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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 915819

VETERAN Charles A. Brooks

RANK Pvt.

SERVICE Co. E. 28. Mass. Vol. Inf.

CAN No. 18830

BUNDLE NO. 25

DECLARATION FOR AN ORIGINAL DISABILITY PENSION

Under Act of Congress approved June 27, 1890.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a 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 Mass }
County of Suffolk } ss.

On this 7th day of Nov, A.D. one thousand eight hundred and ninety-one personally appeared before me a Justice of the Peace

Charles A. Brooks aged 51 years, who being duly sworn according to law, declares that he is the identical Charles A. Brooks

who was ENROLLED as a Private on the 4th day of Sept 1861, in Company "E" of the 26th Regiment of Mass Inf

and served at least ninety days in the war of the Rebellion, and was honorably DISCHARGED at New Orleans on the 29th day of Feb, 1864; that his personal description is as follows: age 51

years; height _____ feet _____ inches; complexion _____; hair _____; eyes _____

That he is suffering from the following disabilities which are of a permanent character, viz.:

Heart disease, Kidney disease, Partial failure of eyesight, Rheumatic humor loss of teeth and general weakness

That the said disabilities are not the result of any vicious habits of the claimant, and they incapacitate him from the performance of manual labor in such a degree as to render him unable to earn a support.

That he is receiving an invalid pension of \$ _____ per month under certificate _____ (is or is not) (rate of pension)

No _____ for _____ (Give cert. No.) (Here state the exact disability for which you are pensioned, copying it word for word from your certificate.)

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. That he has _____ been employed in the military or naval service otherwise than stated above.

served in Co "E" 6th Regt Mass Inf from April 15, 1861 till Aug 2, 1861. discharged from Co "E" 26th Regt Mass Inf to recruit in the same.

That he has not been in the military or naval service of the United States since the _____ day of _____ 18____

and that his occupation has been that of a wheelwright That he is now much

disabled from obtaining his subsistence by manual labor by reason of the disabilities above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the Act of Congress of June 27, 1890. He hereby appoints with full power of substitution and revocation Freeman D. Immers

of Boston Mass his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars.

That he has not heretofore applied for a pension, but his claim has not been allowed, the No. _____ of the claim being No. _____ ; that his residence is South Acton

Mass and that his post office address is South Acton Mass

Charles A. Brooks
(Signature of Claimant.)

I, Herbert A. Tuttle residing at Chelsea Mass
 and Charles H. Tuttle residing at Chelsea Mass
 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 Charles A. Brooks
 the claimant sign his name (make his mark) to the foregoing declaration; that they have every reason
 to believe from the appearance of said claimant and their acquaintance with him, for 10 years, and
40 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.

(If Affiants sign by mark, two persons who can write sign here.)

Sworn to and subscribed before me this 7th day of Nov A.D. 1891,

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. S.]

Wm B. 1st
May 27-87
May 27-94

Clerk of the

Wm B. 1st

Frank W. Dudley
Julius P. Sullivan



597387

ORIGINAL
 DISABILITY CLAIM
 FOR
 PENSION.

Under Act of Congress, June 27, 1890.

Charles A. Brooks Applicant.
 Co. "D" 26th
Mass Inf
 Enlisted 186
 Discharged 186

FILED BY
 F. J. EMMONS,
 BOSTON, MASS.

FILED BY

W. C. Ginnans
Boston Mass

SOLD BY

T. H. BALL, LAW STATIONER,
 49 COURT STREET, BOSTON.

W. B. Revoclain

7

Act of June 27, 1890.

INVALID PENSION. 1001835

Claimant, Charles A Brooks
P.O., South Acton Rank, Priv
County, Middlesex Company, E
State, Mass Regiment, 26 Mass Vol Inf
Rate, \$ _____, per month, commencing March 9 1891

Disabled by _____

RECOGNIZED ATTORNEY.

Name, F. J. Gannon Fee, \$ 10 Agent to pay.
P.O., Boston Mass Articles filed, _____, 189 .

APPROVALS.

Submitted for Adm Mch 16, 1892 Mrs Kumbell, Examiner.

Approved for _____	Approved for _____
_____	_____
_____	_____
_____	_____
_____	_____
Legal Reviewer.	Medical Referee.
_____, 189 .	_____, 189 .

not now pensioned under other laws. Last paid to _____, 189 , at \$ _____
Pensioned from _____, 18____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted April 22, 1861, _____ honorably discharged Aug 2, 1861

Re-enlisted Sept 14, 1861, _____ honorably discharged Aug 26, 1865

Declaration filed Mch 9, 1891, alleges permanent disability, not due to vicious habits,

from Disease of heart, disease of kidneys, partial failure of eye sight, deropulosis humor, loss of teeth and general weakness.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *June 7, 1894*No. *1001855*Name, *Charles A. Brooks*Co. *E*, *26* Reg't *Mass Inf*Date of filing, *March 9, 1891*Date of rejection, *Jan 25, 1894*

CAUSE OF REJECTION.

*No notable disability shown
under Act June 27, 1890.*

ABSTRACT OF TESTIMONY TO REOPEN.

*New Declaration
Lay & Medical testimony
or a medical examination**For resubmission*
Blanchard Examiner.

, Chief of Div.

Reopening ☒ approved

JUN 8 1894

W E Stith

Asst Chief EDW

Act of June 27, 1890.

INVALID PENSION. 1001855

✓ Claimant, Charles A. Brooks
 ✓ P.O., South Acton Rank, Priv
 ✓ County, Middlesex Company, E
 ✓ State, Mass. Regiment, 216 Mass Vol Inf
 Rate, \$ _____, per month, commencing March 9, 1891

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY.

✓ Name, J. Emmons Fee, \$ 10. Agent to pay.
 ✓ P.O., Boston Mass. Articles filed, _____, 189 .

APPROVALS.

Submitted for adm, Oct 21, 1893 J. Blanchard, Examiner.

Approved for rejection, no
ratable disability shown
under act of June 27/90 from
disorder of Heart, Kidneys, Eyes
and general weakness, as per
approval of Med. Referee
Feb 2, 1894 W. H. Kelley Legal Reviewer.

Approved for rejection. No rat-
able disability shown
under Act June 27, 1890
Shirley W. H. Kelley Medical Referee.
June 25, 1894.

not now pensioned under other laws. Last paid to _____, 189 , at \$ _____
 Pensioned from _____, 18 _____, at \$ _____, for _____

(Mem)

as a result of March 9/91
and dis. of heart
appeared in May/91
from the evidence
on file
Oct 30/93

Kelly
Reor

(3-145 a.)

Act of June 27, 1890.

INVALID PENSION. 1001856

Claimant, Charles A. Brooks
P.O., South Acton Rank, Private
County, Middlesex Company, E
State, Mass. Regiment, 26 Mass vol Inf
Rate, \$ _____, per month, commencing _____

Disabled by _____

REJECTED.

RECOGNIZED ATTORNEY.

Name, J. B. Parsons Fee, \$ _____ Agent to pay.
P.O., Boston Mass. Articles filed, _____, 189 _____

APPROVALS.

Submitted for rejection, June 8, 1894. D. B. Blanchard Examiner.

Approved for rejection, no ratable Approved for rejection, no ratable

disability, shown under act of disability under act of
of June 27/90 from, clinical June 27, 1890.

Heart Kidneys & eczema
as per approval of Med.

Referee Kellogg Legal Reviewer.
Jan 18 1894

Barrington ans. Medical Referee.
June 15, 1894. Wm. Featherstonehaugh

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

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

SERVICE SHOWN BY RECORD.

Enlisted April 22, 1861 honorably discharged Aug 2, 1861

Re-enlisted Sept 4, 1861 honorably discharged Aug 26 1865

Declaration filed March 9, 1891
Declaration filed April 4, 1894, alleges permanent disability, not due to vicious habits,

from heart disease, kidney disease and eczema

Waiter,

Wm. Featherstonehaugh

Act of June 27, 1890.

E

INVALID PENSION.

1001855.

✓ Claimant, Charles A. Brooks
P.O., South Acton Rank, Private
County, Middlesex Company, E
State, Mass. Regiment, 26 Mass Col Inf. ✓
Rate, \$ _____, per month, commencing Jul

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY.

Name, J. Emmont Fee, \$ _____ Agent to pay.
P.O., Boston Mass. Articles filed, _____, 189 .

APPROVALS.

Submitted for rejection, Aug 30, 1895 D. A. Blanchard Examiner.
Approved for rejection. Approved for rejection no ratable
No ratable disability under Act of June 27, 1890 disability shown under
from disease of heart, Kidneys Act of June 27, 1890.
Scrophula & impaired sight, as per J.M.
Action of Medical Referee, Fanning, Morris
Sept. 21, 1895 Legal Reviewer. Sept 19, 1895 Medical Referee.

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

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

SERVICE SHOWN BY RECORD.

✓ Enlisted April 22, 1861 & honorably discharged Aug 2, 1861
✓ Re-enlisted Sept 4, 1861 & honorably discharged Aug 26, 1865
Declaration filed June 13, 1895, alleges permanent disability, not due to vicious habits,
from heart disease, Kidney disease, Scrophula & impaired
sight.
Claimant writes. No M.C.

Medical Division.

Department of the Interior
BUREAU OF PENSIONS.

Washington, D. C. *Aug 29* 189*6*.

No., Claim, *1001855*

Claimant, *Charles A. Brooks*
Co. *E*, *26 Reg't Mass. Inf.*

Respectfully returned to the CHIEF
of the *Board of Review* with
the opinion that a ratable disability,
under the ACT OF JUNE 27, 1890, is—
shown in the case from *disease*
of heart

[Signature]

Approved:

Camp

Medical Examiner.

[Signature]

Medical Referee.

(3-145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.#

1001855

Claimant, Charles A. Brooks

P. O., South Acton

County, Middlesex

State, Mass.

Rank, Private

Company, E

Regiment, 26 Mass Vol Inf

Rate, \$ _____, per month, commencing July 14, 1896.

Disabled by Disease of heart.

DROPPED

RECOGNIZED ATTORNEY.

Name, Freeman Emmons

Fee, \$ 10. Agent to pay.

P. O., Boston Mass.

Articles filed, _____, 189

APPROVALS.

Submitted for adm Aug 1, 1896. Dr. Blanchard Examiner.

Approved for disease of heart

Approved for

Reich scrofula dis of
Kidneys, lumbago & rheu
matism, no notable

disease of heart \$600

disability subject to appl
of Med Ref
Sept 1, 1896

Legal Reviewer.

With Sept 11, 1896.

Thos. Stearns Medical Referee.

not now pensioned under other laws. Last paid to _____, 18____, at \$ _____

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

SERVICE SHOWN BY RECORD.

✓ Enlisted April 22, 1861, & honorably discharged Aug 2, 1861

✓ Re-enlisted Sept 4, 1861, & honorably discharged Aug 24, 1865

✓ Declaration filed Feb 14, 1896, alleges permanent disability, not due to vicious habits,

from Heart disease, scrofula, Kidney disease, lumbago,
and rheumatism.

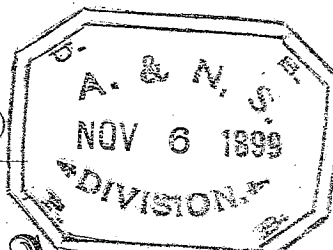
no M. C.

Claimant writes.

Act June 27, 1890,



[3-405.]
(PENSIONER DROPPED.)



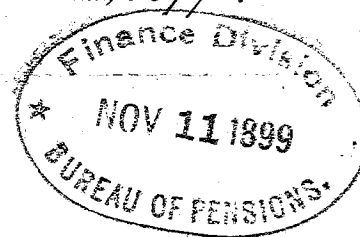
U. S. Pension Agency,

BOSTON, MASS.

Sept. 30, 1899.

Hon. H. Clay Evans.

Commissioner of Pensions.



Sir:

I hereby report that the name of Charles A. Brooks
Priv. E 26th Mass. V. I., who was a pensioner on the rolls
of this Agency, under Certificate No. 915 819, and who was last paid
at \$ 6, to Sept. 4, 1899, has been dropped
because of REPORTED DEATH.

Very respectfully,

A. J. Smith

Pension Agent.

Every name dropped to be thus reported at once.

W. E. B. DuBois
[3-216-01]
Ex'r.
Blanchard
No. *1,001,855*
Act of June 27, 1890.

Charles A. Brooks
P. O. *South Acton*
Mass.
Service: *E. 26, Mass. Inf.*
Enlisted: *Sep 4*, 1861.
Discharged: *Feb 29*, 1864.
Application filed: *Mar 9*, 1891.
Alleges:
Any other Claim filed: *no* *3/99*
Numerical No. *5-97,867*

Attorney: *F. Emmons*
P. O. *Boston*
Mass.
Recognized. Contract.
Cert. of Dis. Searched for *18*, 18.
(2915-60,000.)

Post 4/2 91 cap
act 28011
Mr.
Oct. 3/91 end at
N. H. Dowell
4/4 92 Alford

VT. Sub service
MASS. April 1 93. To Atty for Cont
for Dec 15 92
R. I. May 31 93. To Atty as to B.H.
CONN. + at B.H. Dec 31 94
Sept 26 93
N. Y. G. to War Dept for full list
Feb 18/94. atty + CMA
N. J. Letters of rejection
DEL.

No.

[3-216 a.]

Ex'r.

Blanchard
Inv. No. 1001855

REJECT. Act of June 27, 1890.

3/99.

Charles A. Brooks,
P. O. South Acton,
Middlesex Co. Mass.
Service: E. 26. Mass. Inf.

Enlisted: Sept. 4, 1861.

Discharged: Feb. 29, 1864.

Application filed: Apr. 4, 1894.

Alleges:

Any other Claim filed: I. O. 1001855.

Numerical No.

Attorney: J. B. Parsons,
P. O. 29. Pemberton Square,
Boston, Mass.

Recognized. Contract.

Cert. of Dis. Searched for, 189.

May April 20/94

Mr.

April 27. 94. atty
Med. G. Lowell Mass.

N. H.

June 7. 94. Resolving slip.

Vt.

July 9, 1894

Mass.

R. I.

Conn.

N. Y.

N. J.

Del.

No.

[3-416-9]
REJECTED.

Blanchard Ex'r.

I-Q- No. *1,001,855*

Act of June 27, 1890.

Charles A. Brooks
P. O. *South Acton*
Middlesex Co. Mass.
Service: *"C" 26" Mass. Inf.*
"C" 6" Mass. Inf.
Enlisted: *April 15th*, 1861.
Discharged: *Feb. 29th*, 1864.
Application filed: *June 13th*, 1895.
Alleges: _____
Any other Claim filed: *"I" 1,001,855*
Numerical No. _____

Attorney: *Freeman Emmons*
P. O. *Boston*
Mass.

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 189 *264*

Atty. filed

Notified July 3/95 D. C. C.
July 10/95. atty.
^{Mr.} Mes Exam. Board. Lowell. Mass
Oct 2/95. atty & Claimant
N. H. advised of rejection.

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

[3-216 a.]

Blanchard Ex'r.

Inw. Org. No. *100185-5-*

Act of June 27, 1890.

Charles A. Brooks,

P. O. *South Acton,*
Middlesex Co., Mass.

Service: *B. 26 Mass. Inf.*
E. 6 Mass. Inf.

Enlisted: *Sept. 14, 1861.*

Discharged: *Feb. 29, 1864.*

Application filed: *Feb. 14, 1896.*

Alleges:

Any other Claim filed: *I. O. 100185-5-*

Numerical No. *J*

Atorney: *Freeman Emmons,*

P. O. *#4 State St.,*
Boston, Mass.

Recognized. Contract.

Cert. of Dis. Searched for *189*
(9370-12,500.)

atty. filed. L.D.

Not Mar. 2. 96. N. E. H.

March 12/96. Atty.

ME.

Med Evidence required to show whether
claimant is disabled for man labor.

N. H.

May 29. 96. Atty.

Vt.

Med Exam. Board. Lowell, Mass.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No. 1

164.
DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Feb 4, 1892

Respectfully returned to
the officer in charge
of the Record and
Pension Div Mandepht
for his report of
Claimants alleged
service in C & G-6
Mass Inf from
Apr 15 61 to Aug 26 61
Chas A Probst
#1001855

Green Braun

Commissioner.

Address "The Officer in charge of the Record and Pension Division,
War Department, Washington, D. C."

WAR DEPARTMENT,

Record and Pension Division,

FEB 5 1892

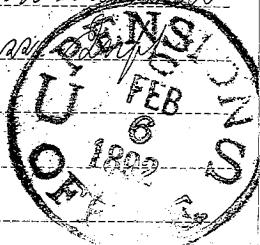
Respectfully returned to the

Commissioner of Pensions.

The rolls show that *Charles Brooks*
Co. C. 6th Mass Inf.

mentioned in the preceding endorsement, was enrolled
April 22, 1861,
and *U. S. with Cr. Aug 2*, 1861,
as a Pvt.

The name *Charles A. Brooks*
has not been found on rolls
of *Co. C. 6th Mass Inf.*



By authority of the Secretary of War.

D. A. C. A. WORTH

Major and Surgeon, U. S. Army.

Per *M*

Act of June 27, 1890.

INVALID. (Series _____) ✓

Cert. No. 915819

Name, *Charles A Brooks*

Rank, *Bot*; Service, *Co 26 Mass Vol Inf*

Original Roll: *Prosser*

Agency Transf'd _____, 18____, to _____

" _____, 18____, to _____

Issued *Sept 16, 1896*

Mailed *" 22, 1896*

Rate and Period, \$ *6*, from *Feb 14, 1896*

Class

Fee, \$ *10*

Issue

Entered

Deductions:

Disability: *Partial inability to earn a support by manual labor.*

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Class

Fee, \$

Issue

d

Deductions:

Disability:

Issued, _____, 18

Mailed _____, 18

Rate and Period, \$_____, from _____, 18

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

Rate and Period, \$_____, from _____, 18

Deductions: _____

Disability: _____

INDORSEMENTS.

Jan 1/1900 and advised of death
RMJ

DROPPED

Sept. 30 1899.

death RMJ

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

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

Insert character and number of claim.

Original

Pension Claim No. *1001855*

Name and rank of claimant.

Chas. A. Drisko

Rank, *Port.*

Company *E 26* Reg't *Mass*

Lowell Mass

State,

Claimant's post-office address.

S. Acton, Mass

[Post-office address of the Board.]

Nov. 11

[Date of examination.]

, 189 *7*.

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: *Heart & Kidney disease, loss of strength*
(Says he has no defect of sight, or eczema, or gen. debility)

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*
[Original, increase, restoration, &c.]
Has pain over heart and jumping; gets a little out of breath. = Kidney disease, consists of lame neck in back, and inability to lift, especially in wet weather. No trouble with urination. = Never had rheumatic fever, but sometimes has pain in wrists

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, *92*; respiration, *19*; temperature, *98½*; height, *5* feet *7½* inches; weight, *135* pounds; age, *52* years.

Impulse of heart one half inch inside nipple, slight murmur with first sound at junction of third rib and sternum left side, pulse occasionally intermittent, not very strong, and increased to 148 on exercise, respirations to 26. No edema. = Urine straw color, 1018, acid, clear, no albumen. Very slight difficulty in stooping to day. Teeth much decayed; has lost 16 on upper jaw, and 5 on lower jaw: gums normal.

A small patch of eczema on right thumb; says he has none in any other place. Gen. appearance feeble; no gen. debility. Eyes normal reads 40 furlen at 70 feet. No other disability

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *8/19* rating for the disability caused by *Heart Disease*, _____ for that caused by *all other disabilities*, and _____ for that caused by _____

Dr. W. F. H. Munson Pres. *Geo. E. Pritchard* Secy. *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

Charles A. Brooker
Co. E. 2d Reg't Mass

Applicant for Original

No. 1001835-

DATE OF EXAMINATION:

Nov 11, 1881

Cyrus M. Felt, Pres.,
Wm. J. Smith, Sec'y,
Geo. C. Parkman, Treas.,

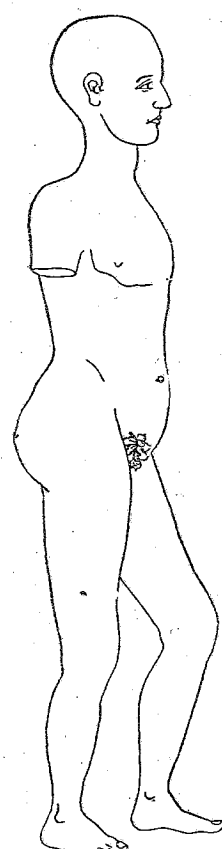
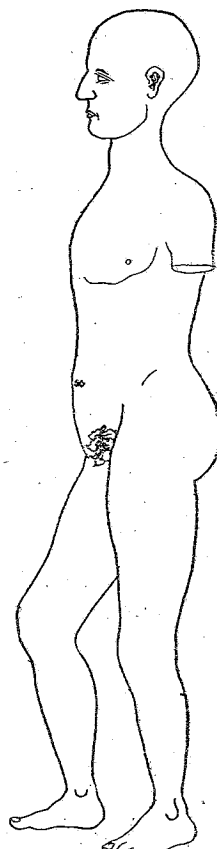
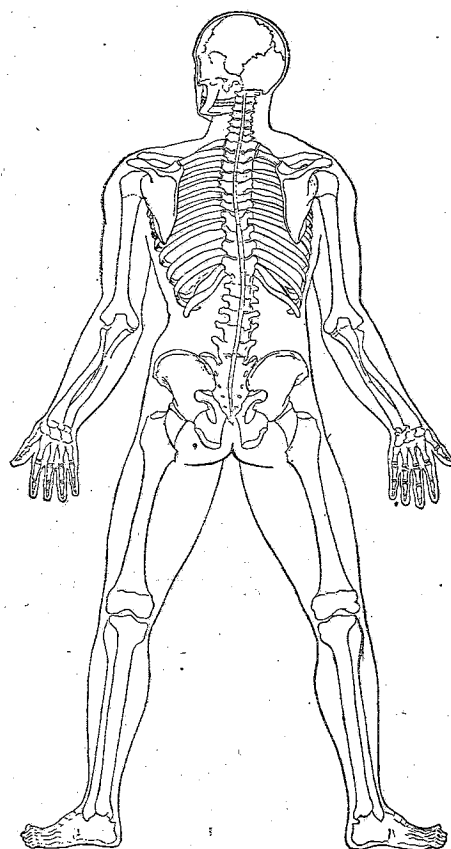
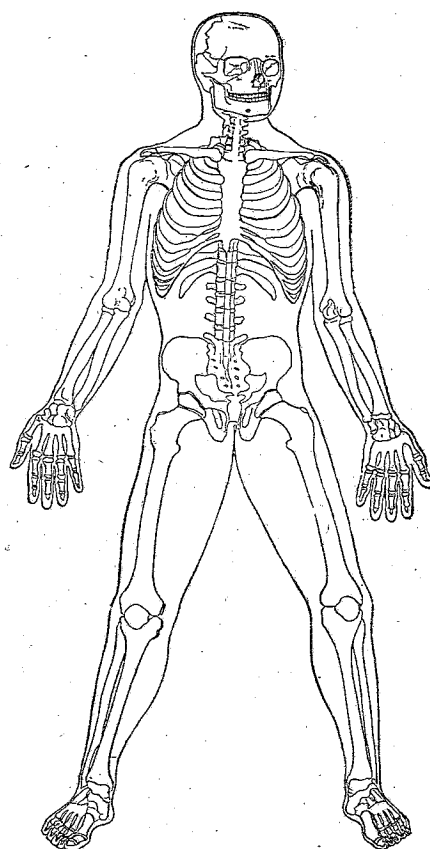
BOARD.

Post office, Worcester

County, Worcester

State, Mass

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. [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.

Name and rank of claimant.

Claimant's post-office address.

Original Pension Claim No. *700 1853*
[State above whether for original, increase or restoration.]
Charles A. Brooks, Rank, *Private*
Company *E, 26th Reg't Mass* | *Lowell Mass* State,
South Acton Mass | *May 9th* [Post-office address of the Board.] 189*4*
[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: *Heart Disease - Kidney Dis*
Eczema

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*
[Original, increase, restoration, &c.]
Has palpitation of heart - jumps irregularly -
Some pain in heart not constant - Short
of breath on exertion - no dropsy - never had
rheumatism - not able to work more than an hour
at a time - Pain in back - wakes water very often
& has to get up three or four times every night -
not much trouble from Eczema.

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

Upon examination we find the following objective conditions: Pulse rate, *78*;
respiration, *18*; temperature, *98 1/2*; height, *5* feet *8* inches; weight, *133*
pounds; age, *55* years.

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.

Heart, pulse 72 inch wide ripple in 5th inter
space, weak, hardly visible. No murmur
no irregularity in its action. Second sound
slightly weaker than normal - lungs normal
no edema no dropsy. no cyanosis.
tongue coated. eye normal - Liver & Spleen
normal. Abdomen large full tympanitic
hard. Claimant emaciated. no tenderness
of back - Stomach & rectum well - On
exercise pulse increased to 122 & respira-
tion to 28.

Urine - clear, acid. Sp Gr. 1.020. No sugar
no albumen - no sediment.

Patch of dry red eczema over both hips
& running across the back in lumbar region
patch over left hip 4 x 1 inch - over right hip
Scattered spots size of ten cent piece.

No other disability found to exist

James Smith, Pres. *J. H. Huntington*, Sec'y. *W. B. Lumber*, Treas.
N. B. - Always forward a certificate of examination whether a disability is found to exist or not.
(12474-100,000.) 6-552



SURGEON'S CERTIFICATE

IN CASE OF

Charles A. Books

Co. E, 26th Reg't Mass

Applicant for Paragon

No. 100/85-5

DATE OF EXAMINATION:

May 9, 189

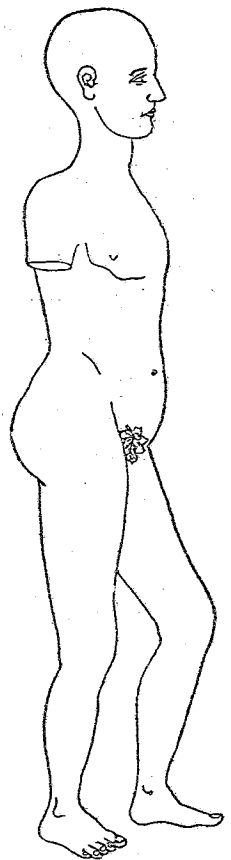
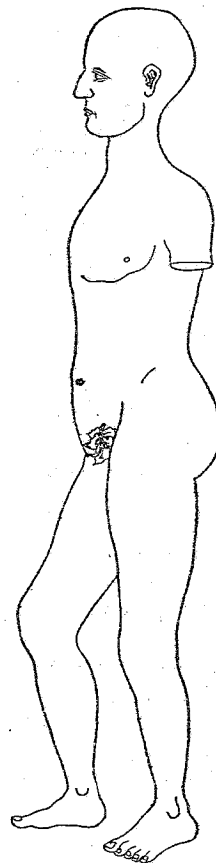
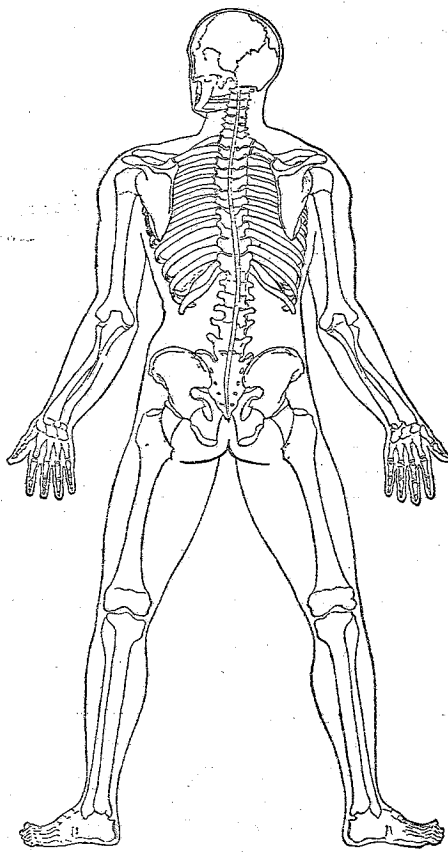
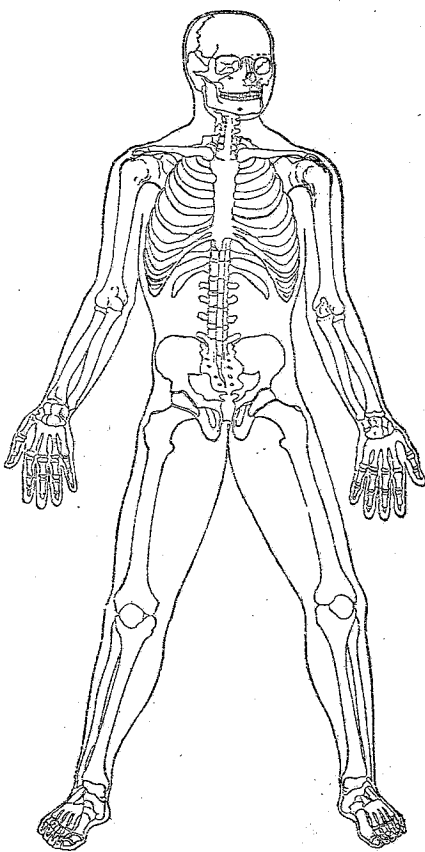
A. J. Smith, Pres.,
 R. F. Huntington, Sec'y,
 Wm. C. Apple, Treas.,

Post office.

County,

State,

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.*]

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

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

Insert character and number of claim. Original Pension Claim No. 1001, 855
[State above whether for original, increase, or restoration.]
Name and rank of claimant. Chas. S. Brooks, Rank, prt
Company E, 26 Reg't Mass Homeb Mass State,
[Post-office address of the Board,]
Claimant's post-office address. So. Acton, Mass July 24, 1895.
[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 Heart & Kidneys, Scurfula, & Impaired Vision

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.
[Original, increase, restoration, &c.]
Never had Rheumatic fever; palpitation of heart, short breath at times and pain around heart; ankles swell when standing. = Frequent micturition, no obstruction in passing it = Eczematous eruption on hand, worse in cold weather = Sight is blurred when filing saws, his occupation. Wears glasses to read.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, 98 1/2; height, 5 feet 7 1/2 inches; weight, 140 pounds; age, 56 years.

Here give a full description of the disability, in accordance with Book of Instructions. Heart's impulse in normal position, no abnormal sounds; on exercise pulse increased to 130, weak and slightly irregular, respiration increased to 26. 18 for Heart Disease
Urine clear, amber color, 1016 spec. grav, acid, no albumen or sugar. 0 for Kidney Disease

Has an eczematous eruption especially located on right hand, one or two small spots on right ankle; no glandular enlargements and appearance not cachectic; lungs normal. 0 for Scurfula

External appearance of eyes normal, pupils reflex normal, reads 30 Muller with either eye at 20 ft, without glasses; with glasses also No 2, fairly well. With glasses reads No 2, readily. Nothing for impaired sight. 0
No other disability

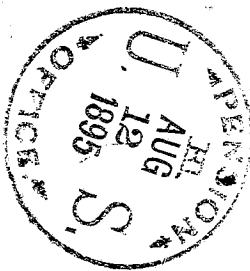
Rate for EACH cause of disability. He is, in our opinion, entitled to a 18 rating for the disability caused by Heart Disease, 0 for that caused by all other disabilities for that caused by _____

Norman Smith, Pres. Thos. F. Harrington, Secy. Wm. C. Larkins, Treas.

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

Continue record of examination here.

Blank lines for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Charles A. Brooks

Co. *E*, Reg't *Mass*

Applicant for Original

No. *1001855*

DATE OF EXAMINATION:

July 24, 189*5*

H. Smith, Pres.

W. H. Huntington, Sec'y.

Wm. P. Lander, Treas.

BOARD.

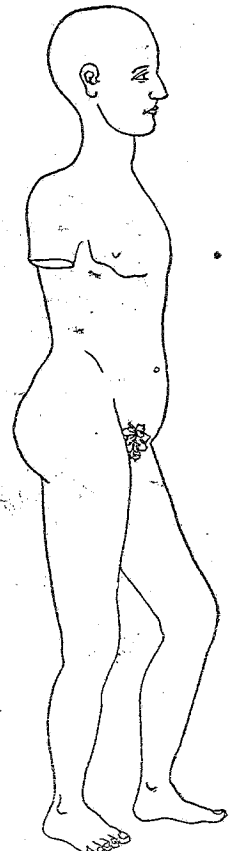
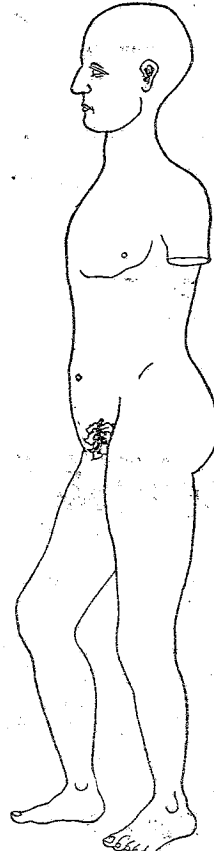
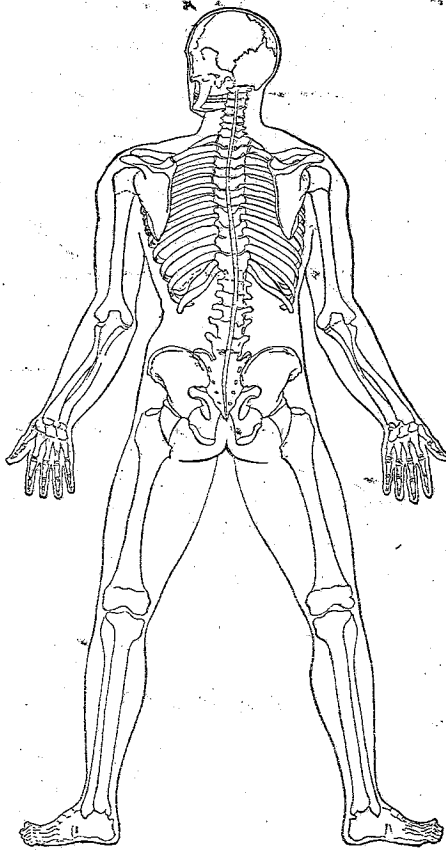
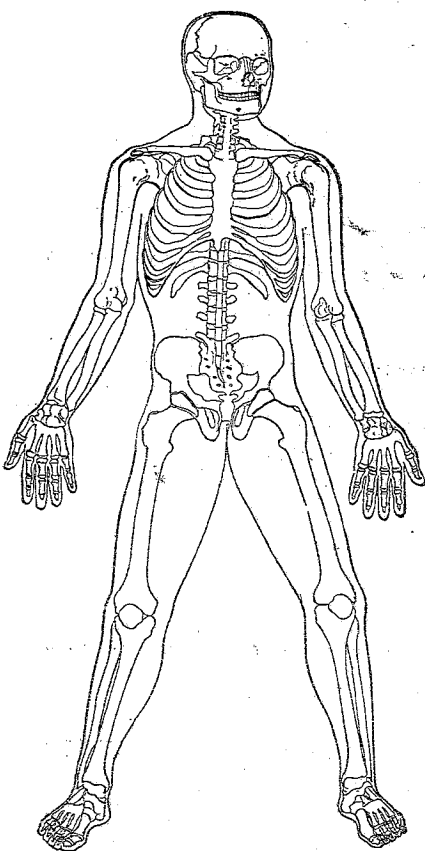
Post office, *Lowell*

County, *Middlebury*

State, *Mass*

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-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.

Original

Pension Claim No. *4001855*

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

Name and rank of claimant.

Chas. F. Brooks

, Rank,

Company *E*, *26* Reg't *Mass.*

Long Island State,

[Post-office address of the Board.]

Claimant's post-office address.

So. Star Mark

June 10

[Date of examination.]

, 1896.

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: *Heart Disease, Scrophula, Kidney Disease, Innings, Rheumatism*

If 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.

Acute rheumatism for a year, joints swell but a little pain in shoulders, wrists, and back the latter is lifting - Pain in left side, heart jumps, breaths rapidly when working - Has a rash on legs and sometimes a tonic, regenerative - Some pains sometimes when passing, has spells of frequent incontinence

Upon examination we find the following objective conditions: Pulse rate, *80*; respiration, *18*; temperature, *98 1/2*; height, *5* feet *8* inches; weight, *142* pounds; age, *27* years.

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

No swelling of any joint or contraction of any muscle, motion of left shoulder somewhat impaired, other motions normal, stoops with ease, although alleging pain, apex best in normal position, bellows murmur with loud sound at apex, pulse weak, regular, increased to 144, respirations to 28, on exercise, no edema or dropsy, for Rheumatism, 19 for Heart Disease -

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.

Has a slight eczema on skin the alleged scrophula, No rating for scrophula,

Urine pale, 1018, clear, no albumen for Kidney Disease -

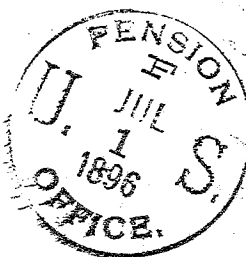
No other disability

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

James G. Smith, Sec'y. W. O. Larkin, 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

Charles A. Brooks

Co. *E*, 26 Reg't

Applicant for Original

No. *4001853*

DATE OF EXAMINATION:

June 10, 189*6*

H. J. Lawrence, Pres.,
H. H. Thompson, Sec'y,
W. O. Lawler, Treas.,
BOARD.

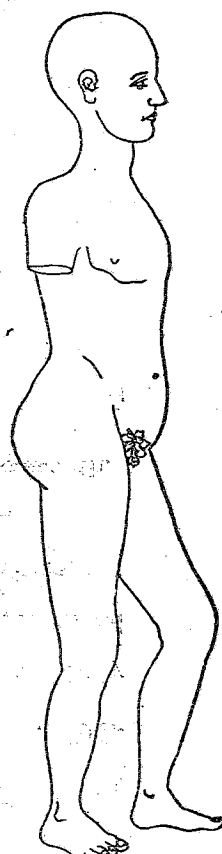
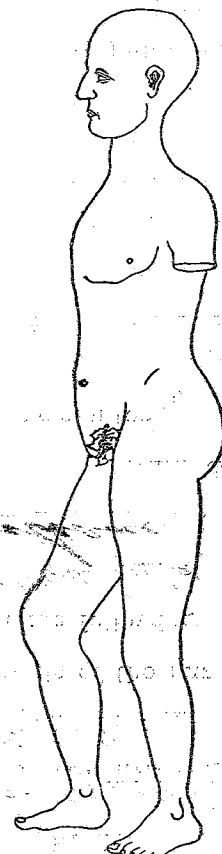
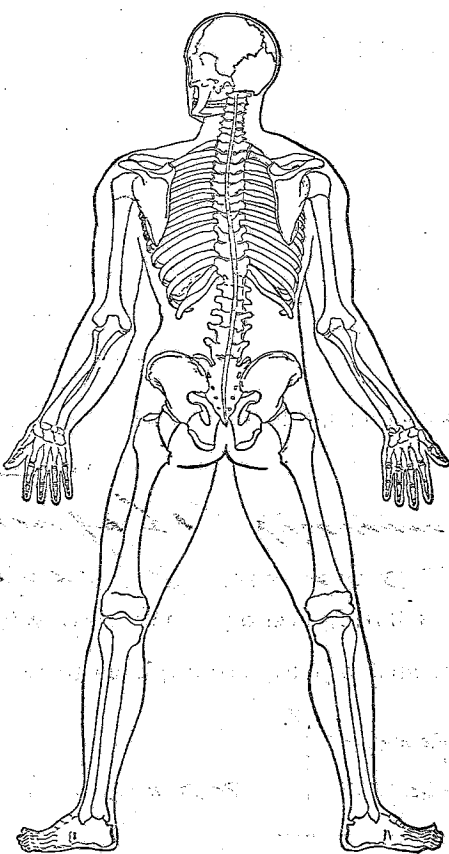
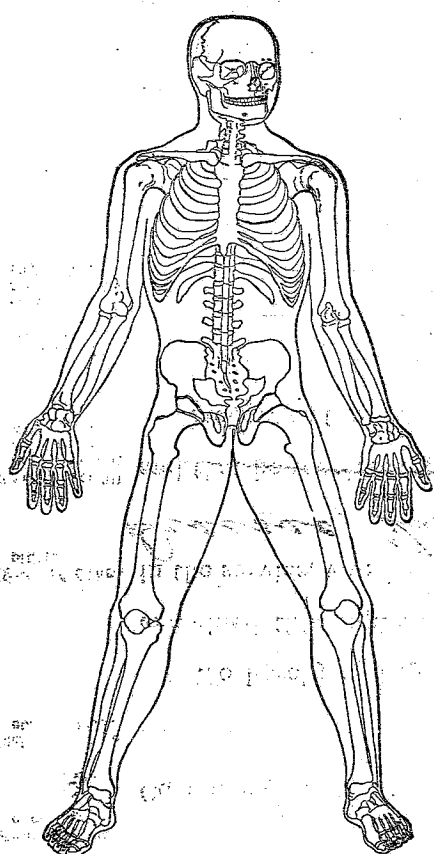
Post office, *Lewes*

County, *Wickham*

State, *Mass*

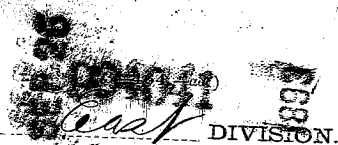
* P. S.—Write your Post-office address plainly and in full.

Acc. cov.



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.]



Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Sept 15, 1893.

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history _____

(Descriptive

list.)

_____ of the soldier.

Please examine all records likely to afford
any information as to diseases, wounds, or inju-
ries incurred by him while in the service.

Claim No. 1001855

Name Chas A. Brooks

Co. E Regt. 26 Mass vol Inf.

J. M. Lockman

Commissioner.

12088-100,000.

6-843

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

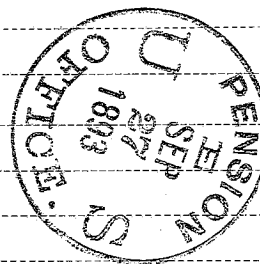
Charles A Brooks
Co. E, 26 Reg't Mass Inf
was enrolled Sept 4, 1861
and M. O. Aug 26, 1865
Re-enl'd Feb 29, 64.

From Sept 4, 1861, to Aug 25, 1865;
he held the rank of Private.

and during that period the rolls show him present
except as follows: Out to Feb 28/62
presence or absence not
stated. Oct 31/63 sick in
Hospital U. S. La Sept 13, 60
came to Feb 29, 64.

The medical records show him treated as follows:

As Charles Brock, Pa.
Co. E. 26 Mass. Sept. 16 '63
to Wch. 24 '64, Wiamhosa
Chr., ret'd. to duty.
Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Hammett

Colonel, U. S. Army, Chief of Office.

P. A.

Washington, D. C., SEP 26 1893

(COMMISSIONER OF PENSIONS.)

AA.

AA.

[Act of June 27, 1890.]



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

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 certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Middlesex } ss.

On this 31st day of March, A. D. one thousand eight hundred and ninety-four personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Charles A Brooks aged 55 years, a resident of the Town of Acton, county of Middlesex, State of Massachusetts, who, being duly sworn according to law, declares that he is the identical Charles A Brooks who was ENROLLED on the 4th day of Sept, 1861, in Co E 26th Mass Inf as a Private [Here state rank, company, and regiment in military service, or vessel, if in the Navy.]

in the service of the United States, in the war of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at New Orleans La, on the 29th day of February, 1864. That he is Now unable to earn a support by reason of Heart disease kidney troubles and epesma [Here name the diseases or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has applied for a pension under application No. 1001855. ~~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.

That he has Not been employed in the military or naval service otherwise than as stated above

[If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.]

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, 29 Pemberton Square, Boston, his true and lawful attorney to prosecute his claim (**without fee**); that his post-office address is South Acton, county of Middlesex State of Massachusetts.

ATTEST: L. P. Delough
Justice of the Peace

Charles A Brooks
[Claimant's signature.]

Also personally appeared Nathanial M. Allen, residing at South Acton
and George A. Clough, residing at South Acton, persons whom I certify
to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Charles A. Brooks, 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 ten years and ten years, respectively, that he is the identical person he repre-
sents himself to be; and that they have no interest in the prosecution of this claim.

Nathanial M. Allen
George A. Clough
[Signatures of witnesses.]

Sworn to and subscribed before me this 31st day of March, A. D. 1894,
and I hereby certify that the contents of the above declaration, etc., 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. S.]

L. F. Clough
[Signature.]
Justice of the Peace
[Official character.]

CERTIFICATE FILED

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

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

Ans. O. 1, 001, 888-2 P 84

APR 4 1894

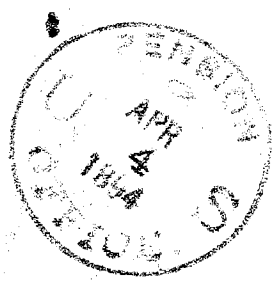
AA. AA.

SOLDIER'S APPLICATION.

Charles A. Brooks
Name,
Quin Lea Co 26 Regt.
Service,
27 Mass. Inf.
Address, South Acton,
Mass.

Date of Execution, Mar. 31/94

FILED BY
STATE PENSION AGENT OF MASS.,
29 PEMBERTON SQ., ROOM 6,
BOSTON, - - MASS.



DECLARATION FOR AN ORIGINAL DISABILITY PENSION

Under Act of Congress approved June 27, 1890.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a 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 Mass }
County of Middlesex } ss.

On this 8 day of June A.D. one thousand eight hundred and ninety four personally appeared before me a Justice of the Peace of the

Charles A. Brooks aged 55 years, who, being duly sworn according to law, declares that he is the identical Charles A. Brooks

who was ENROLLED as a Private on the 4th 29 day of Feby 1864 in Company E of the 26 Regiment of Mass Infantry Vols

and served at least ninety days in the war of the Rebellion, and was honorably DISCHARGED at New Orleans on the 29 day of Feby, 1864; that his personal description is as follows: age 55

years; height _____ feet _____ inches; complexion _____; hair _____; eyes _____. That he is suffering from the following disability is which is of a permanent character, viz.:

Heart Disease; disease of kidneys
(Here state fully the name or nature of the disease or injury which disables you from performing manual labor. If an injury, state the exact location.)
Scrofula; tumor; impaired vision

That the said disability is are not the result of any vicious habits of the claimant, and _____ (disability or disabilities.) (it or they) incapacitate _____ him from the performance of manual labor in such a degree as to render him unable to (incapacitate or incapacitates.) earn a support.

That he is not receiving an invalid pension of \$ _____ per month under certificate (is or is not) (rate of pension)

No. _____ for _____ (Give cert. No.) (Here state the exact disability for which you are pensioned, copying it word for word from your certificate.)

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. That he has _____ been employed in the military or naval service otherwise than stated above. In Co. E 6 Mass from April 15 1861

to August 2 1861.
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the _____
29 day of Feby 1864 and that his occupation (Give date of your last discharge.) has been that of a whirlwright wheel abce. That he is now much disabled from obtaining his subsistence by manual labor by reason of the disability is above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the Act of Congress of June 27, 1890. He hereby appoints with full power of substitution and revocation: J. BROOKS

of BOSTON, MASS his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars.

That he has _____ heretofore applied for a pension, but his claim has not been allowed, the No. (If you have a claim for pension pending under the old law, give number of the claim.) of the claim being No. 100-1853; that his residence is So. Acton, Mass and that his post office address is _____

Lucius A. Hesselton

Kathaniel M. Allen
(Two witnesses who can write, sign here.)

Charles A. Brooks
(Signature of Claimant)

ATTY FILED

Also, personally appeared Lucius A. Herrellton residing at South Acton and Nathaniel M. Allen residing at South Acton 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 Charles O. Brooks the claimant sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him, for 20 years, and 10 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.

Lucius A. Herrellton

Nathaniel M. Allen

(If Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

Sworn to and subscribed before me this 8 day of June A.D. 1895, 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. S.]

Certificate on file to cover
date of execution.
Law Division.
Clerk of the

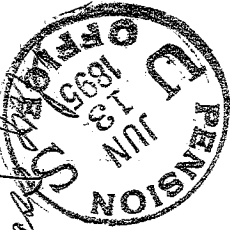
Le. V. Delough
Justice of the Peace

Dr. O. 1001855
ORIGINAL
DISABILITY CLAIM
FOR
PENSION.

Under Act of Congress, June 27, 1890.

Charles O. Brooks Applicant.
Co. "E" Reg't. 20
1st Vols. 1861
Enlisted 4 Sept
1861

Discharged 29 Feb 1867
Co. 6 Mass



FILED BY
F. EMMONS,
BOSTON, MASS.
RECORD DIV
JUN 24 1895
RECEIVED.

SOLD BY
T. H. EMMONS, STATIONER,
BOSTON, MASS.
JUN 17 1895 P.
RECEIVED.

Declaration for Invalid Pension.

Act of June 27, 1890.

Note.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of clerk of court is not necessary. If no seal is used, then such certificate must be attached.

State of Massachusetts, County of Middlesex, ss:

ON THIS 11 day of Feb A. D., one thousand, eight hundred and ninety two

personally appeared before me, a Justice of the Peace

within and for the County and State aforesaid Charles A. Brooks

aged 34 years, a resident of the town of Acton

County of Middlesex, State of Massachusetts, who, being

duly sworn according to law, declares that he is the identical Charles A. Brooks

who was ENROLLED on the 4th day of September, 1861, in Company

E. 26th Regt. Mass. Inf.

regiment, if in the army, or vessel, if in the navy

Was in Co. E 6th Mass. Inf. from April 15 1861 to Aug 2 1861

in the service of the United States in the war of the rebellion, and served at least ninety

days, and was HONORABLY DISCHARGED at New Orleans, on the 29 day of

February 1864. That he is largely unable to earn a support by manual

labor by reason of Heart disease; scrofulous humor; Kidney

trouble; Lumbago; Rheumatism;

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

That he has applied for pension under application No. 1501856 That he is a pensioner

under ~~Certificate~~ No. _____

If a pensioner, the certificate number only need be given. If not, give the number of the former application

if one was made.

That he has not been employed in the military or naval service otherwise than as stated above.

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

FREEMAN EMMONS, of Boston, Mass.,

his true and lawful Attorney, to prosecute his claim, and he directs that the sum of Ten Dollars be paid to said Attorney.

That his Post Office address is South Acton

County of Middlesex, State of Massachusetts

Nathaniel M. Allen Charles A. Brooks

Lizzie A. Cough

Two witnesses who can write, sign here.

ATTY FILED

appeared Nathaniel M Allen residing at South Acton
and Lucie A. Blough
residing at South Acton, persons whom I

CERTIFY to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles A. Brooks, 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 Twelve years and Ten 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.

Nathaniel M Allen

Lucie A. Blough
Signatures of Witnesses.

Sworn to and subscribed before me this 11th day of February, A. D., 1896,
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.

**Certificate on file to cover
date of execution.
Law Division.**
H

L. V. Blough
Official Signature.

Justice of the Peace
Official Character.

[L. S.]

I,

Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 189_____.

[L. S.]

Clerk of the _____

The Act of June 27, 1890, REQUIRES in case of a soldier:

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

Dec. 0. 1001896
Soldier's Application.

Act of June 27, 1890.

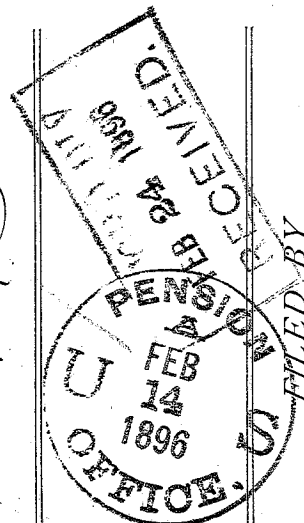
Name Charles A. Brooks

Service 26th Feb

Mass - July -

Address South Acton

Mass



FREEMAN EMMONS,

ATTORNEY,

4 STATE STREET,

BOSTON, MASS.

For sale by J. H. SOULE, Washington, D. C.

**LAW DIVISION,
B. FEB 17 1896 P.
RECEIVED.**

ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 915819 Department of the Interior,
Name, Charles A. Brooks 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,

Charles A. Brooks
Co. E. 26 Mass
Regt Inf

Henry Evans
Commissioner of Pensions.

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

Answer. No

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. No

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

Answer. NoDate of reply, June 4, 1898

0-8

(Signature.)

5301b750m1-98

GENERAL AFFIDAVIT.

NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state how you know what you say to be true; whether from personal observation or otherwise. This blank can be used for the testimony of either one or two persons.

STATE OF Massachusetts }
COUNTY OF Middlesex } ss.

In the matter of the claim for pension
of Charles A. Brooks
late of Company E, 26th Regiment, Mass Volunteers.

Personally came before me, a Justice of the Peace in and for aforesaid County
and State, Nathanial M. Allen, aged 53 years,
and Ruben L. Reed, aged 53 years,
residents of South Acton, in the County of Middlesex, State of
Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

I have known Charles A Brooks for the
past ten years and remember of his
having had severe sickness from
heart disease and kidney trouble at
different times during ^{that} period so much
so as to be confined to his bed and
require the attendance of a physician
and nurse for weeks at a time.
at the present time he is not able
to do a full days work at his trade.
I do not think his disabilities are
the result of vicious habits.

Nathanial M. Allen

I have lived in Acton and know Charles A Brooks for
twenty years, and know that he was ^{sick} and confined to his
bed under the care of a Doctor and Nurse at different
times for several days at a time, he is not able to
do only part of a day work, and I do not think that
his sickness that the former Doctor says is Heart and Kidney
trouble was caused by bad habits.

Ruben L. Reed

We further declare that the above testimony was all written in our presence, on the 16th
day of January 1894, at South Acton by ourselves and only
from oral statements then made to said and that in making the same
We did not use, and were not aided or prompted by any written, or printed statement or recital pre-
pared or dictated by any other person, and that we have no interest in said case, and are not concerned
in its prosecution.

Affiant's Signature,

P. O. Address,

Nathanial M. Allen
South Acton Mass.

Affiant's Signature,

P. O. Address,

Ruben L. Reed
South Acton Mass.

Attest—when any affiant signs BY MARK two persons sign here.

and subscribed before me this day by the above-named affiant^s ; and I certify that I read said affidavit to said affiant^s , and acquainted *them* with its contents before *they* executed the same ; that said affiant^s *are* personally known to me ; that *they are* credible person^s and so reputed in the community in which *they* reside . I further certify that the words were erased, and the words were added before execution, and that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my hand and seal this *16th* day of *January* 189*4*

ADD SEAL HERE.

{ Any erasures or interlineations in the foregoing affidavit should be certified by the Magistrate, in his jurat, as having been made before execution. }

L. T. Delong.

Magistrate's Signature.

Justice of the Peace.
Official Character.

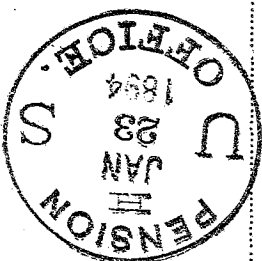
NOTE.—This may be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If sworn before a NOTARY or JUSTICE, then the official character and signature of such officer should be verified by certificate of the Clerk of Court, on the form which follows :

I, Clerk of the Court, in and for aforesaid County and State, do certify that Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a in and for said County and State, duly commissioned and sworn ; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of said Court, this day of 189 ..

..... Clerk.

[L. S.]



Nature of Claim.

No. *1001855*

Claimant

Charles A. Brooks

Late.

Co., *26th* Reg't,

Mass-Inf - Vols.

AFFIDAVIT OF

FILED BY

FILED BY

F. EMMONS,
BOSTON, MASS.

Sold by
T. H. BALL, Law Stationer,
51 Court Street, Boston.

In the Claim for Pension of Charles A Brooks
late of Co. E. 6th and Co. E. 26 Regt. Mass Vols No 1001855

I The claimant ~~in~~ _____ aged 52 years whose

P. O. Address is South Acton —

do solemnly swear that I enlisted Apr. 15th 1861 in Co. E. 6th

Regt. Mass Infy Vols. (3 months) & was discharged

August 2^d 1861. Enlisted again Sept. 4th 1861

in Co. E. 26th Regt. Mass Infy Vols.

& was discharged Jan. 31st 1864. enlisted same

Co. & Regt. Feb. 1st 1864. & was discharged Aug. 26th

1865 & have not been in the Military or Naval

Service of the United States since Aug. 26th 1865.

All the the troubles on which I claim a

pension were contracted before I applied

for a pension — none of the troubles on

which I applied are the result of any

vicious habits of mine I believe the

troubles on which I make my application are
permanent

~~I have no interest in this Claim for Pension.~~

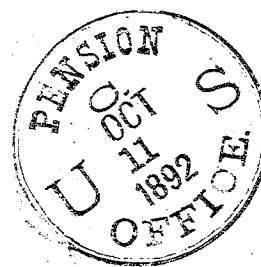
[Full Name.] Charles A. Brooks

State of Mass, County of Suffolk Oct 7, 1892

Then personally appeared the above-named Charles A. Brooks, whom
I know to be reputable and entitled to credit, and made solemn oath that the above statement by
him subscribed was true, before me. I have no interest in said claim for pension.

He read the above statement or it was carefully read to him before he signed and made

FILED BY
F. EMMONS,
BOSTON, MASS.



Sworn to and subscribed before me this Sixteenth day of March
A.D. 1894, and I hereby certify that the affiant is a practising physician in good professional stand-
ing; that the contents of the above declaration, &c., 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.

Charles B. Stone

(Signature.)

Notary Public

(Official Character.)

[SEAL.]

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



Act of June 27th. 1890.

No. _____

CLAIM FOR

Soldiers' Pension

Charles A. Brooks

Priv. Sec. Co. 2d Regt.

Mass. Inf.

MEDICAL EVIDENCE.

AFFIDAVIT OF

Isaac H. Hutchins M.D.

FILED BY

STATE PENSION AGENT OF MASS.

29 PEBERTON SQUARE, ROOM 6,

BOSTON, MASS.

Physician's Affidavit.

Act of June 27, 1890.

This affidavit should, if possible, be in the handwriting of the affiant; the instructions on the back should be carefully observed. All the facts in the possession of the affiant, as to the origin and continuance of the disabilities alleged, should be set forth, and the dates of treatment should be specially given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Claim # 1001853

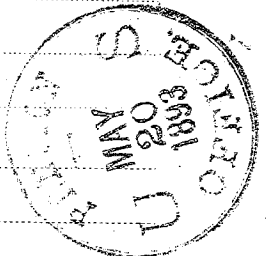
State of Massachusetts, County of Middlesex, ss:

In the pension claim of Charles F Brooks
of Co. E of the 24 Regiment of Mass Volunteers. Personally appeared before me a Notary Public in and for the County and State aforesaid, Levi H. Hutchinson, a resident of West Acton in the County of Middlesex, State of Massachusetts who, being duly sworn, declares in relation

to said claim as follows:

Charles F Brooks was taken sick in May 1891 with fever and very irregular action of heart. He much feared that the condition would prove immediately unfavorable but he gradually amended and has been able to do some work since. He was taken sick again in March 1892 with very much the same difficulty the heart action being weakened and generally in a weak condition. Active exercise and excitement always producing defective heart action. Said Charles F Brooks can do possibly half a day's work by resting at frequently intervals.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he has



been a practitioner of medicine for 40 years.

Isiah Hutchins M.D.
Affiant's Signature. Give rank and service, if in the army.
2nd Lieut Co E 6 mar regt

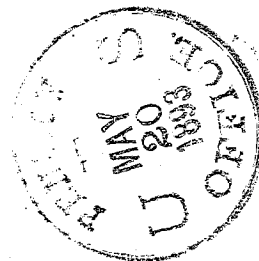
SWORN to and subscribed before me on the _____ day of _____, 189____, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above affidavit were fully made known to him before swearing, including the words _____ erased, and the words _____

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

OFFICIAL SIGNATURE:

L. F. Lough.
Justice of the Peace

NOTES:—The physician's affidavit must show the following facts: 1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him. 2nd. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.



MEDICAL EVIDENCE.

Act of June 27, 1892.

Affidavit of

Claim of
Charles A. Brooks

Co. E 26th Reg't.

Mass - Volunteers.

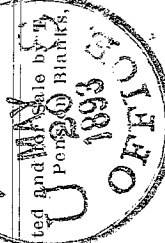
No. *1001855*

FILED BY

FILED BY

F. EMMONS,
BOSTON, MASS.

Printed and Published by HENSLEY, Publisher of
Pension Blanks, Washington, D. C.



PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This Affidavit should, if possible, be in the handwriting of the Affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of Affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the Affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

NOTES.

The Physician's Affidavit should set forth:—

1st. If he knew the soldier prior to enlistment, he should state the length of time he knew him; how intimately; and what opportunities he had of observing his physical condition, whether as his family physician, or as a neighbor; how near he lived to him. If he knew that he was a sound man at enlistment, he should so state; adding, if true, that had he been unsound he would have known it.

2d. If he treated soldier while in the service, either as his regimental surgeon, or while soldier was home on furlough he should so state, giving the nature of the disability, with the date, place, and duration of treatment.

3d. If he has treated soldier since discharge, he should state the date of first treatment; his physical condition at the time, with complete diagnosis of the disability; and the dates and duration of all subsequent treatment.

4th. The extent or degree to which soldier has been disabled for manual labor during each year of the time he has been under treatment or observation should be shown.

5th. If the soldier is dead, the date and cause of death should be fully stated.

In the matter for the Claim for Pension No. 1002855

of Charles A Brooks
Claimant's name.

late of Company E Regiment, 26 Mass Volunteers,
Company and regiment of service, if in the Army; or name of vessel, if in the Navy.

I, Isaiah Kitchin a resident of Port Victor
Physician's name.

County of Middlesex, State of Mass, on oath declare:—

That I am a practising physician; and that I have been acquainted with said soldier for about 30 or 40 years, and that

Affiant should here embody all the facts known to him in accordance with the marginal instructions.

I have attended said Chas A Brooks
in May 1891 and have seen him at
intervals since that time. One knows that
there is an irregular and defective action
of the heart that has troubled him ever
since and ever trouble him since that time.
I do not think he would be able to perform
manual labor or endure excitement
I do not think that said difficulties
are due to vicious habits
I think said applicant Charles A Brooks could
not do ordinary work not work out down
but working at his trade that of what might
be might be half a day's work

I further declare that I have been a practitioner of medicine for 40 years, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My Post-office address is West Acton Middlesex Co Mass

Isiah Hutchins

Hospital Stewards 6 months Oct 9 monthly
2nd Lieut Co 7 6 mos Oct, 1882 day

Give rank and service, if in Army or Navy.

State of Massachusetts

County of Middlesex ss.

On this 13 day of Sept 1893, personally appeared before me the above-named Isiah Hutchins

to me well-known as a reputable physician in good professional standing, and made oath that the foregoing statement by him subscribed is true.

I certify that the words.....

were erased, and the words.....

were added before execution, and that I have no interest, direct or indirect, in the

[L.S.] prosecution of this claim.

{ Any erasures or inter-
lineations in the foregoing
affidavit should be certified
by the Magistrate, in his
jurat, as having been made
before execution. }

L. F. Holcomb
Magistrate's Signature.

Justice of the Peace
Official Character.

NOTE.—This may be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If sworn before a Notary or Justice, then the official character and signature of such officer should be verified by certificate of the Clerk of Court on the form which follows:—

I, Clerk of the Court, in and for aforesaid County and State, do certify that Esq., who hath signed his name to foregoing affidavit, was, at the time of so doing, a in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of said Court, this day of 189 ..

..... Clerk.

[L.S.]

Name of Claimant {
No. 1001855
Claimant Charles A Brooks
Late Co. E 26th Reg't.
Mass. Inf. Vols.
MEDICAL EVIDENCE.
AFFIDAVIT OF EXTENSION
SEP 19 1893
FILED BY
F. EMMONS,
BOSTON, MASS.
SOLD BY
T. H. BALL, Law Stationer,
49 Court St., Boston, Mass.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Mass, County of Middlesex, ss:

In the Pension Claim No. 100 1855

of Charles A Brooks late of
Co E. 26 Regt Mass Vol Infy
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 aforesaid County and
State South Antigonish a citizen of New Bedford

whose Post Office address is: New Bedford Middlesex Mass
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 that he has been acquainted with said soldier for about 25 or 26 years, and that

Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

NOTES. The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

I have attended Charles A Brooks March 9 10 11 13 & 24 1872 which is the only book account I have of Charles A Brooks I think about May 89 of which I have no book account the charges were made in a lump against Dr. Brooks father's services of the family being sick at the same time and the account being settled by the administrators of his father's estate.
At that time I think he had La Grippe with Rheumatic affection I think he was sick at that time from 4 to 6 weeks at various other times I have prescribed for him.
I think Dr. Charles A Brooks has trouble causing a defective & weakened action of the heart occasioned by Rheumatism and general debility & violent exertion.
He has an enlarged prostate causing some difficulty in passing water.
I do not think he is able to do manual labor half the time.
I do not think these different troubles have been produced by his previous debility.

He further declares that he has been a practitioner of medicine for about 24 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Samuel Burke
Affiant's signature—give rank and service if in the army.

Sworn to and subscribed before me this 31st day of March, A. D., 1896,
and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., 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.

H. A. Littlefield
Official Signature.
Justice of the Peace
Official Character.

[L. S.]

John L. Ambrose, Clerk of the County Court in and for aforesaid County and State, do certify that H. A. Littlefield, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this third day of April, 1896.

[L. S.]

John L. Ambrose
Clerk of the Superior Court.

Note.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of clerk of court is not necessary. If no seal is used, then such certificate must be attached.

MEDICAL EVIDENCE.

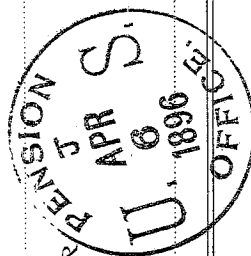
AFFIDAVIT OF

Joachim Hutchins M.D.

CLAIM OF

Charles A. Brooks
Les E. 26, Mass Vols

No. 1001885



FILED BY
FREEMAN EMMONS,
ATTORNEY,
4 STATE STREET,
BOSTON, MASS.

For sale by J. H. SOULE, Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This Affidavit should, if possible, be in the handwriting of the Affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of Affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the Affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

In the matter for the Claim for Pension No. 100 18 55,

of Charles A. Brook
Claimant's name.

late of Company E, 6426 Regiment, Massachusetts Volunteers,
Company and regiment of service, if in the Army; or name of vessel, if in the Navy.

I, F. U. Ricketts, a resident of Maynard
Physician's name.

County of Middlesex, State of Massachusetts, on oath declare:—

That I am a practising physician; and that I have been acquainted with said soldier for about 12 or 14

years, and that I have treated him personally at
Affiant should here embody all the facts known to him in accordance with the marginal instructions.

different times, during that time. He
suffers from Chronic Eczema of the hands
and arms particularly. Sometimes his hands
are very raw and bleed when he uses them

He also suffers from pain in
the cardiac region doubtless from some
pericarditis & rheumatic valvular lesion of that
organ. His right is not good and he
is obliged to wear glasses to read & work.

Has considerable pain in the back
over the region of kidneys especially
when he does any hard work.

In fact the man is broken
down and is a premature old man.
Rheumatism causes him considerable
trouble also.

I know of no vicious habits which
he has or has had that have been the
cause of any of the above troubles.

NOTES.

The Physician's Affidavit should set forth—

1st. If he knew the soldier prior to enlistment, he should state the length of time he knew him; how intimately; and what opportunities he had of observing his physical condition, whether as his family physician, or as a neighbor; how near he lived to him. If he knew that he was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated soldier while in the service, either as his regimental surgeon, or while soldier was home on furlough he should so state, giving the nature of the disability, with the date, place, and duration of treatment.

3d. If he has treated soldier since discharge, he should state the date of first treatment; his physical condition at the time, with complete diagnosis of the disability; and the dates and duration of all subsequent treatment.

4th. The extent or degree to which soldier has been disabled for manual labor during each year of the time he has been under treatment or observation should be shown.

5th. If the soldier is dead, the date and cause of death should be fully stated.

I further declare that I have been a practitioner of medicine for 15 years, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My Post-office address is Maynard Mass Box 104
F. M. Rich M.D.
Affiant's Signature.

Give rank and service, if in Army or Navy.

State of Massachusetts }
County of Middlesex } ss.

On this 22 day of June 1895, personally appeared
before me the above-named F. M. Rich M.D.

to me well-known as a reputable physician in good professional standing, and made oath that the foregoing statement by him subscribed is true.

I certify that the words.....

were erased, and the words.....

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

[L.S.]

{ Any erasures or inter-
lineations in the foregoing
affidavit should be certified
by the Magistrate, in his
jurat, as having been made
before execution. }

John B. Drape
Magistrate's Signature.
Justice of the Peace
Official Character.

NOTE.—This may be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If sworn before a Notary or Justice, then the official character and signature of such officer should be verified by certificate of the Clerk of Court on the form which follows:—

I, Clerk of the Court, in and for
aforesaid County and State, do certify that Esq.,
who hath signed his name to foregoing affidavit, was, at the time of so doing, a
in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full
faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of said Court, this day of 189 .

..... Clerk.

[L.S.]

Signature
of Claimant.

No. 1001855

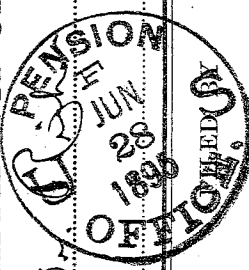
Claimant Charles A. Bowles

Late Prior Co. 26th Reg't,

Mass. Inf.- Vols.

MEDICAL EVIDENCE.

AFFIDAVIT OF



F. EMMONS,
BOSTON, MASS.

SOLD BY
T. H. BALL, Law Stationer,
51 Court St., Boston, Mass.



Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept 25, 1893.

Respectfully returned to the officer in charge
of the Record and Pension Office, War Department,
requesting a full military and medical
history _____
(Descriptive

list.) _____ of the soldier.

Please examine all records likely to afford
any information as to diseases, wounds, or injuries
incurred by him while in the service.

Claim No. 1001855

Name Chas A. Brooks

Co. E Regt. 26 Mass Vol Inf

J. M. Lockman
(in cursive) Commissioner.

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Charles A Brooks
Co. E 26 Reg't Mass Inf
was enrolled Sept 4, 1861,
and M. O. Aug 26, 1865.
Re-enl'd Feb 29, 64.

From Sept 4, 1861, to Aug 25, 1865,
he held the rank of Private.

and during that period the rolls show him present
except as follows: Enr to Feb 28, 62
Presence or absence not
stated. Oct 31, 63 sick in
Hospital M. O. La Sept 13, 60
came to Feb 29, 64.