

## Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

## Certificate of Death

FROM THE RECORDS OF DEATHS IN THE TOWN OF *Maynard*  
MASSACHUSETTS, U. S. A.

1. Date of Death, - - -	<i>Dec 14 - 1906</i>
2. Name, - - - - -	<i>Abby A. [Smith] Brown</i>
(Maiden Name, - - -	<i>Abby A. Smith; Husband, Samuel E. Brown.</i>
3. Sex, and whether Single,	<i>Female</i>
Married, or Widowed, -	<i>Married</i>
4. Color, - - - - -	<i>White</i>
5. Age, - - - - -	<i>72</i> Years <i>11</i> Months <i>14</i> Days
6. Disease or Cause of Death	<i>Pneumonia</i>
7. Residence, - - - -	<i>Maynard, Mass</i>
8. Occupation, - - - -	<i>House keeper</i>
9. Place of Death, - - -	<i>Maynard, Mass</i>
10. Place of Birth, - - -	<i>Sudbury, Mass.</i>
11. Name of Father, - - -	<i>Emery Smith.</i>
12. Name of Mother, - -	<i>Rebecca Smith</i>
(Maiden Name)	
13. Birthplace of Father, -	<i>Sudbury</i>
14. Birthplace of Mother, -	<i>Sudbury</i>
15. Place of Interment, -	<i>Glennondale Cem. Maynard Mass.</i>

I, *Frank F. Sanderson* depose and say,  
that I hold the office of Town Clerk of the Town of *Maynard*  
County of *Middlesex* and Commonwealth of Massachusetts; that the  
records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a  
a true extract from the Records of Deaths in said Town, as certified by me.

WITNESS my hand and the Seal of said Town, on the *16<sup>th</sup>*day of *February* 1914.

*Frank F. Sanderson*  
Town Clerk.

ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 461791 Department of the Interior,  
 Name, Samuel G. Brown 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,



Commissioner of Pensions.

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

Answer. Yes; Abby A Brown, Abby A Smith

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

Answer. Nov 30<sup>th</sup> 1854, Sudbury, Rev William Deering

Third. What record of marriage exists?

Answer. Town Records in Sudbury Mass

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. One, Addie R Brown, Golt Born January 19<sup>th</sup> 1859

Date of reply, June 4, 1895

Samuel G Brown

(Signature.)

0-8

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3-044

## APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Maine } ss:  
COUNTY OF Somerset

On this 21st day of June, A. D. one thousand nine hundred and fifteen  
personally appeared before me, a Notary Public within and for the County and State aforesaid,  
Ralphard A. Dean, aged 38 years, a resident of  
Skowhegan, County of Somerset, State of  
Maine, who, being duly sworn according to law, makes the following declaration in order  
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of  
Samuel G. Brown, who was a pensioner of the United States by  
certificate No. 461791, on account of the service of himself Samuel G. Brown  
in Co. E 6th Mass. Vol. Infant. (Note of soldier or sailor.) in the Civil war  
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)  
That pension was last paid to December 4, 1914 1913

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Samuel G. Brown
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)  
Invalid Soldier
3. If decedent was pensioned as an invalid soldier or sailor—
  - (a) Was he ever married? (Answer yes or no.) yes
  - (b) How many times, and to whom? once
  - (c) If married, did his wife survive him? (Answer yes or no.) no
  - (d) If so, is she still living? (Answer yes or no.) no
  - (e) If not living, give full names and dates of death of all wives  
Abbie Ann Brown (nee Smith) Dec. 14, 1906
  - (f) Was he ever divorced? (Answer yes or no.) no
  - (g) If so, is the divorced wife still living? (Answer yes or no.) \_\_\_\_\_ (If living, a copy of the decree of divorce must be filed.)
  - (h) If not living, give her full name and the date of her death \_\_\_\_\_
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) \_\_\_\_\_
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid  
no
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written  
\_\_\_\_\_
9. Who was the beneficiary named in each policy?  
\_\_\_\_\_
10. What was the relation of each beneficiary to the pensioner?  
\_\_\_\_\_
11. Were the premiums paid by the deceased pensioner?  
\_\_\_\_\_
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account  
\_\_\_\_\_



13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no
14. Did the deceased pensioner leave any money, real estate, or personal property? no
15. If so, state the character and value of all such property \_\_\_\_\_
16. What was the assessed value (last assessment) of the real estate? none
17. How was the pensioner's property disposed of? \_\_\_\_\_
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) no
19. What was your relation to the deceased pensioner? no relation
20. Are you married? (Answer yes or no.) yes
21. What was the cause of pensioner's death? arteriosclerosis
22. When did the pensioner's last sickness begin? Failing for five years when he had sort of a stroke. Took to his bed Thursday before he died Saturday
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? after he took to bed but for six months he had been unable to control his kidneys & bowels and often required attention & change
24. Give the name and post-office address of each physician who attended the pensioner during last sickness W.M. Pulsifer M.D. Skowhegan, Maine
25. State the names of the persons by whom the pensioner was nursed during the last sickness myself and wife Minnie Alden took care of him
26. Where did the pensioner live during last sickness? at our house, for nearly seventy years
27. Where did the pensioner die? at our house in Skowhegan, Me
28. When did the pensioner die? Dec. 27, 1913
29. Where was the pensioner buried? Maynard, Mass.
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? none paid yes I may apply to State for reimbursement States limit is \$30
31. State below the expenses of the pensioner's last sickness and burial. Write the word none where no charge is made in case of any item of expense noted.
- (Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<u>W.M. Pulsifer</u>	Physician	<u>Paid</u>	<u>6</u>
	Medicine		
	Nursing and care		
<u>Lord &amp; Caswell</u>	Undertaker	<u>Paid</u>	<u>103 58<sup>ts</sup></u>
<u>Orrin S. Fowler</u>	Livery	<u>Paid</u>	<u>27</u>
	Cemetery		
	Other expenses and their nature:		
	<u>My fare on R.R. coming back from Maynard and Hotel expenses I will waive</u>		
	TOTAL		<u>136 58<sup>ts</sup></u>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes
- That my post-office address is No. 22, on Alder street, town or city of Skowhegan, County of Somerset, State of Maine

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Ralph A. Dean  
(Claimant's signature in full.)



personally appeared Edwin H. Soule and a Dean who, being duly sworn, say that they saw Ralph (or make mark) to this application; that they know the claimant herein and that their answers to the following questions are true and correct:

1. When did the pensioner die? Dec. 27, 1913
2. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no
3. Did pensioner leave any assets? If so, describe their character and value. not to our knowledge

4. State means of knowledge of the facts to which you testify. Soule had an acquaintance of about six years dating back to when they were residents of Massachusetts. Savage had an acquaintance of between 3 + 4 years.  
 Name Mark W. Savage Name Edwin H. Soule  
 P.O. Address SKowhegan Me P. O. Address SKowhegan Sanguenville, Maine

Subscribed and sworn to before me this 21 day of Jan, A. D. 1914; and I certify that the contents of the foregoing application, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words SKowhegan and 1914 erased and the words Sanguenville - 1913 added, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is good.

Chas. Coleman Jones Notary Public  
 Signature. Official character.

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Dec. 27, 1913  
 Give date of commencement of pensioner's last sickness about 5 yrs ago failing even since took bed 2 days before he died  
 From what date did the pensioner require the regular and daily attendance of another person constantly until death? Dec. 25, 26, 27.

During what period did you attend the pensioner? Last days  
 State nature of disease from which pensioner died Atherosclerosis of Arteries

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service  
R. G. Dean Minnie A. Dean

Give name of any other physician who attended the pensioner in last sickness  
None for some time

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such answers are correct according to your best knowledge, information, and belief? Correct

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:  
Could not control urine for some time before death (months)

I certify that the foregoing statement is correct.

Jan. 19, 1914

Wm. Pfeiffer, M.D.  
 Attending Physician.



May 1912  
 ACT OF FEBRUARY 6, 1907.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maine }  
 County of Somerset } ss.

On this 18 day of May, A. D. one thousand nine hundred and twelve personally appeared before me, a Notary Public within and for the county and State aforesaid, Samuel G. Brown, who being duly sworn according to law, declares that he is 77 years of age, and a resident of SKowhegan county of Somerset, State of Maine; and that he is the identical person who was ENROLLED at \_\_\_\_\_ under the name of Samuel G. Brown, on the 25 day of August, 1862, as a Private, in Co. E 6th Mass. Vol. Inf  
[Here state rank, and company and regiment in the Army, or vessels if in the Navy.]

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED  
[State name of war, Civil or Mexican.]  
 at Lowell, Mass. as Corporal, on the 3d day of June, 1863.  
 That he also served \_\_\_\_\_  
[Here give a complete statement of all other services if any.]

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was Powder maker; that he was born March 20, 1835 at Boston, Mass.

That his several places of residence since leaving the service have been as follows:

Stated in former claims  
[State date of each change, as nearly as possible.]

That he is \_\_\_\_\_ a pensioner. That he has \_\_\_\_\_ heretofore applied for pension.

Certificate No. 461791  
[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 February 6, 1907. May 1912

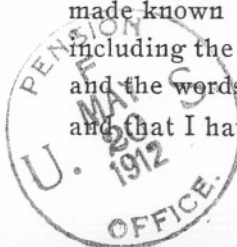
That his post-office address is 22 Alder St. SKowhegan, county of Somerset State of Maine

Attest: (1) Ralphard A Dean Samuel G. Brown  
 (2) Minnie A Dean [Claimant's signature in full.]  
mark

Also personally appeared Ralphard A Dean, residing in SKowhegan Me. and Minnie A Dean, residing in SKowhegan Me., 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 Samuel G. Brown, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 9 years and 9 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.

Ralphard A Dean  
Minnie A Dean  
[Signatures of witnesses.] 1912  
 as to execution  
 S. A. Cuddy,  
 Chief, Law Division  
 Subscribed and sworn to before me this 18 day of May, A. D. 1912,  
 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 28 6. 1907, erased and the words May 1912, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



Chas. D. Jones  
[Signature.]  
[Official character.]

# Claimant's 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

Mass

COUNTY OF

Suffolk

ss.

In the matter of the claim for

of Samuel G. Brown

late of Company

"E"

6<sup>th</sup>

Regiment,

Maine Inftry

Volunteers.

Personally came before me, a

Justice of the Peace

in and for aforesaid County

and State,

Samuel G. Brown

Claimant

aged

54

years,

and

aged

years,

resident of

Maynard

in the County of

Middlesex

State of

Mass

, who being duly sworn, declares in relation to aforesaid case, as follows:

That upon his discharge from the U.S. Service he lived in (Sudbury, Mass) now Maynard, Mass. and where he still resides. His occupation has been that of a Farmer —

That in his original declaration he alleged 'Malarial Fever' which he now desires to waive, as he cannot furnish the necessary evidence, as to its continuance since his discharge —

That upon the march from Suffolk, Va to Black Water River Virginia, on or about Nov 1862. while on a reconnoissance contracted "Varicose Veins" of the right leg, brought on by severe and excessive marching, that upon his return to Suffolk, Va. he was in such a condition from his leg, that his 1<sup>st</sup> Sergt. ordered him to get into an ambulance, for which he had received an order from the Surgeon of the Regt. Dr Burnham. and in which he was taken to Suffolk, Va. on, or about Jan. 1. 1863. he was sent to the Gen Hospital, Suffolk, Va. for Typhoid Malarial Fever, and remained there until the middle of Feb. 1863. during this time he was also treated for Varicose Veins of right leg, which was bandaged and bathed daily, for about a month —

That he was treated for Varicose Veins since his discharge by Dr Marsh. Maynard, Mass. from 1883 to the present, at different times. previous to 1883. has treated himself, by bathing & bandaging — has been disabled from manual labor, a week at a time, that since his discharge, he has been prevented from following his usual occupation at least one quarter of his time

\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case, and \_\_\_\_\_ not concerned in its prosecution, and \_\_\_\_\_ not related to said claimant.

Affiant's Signature

Box 51.

P. O. Address,

Samuel G. Brown

Maynard Mass

Affiant's Signature,

P. O. Address,

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



## War Department,

RECORD AND PENSION DIVISION,

Washington, NOV 2 1889, 18

Respectfully returned to the Commissioner of Pensions.

~~\_\_\_\_\_ a \_\_\_\_\_ of Company \_\_\_\_\_,  
 \_\_\_\_\_ Regiment \_\_\_\_\_ Volunteers, was enrolled on the  
 day of \_\_\_\_\_, 186\_\_\_\_, at \_\_\_\_\_,  
 for \_\_\_\_\_ years, and is reported: \_\_\_\_\_~~

Frank. H. Whitcomb a Supt  
 & Aaron F. Handley a Captain  
 both of Co. E. 6. Regt Mass Vols  
 are reported on rolls for Nov  
 & Dec<sup>62</sup>, & Jan<sup>63</sup> & Feb<sup>63</sup> Present,  
 at Suffolk Va. Also present on roll to Oct 31<sup>62</sup>.  
 Isaiah Hutchins a private of same  
 Co. is reported on the above rolls  
 Absent. Detailed on special duty  
 Huspt Sept Sept 8. 62. Subsequently  
 became Huspt Steward.

By authority of the Secretary of War.

F. C. Cusick

Capt. and Assistant Surgeon, U. S. A.

Per

R.



Maynard, Mass., Dec 31 1913  
*W. Estate of Samuel G. Brown*  
**To O. S. FOWLER, Dr.**  
**Funeral Director and Embalmer**  
 24 Concord Street  
 Burial of *Samuel G. Brown*

Terms, Cash  
 Interest after 60 days

Dec 31	To	silver plate engraved	3 00
"	"	7 Carriages	8 60
"	"	hearse	5 50
"	"	Cemetery fee	5 50
"	"	services & team	27

*Paid Dec 31 1913  
 by Ralphard A. Dean  
 O. S. Fowler*



Skowhegan, Maine, January 6, 1914

To the Comr. of Pensions  
 Washington, D.C.  
 Sir:- Samuel G. Brown an Invalid pensioner Cert. #461791 late of Co. B, 2d  
 Mass. Inf. War of the Rebellion died at my house Dec. 27, 1913 and I bore the  
 expenses of his last sickness and burial he leaving no property.  
 Please send me papers to collect the arrears due him as he left no wife.

Yours respectfully

*Ralphard  
 R. A. Dean  
 #22 Alder St*

T. G. LORD L. A. CASWELL

*Skowhegan, Me., Dec 29 1913*

*Mr. Samuel G. Brown, Est.*  
**To LORD & CASWELL, DR.**  
**Undertakers**

TERMS

Dec	29	Casket	65.00	
"	"	Box	15.00	
Dec	27	Embalming	10.00	
"	27	Telephone to Maynard, Mass	1.55	
"	29	Services	5.00	
"	29	Two tickets to Maynard, Mass.	10.98	
"	29	Pillow	6.00	103.53

*Rec'd Payment Jan 8, 1914  
 by R. A. Dean  
 Lord & Caswell.*



### DECLARATION FOR ORIGINAL INVALID PENSION.

To be executed before a Court of Record or some Officer thereof having custody of the Seal.

State of Mass  
County of Suffolk } ss.

On this 20<sup>th</sup> day of June, A. D. one thousand eight hundred and eighty-Nine  
an Asst. Clerk of the Municipal Court of the City of Boston,  
 personally appeared before me, for criminal of the business, a court  
 of record within and for the County and State aforesaid. Samuel. G. Brewer

aged 54 years, who, being duly sworn according to law, declares that he is the identical

Samuel L. Brown who was ENROLLED on the 31<sup>st</sup> day of August 1862, in Company "E" of the Sixth <sup>9 mos</sup> Regiment,

of Mass Infty Vol commanded by Capt A. C. Handley

and was honorably DISCHARGED at Lowell Mass on the Third day

of June, 1863; that his personal description is as follows: Age, 54 years; height,

5 feet 8 <sup>3</sup>/<sub>4</sub> inches; complexion, light; hair, Gray; eyes, Blue

That while a member of the organization aforesaid, in the service and in the line of his duty at Suffolk.....

....., in the State of Virginia ..... on or about the 11 day

of January, 1863, he contracted Malarial Fever.

Here state the name or nature of disease, or the location of wound or injury. If disabled by  
brought on by exposure in the service, and reported to  
disease, state fully its causes; if by wound or injury, the precise manner in which received.

Surgeon for treatment. from time to time until discharged

That while on the march from Suffolk Virginia to

Black Water River, Va. in November 1862, while on

a reconnoissance, contracted Varicose Veins, of the

right leg, brought on by excessive marching. Was so

same that he was placed in an Ambulance and

brought back to Suffolk, Virginia.

.....

.....

*P. 11. 1. 1. 1. 1. 1. 1.*

That he was treated in hospitals as follows: Gen Hospital Suffolk Virginia  
 Here state the names or numbers, and the localities of all hospitals in which treated, and the date

Jan 1, 1863 to nearly middle of February 1863.

of treatment.

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.

That since leaving the service this applicant has resided in the Town of now Sudbury Maynard

in the State of Mass, and his occupation has been that of a Farmer

That prior to his entry into the service above named he was a man of good sound physical health being when

That prior to his entry into the service above named, he was a man of good, sound, physical health, being when enrolled a looker That he is now partially disabled from obtaining his subsist

ence by manual labor by reason of his injuries, above described, received in the service of the United States; and

he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and re-appointment, *James S. Bell*

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

of \_\_\_\_\_, his true and lawful attorney

to prosecute his claim. That he has never received not applied for a pension. That his

residence is No. 211 Street, 1 311

and that his Post-Office address is Maynard Mass

ATTEST: Martin L. Clark Samuel G. Brown

*[Signature]*

Signature: \_\_\_\_\_

# Certificate of Disability.

NOTE.—This blank may be used for the testimony of a commissioned officer, non-commissioned officer or any enlisted man. Procure, if possible, the testimony of a commissioned officer. If that cannot be had, then that of the First Sergeant (which the Commissioner of Pensions has decided to be equivalent to that of a commissioned officer). If neither that of an officer or First Sergeant can be had, then procure that of two comrades.

I, Samuel C Handley, late Capt of Company "E," of the 6th Regiment of Massachusetts Volunteers, do certify on oath that Samuel S Brown was a Corporal in said Company, and is, as I am informed, an applicant for invalid pension; that said Samuel S Brown was discharged June 3<sup>d</sup> 1863 on account of Exhaustion of term of Service

I further certify that the said Samuel S Brown was in the service and line of his duty and was stationed at Suffolk Va. While on a march from Suffolk Va to Black Water River Va as near as I can recollect in Nov 1862 he was taken lame and was taken to the Surgeon. Who ordered him in an Ambulance. His leg looked very bad and swollen at that time, and troubled him the remainder of his term of service and has troubled more or less ever since and at the present time he is unable to perform any manual labor

Also about Jan 1863 he was attacked with malarial fever at Suffolk Va. and was ordered to the Hospital where he remained some time. I am well acquainted with the said Samuel S Brown and have been since his discharge and know that he has suffered very much from the Varicose Veins ever since his discharge. "The above is from personal knowledge at the time."

And that the said Samuel S Brown was when he entered the service, a sound and healthy man as far as I know

I further certify that I have no interest in his claim for pension, and am not concerned in its prosecution.

My post office address is South Acton Mass

Samuel C Handley  
Affiant's Signature.

Late Capt Co. "E," 6th Reg't, Massachusetts Vols.

[OVER.]

Give date and reason of discharge; or, if not known, so state.

Here state fully the time, place and circumstances under which the wound or other injury was received or disease contracted and whether in the service and line of duty or otherwise, and whether the statement is from personal knowledge acquired by actual presence at the time, from records or otherwise.

Here state soldier's condition at the time of enlistment, and if unsound, from what suffering.