificate, and they should be used whenever of a disease or injury, the entrance and exit of a

The absence of a member from a session of a the name of the absentee, must be indorsed upon

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

[State above whether for original, increase, or restoration.]

Inc. Joseph H. Newcomb

Company B 19th Regt Mass Inf

Kendall Co. Penna.

We hereby certify that in compliance with t examined this applicant, who states that he is su

Cause of disability.

in the service, viz: *disease*

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

and that he receives a pension of *eigh*

He makes the following statement upon which

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

Asks for increase beca has more pain & cough cough is worse night & m in night has severe cough

Upon examination we find the following ob respiration, *24*; temperature, *98 1/2* height pounds; age, *50* years. *Hands s lar system poorly deve dry. superficial veins supra claviclar reg chest very flat - fl eyes sunken.*

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

The actual and probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Exp finds chest flat right lung. dulness over middle lobe of right lung. Percussion shows left apex slightly dull. all other portions normal. Auscultation reveals tubular breathing over apex right lung, bronchial rales over middle & lower lobe right lung, similar rales over apex of right other portions normal. Expansion very limited - No other disability found - Claimant is unable to earn his support by manual labor on account of condition of lungs above stated.

TH.

THOS. FEATHERSTONHAUGH, Medical Referee.

Civil and foreign surgeons are required to make oath on the back of Certificate. 14352 b-50 m 0-4 [OVER.]

P. B. Stuart, Pres. *A. M. Knight*, Sec'y. *Abner*, Treas.

(3-11)

These special instructions
are to be read
in connection with
this certificate.

Attention is invited to the outlines of the nature of the disability, 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.

[State above whether for original, increase, or restoration.]

Pension Claim No.

Name and rank of claimant.

Rank,

Company B 19th Reg't Mass Inf.

Bradford McKean Co. Pa. State,

Claimant's post office address.

Windace Cr. Penna.

[Post office address of the Board.]

[Date of examination.]

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

Cause of disability.

in the service, viz:

disease of lungs

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

and that he receives a pension of

eight

dollars per month.

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

[Original, increase, restoration, &c.]

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

Inc -
Asks for increase because lungs are worse, has more pain & cough & shortness of breath. Cough is worse night & morning. In turning over in night has severe coughing spells.

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

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 24; temperature, 98 1/2; height, 5 feet 8 inches; weight, 130 pounds; age, 50 years. Hands show no toil. Muscular system poorly developed. Skin sallow & dry. Superficial veins marked - Infra & supra claviclar region much depressed. Chest very flat - face pinched, nose thin, eyes sunken.

The actual and probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Exp. finds chest flat and flatness over right lung. Dulness over middle lobe of right lung. Percussion shows left apex slightly dull. All other portions normal. Auscultation reveals tubular breathing over apex right lung, bronchial rales over middle & lower lobe right lung, similar rales over apex of right. Other portions normal. Expansion very limited - No other disability found - Claimant is unable to earn his support by manual labor on account of condition of lungs above stated.

Geo B Stewart, Pres. A M Strong, Sec'y. Absent, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.



SURGEON'S CERTIFICATE

IN CASE OF
Joseph A. Kentcomb
Co. B, 19th Reg't Mass. Inf.

Applicant for *Inc*

No. *583/84*

DATE OF EXAMINATION:
June 6th, 189*4*

Geo B. Sherrill,
A. M. D. Wright,
Abner T. } BOARD.
Pres., Sec'y, Treas.,

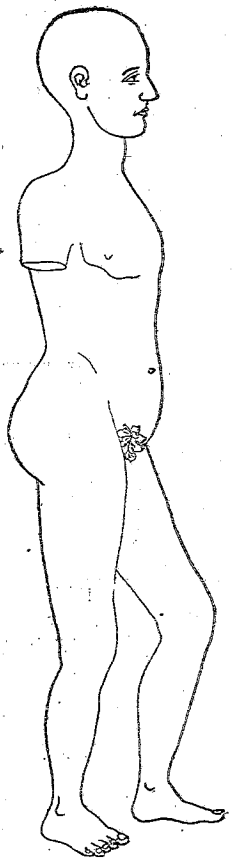
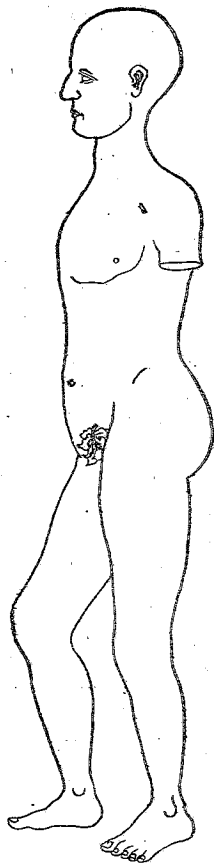
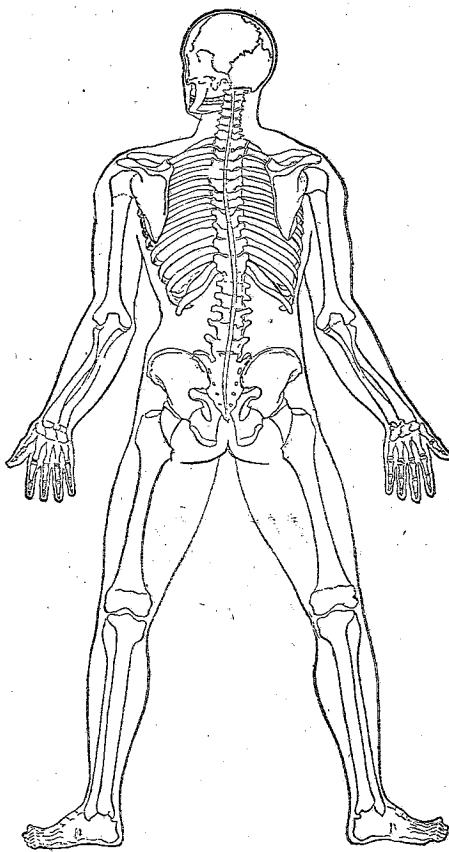
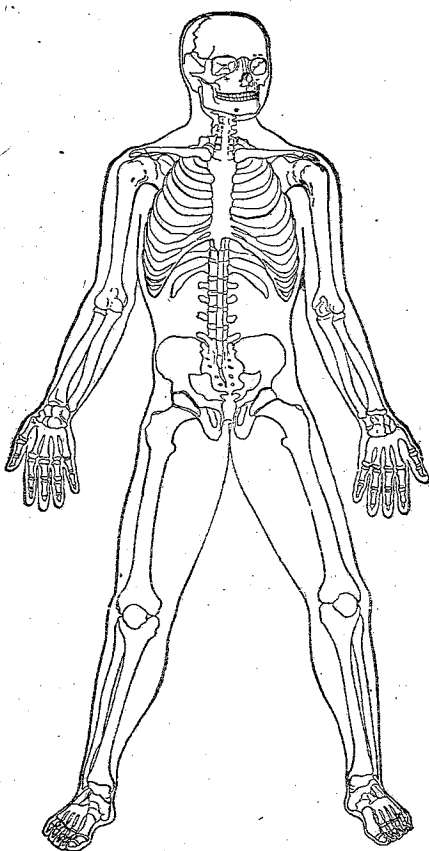
Post office, *Bradford*

County, *W. & Y.*

State, *Tenn.*

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

Albion



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. [Excerpt from Section 4, Act of Congress approved July 25, 1882.]

Department of the Interior,

BUREAU OF PENSIONS,

Oct 25, 1894

and figure upon the back of
cate precisely the location
n, &c.
on therefor, if known, and

Attent
this certificate,
of a disease or i
The absence
the name of the

Nature of Claim Increase
No. 583.184

Soldier: J H Newcomb
Service: B. 19 Mass Vols

583184
Private
ny State,
of the Board.]
9, 1890.
mination.]

Insert character
and number of
claim.

Name and rank
of claimant.

Claimant's post-
office address.

Company B
Kenda

We hereby
examined this

Cause of disa-
bility.

in the service, v

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

and that he rec

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

He makes t
My le
ay
in the

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

Upon exam
respiration, 1
pounds; age, —
decade
color
cutation
labor
chus.

It is desired in this case that the exami-
nation be made with special reference to—

Dis ease of the lungs.

This is a test examination
to determine the extent that
disease has affected the
lungs. One Board found nothing
whatevser abnormal as to the
lungs. Another Board found
the lungs seriously diseased
which is correct? Please

make a careful examination
giving measurement of chest
at rest and when forced respira-
tion is made, and the sounds
as revealed to you by auscul-
tation, percussion, together
with statement as to general
physical condition.

THOS. FEATHERSTONHAUGH,
Medical Referee.

Civil and foreign surgeons are required to make oath on
the back of Certificate. 0-4 [OVER.]
13945 b-30 m

the law we have carefully
owing disability, incurred

dollars per month.

for Increase
[Original, increase, restoration, &c.]

and there
I have pain
most in the
5 mornings

a year
I think I
not since
Pulse rate, 96

inches; weight, 130
rance in-
eration Mus-

in of good
bellows cir-
it indicati

29 5 31 1/2 in-
cular spaces

The clavicles

The actual and
probable origin
of every exist-
ing disability
must be fully
set forth.
Whenever a disa-
bility is shown,
or is believed
to be due to or
aggravated by
vicious habits
the opinion of
the board must
be stated.
When not due
to such habits
this fact must
be stated.

are somewhat prominent and the clavicles
are therefore prominent. There is no flattening
on percussion & hence no consolidation
Percussion signs normal. Palpation signs are
also normal. The vesicular murmur can
be heard plainly and normally over the
whole of both lungs Inspiration & expir-
ation of proper length and quite normal
The bronchial breathing is a little ex-
aggerated but no sibilant or sonorous
rales are heard He has a cough
and expectorates some. He gives a
history of slightly increased weight in the
last two years or so—at any rate there is
not a gradual loss of weight Breathing
normal while at rest He has no fever
and says he has no night sweats. Cheeks
are uniformly colored—not flushed as
is usual in lung diseases. Point &

S B M Dur, Pres. A E Smith, Sec'y. W E Muffie, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

These special reports you will find on our certificate.

6-236

Attention is invited to the bones 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.

Increase

Pension Claim No. 583184

Name and rank of claimant.

Joseph H Newcomb

Rank, Private

Claimant's post-office address.

Company B 19 Reg't

Mass Inf Ocean Ry

State,

Rendall Grnls Pa

[Post-office address of the Board.]

Jan 9

1890.

[Date of examination.]

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

Cause of disability.

in the service, viz: Disease of lungs

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

and that he receives a pension of 8 dollars per month.

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

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

My lungs are very bad and there by I am disabled. I have pain in the chest & I cough most in the evening when I lay down & morning. I have not lost flesh in a year but have gained a little & things. I had a hemorrhage in 1880 not since

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

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 18; temperature, 98.6; height, 5 feet 10 inches; weight, 130 pounds; age, 51 years. General appearance indicates considerable emaciation. Muscles are somewhat soft and flabby. Skin of good color & well nourished. Capillary circulation good. Palms do not indicate labor (manual). The chest is 29 1/2 by 31 1/2 inches. The supra & infra clavicular spaces are somewhat sunken and the clavicles are therefore prominent. There is no flattening on percussion & hence no consolidation. Percussion signs normal. Palpation signs are also normal. The vesicular murmur can be heard plainly and normally over the whole of both lungs. Inspiration & expiration of proper length and quite normal. The bronchial breathing is a little exaggerated but no rales or sonorous rales are heard. He has a cough and expectorates some. He gives a history of slightly increased weight in the last two years or so - at any rate there is not a gradual loss of weight. Breathing normal while at rest. He has no fever and says he has no night sweats. Cheeks are uniformly colored - not flushed as is usual in lung diseases. Point &

The actual and probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

S. B. M. Dur, Pres. A. E. Smith, Sec'y. W. M. Duffie, Treas.

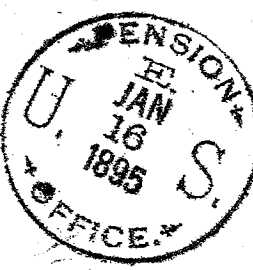
Continue record of examination here.

a of apex impulse is quite normal
no hypertrophy or dilatation no murmurs
& heart-regular - Pulse after exercise
is 140 & regular - General debility is quite
marked. Throat irritable but otherwise
normal - He has some laryngitis & phar-
ngitis with slight bronchial expector.

Continue record of examination here.

There is no evidence of vicious habits
or specific disease. Occupation is
in doors - attending a billiard room

no other disability is found to exist



U.S. DEPARTMENT OF THE ARMY
MEDICAL SURGEON'S CERTIFICATE
IN CASE OF

Joseph H. Newcomb
Co. B, 19 Reg't Mass Inf

Applicant for Increase

No. 583 184

DATE OF EXAMINATION:

Jan 9, 1895

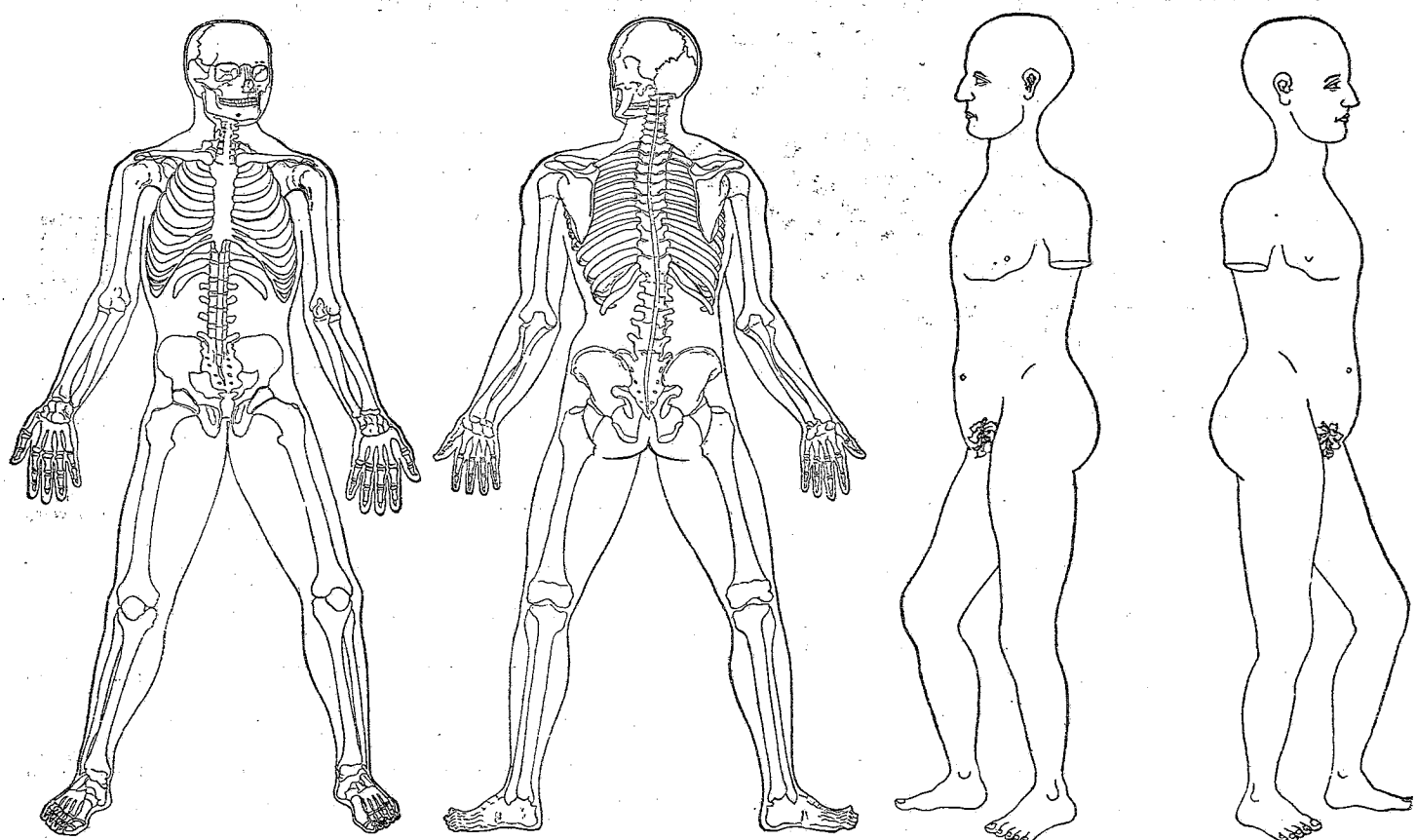
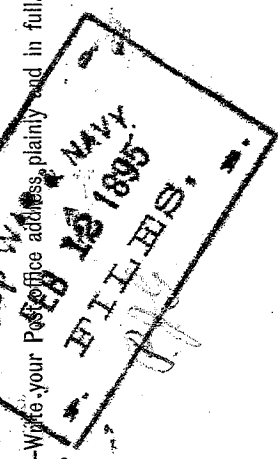
W. B. M. O'Brien, Pres.,
H. C. Smith, Sec'y,
W. E. McCreary, Treas.,
BOARD.

Post office, Clear

County, Cataraugus

State, N.Y.

P. S. - Write your Post Office address, plainly and in full.

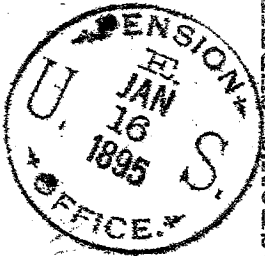


Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

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. [Excerpt from Section 4, Act of Congress approved July 25, 1882.]

ord of examina-
tion here.

ca of a prex impulse is quite normal
no hypertrophy or dilatation no murmurs
& heart regular - Pulse after exercise
is 140 & regular - General debility is quite
marked. Heart irritable but otherwise
normal - He has some laryngitis & phar-
ngitis with slight bronchial expectora-
tion - He has a "tubercular diathesis" but
has neither tubercles or Phthisis
The excitable pulse or heart may come from
the marked anemia present - He is not
able to do manual labor to any great
extent - because of the general debility
& no other disability is found to exist



NOT SURGEON'S CERTIFICATE

IN CASE OF

Joseph H Newcomb
Co. B, 19 Reg't Mass Inf

Applicant for Increase

No. 583 184

DATE OF EXAMINATION:

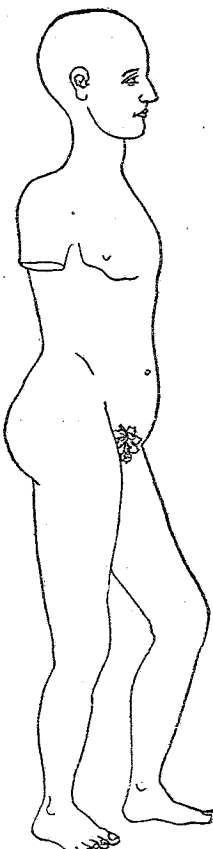
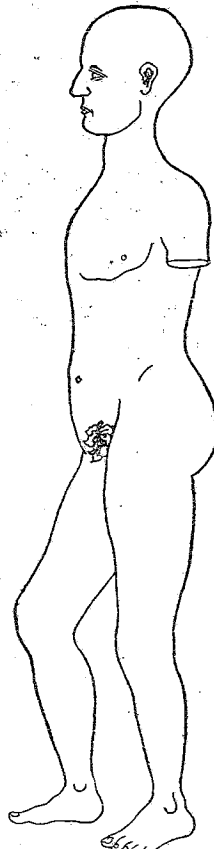
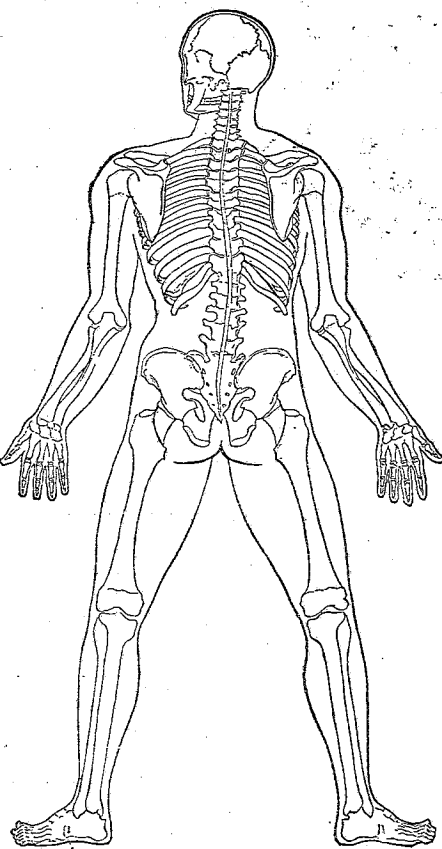
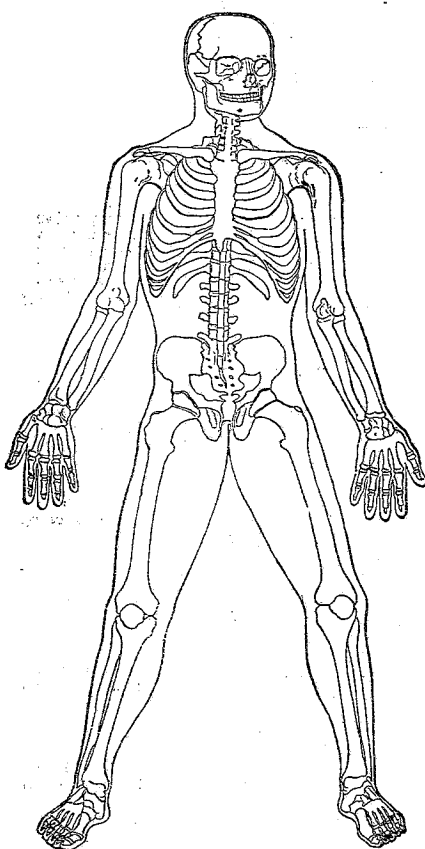
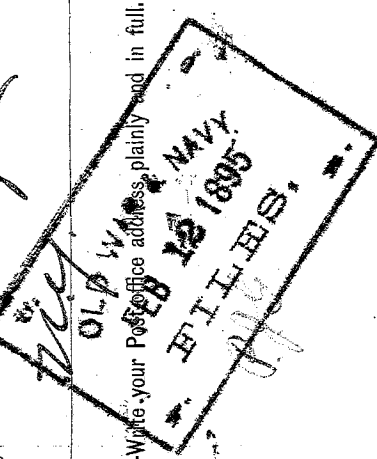
Jan 9, 1895

W. M. Thompson, Pres.,
H. E. Smith, Sec'y,
W. E. McNeill, Treas.,
BOARD.

Post office, Clear

County, Cataraugus

State,



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. [Ex- tract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

State.

[Date of examination.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

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

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Increase
Joseph H. Newcomb
Pvt Company B 19 Reg't Maine
Bradford McLean Co, Pa
Disease of lungs

He receives a pension of Eight dollars per month.

He makes the following statement upon which he bases his claim for Increase
Cough & raised more has had no hemorrhage since 1882.

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

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 96 104 120, respiration, 24 24 30, temperature, 99-
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 10 3/4 inches; actual weight, 118 pounds; age, 57 years.

Chest Exp. 30 1/2 Ins. 32 1/4 Rest 32, Dec. Has none can do no manual labor hands show no labor muscle, dyst. poorly developed body very much emaciated.
Ex. Lungs The upper fine ribs are fixed & not moving on either side on deep inspiration, The first three ribs depressed with very marked supra & infra clavicuilar depression giving chest a caved in appearance, His pale cachectic countenance thin face big hollow about eyes the pupils of which are very bright & general emaciation are characteristic.
Pecan is flat over upper 3 spaces both sides & rather hyperresonant below. Russin increased bronchial respiration both sides with marked prolonged expiration. There are coarse fine crepitus at apex following a continuing after inspiration has ended, musical ronchus & sibilant rales here & there in both lungs but with evident bronchophony over right. Heart apex 1 in below & inside nipple no edema cyanosis dyspnoea & murmur action rapid.
Ex. Throat shows dry catarrh & atrophy of tonsils mucous membrane pale voice husky Eustachian tubes not affected.
Both auditory canals dry & scaly left drum perforated right normal hearing ordinary at both either ear.
No other disabilities & no vicious habits.
Rating - Disease lungs 6/8

W B Cunningham Pres. C S Hubbard Sec'y. D E Ash, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

As examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. H. Cunningham, Dr. A. E. Ash, and Dr. C. Hubbard were personally present and actually participated in the examination of Joseph H. Newcomb, the claimant in this case, on 2 day of January, 1901."

(Signature.)

C. Hubbard

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1901."

(Signature.)

SURGEON'S CERTIFICATE
IN CASE OF
Joseph H. Newcomb
C. B. 19 Reg't Miss. In.

APPLICANT FOR Increase

No. 583181

DATE OF EXAMINATION:

January 2, 1901

J. H. Cunningham, Pres.,

C. Hubbard, Sec'y,

A. E. Ash, Treas.,

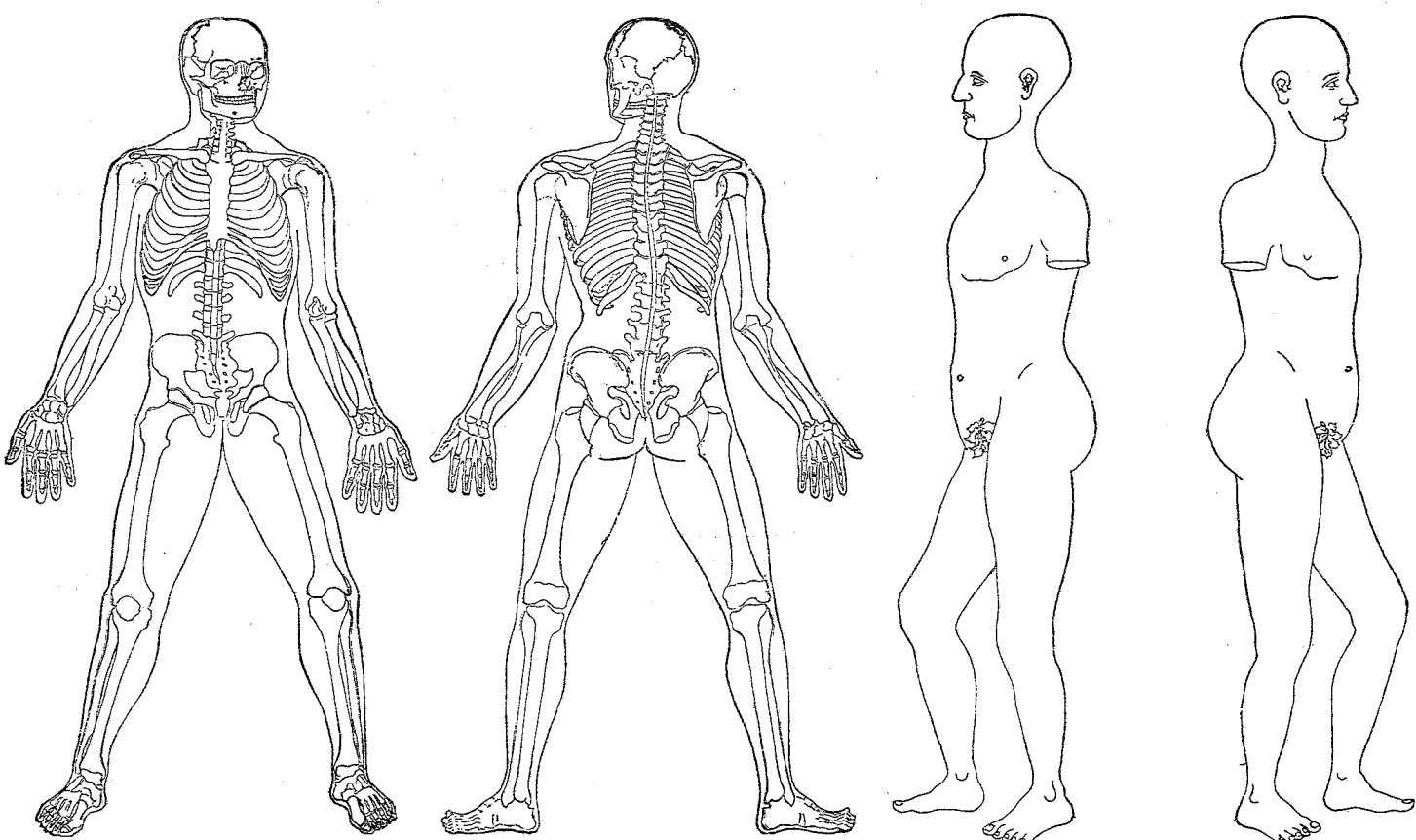
Post office, Brady

County, McKen

State, Pa

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

90



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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Increased Pension Claim No. 583184
Joseph H. Newcomb
Company B 19 Reg't Mass. Inf.
Bradford, Pa.
Address of Board. Salamanca, New York, P. O.
August 14, 1901
[Date of examination.]
Dis. lungs, increased under act of June for dis. lungs, also deafness left ear, result of cataract
He receives a pension of Eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Disease lungs, also disease ear causing deafness.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Nova Scotia; age, 57 years; height, 5'10"; weight, 118 pounds; complexion, dark; color of eyes, Hazel; color of hair, Grey; occupation, none; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 80 80 100; respiration, 24 24 24; temperature, 98.2;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
Lungs at rest, 30, deflated 29 1/2, expanded 31 1/2
Claimant is in very bad condition, extreme emaciation & weakness, rapid weak pulse, great cough, rales & cavernous breathing, free expectoration there is incipient tuberculosis.
Rating 7/8
Slight deafness left ear, with it he can not hear ordinary conversation at 6 ft. but can hear loud conversation at 6 ft.
Right ear normal,
no rating

This claimant is so disabled from disease of lungs as to be incapacitated for performing any manual labor, & is entitled to 30 a month.

no evidence of vicious habits
no other disability found to exist.
Urine acid. Sp. g. 1.024, no sugar, no albumin

E. M. Hoffman Pres. P. H. Bourne, Sec'y. J. H. Smith, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

mination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Smith, Dr. Shaffer, and Dr. Bourne, were personally present and actually participated in the examination of Joseph H. Newcomb, the claimant in this case, on 14 day of August, 1901."

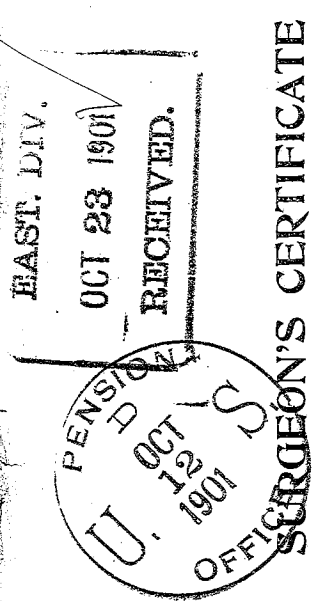
(Signature.)

R. Bourne

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1901."

(Signature.)



IN CASE OF

Joseph H. Newcomb
Mass. Inf.
Co. D, 15th Reg't N.Y. Inf.

APPLICANT FOR Inc

583184
No. 689279

DATE OF EXAMINATION:

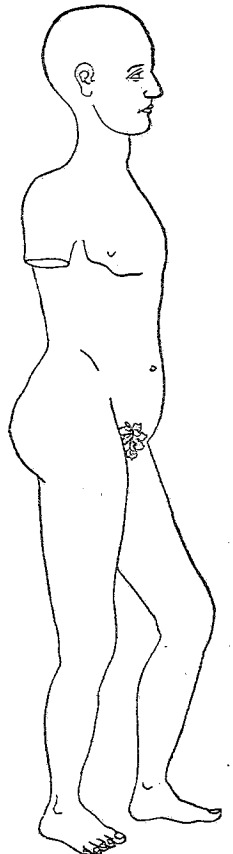
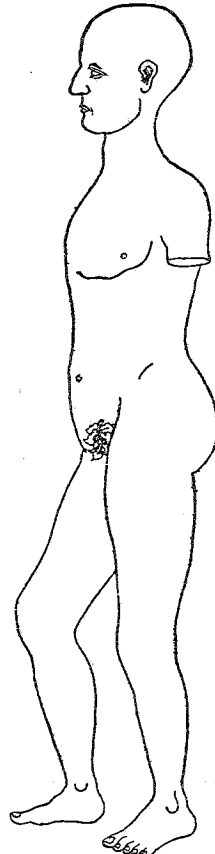
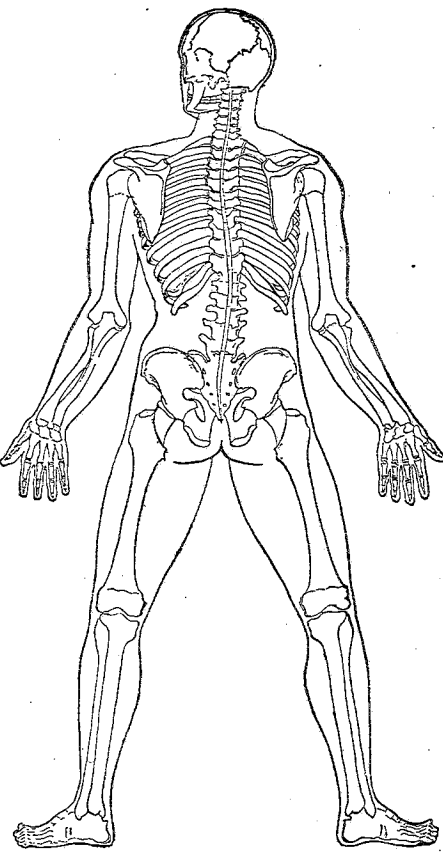
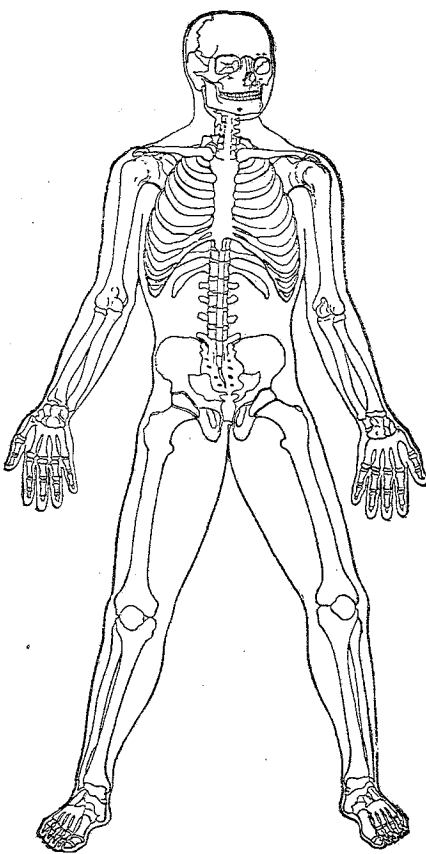
August 14, 1901

R. Bourne Pres.,
R. Bourne Sec'y,
J. Smith Treas.,
BOARD.

Post office, Salamanca
County, Cattaraugus
State, New York

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

Cattaraugus



Single surgeons will use this blank, changing "we" to read "I." 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.

"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.]

3-357.
(Old No. 3-145 b.)

Cert. No. 583184

ACT JUNE 27, 1890.

580
Pitts Increase INVALID PENSION.

Claimant, Joseph H. Newcomb.
P. O. 74 Boylston Street
County Bradford
State Pennsylvania
Rank Private
Company B.
Regiment 19 Mass. Vol. Infl.
Rate, \$ 12 per month, commencing August 14, 1901

Pensioned for — Total — inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. W. Morris
P. O. Washington D.C.
Fee, \$ 2
Agent to pay.

APPROVALS.

Submitted for Ad. Dev. 16, 1901, E. N. Hughes, Examiner.

Approved for disease of lungs
(old)
impaired hearing of left
ear result of catarrh (new)
alleged March 16, 1901.

Approved for disease of lungs

Aggregate of disabilities shown, permanent in character: \$ 12
from August 14, 1901.

Jan 8, 1902 Mary Patton
Legal Reviewer.
Re-Reviewer.

Upham
Medical Examiner.
Jan 9, 1902, Pearson
Medical Reviewer.
Medical Referee.

Enlisted Dec. 14, 1863; honorably discharged Dec. 14 13, 1864
Enlisted Jan 6, 1865; honorably discharged June 30, 1865.
Pensioned at \$ 8 per month. Last paid to For disease of lungs

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Mar. 16, 1901, alleges increase pensioned on
and exposure of left ear from catarrh.

Claimant does — write.
Certificate not filed.

W. D. W.
Hon. Jas. C. Sibley. M. C.

Jay testimony

77 — Aug 1890.
/

84 — Aug. 1890.
/

main Branch Fred B. Jay.
Aug 1865 — Aug 1873.
//

1873 — 1890
/

1873 to 1883 —
/

1877 — 1902
//

1908 to present —

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Pennsylvania, County of McKean ss:
 ON THIS 8 day of March A. D. one thousand nine hundred & one
 before me, the undersigned, duly authorized to administer oaths within and for the County and State
 aforesaid, personally appeared, Joseph H. Newcomb
 late a Private in Company B of the 19 Regiment of
Mass. Inf. Volunteers, aged 57 years, who being duly sworn according
 to law, declares that he is a pensioner of the United States, duly enrolled at the
 Pension Agency, at the rate of 8 dollars per month, under Pension Certificate No 583184
 by reason of disability resulting from partial inability to earn a support by
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate
manual labor.

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes
 application therefor. under THE ACT OF MAY 9, 1900.

On account of an increased disability, and he thinks the rate of pension he
 is now receiving is unjustly and unreasonably low and disproportionate to
 the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for Deafness of left ear caused
by Catarrh which formed a healing in middle ear
If you claim additional pension for a disability not mentioned in your Pension Certificate, here
and when it broke it destroyed the drum of ear this
describe it fully and state when, where and under what circumstances the same originated.
occurred about 8 years ago and has bothered me ever
since by constant discharging

That said disabilities are not due to vicious habits and are to the
 best of his knowledge and belief permanent.

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

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim

His Post Office address is Bradford City County of McKean

State of Pennsylvania

Joseph H. Newcomb
 Signature of Claimant

Witnessed by me, two persons who can write must sign here.



Also personally appeared A. P. Lord residing at Bradford, Pa., and Martin L. Warren residing at Bradford, Pa., persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Joseph N. Newcomb, the claimant, sign his name (or 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 that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

If witnesses sign by mark, two persons who can write must sign here.

A P Lord
Martin L. Warren
Signatures of witnesses.

Sworn to, and subscribed, before me, on the day first above written; 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 words:

_____, erased, and the words

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

E. R. Sherman
 Signature of _____
 Notary Public
 Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No.

NATIONAL ASSOCIATION OF BROADCASTERS
 1900 M STREET, N.W.
 WASHINGTON, D.C. 20036-4245
 TEL: 202/295-6500 FAX: 202/295-6501
 WWW.NAB.BIZ

APPLICATION FOR

INCREASE OF PENSION.

Joseph H. Newcomb

1864
"19" Best.

Mass. *off* *Vol 185*

27

FILLED BY

J. W. MORRIS.

Late Principal Examiner U. S. Pension Office.

Attorney at Law,

WASHINGTON, D. C.

22

GENERAL AFFIDAVIT.

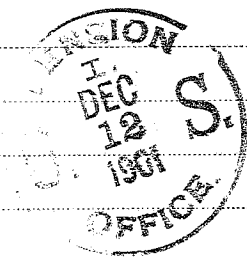
State of Pennsylvania County of McKean ss.:
 In claim No. CT 583, 184 of Joseph H. Newcomb
 of Co. B. of 19 Regiment Massachusetts Vols., personally
 appeared before the undersigned duly authorized to administer oaths within and for said County,
Joseph H. Newcomb, Capt. aged 58 years, whose Postoffice address is
 No. 74 Buyerston Street; Bradford County of
McKean and State of Pa, well known to me to be reputable and entitled to
 credit, and who being duly sworn states in relation to said claim as follows, to-wit:

That he enlisted December 14, 1863 in the
 United States Navy for one year and served
 as Coal heaver and landsman on the U.S.
 S. "Nipahon" on the Wilmington blockade in
 North Carolina and was discharged at
 Brooklyn, N. Y. at the expiration of his term
 of enlistment.

That he re-enlisted in January 1865
 for three years in Co. B. 19th Regiment
 Massachusetts Volunteers and honorably
 discharged the following July on account
 of close of the war-

That he never served in the
 Military or Naval Service of the United
 States except as above stated-

Joseph H. Newcomb.



Affiant further states that he has no interest in the above claim, and is not concerned in its prosecution.

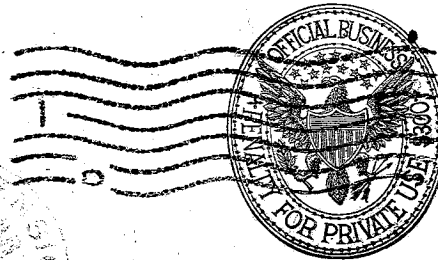
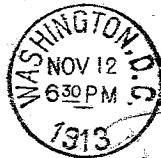
Sworn to and subscribed before me on the 11th day of December 1901,
 and I hereby certify that the contents of this affidavit was fully made known to affiant before signing,
 and that I have no interest in this claim or its prosecution.

E. R. Sherman
Notary Public
 OFFICIAL SIGNATURE.

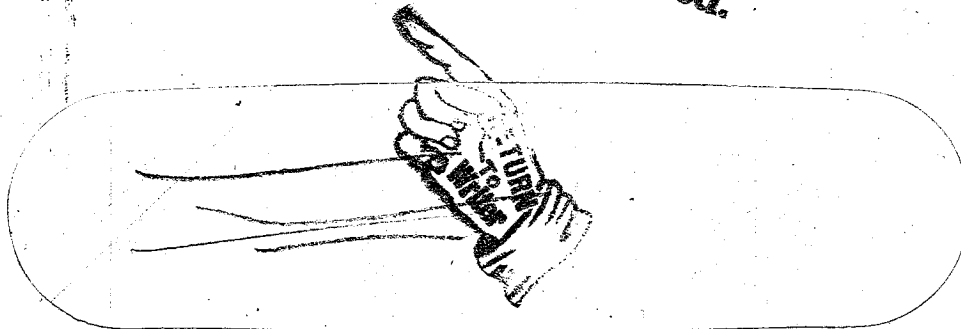
8-1609

Department of the Interior.
BUREAU OF PENSIONS.

If not called for in 15 days, return to
THE COMMISSIONER OF PENSIONS,
WASHINGTON, D. C.

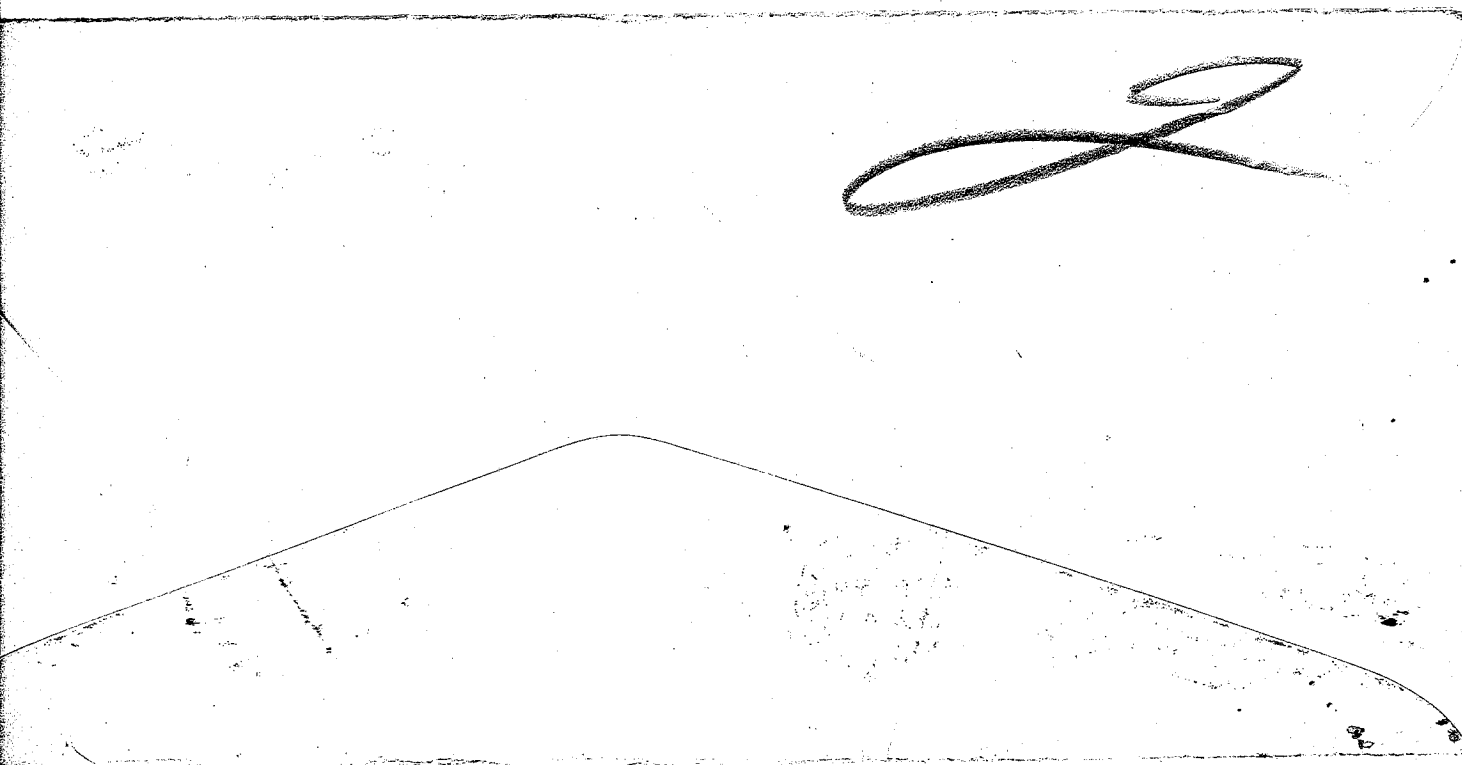


Unclaimed.



*Hosp...
not in books*

Can not be located in the Home



1st Div. Division
Oct. May 11 1912
FILES SLIP.

383184

Name
Joseph A. Neumann
U. S. Navy
Nat. Mil. Home
Ohio

submitted to the Board of Review for

Examiner

To Medical Dir.

Examiner

To Medical Dir.

Examiner

To Medical Dir. for consideration
of decorations
Capt. J. H. King
1st

Examiner

Examiner

3-1647.

Act of May 11, 1912.

I. Cert. 583184

Name, Joseph H. Newcomb
Natl. Mil. Home
Ohio

Application filed May 20, 1912.

Service, 13th Mass. Inf.

Mar 20, 1913. - Claimant
for proof of age R.C.

(3-145 b.)

Act of June 27, 1890.

Increase

INVALID PENSION.

Claimant, *Joseph H. Newcomb* orig cert #583184
P. O., *Rendall Creek* Rank, *Private*
County, *McKean* Company, *B*
State, *Pa* Regiment, *19th Mass Vol Inf*

Rate, \$ _____ per month, commencing _____

Disabled by _____

REJECTED.
*Mar 28 90. Blue. duty J.H.M.
info. of ref. per*

RECOGNIZED ATTORNEY:

Name, *J. W. Morris* Fee \$ *2* Agent to pay.
P. O., *Washington D.C.* Articles filed _____, 189 _____

APPROVALS:

Submitted for admission *Oct 6th*, 189 *9*
Approved for *disease of lungs*

Shouse, Examiner.
Approved for *disease of lungs*
\$8 to increase

Mar 5-95
Oct 17, 189 *9*, *2 apr*, Legal Reviewer.

Beilly
Mar 15 95, Medical Referee.

Enlisted *January 6th*, 186 *5* Honorably discharged *June 30th*, 186 *5* Last paid
to _____, at \$ *8*, for *disease of lungs*

Pension under other laws at \$ _____, for _____

ended _____

Original declaration, act June 27, 1890, filed *July 10th*, 189 *90*, alleged *disease of lungs*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *March 29th*, 189 *3*, alleges *disease of lungs*

Writer, _____

No 9116

(3-145 a.)

Act of June 27, 1890.

OK Paid

583184
Ottle

INVALID PENSION.

Claimant, Joseph H Newcomb
P.O., Wardall Creek Rank, private
County, McKean Company, B
State, Pennsylvania Regiment, 12 Mass Vol Inf
Rate, \$ 8, per month, commencing July 10 1890

Disabled by Disease of lungs

RECOGNIZED ATTORNEY.

Name, J W Morris Fee, \$ 10 Agent to pay.
P.O., City Articles filed, _____, 189 .

APPROVALS.

Submitted for ad April 8, 1891 J. G. Abbott, Examiner.

Approved for Allmaning disease of lungs

May 8, 1891. not now pensioned under other laws. Last paid to _____, 189 , at \$ _____
Pensioned from _____, 18____, at \$ _____, for _____
Approved for dropping not legally disabled for not earning a support by man and labor under Act of June 27th 1890
Legal Reviewer. Medical Referee. Ass't Medical Referee. 1893.

SERVICE SHOWN BY RECORD.

Enlisted July 6, 1865 honorably discharged June 30, 1865
Re-enlisted _____, 18____, honorably discharged _____, 18____
Declaration filed July 10, 1890 alleges permanent disability, not due to vicious habits,
from disease & hemorrhage of the lungs

No subservice
Wardall Creek, Pa.

3-364

Lee

ACT OF MAY 11, 1912.

Cert. No. 583184

any March 4, 1913.

Claimant, Joseph R. Newcomb,

P. O., National Military Home,

Rank, Private

County, Montgomery,

Service, B, 19th Mass. Inf.

State, Ohio

Rate, \$ 16 per month, commencing May 20, 1912.

\$20 - commencing November 2 - 1913

\$24 - commencing November 2 - 1918

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, none

Fee, \$ _____; Agent to pay.

P. O., _____

Articles filed _____, 19

APPROVAL.

Submitted for Adm. Apr. 4, 1913, R. E. Estey, Examiner.

Approved for Admission Rate \$ 16 per month; age 68 years.

ARMY AND NAVY DIV.

Reissue from act June 27, 1890.

Date of birth November 2, 1843

Length of pensionable service: 1 years, 5 months, 25 days.

Deductions in service from any cause: None years, _____ months, _____ days,

on account of _____

Apr. 29, 1913, J. P. Hunsley May 19, 1913, J. R. Hunsley
May 19 1913 Legal Reviewer. May 19 1913 Re-reviewer.

Enlisted December 14, 1863; honorably discharged December 13, 1864.

Enlisted January 6, 1865; honorably discharged June 30, 1865.

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: 1 years, 5 months, 25 days.

Pensioned at \$ 12 per month, under Act of June 27, 1890.

PRESENT CLAIM, ACT OF MAY 11, 1912.

May 20, 1912
Declaration filed June 21, 1912 amendatory

Age shown by evidence 68 years; date of birth alleged November 2, 1843.

Claimant does ✓ write.

No M. C. ✓

MEP

J. H. N.
NY
Cert. No. 583,184,
Joseph H. Newcomb,
Co. B, 19th Mass. Inf.

Law Division,
May 15, 1913.

Respectfully returned to the Chief of the Board of Review, advising him that the declaration for pension under the act of May 11, 1912, filed June 21, 1912, should be accepted as amendatory of the declaration for pension under said act, filed May 20, 1912, which was not signed by the claimant, and pension, if allowed under said act, should be made to commence May 20, 1912, the date of the filing of the last mentioned declaration.

A. W. Cuddy
Chief of Law Division.

3-202 *Grillage*
BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C. *May 1*, 1913

No. Claim, _____
Cert. No. *583184*
Claimant, *Joseph H. Newcomb*
Soldier, *Do.* *Do.*
Co. *B*, *19* Reg't. *Mass. Inf.*

Respectfully referred to the
Chief of Law Div.
to determine the
validity of the
declaration filed
May 20 1912

J. M. Hensley
Rtr.

Can same be accepted to
commence rate of pension?

J. R. Willey
Rtr.

Chief, Board of Review.

ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

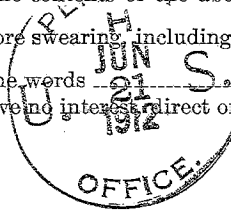
State of Ohio, County of Montgomery, ss:
 On this 20th day of June, A. D. one thousand nine hundred and twelve, personally
 appeared before me, a Juratary Public within and for the county and State aforesaid,
Joseph H. Newcomb who, being duly sworn according to law, declares that he is 68
 years of age, and a resident of The Wat Mill Home, county of Montgomery,
 State of Ohio; and that he is the identical person who was ENROLLED at Boston,
Massachusetts, under the name of Joseph H. Newcomb,
 on the 20th day of November, 1863, as a Landman, in the Navy on year
on the U. S. Gunboat Hiphon and was honorable discharge
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
 in the service of the United States, in the at Brooklyn NY Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
 at End of one year, reenlisted on the 1st day of January, 1865.
 That he also served for 3 years or end of war was discharged at end of war
(Here give a complete statement of all other services, if any.)
after 6 months service mustered out near Boston in July 1865
 That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal
 description at enlistment was as follows: Height, 6 feet 0 inches; complexion, light; color of
 eyes, hazel; color of hair, light brown; that his occupation was put down as Clerk; that he
 was born on 2nd of Nov, 1843, at Wilmington Nova Scotia Annapolis Co.

That his several places of residence since leaving the service have been as follows: from 1865 to 1873 at East Hampton
from 1873 to 1877 Wilmsport Pa from 1877 to 1903 East Bradford Pa and
(State date of each change, as nearly as possible.)
on January 1 1903 I came to the military home Ohio

That he is a pensioner under certificate No. 583184. That he has applied for pension under original
 No. 583184.
 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 May 11, 1912.
 That his post-office address is Wat Mill Home, county of Montgomery,
 State of Ohio

Attest: (1) J. H. Miller
 (2) Charles J. Hoays | Joseph H. Newcomb
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 20 day of June, A. D. 1912, 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 S.
 [L. S.] erased, and the words S., added;
 and that I have no interest direct or indirect, in the prosecution of this claim.



George Kountz
(Signature.)
Notary Public
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Notary Public, Montgomery County, Ohio

3-014.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 583184

Name, *Joseph M. Furcink*

Service, *1 year, 10.8. 1861 to 1862*

in the Army before of claim

I continued & served of the Army

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to use a seal, his official character, signature, and if office must be certified by the proper State, county, or city officer under his official seal, unless such state has been filed in the Bureau of Pensions for reference.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

Waton Mill Home. U 3./25/13

Mr J L Swenport
Commissioner of Pensions.

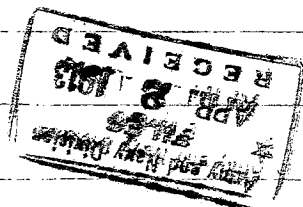
Dear Sir

in referring to my Claim for an increase for Disease of Lungs I claim Cause from time of Service when I was taken by the Regimental Dr to the Army Dr after he examined me I heard Say to the Regiment Dr that my lungs were affected. And I have produced evidence to show that I have been affected ever since you may think it strange that a man could live so long with such a disease but I have lived out in the open I worked in the woods winters and saw mills summers untill I went to the oil country they said that oil would cure Consumption And I beleve it would if a person could stand the disagreeable effects from taking it. when I would get so bad that I could not get relief from any other remedies I would take the oil untill I got to feeling all right. and then I would keep putting it off untill I got down again. it is an awfull dose to take the gas from the oil would rift up from my Stomack and go through my lungs head none all through my system if I could have kept it up I think it would have cured me and I took it when I couldnt get relief from any other remedies and I owe it to Crude oil for being alive to day. and if I had not been ignorant of the pension

pension I would be drawing a good pension to day
I never knew that pensions was granted only to those
that were disabled from Gun Shot wounds Some body
sent my name to an Agent at Washington after I had
joined the G.A.R in 1890 and he urged me to furnish
Evidence from time of discharge and I suppose it is
on file in Washington although it was hard to get
25 years had passed and my Captain and Doctor I could not find
but I wish you would examine the evidence that I have furnished
and hope you will do the right thing by me

yours very Respectfully

Joseph H Newcomb



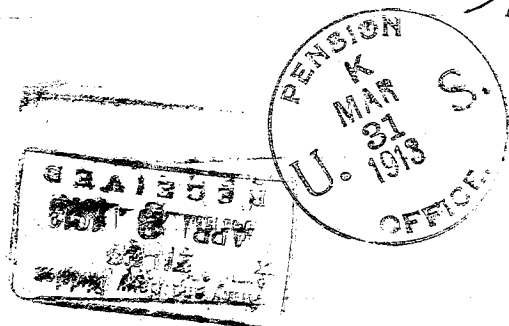
State of Ohio } ss
Montgomery County }

Personally appeared before me,
a Notary Public, within and for the County and
State aforesaid, Joseph H. Newcomb, a member
of the National Military Home, Ohio, who being
duly sworn, deposes and says, that he was
born in Nova Scotia November 2, 1843,

He further declares that he is unable to prove
his age by any public, church, baptismal or
Bible record, for the reason that there are
no such records, to the best of his knowledge
and belief. That his post-office address
is Hospital Ward #20, National Military Home, O.
Joseph H. Newcomb

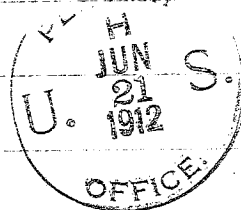
Sworn to and subscribed before
me at the National Military Home, Ohio
this 26th day of March A.D. 1913.

George Kountz
Notary Public



Mr Davenport Commissioner of Pension

Dear Sir. I cannot remember the
date of month of my Enlistment as
my Discharges were burnt up with
every thing I possessed when in the
oil Country very Respectfully
J. H. Newcomb.



LAW DIVISION

ESB.

J. H. N.

June 5, 1912.

Mr. Joseph H. Newcomb,
National Military Home,
Ohio.

Sir:

Referring to a declaration for pension under the Act of May 11, 1912, filed in this Bureau on May 20, 1912, in your behalf as ^{Enf.} of Co. B. 19 Mass., Cert. No. 583184, you are advised that as you failed to sign your name thereto it will be necessary for you to execute a new declaration in the premises, for which purpose a blank form is enclosed.

When the new declaration, properly executed, shall have been filed in this Bureau, it will be considered as amendatory of the one above mentioned.

Very respectfully,

J. E. LAWRENCE

Commissioner.

CLAIM FOR PENSION, ACT OF May 17 1912

State of Ohio, County of Montgomery, ss:

ON THIS 18 day of May, A.D. 1912, personally appeared before me, a Notary Public, in and for the aforesaid County, duly authorized to administer oaths, Joseph H. Newcomb, aged 68 years, a resident of Nat. Mil Home, in the County of Montgomery, and State of Ohio, whose Post Office address is Es 20. Ward 10 of Nat. Mil Home, and who, being duly sworn, declares as follows: That he served in B. 19th Mass. Inf. and is a Pensioner at \$ 12 per month. Certificate No. 583 184

He makes this application for a rating of \$ 16.50 per month, in accordance with the Provisions of the Act of Congress, approved May 11, 1912, he being sixty eight years of age, having been born Nov 4, 1843.

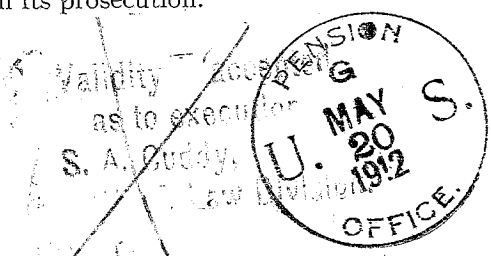
Having served over one half year in above Company.

Also, personally appeared J. H. Miller, residing at Nat. Mil Home, Ohio, and James A. Brown, residing at Nat. Mil Home Ohio, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn according to law, declare that they have been for one year acquainted with Joseph H. Newcomb, the above-named applicant, who was a Private in Company B. 19th Mass. Inf. and is hereby known to be the identical person named in the foregoing declaration; that they have no interest whatever in this claim, and their Post Office address is Nat. Mil Home Ohio

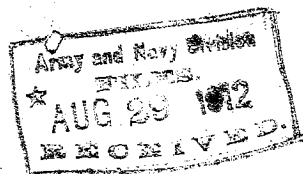
1 J. H. Miller
2 James A. Brown
(Signature of Witnesses.)

Sworn to and subscribed before me, this 18th day of May, 1912, and I hereby certify that the contents of this paper were fully made known to the affiants before its execution; that they are credible persons, and that I have no interest, direct or indirect, in this application, nor am I concerned in its prosecution.

[L. S.]



George Kommtz
Notary Public
(Official Title.)



CLAIM FOR PENSION

Act of May 11 1912

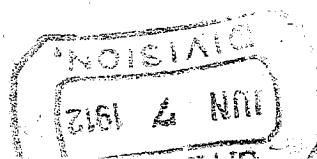
CLAIM OF

Joseph H. Newcomb
USN
B. 19 Mass Inf
Ref 583184

FILED BY

Claimant Wm. S. Hooper

National Military Home, Ohio



*Send to
Hear Sir*