

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Private Union T. Corant of Captain *John P. Severus's* Company, (*F*) of the *Eleventh* Regiment of United States *Mass Vols*, was enlisted by *Captain Gordon* of the *Eleventh* Regiment of *Mass Vols*, at *Boston Mass* on the *Thirtieth* day of *April* 1861, to serve *Three* years; he was born in *Acton* in the State of *Mass*, is *Twenty five* years of age, *Five* feet *Six* inches high, *light* complexion, *blue* eyes, *light* hair, and by occupation when enlisted a *Painter*. During the last two months said soldier has been unfit for duty *60* days. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)

STATION: *Hammond General Hospital*
DATE: *Point Lookout Md*
December 27th 1862

C. Warner
Asst Surgeon U.S.A
in charge of Hammond Hospital
Hammond Hospital

I CERTIFY, that I have carefully examined the said *Union T. Corant* of Captain *Severus's* Company, and find him incapable of performing the duties of a soldier because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)

Rheumatismus chronicus injury of spine by falling log, contracted whilst in service
disability - one half

C. Warner
Asst Surgeon U.S.A
Hammond General Hospital
Point Lookout Md
in charge of Hammond Hospital
Asst Surgeon U.S.A
Commanding the Post
In charge of Hammond Hospital

DISCHARGED, this *Twenty fourth* day of *December* 1862, at *Point Lookout Md*

By Command of *Brig Genl Martindale*

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

Act of June 27, 1890,
(No. 2.) As amended by Act of May 9, 1900,
 Declaration for the Increase of an Invalid Pension.

State of Massachusetts County of Worcester, ss:

ON THIS 29 day of April A. D. one thousand nine hundred
 and five, personally appeared before me, a Notary Public within
 and for the County and State aforesaid, Simon I. Bonant, aged 67 (Born Dec 16, 1837)
 a resident of Leominster, County of Worcester
 State of Massachusetts, who, being duly sworn according to law, declares that he is a pensioner
 of the United States, enrolled at the Boston, Mass. Pension Agency at the rate of ten
 dollars per month, under Certificate No. 1,101,188, by reason of disability from Act of
June 27, 1890, as amended by Act of May 9, 1900,
(Here name the disability or disabilities for which now pensioned.)

~~That he~~ That his service in the United States, while serving as a was in
(Military or Naval.) Company "A" 11th Regt Mass Vol Inf (Here state rank, company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)
 That he believes himself to be entitled to an increase of pension on account of his rating
above named is not commensurate with
the degree of his disability; that he makes
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names of the diseases should be stated.)
This Declaration for increase of pension
with a view to obtain the Maximum rating
\$12. per month as provided by said
Act of June 27, 1890, as amended by the
Act of May 9, 1900.
That he is totally disabled for
the performance of Manual Labor and
he desires a medical examination by
the board of Surgeons for examining
pensioners located in Wattham, Mass.

and he hereby appoints, with full power of substitution and revocation,
Charles W. Kendall, of Fitchburg, Mass.
 his true and lawful attorney, to prosecute this claim.
 His Post Office address is #12 Prescott Street Leominster,
Mass.

A. E. Holman.
G. G. Loomis
(who write, sign here.)

Simon I. Bonant
(Signature of Claimant.)

ATTY FILED

3-447.

West, Division. L. B. E. Ex'r.
Inv. Orig. No. 1,320,182, Department of the Interior,
Simon T. Conant,
Co. G, 11 Reg't Mass. Inf. BUREAU OF PENSIONS,
 Washington, D. C., Aug. 8, 1904

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.

Very respectfully,

Mr. Simon T. Conant,
12 Prescott St.,
Leominster, Mass.

L. B. E.
 Commissioner.

1. When were you born? Answer. December 15th 1837
2. Where were you born? Answer. Acton Mass.
3. When did you enlist? Answer. June 13th 1861.
4. Where did you enlist? Answer. Boston Mass.
5. Where had you lived before you enlisted? Answer. Boston Mass.
6. What was your post-office address at enlistment? Answer. Boston Mass.
7. What was your occupation at enlistment? Answer. Painter
8. When were you discharged? Answer. December 24th 1862.
9. Where were you discharged? Answer. Washington D. C.
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
Jersey City April 24th 1867 there 11 years. balance of the time
Brooklyn N. Y. previous to 1867 traveling
11. What is your present occupation? Answer. Painter
12. What is your height? Answer. five feet 5 1/2 inches. Your weight? 137
 The color of your eyes? Light Blue. The color of your hair? Gray. Your complexion?
Light. Are there any permanent marks or scars on your person? If so, describe them.
There are none.
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

Simon T. Conant

WITNESSES:

1. A. E. Holman
 2. H. C. Bascom

[Witnesses who can write sign here.]

Date:

Aug 10, 1904

3-389.

C. B. H., Ex'r.

EASTERN Div.

Orig. No. 1,320,182,
Simon T. Conant,
Co. H, 11th Reg't Mass. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Aug. 8, 1904.

EAST. DIV
AUG 25 1904
RECEIVED.

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Simon T. Conant,
12 Prescott St.,
Leominster, Mass.

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name. Answer: Widower

No. 2. When, where, and by whom were you married? Answer: March 7th 1865
Norwich Conn. Rev. H. W. Conant

No. 3. What record of marriage exists? Answer: Marriage Certificate.

No. 4. Were you previously married? If so, please state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former consorts. Answer: No.

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: None.

Date of reply, Aug 17th, 1904.

Simon T. Conant

(Signature.)