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BEST AVAILABLE COPY.

	THE NATIONAL ARCHIVES  SOLDIER'S CERTIFICATE	
VETERÁN	Mo. 915819 Charles a Brooks:	
SERVICE.	Co. E. J.B. mass. Worldan	<u>/ </u>
	18830 BUNDLE NO. 2	<u>5</u>

## TION 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, a official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by rk of a Court of Becord, or a City or County Clerk. County of A.D. one thousand eight hundred and ninetyof the ... ECORD-within and for the County and State aforesaid sworn according to law, declares that he is the identical was ENROLLED erved at least ninety days in the war of the Rebellion 18.64; that his personal description is as follows: age. ..... That he is suffering from the following disabilit which are of a permanent ..are disabilit Co not the result of any vicious habits of the claimant, and What the ...him from the performance of manual labor in such a degree as to render him unable to incapacitate. (incapacitate or incapacitates.) earn a support. That invalid pension an(rate of pension) (is or is not) the exact disability for which you are pensioned, copying it word for word from your certificate.) (Give cert. No.) 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... service otherwise than stated above. and that his occupation That he is now Tune has been that of a disabled from obtaining his subsistence by manual labor by reason of the disabilit above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension of Tongress of June 27, 1890. He pereby appoints with full power of substitution and (Ammons revocation ...his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars. That he has MOT heretofore applied for a pension, ...; that his residence is..... and that his post office address is...

(Two witnesses who can write, sign here.)

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<b>'A</b> c'	of June 27, 1890.	
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## Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. June 7, 1894

No. 1001856
Name, Charles A. Brooks
Co. E., 26 Reg't Mass Inf

Date of filing, March 9, 1891

Date of rejection, Jan 25. 1594

CAUSE OF REJECTION.

No ratable disability shown under act June 27. 1890.

ABSTRACT OF TESTIMONY TO REOPEN.

Luy & Medical testimony

For resulminanon Blunchard Examiner

................, Chief of Div.

Respending \( \) approved

JUN 8 1894

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Act of June 27, 1890.

NVALID	PENSION. 10018.
Variant, Charles A: Brow	
P.O., South acton	Rank, Rin
County, Middlesey	Company, E
state, Mass	Regiment, 26 Mass bol In
Rate, \$, per month, commen	roing March 9, 1891
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# Act of June 27, 1890.

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### Act of June 27, 1890.

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and the second s		honorably discharged. Chang 26, 1865
Declaration filed	June 13, 1895, alle	eges permanent disability, not due to vicious habits,
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sight.		
- Claiman	t writes.	no m. C.
6—687		(13335—150,000.)

Medical Division.

# Department of the Interior, bureau of pensions,

(Cashington, 1). (Cuy 29, 1896.

No. Claim, 1001856.
Claimant, Charles al. Brooks
Co. E., 26 Reg't Mars. Inf.

Respectfully returned to the CHIEF of the Dound of Period with the opinion that a ratable disability, under the ACT OF JUNE 27, 1890, is—shown in the case from Liouse from Liouse

Caup.

Medical Examiner.

Approved.

Fantural Coff

Medical Referee.

ACT OF J	UNE 27, 1890.
INVALID	PENSION.*
daimant, Charles A. Brook	
P.O., South acton	Rank, Private
State Madelesey	Regiment, 26 Mars Vol Ing
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	<i>C</i>
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RECOGNIZE	D ATTORNEY.
Name, Freeman Emmory	Fee, \$10. Agent to pay.
P.O., Buston Mass.	Articles filed,, 189
	ROVALS.
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	st paid to, 18, at \$
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Every name dropped to be thus reported at once.

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Ex'r,
Blow No. 1.001.855.
Acts of June 27, 1890.
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P.O. South actor
Mass
Service: E, 26, Mass. In.
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Enlisted: Sept. , 186/.
Discharged: 110629, 1864
Application filed: Mar 9, 189/,
Alleges:
Any other Claim filed: 20 3/ag
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Numerical No. 5-97.867
Attorney: 4. Eminions
P.O. Boston
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Recognized, Contract.  Cert. of Dis. Searched for 18
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Inv. ONo. 1001855
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Charles A. Brooks
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- Middlesex Co. Mass.
Service: E. 26. Mass Inf.
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Discharged: <i>Geb.</i> 29 , 1864.
Application filed: Apr. 4,1894
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Numerical No.
Attorney: J. B. Parsons,
Attorney: J. 43. Parsons, P. O. 29. Pemberton Square
Boston mass.
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Charles a, Brooks	
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6" 6" Mass. Inf.	
Enlisted: April 13-2,1861.	
Discharged: 44- 294, 1864.	
Application filed: June 13 = ,1893.	
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Attorney: Freewan Emmons	
P.O. Boslon	
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Charles a	Brooks,
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HAttorney: Freema	n Immons,
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TAddress "The Officer in charge of the Record and Pension Division, War Department, Washington, D. C."

#### WAR DEPARTMENT,

Record and Pension Division,

Respectfully returned to the

Commissioner of Pensions.

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mentioned in the preceding endorsement, was enrolled
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By auchority of the Secretary of Har.
Major and Surgeon, U. S. Army.
Per An-

	<b>Act</b> of <u>Jum</u> ,27, 1890.
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	Cert. No. 915819
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	the name of the absent	ee, must be indorsed up	on each certificate.	
Insert character and number of claim.	mymal,	<u> </u>	Pension Claim No. 🖊	001855
	State above whether for origin	mal, increase, or restoration.]	•	4 L
Name and rank of claimant.			, Ran	, 1/1/
	Company 6, 6 R	leg't Mass	Post-office addre	State,
Claimant's post- office address.	S. Action or	llass	10011	
omce address.			•	amination.]
	We hereby certify	that in compliance wit	h the requirements of	the law we have carefully
				llowing disability, incurred
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bility.	Daystukas 2			1/1/
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If a pensioner, fill in the amount; if not, erase the	and that he receives a	pension of		dollars per month.
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	Saskam or	ver heart an	1 Jumpino.	[Original increase, restoration, &c.]
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as briefly and as compactly	mich in la	oh and in	11/1/	11- who and
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cause of disa-	Jeeth or Jee	patch of a some to disability	egenva of company of the is, in our opinion, of	entitled to a good for that caused

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

(3504—300,000.) 6—552

Continue record of examination here.	•					
			2 681	BOARD.		d in full.
NON TO STATE OF THE PARTY OF TH	SURGI	Applicant for Circus.	DATE OF EXAMINATION:  Some h. Fell Proc.	of mehan	County, Mudelle	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.]

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. Pension Claim No. / Name and rank of claimant. Company **6**Reg't ∠ State, office address of the Board. ost-office addres 189 Claimant's post-office address. 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 disa- in the service, viz: ldene If a pensioner, fill in the amount; if not, erase the whole line. dollars per month. and that he receives a pension of He makes the following statement upon which he bases his claim for [Original, Here give the claimant's statement as briefly and as compactly as possible. an Upon examination we find the following objective conditions: Pulse rate, height, temperature, \_ feet \_inches; weight, respiration, pounds; age, 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 nust be stated. When not due to such habits this fact must be stated.

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

(12474—100,000.) 6—552

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tion here.									
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SOFFI	SURGEON'S CERTIFICATE	Challe N. Borks Co. E. 26Regt Mass	Applicant for agus	No. lov 18-5-5 Date of Examination:	May 9 4 189 4	my Caula Treas.	Post office, Madle of 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.

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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.

nsert character and number of	Orginal,	Pension Claim No. 1001, 855
claim.	[State above whether for original, increase, or restoration.]	Rank, br
Tame and rank of claimant.		
	Company 6, 26 Reg't Mars	[Post-office address of the Board.]
Claimant's post	Section Max	July 24 , 1890.
office address.		[Date of examination.]
	We hereby certify that in compliance	with the requirements of the law we have carefully
	examined this applicant, who states that h	e is suffering from the following disability, incurred
Torres of dies-	in the service, viz: Deserve of	Short & hadneys Sarafala
bility.	1	
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If a pensioner, fill in the amount;	and that he receives a pension of	do <del>llars per mont</del> h.
if not, erase the whole line.	He makes the following statement upo	n which he bases his claim for [Original, increase, restoration, &c.]
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		; height, feet inches; weight,
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	pounds; age, gears.	romal postine, no abour
Here give a full		
description of the disabilities, in accordance		virace pale morroad
with Book of Instructions.	to 130, week and &	lightly inegular respi
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Rate for EACE cause of disa- bility.	rating for the disability caused by	of that caused
	by all Sthy desalorel	for that caused by
	M M 1 Th 2	W. And of
	1 prise Junch , Pres/Mrs. J.	Treas. VI. D. Warley, Treas.
	M. B.—Always forward a certificate of ex	amination whether a disability is found to exist or not.

(7567—200,000.) 6—552 •

Continue record of examination here.	
r Tarangan	
OF C	TCATE  Ser. 189  Treess.  Board in full.
	CERTIFICATION STANDARD CERTIFICATION OF THE STANDARD CERTIFICATION
	SURGEON'S CI  Character for Construction  St. 26 Reg't.  No. (-3)
	SUB. Co. E. Post office, County, P. S.—Write
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(A)	

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 fi m 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.	Pension Claim No. 1001855
7	Cane above whether to organia, increase, or restoration.
Name and rank of claimant.	, Kalik,
	Company & Reg't State, [Post-office address of the Board.]
Claimant's post-	Do Adne Mark June 10 , 1896.
office address.	[Date of examination.]
get a	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 disa-	in the service, viz: Steart Disease, Soutula Kifung
bility.	
	recore Innifery, Mummellone
If a pensioner, fill in the amount;	and that he receives a pension of dellars per month.
if not, erase the whole line.	He makes the following statement upon which he bases his claim for Angusel
	[Original, increase, restoration, &a.]
Here give the	
claimant's statement as briefly and	but a little pan in objection, white and took
as compactly as possible.	the later on lifting - Sam in the Jake heart procks
	bristes rope when working - Hus a rock on
* -	has and similares a times venendones
	hims bains amitimes when ladeng has
	apills of frequest michaelese
	Upon examination we find the following objective conditions: Pulse rate,;
	respiration, 18; temperature, 18/2; height, feet inches; weight,
	pounds; age, years.
	No onelling of any friet or Coulyac.
Here give a full description of the disabilities,	tron dantedon bothmuscle motion
in accordance with Book of	I lett , I houlder conservat impair
Instructions.	I tother motion how I that with
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	144 respirations to 28, on exercise 20
The actual or	action of the Alexander &
probable origin of every exist- ing disability	1- Action Description
must be fully	Chi di di
Whenever a disa- bility is shown, or is believed	- It as a stight legenea sh skins
to be due to or aggravated by	the alleged or full to rolling for
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be stated. When not due	Ohme bele 1018 clear no eller
to such habits this fact must be stated.	o And Carlo
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Each disability must be rated	18 oller Resoluty
separately, theactofCon- gress of Mar.	
2, 1895, requiring "that	
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ing surgeons shall specifi- cally state	
the rating which, in	
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titled to."	
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N.B.—Alyays forward a certificate of examination whether a disability is found to exist or not.

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J. JIII. O. 1896 ICE.	SURGEON'S CERTIFICATE	Co. E. L. G. Reg. Mers.	Applicant for Quint	XAMINATION:		/	0	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.

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# Department of the Juferior,

BUREAU OF PENSIONS,

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

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. 100/855

Name Chas A. Brooks

Co. E. Regt. 26 Mass bol So

The Educates & Commissioner.

12088—100,000.

6-84

€ 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
was enrolled Soft Hassing,
was enrolled Soft 4 ,1861,
and My O. Oug 26, 1865, Re-enl V. V. Feb 29, 64,
Re-enl V. V. Jelo 29. 64.
<u> </u>
From Selt 4, 1861, to Que 2'5, 186 5; he held the rank of Caivate.
ne neld the rank of Vaivate.
and during that period the rolls show him present
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Co Charles Brook, Fa- Les E. Z6 Wass Sept 16:63 Co Wich 24-64, Wiambora	Hearing

[Act of June 27, 1890.]



# Commonwealth of Massachusetts.

# PENSION DEPARTMENT. NO. 29 PEMBERTON SQUARE, BOSTON.

# DECLARATION FOR INVALID PENSION.

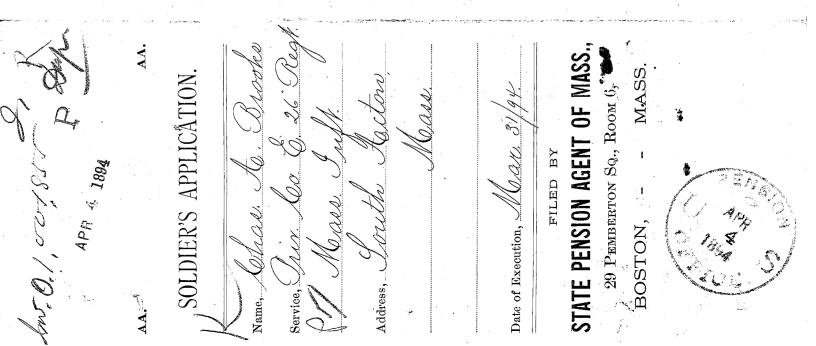
To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,
County of Middles & Ss.
On this 3/ day of March, A. D. one thousand eight hundred and ninety-fund
personally appeared before me, a fustice of the Proce
within and for the county and State aforesaid, Scharles & Bracks
aged 55 years, a resident of the John of Atom, county
of Middlesey, State of Massachusells . who, being duly sworn according
to law, declares that he is the identical Charles & Sroaks who was
ENROLLED on the day of Sefet, 186/, in lo & 26
ment 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
There Coleans Loa, on the 29 th day of February,
1864. That he is Now unable to earn a support by reason of Kunt Mises
[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 per-
manent. That he has applied for a pension under application No. 100/855. That he is
a pensioner under contificate 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 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 Action , county of Middlet
State of Massachaetts.
ATTEST: La Polonga la Sinta ARranda
Evalue of the leace [Claimant's signature.]

	16 TI . 20 1/10 8 TI 1
	eared Mothaniel M. Allen, residing at South Leton
and Jeorge A.	Clough, residing at South Action, 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 / Do	, the claimant, sign his name (or make his mark) to the foregoing
declaration; that they ha	ave every reason to believe from the appearance of said claimant and their acquaintance
with him for Jen	years andyears, 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.
	Nathaniel M. Allen
	[Signatures of witnesses.]
Sworn to and subser	ribed before me this 3/ day of March, A. D. 1894,
and I hereby certify tha	t the contents of the above declaration, etc., were fully made known and explained to the
applicant and witnesses	before swearing, including the words
er	ased and the words
added; and that I have	no interest, direct or indirect, in the prosecution of this claim.
[L. s.]	La Platine de
	[Signature.]
	Justice of the Porce
	[Official character.]
	age and the second state of the second and the seco

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.



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#### ATION 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 Peac official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified to a Court of Record or a City or County Clerk. County of D. one thousand eight hundred and ninety RECORD within and for the County and State aforesaid sworn according to law, declares that he is the identical on the 184. F; that his personal description is as follows: age... years; height .... .....; hair ...... That he is suffering from the following disabilit which are of a permanent character, viz.: That the said disabilit. .....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 (is or is not) (rate of pension) ....for (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..... 18 That he has not been in the military or naval service of the United States since the .... 186X ...day of. .....and that his occupation That he is now mu has been that of a disabled from obtaining his subsistence by manual labor by reason of the disabilit 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 3 - 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 and that his post office address is...... ucins At Oesseller thaniel MAllere

24

# Declaration for Invalid Pension.

Act of June 27, 1890.

Note.—This can be executed before any officer authorized to administer gaths 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 Mousehouth , Country of Middles of , 55:
ON THIS day of A. D., one thousand, eight hundred and ninety
personally appeared before me, a fustice of the Peace
within and for the County and State aforesaid Charles &, Brooks
aged 34 years, a resident of the town of Action
County of Middling, State of Massichust, who, being
duly sworn according to law, declares that he is the identical Charles A, Brooks
who was ENROLLED on the 44 day of Softenber, 1861, in Confing, and
E. 2 1 Degle, Mass, Ms.,
Un in Co. 2 6th mon, 2/ June april 15 184/ To any 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 Alw Grleans, on the 29 day of
- Hebrury 1864. That he is longely unable to earn a support by manual
Shout disease I and love human' Kichen
labor by reason of heart disease; scrofulous human; Kickey  Name here the disease of injuries from which disabled.
trouble: Loundrage; Rhamatisms;
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. 150 856 That he is a pensioner
under Certificate No.  If a pensioner, the certificate number only need be given. If not, give the number of the former application
if one was made.
That he has been employed in the military or naval service otherwise than as stated above.
That he makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provis-
ions 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 forthe Active  State of Middless State of Manualustics

Nathanief Il Aleve

Signature of Claimant.

Scharles of Brooks

residing at South Actors persons we CERTIFY to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquain with him for January years and January years, respectively, that he identical person he represents himself to be; and that they have no interest in the prosecution of this claim.  Nathaniel Mallier  Sworn to and subscribed before me this day of Julianum A. D., I and I hereby certify that the contents of the above declaration, &c., were fully made known and explained applicant and witnesses before swearing, including the words.  erased, and the and that I have no interest, direct or indignified the prosecution of this claim.  [L. S.]  Clerk of the County Court in and for aforesaid. Clark is signature thereunto is genuine.  Witness my hand and seal of office, this day of 1890.  Clerk of the County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credits this signature thereunto is genuine.  Witness my hand and seal of office, this day of 1890.  Clerk of the Clurk of the The Act of June 27, 1860, REQUIRES in case of a soldier:	aimant, sign his name (or make his mark) to nice of said claimant and their acquaintance years, respectively, that he is the prosecution of this claim.  Thankil Mallur Signatures of Witnesses.  Thankil Mallur A. D., 1896, ore fully made known and explained to the erased, and the words added, is claim.  County Court in and for aforesaid County Court who has signed his name to the in all acts are entitled to full faith and credit, and
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Sworn to and subscribed before me this day of State, do certify that the contents of the above declaration, &c., were fully made known and explained applicant and witnesses before swearing, including the words.  erased, and the and that I have no interest, direct or industrial to the prosecution of this claim.  [L. S.]	re fully made known and explained to the  erased, and the words  added,  is claim.  Official Signature.  County Court in and for aforesaid County  Esq., who has signed his name to the  in al acts are entitled to full faith and credit, and  , 189
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and I hereby certify that the contents of the above declaration, &c., were fully made known and explained applicant and witnesses before swearing, including the words.  erased, and the and that I have no interest, direct or indignite in the prosecution of this claim.  [L. S.]  Clerk of the County Court in and for aforesaid. Clerk of the County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and creditat his signature thereunto is genuine.  Witness my hand and seal of office, this day of, 189  [L. S.]  Clerk of the	erased, and the words  erased, and the words  added,  is claim.  Official Signature.  County Court in and for aforesaid County  Esq., who has signed his name to the  in al acts are entitled to full faith and credit, and  , 189
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Clerk of the County Court in and for aforesaid County and State, do certify that	Official garacter.  County Court in and for aforesaid County  Esq., who has signed his name to the  in al acts are entitled to full faith and credit, and  , 189
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and State, do certify that	in al acts are entitled to full faith and credit, and
foregoing declaration and affidavit was at the time of so doing and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and cred that his signature thereunto is genuine.  Witness my hand and seal of office, this day of , 189  [L. S.]  Clerk of the	in al acts are entitled to full faith and credit, and
Clerk of the	A STATE OF THE STA
Clerk of the	
The Act of June 97 1900 DECUMPES in case of a soldier:	
THE ACT OF JUNE 21, 10-11, RECOURDS III Case of a soldier.	
<ol> <li>An honorable discharge (but the certificate need not be filed unless called for.)</li> <li>A minimum service of ninety days.</li> </ol>	
<ol> <li>A permanent physical disability not due to vicious habits. (It need not have originated in the service.)</li> <li>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 rank held.</li> </ol>	inability to earn a support, and are not affected by the
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 than ONE pension for the same period.	e may apply under other laws, but he cannot draw
and the control of th	Andrewson, remove of a first comparison is a manifestion of the property of the section of the s

66 Mars man

For sale by J. H. SOULE, Machington, D. O. LAW DIVISION,

B. FE. 17 1896 P.

REFYETVED.

BOSTON,

Certificate No. 413 819 Department of the Interior,
Name, Charles A. Brooks BUREAU OF PENSIONS,
Washington D. C. Tarrerray 15 1808
Washington, D. C., January 15, 1898.
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 Holy Evand,
Commissioner of Pensions.
Regt-Inf
First. Are you married? If so, please state your wife's full name and her maiden name.
Answer.
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/20
Fifth. Have you any children living? If so, please state their names and the dates of their birth.
Answer. 20
l Lorlo-A, Brach
Date of reply, 189 \$\frac{\tag{\text{Signature.}}}{0-8}\$

### GENERAL AFFIDAVIT.

··		
NOTE.—Write the affidavit just as you would write a letter, sta	ating all the facts, circumstances, dates and	places, as near as
you can remember, according to the requirements in the case in wh	nich your testimony is to be used; also state he	ow 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.		

you say to be true; whether from personal observation or otherwis persons.	e. This blank can be used for the testimony of either one or two	
STATE OF Massachusells		
COUNTY OF Middleset	> ss.	
In the matter of the claim for france	<u> </u>	
of Lehorles A. Brooks		
	ent, Volunteers.	
	the Proce in and for aforesaid County	
	teless, aged 53 years,	
and Revben to Keek.	, aged 53. years,	
residents of South Actor, in the	he County of Middleset , State of	
Mossochusetts, who being duly	sworn, declare in relation to aforesaid case, as follows:	
I have driven the		
part ten years on		
having had sever		
heart disease and		
deferent times duris		
so as to be confin		
	conce of a physician	*
	weeks at a time.	
at the fresult time		
	is work at his trade	( 1)
I do not think	Sur disabllilies are	
The result of No	cious habits.	
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A Committee and the Committee	Notto 11 Allen	
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twenty year, and know the	nd Angun dehay to at Brooks for at he was and confined to his Doctor and Mirre ut different	
twenty year, and know the bed wonder the case of a time for Seabrel days a	nd known dehayle of Brooks for at he was and confined to his Daster and Mirre ut different to Time he is not able to	
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hed wonder the case of a times for Scabrel days a do only fast of at dair wa his saknes that the tainerly	Id show that to at Brooks for I seek and confirmed to his Dacker and Misse ut different to time, he is not able to that I have and I do not think that Dacker ry is Heart and I itny	
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times for Seabrel days a his suchness that the bainery was a further declare that the above testimony was all	Doeler say is Heart and Litter Lead  If written in our presence, on the 16	
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Limes for Seakerel days of de and fant the bainery free further declare that the above testimony was all day of fant on 1894, at Jouth from oral statements then made to said  Wandle did not use, and form not aided or property or dictated by any other person, and that we do in its prosecution.	Affiant's Signature, Lathaniel March Aller  A finance of the same and	en an
heel isnder the case of a time for Seabreb days of los and fast of the dair was his Saknes that the dairnery trauble were laured by had day of farming 1894, at South from oral statements then made to said was did not use, and person, and that we have	Dacker and Compined to his  Lacker and Compined to his  Lacker and Misse at different  to Time, he is not able to  She and I do not thinks that  Dacker say is Heart and Titny  habits  I written in our presence, on the 16 th  torn by answer and only  and that in making the same  imped by any written, or printed statement or recital pre-  months in said case, and one not concerned	e e

Commence of the control of the contr			
Reproduced at the National Archives		· · · · · · · · · · · · · · · · · · ·	
	d before me this day by the		rtify that I read said
affidavit to said affiants, , a	and acquainted them with	its contents before they executed	d the same; that said
affiant <b>s</b> ee personally	y known to me; that they a	credible persons and so reputed	l in the community in
which they reside . I	further certify that the words		
			were added
		lirect, in the prosecution of this clai	
		11 th	
Wit	tness my hand and seal this	day of January	Z189 <b>4</b>
A Commence of the Commence of			e e e e e e e e e e e e e e e e e e e
ADD SEAL HERE.	Any erasures or interlinea- tions in the foregoing affida- vit should be certified by the Magistrate, in his jurat, as having been made before ex-	Magistrate's Sign	nsture.
	ecution.	Justice of the	ter.
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		· · · · · · · · · · · · · · · · · · ·	10 - 100 - 104
			***
NOTE.—This may be swe NOTARY OF JUSTICE, then the off the form which follows:	orn to before a CLERK OF COURT, ficial character and signature of suc	NOTARY PUBLIC, OF JUSTICE OF THE PERch officer should be verified by certificate of	ce. If sworn before a of the Clerk of Court, on
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and the second	در کار و زارون دادر خاند افغیسی موجهها موجهها که دوری و و محمد به محمد موجه به محمد می محمد معین محمد موجه در کار	ere en	g mengang ang managan ang
Ι,		Clerk of the	Court, in and for
			A Committee of the Comm
		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 sign	nature thereunto is genuine.		
Witness my hand and	d the seal of said Court, this	day of	189

L. s.7

No. 1001855

AFFIDAVIT OF

FILED BY FILED BY

Sold by

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

Reproduced at the National Archives In the Claim for Pension of Charles Af Brooks late of E. E. 6 th and Co. E. 26 Rept muss Vole No 1001 855 I The claiment the aged years whose P. O. Address is South Action do solemnly swear that Sentential April 5th 1861 in Co. E. 6th Ref mass olway Vall. (3 months) + oris discharge august-2° 1861 Enlisted again Sefrt-4° 1861 w Co. E. 26 5 Rgs- Mass Anty Voll-+ was discharged Jany, 31 a 1664. runlisted same Co. PReft: Fiely 14/864. Anas Justines aug 260 1865 & have not him the Military or Novae Inour of the Mutual States simi Atug 264 1865all the two troubles on which excamina pusion over contracted before of applied for a pusion - none of the troubeson Shith I applied are The moult of any Ticions habit of mine of bilivor the Frankles on which Arnaka my application are person.

[Full Name.] Charles A, Brooks State of Mass., Country of Inffile Oct-7, 1892 Then personally appeared the above-named Charles CA. 73 works -, whom I know to be reputable and entitled to credit, and made solemn oath that the above statement by

has subscribed was true, before me. I have no interest in said claim for pension.

Reproduced at the National Archives

F. EMMONS.
BOSTON, MASS.



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Reproduced:	it the l	Vational	المساحة المتأثنات الأساحة

[SEAL.]

Sworn to and subscribed before me this	Sixteenth day of March
	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 the	at I have no interest, direct or indirect, in the
prosecution of this claim.	Check B. Stone
	Notary Public
	(Official Character.)

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.

AFFIDAVIT OF

MEDICAL EVIDENCE

STATE PENSION AGENT OF MASS. 29 PEMBERTON SQUARE, ROOM 6,

Act of June 27th. 1890.

CLAIM FOR

# Physician's Affidavit.

Act of June 27, 1890.

	noranda in possessio	ment should be spe n of the physica	ian, that fact show	ld be stated	
7	moranda in possessio	مستاسطات مرسات فررست می مانده پرستامی به شمیر به فرز به شور پرستامی پرستام			#/00
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					, 88:
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Co. the	26 Re	giment of	Trans	Voluntee	na Don
nally appeared before	a C	Sati	hullan	······································	15. 161-
nany appeared before	ore me	. 11/4			
ate aforesaid,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, a re	sident of
Mest Cl	etors in th	e County of	middle	res	State of
marae	church -			_	, 2000 01
	10/	- W	rho, being duly svフ	vorn, declares in	relation
said claim as follow	s Mar	les Tild	rook 1	as to he	vs sie
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Affiant further déclares that he has no interest, direct or indirect, in this claim, and that he has

#### 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.

	The state of the Region No. 100 Dec. (1)
	In the matter for the Claim for Pension No. 100 1850,
	O(1) $A$ $A$
1	of Marles & Drowks
NOTES.	Claimant's name.
_	0) / 1/00 /
	late of Company , Regiment, Volunteers,
The Physician's	Company and regiment of service, if in the Army; or name of vessel, if in the Navy.
Affidavit should set	10 to the fact that
orth:—	I, Lacon Fulling a resident of John Welley
let If he knew	Physician's name.
lst. If he knew he soldier prior	County of Middleres State of Trass on oath declare:
o enlistment, he	County of Middleret , State of , on oath declare:
should state the	
ength of time he	That I am a practising physician; and that I have been acquainted with said soldier for about.
enew him; how in-	That I am a practising physician; and that I have been acquainted with said soldier for about.
imately; and what	
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had of observing	Affiant should here embody all the facts known to him in accordance with the marginal instructions.
his physical con-	I have attended sain Chas & Browns
lition, whether as	
his family physic- ian, or as a neigh-	in Man 1891 and have seen him at
an, or as a neigh- bor; how near he	The second secon
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should so state, ad-	Control of the Contro
ding, if true, that	100 a an analysis of the state
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sound he would	I de out think he noules be able to person
have known it.	
2d. If he treated	monnol lotor as Enchur Exertiment
soldier while in the	
service, either as	I do not thing that sory difficulties
his regimental sur-	
geon, or while sol-	are du la vierous hours
dier was home on	are du la vieron hours
dier was home on furlough he should	I think Jans oppliernt Trans A Downly couly
dier was home on furlough he should so state, giving the	I think Jaws oppliered Thanks & Drooks could
dier was home on furlough he should so state, giving the nature of the dis-	I think you opplient hours tooks couly
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dier was home on furlough he should so state, giving the nature of the dis- ability, with the date, place, and	I think you opplient hours tooks couly
dier was home on furlough he should so state, giving the nature of the disability, with the date, place, and duration of treatment.	I think Jans applierat Thouse A brooks couly but our ardinor morned work out down but north out down but with the whole with the popularitest for might the holy a class north
dier 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	I think Jans applicant Track to works couly but our ardinor morned work out down but norther that of which height he might take half a class north
dier 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	are due to views hotels I think Jais applierat Though to brooks couly but our ardinor morned work out down but northing et his had that of which triplet he might tole holy a class north
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I further	r declare that	I have been a pr	actitioner	of medicin	ne for	10	years, and	that I have no
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	before me	the above-named	692	rah	1	ule	hims	<u></u>
,	to me well	-known as a reput	table physi	cian in go	ood profess	ional star	nding, and r	nade oath that
*	the foregoing	ng statement by h	im subscri	bed is tru	e.			
I certify	that the word	ds						
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[r.s.]	prosecution	of this claim.			10		,	
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NOTE.—The the official charac	is may be sworn to ter and signature of	before a Clerk of Cour t such officer should be	t, Notary Pul verified by cer	olic, or Justic ificate of the	ce of the Pea Clerk of Court	ce. If swor	n before a Nota which follows:-	ry or Justice, then
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in and for sa	id County and	d State, duly com	missioned	and sworn	; that all	his officia	al acts are e	entitled to full
faith and cree	dit, and that l	his signature there	eunto is ge	nuine.			gret .	
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#### 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.

, County of Smuldlen In the Pension Claim No. 100 185 late of regiment of ser wha in and for the aforesaid County and whose Post Office address is 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 to give ars, and that Here embody all the facts known to the affiant in accordance with the marginal instructions No erasures or interlineations will be permitted un-

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 cal condition,
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3d. If he has reated soldier ince discharge te should so tate, giving the ate of his first reatment; what is physical conlifton was at the

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4th. The extent rdegree to which laimant has been nable to perform nanual labor durage ach year from ischarge to the resent time.

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He further	declares that he has b	een a practitioner of	medicine for	bout 2p	✓ years.	, and that he ha
interest, either	direct or indirect, in th	ne prosecution of this	claim.	111	1	0
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Sworn to and s	subscribed before me	this 3/50 da	ay of M	arch	/	, A. D., 18
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and I he	ereby certify that the a	attiant is a practicing	physician in goo	d professional s	tanding; tha	t the contents o
above o	declaration, &c., were	e fully made known	to him before sw	earing, includin	g the words.	
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MEDICAL EVIDENCE The state of the s

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CLAIM OF Charles a Browns les E. 26, mars Of

No. 1001 885

FILED BY

FREEMAN EMMON ATTORNEY, 4 STATE STREI For sale by J. H. SOULE, Washington, D.

BOSTON, MASS.

### 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 1855
NOTES.	of Charles A. brooks
NOTES.	Claimant's name.
	late of Company E, 6426 Regiment, Marsachusetto Volunteers,
The Physician's ffidavit should set	Company and regiment of service, if in the Army; or name of vessel, if in the Navy.
orth	I, FU Rich a resident of Maynard
st. Izhe knew	Physician's name.
he soldier prior	County of Middles f, State of Marcehusetto, on oath declare:
hould state the	O .
engin of time he	That I am a practising physician; and that I have been acquainted with said soldier for about 12 or 14.
new him; how in- imately; and what	
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ad of observing	Affiant should here embody all the facts known to him in accordance with the marginal instructions.
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I further declare that I have been a practitioner of medicine for
interest, either direct or indirect, in the prosecution of this claim.
My Post-office address is Maynard Mas Bit 104
Fl. Rich m.
Affiant's Signature.
Give rank and service, if in Army or Navy.
State of Manadusetts
County of Middles &
On this 22 day of June 189 5, personally appeared
before me the above-named = 2 Rid 200
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.
John B. Drave
Any erasures or inter- lineations in the foregoing affidavit should be certified by the Magistrate, in his jurat, as having been made before execution.  Magistrate's Signature.  Magistrate's Signature.  Magistrate's Signature.
jurat, as having been made before execution.  Official Character.
NOTE.—This may be sworu 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:—
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, thisday of
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and the second s
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DENCI DENCI DENCI DE Stationer, Mass.
Betationer, Marsey, Miss.
H. P. L. B. S. T. T. S. S. S. T. S.
H. BALL, SI COURT BY
No. 1
No. Claim Claim



## Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Supl 25, 1893.

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

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. 100/855

Name Chas A. Brooks

Co. El Regt. 26 Mass bol Inf

Yes Commissioner.

\_100,000.

#### Becord and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.
Charles a Brooks
colo, 26 Regit Massent
was enrolled 50 L H ,1861,
and my O. Que 26, 186 5,
Re-oul V. V. Feb 29.64.
From Selt 4, 1861, to Que 25, 186 5, he held the rank of Vaivate.
he held the rank of Vaioate.
and during that period the rolls show him present
except as follows Our to 0:1028/62
Les ouce or absence not
stated Oct 31163 sick in
Hostt 10. La Sept 13.20 Louis to Feb 29 64.