

ACT OF JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of New York, County of Orange, ss.

On this 30th day of July, A. D. one thousand eight hundred and ninety-

one, personally appeared before me, B. F. Wolf

a Notary Public within and for the County and State aforesaid,

Charles H. Blood, aged 49 years, a resident of the City

of Middletown County of Orange, State of

New York, who, being duly sworn according to law, declares that he is the identical

Charles H. Blood, who was ENROLLED on the 15th day of

August, 1862 in Co, E, 6th Mass, Inf.

(Here state rank, company and regiment in Military service, or vessel, if in the Navy.)

Fols in the service of the United States

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Lowell

Mass, on the about day of May, 1863. That he

is partially unable to earn a support by manual labor by reason of loss of fingers of left

(Here name the disease or injuries from which disabled.)

hand which was caught & severed by machine

and caused by accident while coupling cars

loss of use of fingers right That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has never

applied for pension under application No. That he is a pensioner under Certificate No.

(If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.)
That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation,

John F. Bradner, of Middletown, State of New York

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST-OFFICE ADDRESS is Middletown, County of

Orange, State of New York.

1. Thomas B. Brace x

2. Stephen Brooks x

(Two witnesses who write sign here.)

Charles H. Blood x

(Claimant's signature.)

B. Brace

126

3-402.

Certificate No. 832,768
Name, Charles H. Blood

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McKay Brand
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Never

Second. When, where, and by whom were you married?

Answer. _____

Third. What record of marriage exists?

Answer. _____

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. _____

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. _____

Date of reply, May 7, 1898 *C. H. Blood*
(Signature.) 5301b750ml-98

3-1081. 41, 1890.

PENSIONER DROPPED.

United States Pension Agency,

BOSTON, MASS.

MAY 15 1907, 190

Certificate No. 832,768

Class Invalid

Pensioner Charles H. Blood

Soldier _____

Service Regt. E. 6 mass. U. S.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$12, to Sept. 4, 1906, has been dropped because of REPORTED DEATH.

Jan. 6, 1907

Very respectfully, *W. J. Felt*
United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

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.

Original Pension Claim No. 105 5571
 Char. H. Blood, Rank, Priv.
 Company E, 6 Reg't Mass Inf MIDDLETOWN, N. Y. State,
 Middletown N York [Post-office address of the Board.]
 426. 17, 1892 [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 in the service, viz: Loss of index finger of left hand & loss of use of finger on right hand.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of dollars per month.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.]

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

Right hand crushed by RR injury
 Left hand index finger removed about 16 years ago. Disabled 1/2 time or more from manual labor.

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

Upon examination we find the following objective conditions: Pulse rate, respiration, ; temperature, ; height, 5 feet 10 1/2 inches; weight, 163 pounds; age, 49 years. Muscular development poor. Superficial veins varicose skin jaundiced Eyes jaundiced ill-defined arcus senilis Ocular lower lids. Tongue fissured Gums fair fauces normal Lungs clear auscultation & percussion Heart area & apex normal action regular impulse firm blowing murmur. 1st sound. 2nd sound blends with 1st. Epigastrium tender. Spleen not enlarged or tender. Rectum clear. Left hand index finger amputated at 2nd joint. not tender. Right hand. Crushed 2nd & 3rd fingers metacarpal bones crushed. also 4th finger. fingers not well closed into palm. or extended. grasp lost in 3rd & 4th fingers. No other disabilities found.

Rate for EACH cause of disability.

He is in our opinion, entitled to a 12/18 rating for the disability caused by loss of heart 4/18 for that caused by loss of index finger left hand, and 9/18 for that caused by right hand

For. Val. Utter Pres. D. Y. Can. dict. Sec'y. J. B. Armstrong Treas.

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