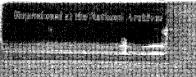
Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

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THE NATIONAL ARCHIVES

PENSIONER. (1997) A Company of the second of the

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The amount expended for postage in conducting the correspondence in original pension claims, and in increase claims where the same disability is alleged, ranges from about thirty cents to about one dollar, averaging in such claims about fifty cents. Increase claims, when new disability is not alleged, require much less postage, ranging from about nine cents to about eighteen cents. Bounty claims, about thirty cents. Property taken by the U. S. Army, and horses lost in service, from fity cents to one dollar and fifty cents. Claimants are requested to keep me whole in matters of Postage. This is a small matter to each claimant, but a very important one to me.

IMPORTANT.—The Physician will first state how long he has been engaged in the practice of Medicine and Surgery. He will next state the MANNER IN, and the EXACT EXTENT TO, which the disabilities, (naming them,) upon which the claim for Pension is based, incapacitate the claimant for the performance of manual labor; whether ONE-EIGHTH, ONE-FOURTH, ONE-THIRD, ONE-HALF, or as the case may be.

	REFERENCE IS TO BE MADE TO ANY TREATMENT WHICH THE PHYSICIAN MAY HAVE ADMINISTERED.
Use.	state of Michigan
his	county of Beeg ss:
for	In the pension claim of Martin Quitte (Name of claimant.)
ely	(Company and Regiment, or vessel, or other organization or department.)
Siv	Personally came before me, a Nothing Problem in and for
3	(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.) aforesaid County and State, Edwin H Getts a resident
X	(Name of Physician or Surgeon.)
်	(City or Village.)
ਰ	State of Melyem, who, being duly sworn, declares in relation to the aforesaid case as
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	And he further declares that he has no interest in said case, and is not concerned in its prosecution.
	(Signature of Physician or Surgeon. If ever in the Army give rank and service.)

Sworn to and subscribed before me this day by the afore-named affiant; and I hereby certify that the affiant is a practicing physician of good professional standing, and that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and I further certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same.

Witness my hand and official seal this Sign here READ! It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. before a JUSTICE OF THE PEACE OR NOTARY PUBLIC, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the office of the Commissioner of Pensions. Clerk of the County Court, in and for aforesaid County and State, do certify that. name to the foregoing affidavit, was at the time of so doing a. 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 thereto is genuine. Witness my hand and seal of office this. WASHINGTON, D. C. Offices 615 Fifteenth St. N. W., CLAIM OF

persons unacquainted with this House, we append widely known throughout the United States from several possession, copies of letters political of men

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Major-General U. S. Volunteer

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ATTORNEY AND COUNSELLOR AT

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3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

MAR 81 1816
Certificate No. 600. 644
Class ACT OF AFRIL 19 1908
Pensioner May Cunningham
Soldier
Service
The Commissioner of Pensions.
Sir:
I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 12 =, to Nec. 4", 1915.
has this day been dropped from the roll because of About Jamy 10,1916,
cause of
V
Very respectfully,
MM supell
Chief, Finance Division.

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

6—2249

The amount expended for postage in conducting the correspondence in original pension claims, and in increase claims where a new disability is alleged; ranges from about thirty cents to about one dollar, averaging in such claims about fifty cents. Increase claims, when new disability is not alleged, require much less postage, ranging from about nine cents to about eighteen cents. Bounty claims, about thirty cents. Property taken by the U. S. Army, and horses lost in service, from fifty cents to one dollar and fifty cents. Claimants are requested to keep me whole in matters of Postage. This is a small matter to each claimant, but a very important the to me.

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ture of Physician or Surgeon. If ever in the Army give rank and service.

persons unacquainted with this House, we append widely known throughout the United States men of political and military distinction, hereto, as specimens of the testimonials possession, copies of letters from several

Late Major-General U. S. Volunte of Congress, standard of the street of the HOUSE OF REPRESENTATI WASHINGTON, D. C., March

responsibility will, on request, a satisfactory reference in his my standing and responsibility wibe furnished with a satisfactory revienity or Congressional District.

GENERAL AFFIDAVIT.

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If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

| Signature of (Name of one witness to X mark.) | Signature of Affiant, or of each Affiant.
| (Name of other witners) | X zeark.)

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[L. S.]				
	(Na	me of officer before whom e	executed.)	
	(State w	hether Justice, Notary, Cler	k, or Deputy Clerk.)	
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ame to the foregoing jurat, was at the	(Justice of the Peace or No		<u> </u>	in
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Gustern DIVISION.

GEORGE E. J
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Offices 615 Fifteenth

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POWER OF ATTORNEY.

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of the City of Washington, in th name, place and stead, hereby a	ne District of Colum annulling and revok	ing all former Pow	ers of Attorney or	authorizations
whatever in the premises, to pr	osecute my claim fo	or There	a con	
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and to furnish, from time to ti granting to my said Attorney f whatsoever requisite and neces purposes as I might or could to the said Alva S. Taber all hereby request that the said A in any articles of agreement as	ssary to be the ind do if personally rights herewhere g Alva S. Taber be su to fees heretofore ex on and revocation,	ority to do and per and about the property of the property at the degranted to George Enbstituted in the placecuted by me in favoreby ratifying	eform all and every emises, as fully to a oing thereof—hereb . Lemon as such At ace of the said Geor or of the said Geor and confirming all	act and thing Il intents and y transferring torney; and I rge E. Lemon ge E. Lemon that my said
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Attorney, or his substitute of virtue hereof. IN WITNESS WH		hereunto set my hai		azn

Be it known, That on this 2 2 md day of common the year eighteen hundred and ninety seven, before me, the undersigned, a compared in and for said County and State, personally appeared to me well known to be the identical person who executed foregoing Letter of Attorney, and the same having been first fully read over to thing, and the tents thereof duly explained, acknowledged the same to be act and deed, and that I have interest, present or prospective, in the claim to which this instrument is supplementary. In testimony whereof, I have hereunto set my hand and affixed my seal of [I. S.] office the day and year above written The paper should be acknowledged before a magistrate required by law the paper should be acknowledged before a magistrate required by law the paper should be acknowledged before a magistrate required by law to the paper should be acknowledged before a magistrate required by law to the paper should be acknowledged before a magistrate required by law to the paper should be acknowledged before a magistrate required by law to the paper should be acknowledged before a magistrate of the paper should be acknowledged before a magistrate of the paper should be acknowledged.	
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DEPARTMENT OF THE INTERIOR OFFICE OF THE SECRETARY,

DIVISION

WASHINGTON, D. C., Jan. 18, 1897.

POWER OF ATTORNEY

FROM

COMMISSIONER OF PENSIONS,

has rendered, and for that purpose they desire to have these cases prosecuted by they can to promote the interests of the claimants who were decedent's ellents at the date of his death, by such means as may be satisfactory to the Government, and as far as possible to secure to as estate the benefits of the services he Sir: Herewith is transmitted to you a letter from the Executors of the last stating that it is their desire to do all will, &c., of George E. Lemon, deceased

"GLAIM FOR

P. FECCIVID. B.

JAN 27 1897

U. LAW. S.

Power of Attorney to be executed by said claimants, together with a circular etter, to be mailed from said executors To that end they submit a form of to each claimant, which, under the circumstances and the good standing of Alva S. Taber.

You will, therefore, recognize Alva S. the existing practice of your office, in which the claimants shall have executed Taber in each case, in accordance with Alva S. Taber, are approved by me. said Power of Attorney.

Respectfully,

Assistant Secretary. JOHN M. REYNOLDS,

Representing the Executors of the Estate of George ALVA S. TABER, ATTORNEY, E. Lemon,

FILED BY

WASHINGTON, D. C.

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State of	Ellyuu)
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Be it know	on, That on this 22 May of January
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DEPARTMENT OF THE INTERIOR, OFFICE OF THE SECRETARY, WASHINGTON, D. C., Jan. 18, 1897.

POWER OF ATTORNEY

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"GLAIM FOR

P. FEGIVIO. B.

JAN 27 1897

U. LAW. S.

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You will, therefore, recognize Alva S. Taber in each case, in accordance with the existing practice of your office, in which the claimants shall have executed Alva S. Taber, are approved by me. said Power of Attorney.

Assistant Secretary JOHN M. REYNOLDS, Respectfully,

Representing the Executors of the Estate of George ALVA S. TABER, ATTORNEY,

FILED BY

WASHINGTON, D. C.

E. Lemon,

Department of the Interior,

Bureau of Persions,

Washington, D. O. fr w/4, 1897.

No. 627. 783.

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CAUSE OF REJECTION.

ABSTRACT OF TESTIMONY TO REOPEN.

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Harner Hiling, Chief of Div.

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e civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

In the matter of the nancion	
In the marret of herrorall	claim of Mary Cunningham, widow of Marti
nningham, Private Co. D.	12th Mass. Vol. Inf.
ON THIS 8th day o	f March , A. D. 19 05 , personally
appeared before meA Notary Du	blic in and for the afore
· · · · · · · · · · · · · · · · · · ·	er caths Jason Mandley
	Bay City ,in the County
of Bay	and State of Michigan
whose Post-office address is No. 121	1 Second St. Bay City, Mich. and
exander Welch	aged 57 years, a resident of Bay City
	, in the County of Bay
	, whose Post-office address is No. 1501 N.
an Buren St. Bay City, Mi	ch.
	to credit, and who, being duly sworn, declared in relation to aforesaid
	Ove named claimant and her late husband fo
	know that they lived and cohabited togeth
	te how they gain a knowledge of the facts to which they testify.)
as husband and wife up to	the time of his death, about the first o
	mant lives a short distance from my place
,	remarried since the death of her said husb
laimant and her husband a	are Over the age of sixteen years.
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	STATE OF Michigan , COUNTY OF Bay Sworn to and subscribed before me this day by the above named affiant , and I certify that I read sa	
	affidavit to said affiant , including the words	tid ,
	erased, and the words	*****
	added, and acquainted them	
J 3.5	with its contents before	
	ested in said case, nor am I concerned in its prosecution; and that said affiant are persona	lly
	known to me and that they credible person	
	Jas Donn	ell
	(Official Signature.)	
	A Notary Public in and for said Co	ounty.
	My commission as Notary Public wil	ll ex-
() = 田	pire on the 26 day of feb.	190 1
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,	Institee of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signat add official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certifice is already on file in the Pension Office, when such fact should be stated.	ate
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Notice. Lie civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

	State of Michigan ; County of Roscommon , 55:
	In the matter of the Claim for widows pension of Mary Cunningham widow
of.	Martin Cunningham late a Private in Co., B. 12th Mass vol Inf.
	ON THIS 25 day of May , A. B. 19 05, personally
	appeared before me A Notary Publicin and for the afore-
	said County, duly authorized to administer oaths Almer H. Sergeant
	aged 54 years, a resident of markey fours hyp ; in the County
	of Roscommon , and State of Michigan
	whose Post-office address isand
	, aged — geers, a resident of
	, in the County of
	and State of , whose Post-office address is Kus common
	Ros common County michy and
	well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
	case as follows: I am the Supervisor of the Township of Inackey, in the
	County of Roscommon, the same bing, Town 23, North, Range 3 West in
	(Note.—Affiants should state how they gain a knowledge of the facts to which they testify.) said county. I am the assessing officer of said Township. It is my
	ity to ascertain, and assess all the taxable property real, personal or ixed in said Township. I know the southeast quarter of the southeast
	quarter of Section 36, Town ship 23 North, Range 3 west, it isa
	forty acre parcel which was homesteaded under the State Law by Martin
	Cunningham. There is a small log house, and a log barn thereon, and
	there are about I number of acres clear. The parcel of land with the
	improvements is worth about the sum of \$ 150 2. It is assessed for
	the sum of \$ 50 2 . This parcel of land is the only parcel of
	land owned by said Martin Cunningham, in said Township, in1904 or 1905
	and he had no personal property - or mixed property in said township
	liable to assessment, and this deponant further deposing says that
	Mary Cunningham, the widow of said Martin Cunningham, does not own amy
	property in said township that is liable to assessment, and has no inter
	est in any property other than the parcel above described.
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	T how The Time of the Care of
	further declare that I have no interest in said case and am
	not concerned in its prosecution.
	Alman II Dergeant

Mul ...

ACCRUED PENSION.

Act of March 2, 1895.

	STERN Division.
· Certificate No. 627283	Last issue fully 2/ , 189/
Pensioner Martin Cunning	Last issite July 2/ , 1891 Kam / - Act June 27-18;
Date of d	leath, January 1, 1905
/ Claimant, Mary Cumming	
	Street
Bay Ci	Ly.
~ n	Michigan !
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Attorney,	Fee, Agent to pay.
P. O.,	
Submitted November 13, 1903,	,— M. A. Brewer Examiner.
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M. J. M. Mouts	Reviewer, Nov. 18 , 1905
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J. W. M. Wandlish	Rereviewer, 14 20 , 190
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ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Massachu		, County	of Nantuc	ket.	, 55 :
In the matter of the	pension cla	im of Mar	y Cunningh	am, widow	of Martin
nningham, of co.	co. B. 12th,	Mass. Vo	l. Inf. Ce	rt. No. 8	19,937.
ON THIS fruit	day of _March	-i	., A. D. 19 ⁰⁵	, personally app	peared before me
Morama Tarbita				.*	* A
oaths Thomas	Mark aged	76 years	, a resident of	Sautu	chet
in the County of Nan t	ncket	an	d State of Ma	ssachuset	ne ne
whose Post-office address i	Soute	upet	Man	<i>,</i>	÷
well known to be reputable					ution to aforesaid
case as follows: T kne	w the above	named sol	dier Marti	n Cunning	ham, before
his death. I kn	ew him for y	ears. I	knew him b	efore he	was mar-
ried to the Cla	imant, Mary	Cunningha	m, and I k	now that	he was never
married to any oth	er nerson he	fore he m	arried Cla	imant. L	ue was
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further declares tha	t I have no	interest in said	case and am	not concerned i	n its prosecution.
			Offer me	111 II.	a of
		•	<i>C/////</i> (8	ignature of Affiant.	rel

(If Affiant signs by mark, two witnesses who can write sign here.)

STATE OF Massachusetts	COUNTY OF Nantucket , ss:
	nis day by the above named affiant, and I certify that I read said
affidavit to said affiant, including the words	,
7 5	erased, and the words he was manied at my le
The I have him me	acce added, and acquainted
	executed the same. I further certify that I am in nowise inter-
ested in said case, nor am I concerned in its	personally
known to me and that he is a	credible person.
	100 100
	Lamister Ofmike
[L. S.]	(Official Signature.)
	A Notary Public in and for said County.
	My commission as Notal Partiblic will ex-
	pire on the 12 day of May 1990
	ed or some officer thereof having custody of its seal, a Notary Public, or
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AL EVIDENCE. AIM OF	nf. OF X X ix Blk. ay City, Claim Blank Prin

ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of	Wassa	chuse	lts : con	inty of	antice	Kit	, 55:
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in the County	of	and	what	, and State of	mar	Lacu	setts
whose Post-off	ice address is	3	Vra	uturket	, Ma		***************************************
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ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Massachusetts.	. Coui	ity of Nantuck	et c	, 55:
In the matter of the pensi	ion claim of	Mary Cunning	ham, wido	w of Martin
unningham, of co. B. 12th	······································			***************************************
ON THIS furt day of	March	, A. D. 19 ⁰⁵	, personally app	peared before me
Notary Public	in and fo	r the aforesaid Coun	ty, duly authoris	zed to administer
oaths John A. Sylvi d	eaged 58 y	ears, a resident of	Fauti	where
in the County of Nantucket		, and State of Mas	sachusett	3.
whose Post-office address is	I autice	tet Ma	H,	***************************************
well known to be reputable and entitle		•		
case as follows: I know the al	oove named c	Laimant. I ha	ave known	her for
years. I knew her before	e she was maj	cried to the	above nam	ed soldier.
Martin Cunningham, and	d state how he gains a kno I KNOW that	wledge of the facts to whi She was neve	ch he testifies.) er married	to anyoth
person before she marrie	ed the above	named soldie	er .	·

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further declares that Thave	no interest in	said case and am	not concerned i	nits prosecution.
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		- your	Signature of Affiant.)	ymor
(If Affiant signs by mark, two witnesses who ca	an write sign here.)		en e	

STATE OF	massachusetts	, County of	Nantucket		
Sworn to	o and subscribed before me	his day by the above name	ed affiant, and I certify t	hat I read said	
affidagit S	id affiant, including the word	s	<u> </u>	***************************************	
036		erased, and the words			
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with its conte		executed the same.		in nowise inter-	
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ested in said case, nor am I concerned in its prosecution; and that said affiant personally known to me and that the is a credible person					
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		10	(Official Signature,)	mile	
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Justice of the	executed before a Court of Reco Peace, whose official signatures	shall be verified by his officia	al seal, and in case he has no	ne, his signature	
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	No.	han Ma AF	ren	sale t	
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	ADDITIONAL EVIDINCE. OLAIM OF Wary Cunningham, widow of Martin	Cunningham, late a member of Co. B. 12th Mass Vol. Inf. AFFIDAVIT OF John R. Syhla.		Bay City, Mich. Printed and for sale by John F. Sheiry, Claim Blank Printer, 418-415 Ninth Street, N. W., Washington, D. C.	
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RECORD & PENSION OFFICE 4 1468099 &

JO, P. 3-464 aa.

Eas Division.

Department of the Interior,

BUREAU OF PENSIONS,

Bashington, D. June 189

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history.

Do rends now on fele famile (Descriptive let.)

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.

No other report on file.

Name, Mortin Curringham,

co. C. 37 Reg't. Mag stal Suffer.

1, 8, 17 4 G Sitesfield.

Commissioner.

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	A MARINE CO.
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Lecord and Lension Office,	
WAR DEPARTMENT, Washington N 15 1897	
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th the information that in the Case	
f Martin Curringham	
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Nothing ad tehinal	J. Chinework
James.	Colonel, U. S. Army, Chief of Office.

(323a) Per/

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Bay County Soldiers Relief Commission.

L. M. Hugh

JAS. A. McKNIGHT, Chairman.

L. G. WILLCOX.

L. McHUGH, Secretary.

Office, 300 Phoenix Block, Bay City, Mich., Nov. 9th, 190 5

Hon. V. Warner,

U. S. Pension Commissioner,

Washington, D. C.

Dear Sir:-

Please let me know ghe status of the pension claim of Mary Cunningham, widow of Martin Cunningham, late a private in Co. B. 12th Mass. Inf. W. O. 819,957, and whether any more proofs are needed in the case. The woman is very destitute and is being in part supported her at public expense.

I remain,

Respectfully yours,



fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVITIE & 130

State of Michigan	, County of Bay	TS 77
•	for widows pension of Ma	
of Martin Cunningham, Pr	ivate Co.F. 12th, Mass. Vol.	Inf.wid.Orig.No.819937.
ON THIS 11th, day of	September, A. D. 19.05	, personally appeared before me
A Notary Public,	in and for the aforesaid Coun	ty, duly authorized to administer
	gaged 49 years, a resident of E	
in the County of Bay,	, and State of Mic	higan,
whose Post-office address is 1115	, Fourth Avenue, BayCity, Mi	chigan,
well known to be reputable and entitle	ed to credit, and who, being duly sworn,	declared in relation to aforesaid
case as follows: I am the Reg	istrar of Deaths in and I	Health, Officer, of Bay-
City, Michigan, and have	charge custody and contro	ol of the books and
	and Department: and that t	
and certified copy of t	he death Record of Martin	Cunningham, (as correct
-ed by Order of the Sec	retary of the State of Mi	chigan,) "" Martin
Cunningham, died January	lst,1905,at Mercy Hospit	al, Bay City, Michigan-
of Suppuration and Bro	nchial Pneumonia, contribu	tery alcoholism, birt-
•.	ion Taborer, And he was by, Bay City, Michigan. Atter	
Gallagher, Bay City, Mic	h, Undertaker George N. Ewe	ell,Bay City,Mich.
I further declare that	the foregoing is a true t	ranscript of said
Deathe Record and of t	he whole thereof as it ap	pears on the books of
my said Office. I furth	er declare that I am not	a relative of said
deceased nor intereste	d in the claim for pensic	n of said above named
claimant nor am I inte	s rested in or engaged in i	ts Prosecution.
		OTS.
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T further declares that T he	ve no interest in said case and T	not concerned in its prosecution
	Thu (O LANGE TO SERVICE OF THE PARTY
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(If Affiant signs by mark, two mitnesses who can write sign here.)

Received for record, this 11th day of March A.D.1904, at 12 o'clock A.M. Jas H.Sly, Register of Deeds.

This Indenture, Made this tenth day of December in the year of our Lord 1905.

By and Between Edwin A. Wildey Commissioner of the State Land Office of the State of Michigan of the first part and Martin Cunningham of Eoscommon, Michigan of the second part,

Witnesseth, that Whereas Matrin Cunningham the said party of the second part pursuant to the provisions of Section 151 of Act 206, of the Public acts of 1895 and Acts admendatory thereto, did enter and homestead (receiving State Tax Homestead certificate No 2055 from the Commissioner of the State Land Office therefor), the tract or parcel of State tax lands situated and being in the County of Roscommon, in this state, and described as follows, to-wit: South east quarter (SE1/4) of South east quarter (SE1/4) of Section thirty six (56) Township Twenty three (25) North Range three (5) West, containing for y (40) acres according to the retuwns of the Surveyor General.

And Whereas, The said party of the second part has resided upon said lands for the period of five years and improved the same, performing the several conditions of the said certificate, and has, as required under said section 131, made proff thereof to the satisfaction of the said party of the first part.

Now Therefore, This Indenture Witnesseth, That the said Edwin a Wildey Commissioner of the State Land Office, party of the first part, as aforesaid, acting for and in behalf of the State under and by virtue of the authority vested in him by said Section 131, of said Act 206, Public Acts of 1895, as admended, in consideration of the premises, hereto does, by these presents, grant, convey, remise, release and quit-claim unto the said Martin Cunningham party of the second part, and to his heirs and assigns FORIVIE, all of the right, title and interest acquired by the State in and to all of the said above described premises.

IN WITNESS WHEREOF, The said party of the first part has hereunto see his hand and seal the day and year first above written.

Edwin A. Wildey (Seal)

Commissioner of the State Land Office.

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Anidow of Mash. Griff War in a side of the manufacture of the manufactu

a Notary Public in and for said County, personally appeared Edwin A. Wildey, Commissioner of the State Land Office, to me known to be the same person described in and who executed the foregoing in Frament, and acknowledged the same to be his free act and deed

William Innis.

Seal of State Land Office

Notary Public, in and for said County.
My Commission expires Jan. 7, 1907.

Recorded in Liber 4 Page 404.



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mes 819,937

In the matter of the pension claim of Mary Cunningham, widow of Martin Cunningham, late a Private in Co. E. 32nd. Reg. Mass. Inf. Vol. and transferred to Co. B. 12th Mass Vol. Inf.

A certified copy of the Deed of the homestaed referred to in affidavits heretofore filed in the Pension Department in said case.

Filed by
Tawrence McHugh,
atty for claimant.
Address: 500 Pheonix Blk.
Bay City, Mich.

TAS DOME DO

OTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Michigan, County of Bay, 55:
In the matter of The pension claim of Mary Cunningham, widow of Martin
Cunningham, Private in Co. B. 12th Mass. Inf.
ON THISday ofMay, A. D. 19.05 , personally appeared before me
A Notary Public in and for the aforesaid County, duly authorized to administer
oaths Charles J. Barnett aged 49 years, a resident of Bay City
in the County of Bay , and State of Michigan
whose Post-office address is Controllers Office, Bay City, Mich.
well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
case as follows: I am the Comptroller of Bay City. I have the custody and
control of all the assessment rolls of said city. It is the duty of
(Note.—Affiant should state how he gains a knowledge of the facts to which he testifies.) the comptroller to make out all the assessment rolls for the assess—
ment of all property, real, personal or mixed, in said city, and to
care for, and file copies of the same in his office.
On inquiry I have learned that the above named claimant is a
resident of the First Ward, of this city, and on investigation I find
that there is no property assessed to her or in her name, upon the
assessment roll of said city during the past year, and that there is no
property of hers listed for assessment this year, and so far as I have
been able to ascertain from inquiry, she has no property in said city
subject to assessment.
Pans 70
U 29 5
1905
further declares thatnaveno interest in said case andam not concerned in its prosecution.
6 P. Damett
(If Affiant signs by mark, two witnesses who can write sign here.)

Reproduced at	at the National Archives	•
	Michigan , COUNTY OF Bay , 58;	
	Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said	
	affidavit to said affiant, including the words	
The state of the s	erased, and the words	
TO THE	erased, and the words erased, and acquainted him with its contents before he executed the same. I further certify that I am in nowise inter-	
900	with its contents before <u>ne</u> executed the same. I further certify that I am in nowise inter-	
	ested in said case, nor am I concerned in its prosecution; and that said affiant is personally	
	known to me and that he is a credible person.	
	On lin 10 Lambar	
والمراجعة والمحارب بالمحادث والمحادث والمحادث والمحادث	(Official Signature.)	
	[L.S.] A Notary Public in and for said County.	
	My commission as on the commission of the commission as the commis	he
	1/2 day of April 1909	
	To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or	
	Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate	
	is already on file in the Pension Office, when such fact should be stated:	
	$oldsymbol{lpha}$ is the state of the proposition of the proposition of the state of the stat	
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	ADDITIONAL EVIDENCE. CLAIM OF CLAIM OF CLAIM OF CLAIM OF LEth Mass. Inf. AFFIDAYIT OF T. McHugh, FILED BY T. McHugh, #300 Phoenix Blk. Bay Gity, Mich.	
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SPECIAL COTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Michigan , County o	Bay ,55:
In the matter of The pension claim of Mary Cunningham, Private in Co., B. 12th, Ma	
ON THIS 15th day of May ,	- 4
	aforesaid County, duly authorized to administer
in the County of Bay, and	
whose Post-office address is #1211 Second St. Bay well known to be reputable and entitled to credit, and who, bein case as follows: I know the above named Claim	g duly sworn, declared in relation to aforesaid
during the past fifteen years and more. (NoteAffiant should state how he gains a knowledge time. I know that she has not owned any	of the facts to which he testifies.)
in any property real, personal or mixed year, except a homestead interest in for the title of which was in her husband the interest that she would have in the	at the time of his death, and
her dower interest as his widow, and she the she earns by washing or working for from such earnings would not amount to make the dollars a year. She has two sons who ar	or other people, and her income love than fifty or seventy five
selves, and three daughters who are ma	_
ilies. She receives very little, if an een assisted from the funds of the Sold	
soldier husband, was buried by the Coun	
She lived and cohabited with her hu	
I further declares that I have no interest in said case	Se and am not concerned in its prosention. Paron May (Signature of Affiant.) (Signature of Affiant.)

STATE OF Michigan , COUNTY OF Bay , 88:	
Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said	
official official official including the words	
affidavit to said affiant, including the words erased, and the words him Added, and acquainted i him	
erased, and the words	S. 11.51
	•
with its contents before he executed the same. I further certify that I am in nowise inter-	
ested in said case, nor am'I concerned in its prosecution; and that said affiant is personally	
known to me and that redible person,	
Thomas E-cerbal	,: <u>~</u>
Official Signature	~
[L.S.] And the Manual And Lie in and for said Co	Cityo-
My commission will expire on the	234
of the same of wanting or working the come people, and the	<u>.</u>
To be executed before a Court of Becord or some officer thereof having custody of its seal, a Notary Public, or	
Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record for a City or County Clerk, unless such certificate	# 3 °
is already on file in the Pension Office, when such fact should be stated.	
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ADDITIONAL LVIDE OLAIN GE AFFIDAVIT OF AFFIDAVIT OF FILEE BY WOHUGH, #300 phoenix Bay Git	
ADDITIONAL EVIDENCE: OLAIN OF Mary Cunningham, widow of Ma Gunningham, Privaté in Co. B. Mass. Inf. Jason Mandiey, T., Moffugh, EVILED BY T., Moffugh, Bay City, Mich Princed and for sale by John P. Sheiry, Claim Blank Printer.	

"A" Declaration for Original Invalid Pension "A"

STATE OF Muchyan	}		, ,
COUNTY OF Bay	S. S.	The state of the s	1
On this 22 day of School	. D, one thousand eight hund	red and eighty to	ne
personally appeared before me a dipuly - clink	- of the brand-	the same being a (to	nırt
of Record of the County and State aforesaid	Martin Cur	ming ham	
a resident of Hay Cety County of	Is ay State of	Mich	
who being by me duly sworn according to law, on his solem	n oath, deposes as follows, to	wit:	3;
"I am the identical Martin burn	nenetian who was e	nrolled on the 19	
day of July 186 in Company	of the 32 Reg't of	Mass Inf	
Vol's., commanded by Captain Oumothy	and I	was honorably discharged	dat
mear Washington of on the	19 day of June	186 5 and my age	e is
now 42 years. While in the service aforesaid, and in the	e line of my duty I received th	e following disability, to w	vit:
I Grand shewmater fra			
_ also Cramps in my legs a		//	
breast and back - shot.			
the cords of Anylegs Shrie			
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any havel stort - my legs of centracted while a florise	well en Summer	Temes - all this	clisea
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from there to Columbia.	Hum Sha Bann	65 × Chan ren	n
La Greenberg	- Jung	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	,	<u> </u>	20,00
I have never been employed in the Military or Naval	/ /	- 1	ove
Since leaving the Service, I have resided at 4	uir & Iday Cely	mich	one orien
and my occupation has been Julierer	before my entry into the Serv	rice aforesaid I was of goo	od.
ound physical health, being at enrollment a	Zaber	er and	t I
am now greatly disabled	from obtaining my subsisten	e by manual labor by reas	on .
of my disabities above stated, received in the service of the $\mathfrak t$			
of being placed on the Invalid Pension Roll of the United St	ates. I hereby appoint and e	mpower, with full power	of
substitution, N.W. FITZGERALD & CO., of Washington	on, D.C., my true and law	ful Attorney to prosecu	ite.
my claim. My Post Office address is	19 ay bely	County	of .
Jay · State of	Morch	"	
	Marlin Tum	inghain	
	(Claimant's S	gnajyre.)	
Attest: Two Witnesses			

Carterior Constitution (Constitution Constitution Constit		appeared Elina	ne It 1	Zenedret.	residing
	Also personally a	· .	and Train	I Churc	hresiding
1	at Essev			ertify to be respectable a	nd entitled to credit, and
	1	duly sworn according to		\mathcal{O}_{α}	Sui Curning haw
		name (grmake his mark)			every reason to believe,
		of said claimant and their			· · · · · · · · · · · · · · · · · · ·
		at they have no interest i		1.	
				destard #	Benedict
		Signature	s of Witnesses.	red. L.	Chunch
		•			
	9	rn to and Subscribed before	e me, this 22 day	of allote	A. D. 1883
		The contents of the fo	oregoing Declaration w	ere fully made known a	nd explained to claimant
	·	and witnesses before sw			
	. ISEAL-1	erased, and the words	2		added; and I have
M	ASSACIA.	no interest in this clair	n for Pension		
4		10 11003 550 2	N	Jeah Ess	mis
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	m for Pe	ORIGINALL.			FILED BY TZGERALI rneys for Clair washington, D. C.
			S.		TI
Thou 16 1883.	7 - 7	Chi	121		A. A.
- Indiana	A" ON PARTO "A" Claim for Pension	7	2		N. W. FITZGERALD & CO., Attorneys for Claimant, washington, d. c.
		1.			Z

Claiment with his name.

ORIGINAL INVALID PENSION.

Claimant, Wartin lon	mingham
P. O., Bay loily.	Rank, Sivale
P. O., Bay loily. County, Bay	Company.
State, Wiel	N. (Regiment, 3" W Mars Volo.
Attorney, N & Tagera	
Fee, \$	
	onth, commencing
Disabled by Meumatism	
Submitted for Reflection organly 222, 1	1884, by Wm W. Dennit Magaminer.
Approved for rejection in the grown	Approved for Texistion, hosatale WHO desobility from Causes alleged Seine state of
as stated hoppshidied reference	AND disobility from Causes
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June 1 John Sch	filing Cain
Justin Mill	To About.
	viewer. Jule 161884; Med. Referee.
	J. J. J.
Enlisted, 18	8 . service from
Mustered July 201 , 18	863. 18, to, 18, in
	9 65
/ / .	843. Not in military or naval service since
Last material evidence filed	
and the second s	Declaratini.
	S OF CLAIM.
Alleges in declaration filed Nov. 16 1	883 That while a prisoner at
^	1864 and 1865 that he contracted
neum atism	Junt UK,
*	ng: ≤2
ELECTRO'S. (11385-75,000.)	

DECLARATION FOR ORIGINAL INVALID PENSION

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

•		
	State of Michigan	
	County of Bay ss:	
യ്	On this 23rd day of august, A. D. one thousand eight hundred and	-
Úŝ	ninety, personally appeared before me, a depending M. J. Nauvilia, a	his
iis	Mejocely Coleric in and for the County and State aforesaid,	<u>B</u>
ř	Martin Cunning ham, aged 47 years, a resident	an
fo	(Name of Clampant.)	<u>~</u>
ely	of Vay County, County of Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of	o
siv	State of McChigae, who, being duly sworn according to law, declares that he is house. If you reside in the country, state about boy many miles from nearest Postoffice.)	rec
clo	the identical Mourtin Ourninghaywho entered service during the War of the	ar
ě	(Name of Claimant.)	\circ
<u>S</u>	Rebellion under the name of Martin Running have or about the 19 day of	by
nd	July, 1863, as The in company of the 32 regiment of (Give rank.) (Or vessel, if in the navy.)	Ω
,, (2)	Mass, Vols. commanded by Capt Demostry Mc Carrines, and was (Name of company's commander. If upon any General's Staff, state that fact.)	O
Ç	(Name of company's commander. If upon any General's Staff, state that fact.) HONORABLY DISCHARGED at Washington L. e, on or about the	RG
Ω	29th day of June , 1865, by reason of General order as	T
on,	al present	
gt	close q was; that his personal description is as follows: Age, 47 years	E
Pic.	height, 5 feet 5 inches; complexion, Light; hair, Grown; eyes,	\leq
/as	Gray . That he is now suffering from . Checked size . Parales . (Here state the name and nature of any disease, wound or injury which in	ž
5	any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)	of.
ō	and Decervey	€
Z		as
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Щ		hington
[r]		ņ
Ш	and that the said disability is of a permanent character, and is not the result of vicious habits, and that	Ď.
RG	it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension	Ç
E0	roll, under the provisions of the Act of June 27, 1890. That he has heen employed in	, an
Q	the military or naval service otherwise than as stated above	nd
ą	(Here state what the service was, whether prior or subsequent to	8.
prepared	that stated above, and the dates at which it began and ended.) That since the 294 day of day of A. D. 1865, he has not been employed in the	exclusively
par	military or naval service of the United States.	ıng
ore	He hereby appoints, with full power of substitution and revocation,	sive
is Is	CEORCE E LEMON	
	OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has not	for
Blank	received but has applied for a pension. No. 500, 018 (If previous appli-	<u>5</u> .
	cation has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.) That his Postoffice address is 110 This mark at Bay city, County of	S
This	State of Michigan.	Jse
L	Claiment's Signature	W_
	Two witnesses to claimant's signature sign here:	
	BANGE 13 / Cung	
	(2) William Jurpbull	

of ho. 500,018

CLAIM FOR PENSION

Discharged

Attorney and Counsellor at

WASHINGTON, D. C. Offices 615 Fifteenth St. N. W. DRAWER 325.

Act of June 27, 1890 Pending VALID PENSION. Claimant, Martin Cummingham. P.O#1/0 Busmark It Rank, Private Company, 151, Regiment, 121 Massa Vol per month, commencing august 27, 1890 Rate, \$ ____ Disabled by Chumstin Desire Various of Refinding organized ATTORNEY. Name, Horge & Demon Fee, \$ 10 Agent to pay. Articles filed, Ougust 27, 1890 APPROVALS. Subjitited for Adm May 26, 189/, Approved for Approved for Theumatism loss of hel fort sud of of food not by svangere leins of right flag Parfuld Fiber des Dhe Legal Reviergen July 2, 189 Mun (2189 (. Not now pensioned under other laws. Last paid to Applied, 189, at some of the sound at \$ for general laws SERVICE SHOWN BY RECORD. 20 1863 Was honorably discharged June 29, 1865 Declaration filed August 27, 1890, alleges permanent disability, not due to vicious habits, from Kheumatism paralysis of left himb

Clamant Wortes Ao M.C.

\mathcal{PM} ACT JUNE, 27, 1890.
DEAG. 10.600644
Mary Cunningham
martin Cunningham Rank Prist.
1 11-2 X
Regiment 12 & Co. B. 3 9 x Co. C. 32 Mass Vol. Inj.
Rate per Month \$
Rate per Month \$ 0 Commencing San 9. 1905. Ending
DETroit Agency. 1ssued Nov. 22, 1905
Mailed 25, 1905.
(Order 14-50,000.)

DROPED MAR 31 1916 FINANCE FINANCE

3_857.
Bruwer Ext
No. 8/4/9
Act of June 27, 1890.
Mary Counninghaus
106. Fitzgerald St. Bay City Mich
Martin Curningham
B. 12 Mass. Inf. 6-32 Mass. In
B. 39 Mass. Inf-
Died at
Jan. 1-1905,
S 27, 283
0-ag 621.
4. 17.1005 DUOR
6-123 Clerk.
0 5
Application filed: form. 9,1905.
Attorney: Loawunce M. Hugh
P.O. Bay City.
Mich-
1. 8.

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Notified 6, 1905, 2	5
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N. Y. Orlands death E. Hm.	
I. I.	
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	-

STATE OF MICHIGAN,

> SS.

County of Roscommon.	J. J.Burt Kiely,
Register of Deeds of the County of Rosco	mmon, do hereby certify that I have compared the annexed copy of
Deed from State of Michi	igan to Martin Cunningham, recorded in Liter
	-27-at-page-20
$\chi = V_{\rm eff} + V_{\rm eff}$	
	with the original record thereof now remaining in my office, and have found the said copy to be, and that the same is, a true and correct transcript therefrom, and of the whole of such original record.
	In Testimony Whereof, I have hereunto set my hand and affixed my seal at Roscommon, this 5th day of
	June A. D. 190-5.

Register of Deeds.

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Bervice: Prr. "6" 32	ch.
Service: 777-30 52	Truas.
Enlisted:	, 18
Discharged:	, 18 ,
Application filed Qug. 27	(, 189 O
Alleges:	
Any other Claim filed: 500,018	
Numerical No. 392,637	
Attorney: George E. a	beznen
P. O. Coty	/ 7
Recognized.	Contract.
Gert. of Dis. Searched for 	, 18

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EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. 5'00,018

Name of clain	mant, Martin Councing have
	EXAMINING SURGEON'S ADDRESS:
Rank,/	Post office, Each Sagman
Company,	County, Caguian
Regiment,	
State,	Mass. Jufy Date of examination, January 16th, 1884.
	Me hereby certify That Me have carefully examined this
	applicant, who claims that while in the service of the United States, at or near a
	place named Gaulisbury Poison Ar. Ce., and while in line of duty,
Sause of disabil-	on or about the day of January, 1864, he incurred
gree.	Pheumatian , and that
	in consequence thereof he is disabled for earning his subsistence by manual labor.
Particular de- zcription.	He states that he is 43 years of age; that he weighs 135
	pounds, and that he is 5' feet 6 inches in height.
	His pulse-rate per minute is 72, his respiration 18, and
and the second	his temperature normal
live the ration-	The examination reveals the following facts:
aland physical signs so fully that <i>how</i> and	
why and how	
muchthe claim- ant is disabled shall clearly	calloused + from laporere and learn la
appear. When there are neith-	
on other offers 7	
changes nor physical nor rational signs	bright and longue clean - mene to go so
in support of the claim, that	what changes or deforito in, or around, an
fact should be stated. Thera-	Jones in his body - measurements around
ting should be made in com-	Jointo on both sides and the same - he
pliance with the "Instruc-	
	makes the statement that elbow fourt of right
	arm is useless and cannot be "raised Up
	but careful interrogation & examination sh
	This not to be a fack - as this aren in all
	Specto is perfect - he also States that the hi
	emaller fingers of left-hand are without-
	feeling - the lumberaline is the same as the
	belance of hand of the movements are perfec
	I me can find no soidence of the truth fulnes
	D 1: 01-1-
	of his statements-
	Examination of the heart shows its
	impulse orgalax & free with no murmers
	notting on thematism
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in mind that	
in mind that the duty of the Surgeon is to	From the condition and history of the claimant, it is opinion the
in mind that the duty of the Surgeon is to givean opinion astothe propor- tionate degree	From the condition and history of the claimant, it is ever opinion the disability was <u>vol</u> incurred in the service as claimed, and that it is not aggra-
in mind that the duty of the Surgeon is to givean opinion astothe propor- tionate degree of disability, as ¼, ½, total, &c.,	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra-
in mind that the duty of the Surgeon is to give an opinion as to the propor- tionate degree of disability, as ½, ½, total, &c., through the grades, without	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra-
astotheproportionate degree of disability, as ¼, ¼, total, &c., through the grades, without any regard to dollars and	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra- wated or protracted by vicious habits. W find the disability as above described to entitle him to
in mind that the duty of the Surgeon is to give an opinion asto the proportionate degree of disability, as 14, 15, total, &c., through the grades, without any regard to dollars and cents, and to	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra- vated or protracted by vicious habits. Me find the disability as above described to entitle him to
in mind that the duty of the Surgeon is to give an opinion asto the proportionate degree of disability, as 4, 4, total, dec., through the grades, without any regard to dollars and cents, and to make such a full particular description as	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra- vated or protracted by vicious habits. Include the disability as above described to entitle him to rating.
in mind that the duty of the Surgeon is to give an opinion astothe proportionate degree of disability, as 14, 14, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular	From the condition and history of the claimant, it is opinion the disability was incurred in the service as claimed, and that it is not aggra- evated or protracted by vicious habits.

SURGEON'S CERTIFICATE

IN CASE OF

1

Moster Commington

Application for Pension

No.3 12018

Date of Examination:

*

Examining Surge

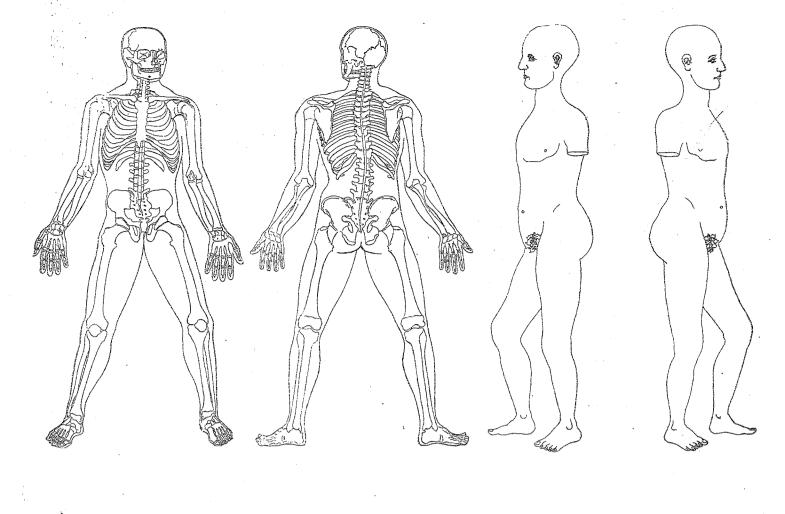
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(11155-200 M.) ELECTRO'S.



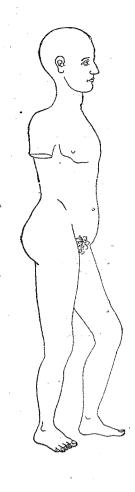


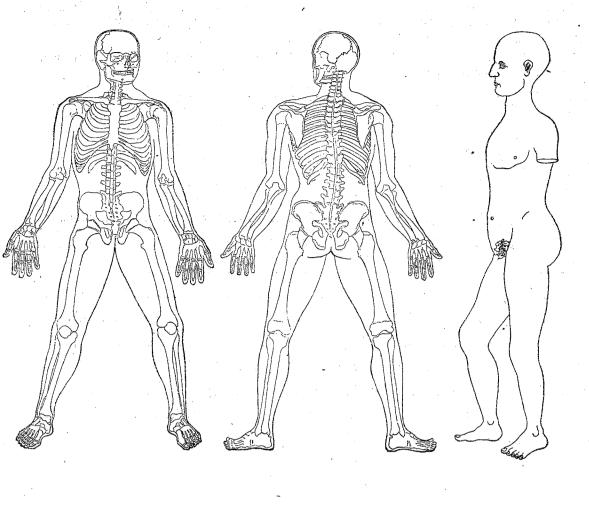
Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session 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. 500, 0/8 mishar Company 6, 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 in the service, viz: heumatism, contracted in Cause of disa-bility. dollars per month. and that he receives a pension of... Pulse rate per minute, 92; respiration, 16; temperature, 92; height, U feet 3 / inches; weight, /3Z pounds; age, / years. He makes the following statement upon which he bases his claim for † .statement as briefly and as compactly as possible. Upon examination we find the following objective conditions: Leeth oleveryed Here give a full symptom pic-ture of the case, embracing all the physical and rational signs, but con-fining it to the present condi-tion of the claimant. It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as \$\frac{1}{2}\tau_1\tau_2\tau_2\tau_3\tau_2\tau_3\ ground for in-telligent opin-ion and action in rating. From the existing condition and the history of this claimant, as stated by himself, it is, in our judgprobable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a Rate for each cause of disarating for the disability caused by Lacramatic cause of disability.

f prolonged by vicious habits, the word not should be erased and the reason for the crasure given. *See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

> Always forward a certificate of examination whether a disability is found to exist or not (8262—100,000.)

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Co. L. S. Rog't Mass. C SURGEON'S CERTIFICATE IN CASE OF "my." They d sign at the

P. S. Write your Post-Office address plainly and in full.	State, Michiganiscus.	Post office, Bay & thy County, Bay	a higher to the Sery, BOARD. Medical Converting.	Marcher, Pres.,)	No. 0 00, 018 Date of Examination:	Applicant for Outsing

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	Engued Pension Claim No. 50018
claim.	Thate above/whether hortoriginal, increase, or restoration.]
Name and rank of claimant.	
	Company 6, 32 Reg't Mass rol Buy by Mich State,
Claimant's post-	Pluy City Man Much H 7 , 1891.
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 he is suffering from the following disability, incurred
Cause of disa-	in the service, viz: / Munu atern paralyeis fleft lunch
bility.	augustaling of left fool in schelas & Curvey
Hapensioner, fill	
in the amount; if not, erase the	and that he receives a pension of domains per month.
whole line.	He makes the following statement upon which he bases his claim for Original increase restoration, &c.
	Um not able to work van a constant enfor
Here give the claimant's statement	
as briefly and as compactly as possible.	
as possible.	
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	75
. '.	Upon examination we find the following objective conditions: Pulse rate,;
	respiration, 18; temperature, 99; height, 5 feet 4 inches; weight, 120
	Dunius, 18c, years of
Here give a full description of	the state of the s
the disabili- ties, in accord-	percuesar over all waste of the conting new ordinary
ance with pars. 5, 6, 51, 52, &c., of Book of In-	regulation to again and and and
structions for 1889	consolid alway reple hung plant imitable after
	in yry astrinic Tulse yalu incieased 15 Olals
	ou clanding theat after two weles, -) as
•	Cytholic minner from Methal Hogung dalion
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	rand & Phlangel gounts Scretendes aboutes
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	Vereore Verus Dulernal & & lemal Suffleword Verues
	Elemal about the Rues Busto 3/4 melies in deanelie
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	Covered with spots thorong Isults of coursey ys
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	Enjelus Motion of Choulder they fourts deminated
	1/4 / Her roudence of chorice abeurnalism
	He is, in our opinion, entitled to a
Rate for EACH cause of disa-	
bility.	by Heart Disease, and is for that caused by auchu
-	Takon Heffool & Vencose Vences & would refet foot & Enough
	They to Isalts of our paralyses on bu ocurvey
	A luffer, Pres. Two Ho Tranges, Sec'y. Cot Baken, Treas.

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

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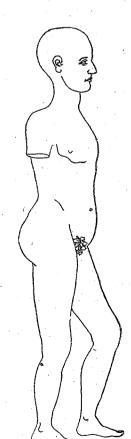
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	SURGEON'S

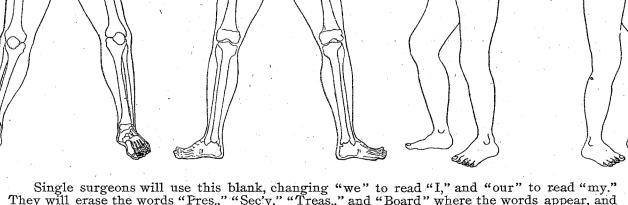
DATE OF EXAMINATION:

No. 5 018

Post office,

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 frem 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 amountation, etc.

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

Insert character and number of claim.		Pension Claim No. 62)287
Name and rank of claimant.	[State above whether for original, increase, or restoration.]	, Rank, Privat
	Company B, 12 Reg't Mass V. 2	Res City Ully State, [Postoffice address of the Board.]
Claimant's post- office address.	Day City, ellich	[Date of examination.]
		ith the requirements of the law we have carefully
Corre of disc.	examined this applicant, who states that he in the service, viz:	is suffering from the following disability, incurred
bility.	in the service, viz:	
If a pensioner, fill in the amount;	and that he receives a pension of	dollars per month.
if not, erase the whole line.	He makes the following statement upon	which he bases his claim for for [Original increase, restoration, &c.]
Here give the claimant's	It let from	ator excess
claimant's statement as briefly and as compactly as possible.		
•		
,		
	Upon examination we find the following	
	respiration, (; temperature, 7); 1 pounds; age, 56 years.	neight, 5 feet 5 inches; weight, 125
	austine steps and	in limited 1/4 Right Mon
Here give a full description of the disabilities, in accordance	no limitating moto	2 Left shoulder, puty
with Book of Instructions.	swort for language	han top a eft tending
	the first le 1/1	Left Chow, grating, land
	motion lim 1/2 Left of	Em stiff swork 1/2 -
	lesen than alter vin	tend framply flyen
	Marley Reflet &	in trude & dained of motion
The actual or probable origin	limited 1/2 Other you	ut musels & trader
of every exist- ing disability must be fully set forth.	monal Heart	A pex ampules 2 m directe
Whenever a disa- bility is shown, or is believed	below left night.	not wident to polyation &
to be due to or aggravated by vicious habits the opinion of	left to a left	of dulines from Into
the board must be stated. When not due to such habits		to Aston marla &
this fact must be stated.	men that No	munico Thur is di-
_	Salation with lay	enterply Pula with 76
Each disability must be rated separately, the act of Congress	Dalla dyspuna	t great angelant
of March 2, 1895, requiring "that the re- port of such	Pertoley origin	the state of the s
examining surgeons shall specifically	No side	1/8
state the rat- ing which, in their judg- ment, the ap-	- of a morning	viciono (Really
plicant is en- titled to."		
0		R 0 0
1. 1	1. Complete Presto Local	edisas Sec'v. J. E. Rambell, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

A 1	at Dr. M. Oryll, Dr. Sen, Ley	·
Dr. J. R. L.	, were personally present and actually the claimant in this case,	ly participated in the
of		onday
	(Signature.) Sex & Sex &	
(This certificate to be fille	d in by the member of the board acting as secretar applicant, when a full board is not present.)	y, and signed by the
"I,	the applicant for (increase or original states), the applicant for (increase or original states).	inal) pension referred
	ate, hereby consent to be examined by Dr	
	the examining surgeons here present (wai	•
full board), on this	day of	8 ."
·		
1897 1897 OFFICE CON'S CERTIFICATE IN CASE OF Co. S. 12 Reg't Mass V.	Applicant for Organial Control No. 6227282 DATE OF EXAMINATION: DATE OF EXAMINATION: 189 189 180 180 180 180 180 180	State, State, P. S.—Write your Post-office address plainly and in full. T. T. T.

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.]

COPY OF DEATH CERTIFICATE.

STATE OF MICHIGAN, COUNTY OF BAY.

	I Willard N.Sweeney, Deputy
clerk of the Circuit Court of said	County, said court being a court of record and having a seal,
do hereby certify that the following	g is a true and correct transcript of the record of the death of
Martin Cunninghan	as appears in Record of Deaths,
Liber, Page356	
Record Number	9313
Date of death	January 2nd., 1905*
Full name of deceased	Martin Cunningham
Male or Female	Male
White, Black, Mulatto, etc.,	White
Married, Single, Widow, Widov	ver, Married?
Age	
Disease or Cause of Death	Bronchitis-Pneumonia
	Ireland (1810)
	Laborer MAR S.
Parents { Unknown Unknown Unknown	Residence Unknown OFF C
Date of Record	February, 9th., 1905.
	In Testimony Whereof, I have hereunto set my hand
The state of the s	and affixed the seal of said Court at Bay City, in said
	County, this Eighth day of
	March A. D. 1905.
	Deputy County CLERK.

ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

State of Massach	usetti campas	Stant.	. K. A
In the matter of the	neusion day	ne of ma	g pun-
unicham midne mass, Vol. Inf. to ON THIS first day of	d) Martin bun	mingham	0 60, 15, 121
ON THIS first day of	March,	A. D. 19 05, perso	nally appeared before m
a Notan Publ	in and for the a	foresaid County, duly	authorižed to administ
oaths Thomas Mac	Raged 16 weeks	resident of	netwiker
n the County of Saute			A
whose Post-office address is			
vhose Post-office address is	ramu ur	man	
well known to be reputable and enti-			
ease as follows: There			/
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More. Affiant show	uigstate now ne gains a knowledge of	orge acts to which he test	nd before
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he further declares that h	no interest in said cas	e and not co	ncerned in its prosecution
	,	9/	1 11 4
		(Simmer	mas Sback

ADDITIONAL EVIDENCE.

CLAIM OF

CURLINGHAM, LATE A MEMBER OF GO.

B. LETH MASS. VOL. INT.

AFFIDAVIT OF

Thomas Mack.

FILED BY

Tawrence McHugh,

#300 phoenix Blk.

Bay Gity, Mich.

Brinded and for sale by John F. Shelty, Glalm Blank Printer,

dle-dis Ninki Street, N.W., Washington, D.C.

Commonwealth of Massachusetts.

CERTIFICATE OF MARRIAGE.

Town of Nan	ntucket, January // 1905.			
1, Lamiston Bruken hereby certify that it appears by				
the Record of Marriages in the said Town, that a Marriage was solemnized, between				
Martin Cominghanand Mary Crowley				
on the eighth day of October in the year 1865				
The record is in the following words and figures, to wit:				
GROOM.	BRIDE.			
Name Martin Commigha	Name, Mary Cravley			
Color, White	Color, white			
Residence, Hanturfet	Residence, Santucket			
Age, 23	Age, 21			
Occupation Laborer	Occupation			
Birthplace, * Ineland	Birthplace, Ireland			
Father's Name, Maccus	Father's Name, Machase			
Mother's Name, Catherine	Mother's Name, Mary			
No. of Marriage, Hist	No. of Marriage, Aust			
Place and Date of Marriage, Nantucket Man, October 8, 1865				
By whom Married, L. S. Mc Mahore Cathedie Priet of It Mary blanch				
I, Amritan Brusken above named, depose				
and say, that I hold the office of Town Clerk of the Town of Nantucket, in the				
County of Nantucket, and the Commonwealth of Massachusetts: that the records of				
Births, Marriages and Deaths in said Town, are in my custody, and that the above is a true				

Witness my hand and the Seal of the said Town, on the day and year first above written.

Town Clerk.

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EAST DIV.

ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

In the matter of the pensi	*•	unningham, widov	of Martin
Cunningham, of co. B. 12	* ·		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2th Mass Vol. Inf.	Cert. No. 819,9	937.
ON THIS 23rd day of	February , A.	D. 19.05 personally ap	peared before me
× •	in and for the afor	· · · · · · · · · · · · · · · · · · ·	***
oaths Mary Cunningham	aged_65years, a re	sident of Bay City	<u></u>
in the County of Bay			•
whose Post-office address is #10t	,	1	
well known to be reputable and entit	tled to credit, and who, being d	uly sworn, declared in rel	ation to aforesaid
ease as follows: I am the abo	ove named Claimant,	the widow of	the above
mamed deceased soldier. (Note.—Affiant shou	, Martin Cunningham		arried before I
married said deceased s	soldier, Martin Cur	ningham, and he	e was never mar-
ried to anyother woman h	before he was marri	ed to me, and we	e lived and
at Bay Gity, on the 1st	t day of January, 1	905.	· · · · · · · · · · · · · · · · · · ·
	12 min 5.1		
	11 300 41	And the second s	
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		je se se	• • • • • • • • • • • • • • • • • • •
		. ,	
further declares that	aveno interest in said case a	and am not concerned	in its prosecution.
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except as an honest c	laimant.	1. 19	Mund f

State of	Michigar	ì			, Сот	TNOV	OP	Bay				ددد د د بدن تان پر پر دار د د د د	ć	٠٥٠
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	a.							9 V O	(Offic	ial Signa	atule.)	***********		
[L. S.]			e a tage of	1	Not	ary	ъпр]	lic i	n ai	nd f	or B	ay C	ountj	<i>T</i> •
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To be	executed before	a Court	of Reco	ord or so	me office	r the	reof ha	ving cu	stody	of its se	eal, a N	Votary I	Public, o	or
and official ch	Peace, whose of aracter shall be	certified	l by a C	lerk of a	Court o	f Reco	ord, or a	City or						
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OTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

State of Michigan	,		,
In the matter of The pension cla		7 9	
ningham, Private in Co. B. 12th Mas		4	
ON THIS 15th day of M	ay	, A. I). 19 <u>95</u> , personally
appeared before me A Notary Public		7	in and for the afore-
said County, duly authorized to administer oaths	Mary Cunni	ingham	
aged 65 years, a resident of Bay Ci			
of Bay			
whose Post-office address is #217 Tong to			
, age			
, in the		•	
and State of	•		,
and Share of	, whose I	ost-omee address is.	
	_		
well known to be reputable and entitled to credit,			
case as follows: I am the above name			
ept my wearing apparel and my cook			
(Note.—Affiants should state how the			
not worth more than 35 or 40 doll			
any other property or interested	in any other	r property of	any kind, real
sonal or mixed, including bonds, s	tocks and in	nvestiments,	owned by me or in
ich I had any interest since the 9	th day of Ja	anuary A. D.	1905, except that
husband owned a forty acre homest	ead parcel (of land in th	e County of Rosco
, described as the southeast quart		•	
mship 23 north, Range 3 east, on w.		•	
able, with a few acres of improvemen			· · · · · · · · · · · · · · · · · · ·
ve in that only my dower interest,			
te of Michigan give me therein. My	husband lei	t living two	sons and three
ughters, and died intestate. I have	no means c	f support ex	cept what little
k T can do in washing and work at	meniel emp	oloyment for o	other people, and
m so badly crippled with the Pheum	ațism that I	can hardly	set around to do
work. None of my children are liv	ving with n	le and none Q	f them are contri
ing to my support. I am supported :	at the prese	ent time by wh	aat little I earn
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Michigan

erased, and the words added, and acquainted with its contents before she executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that she is a credible person (omcial Signature) A Notary Public in and for said comy of the executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.	affidavit to said affiant , including the words	1	STATE OF	MTCITE	2 a 11	······································	COUNTY OF	. Bay			, 88 ;
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ACTS OF JUNE 27, 190, AND MAY 9, 1900.

DECLARATION FOR WIDOW'S PENSICN.

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

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		, County		, and a second of the second o	•
		f January			
Five	, personally appear	ared before me, a NO	tary Public	, within and fo	or the
County and Sta	ate aforesaid, Mary	Cunningham	, aged	64 ye	ars, a
resident of	Bay City (Name of town or city	County of	Bay	, St	ate of
		ho, being duly sworn acc			
Martin Cu	nningham (Name of Soldier.	•)	, who enlisted u	nder the name of Mar	tin
Cunning han (Name under v	n which soldier enlisted.)	, on the 19th	day of	uly, A	. D.
1863 , as a was trans i Massach (Name of State, an	Private Perred to or second Private Infant Private Infantry, Cavalry, Caval	ved in Company A as a Private Try Volunteers, A	in the 3 company fand served at least	2nd Regiment.) 2th Reg. Mass. ninety days in the late	ent of War
of the Rebellion	, in the service of the U	Inited States, who was B	HONORABLY DISCHA	RGED 29th of Ju	ne 18
, and	died January 1s	t., 1905	That he wa	semploy	ed in
the military or	naval service otherwise	than as stated above (Here's	fter the 29t	h day of June	1865
		(Here s	state what the service w	as, whether prior or subseque	:ПР РО
,	and the dates at which it begrever employed in the mi	an and ended.) llitary or naval service of	f the United States	after the 29th	
				under the name of Ma	
	te of soldier's last discharge)				
Crowley		to said		of soldier.)	, on
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at Nantuck	day of October	A. D.	1865, by Reversel Regal barrier to such	marriage; that she ha	
at Nantuck	day of October	husband had not been programmer being no le	1865, by Reversed Reviously married. te of death or divorce of in Cunning has	r. Father Cody marriage; that she ha (4) former spouse.)	
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Reproduced at the National Archives Mar Department, ADJUTANT GENERAL'S OFFICE. Washington, March 1 1884 Respectfully returned to the Commissioner of Pensions. Cartin Cunninghama Private of Company of doubled & mustered 12h Regiment Mass Volunteers, was mistere 20 day of July, 1863, at Concord, Mass, for 3 years and is reported: on holls of Con for July Aug 163, to April 30th 1864, present. Myster-on roll of Co, dated July 8th 1864, reports him: Transferred to 39 Mass. Vols, June 25/64 Roll of Co. B. 39th Mass. Vols., for July offing, 1864, reports him : Prisoner of war sin Aug. 194864. Kegit was in ac 18th 19th, 1864, at Weldon QQ, Va. Seph Och, 1864, to Feb. 28th, 1865, same report. Koll for Mar, Apr., 1865, not on file. Marsterout roll of la, dated June 2d, 1865, reports him; daken prisoner Aug, 1947864, escaped and returned to Regit, April 26th, 1865, transferred Mustered outwith Co. C. 32d Mass Vols, a Private, June 29/6 "Captured August 19, 1864, near Turg, Va; was sent from Lichmond s Salisbury, N.C., October 9th, 1864 and

St.

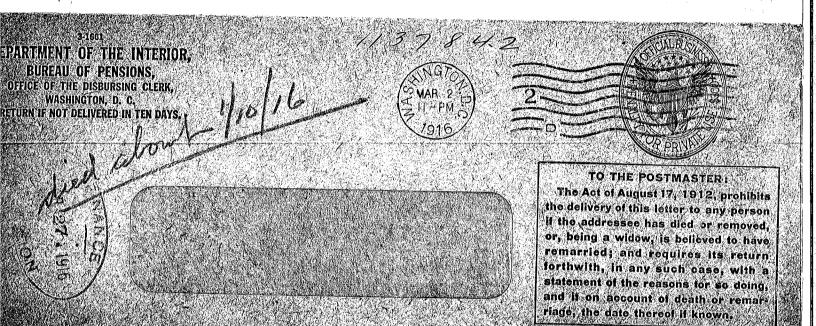
Chair Ar. K.J.

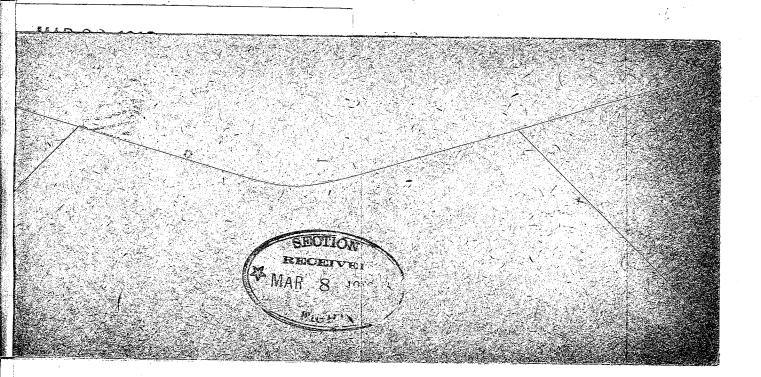
1865.

Reproduced at the National Archives No evidence of alleged disability mass vols are not on file, not borne on Regth Non

Offices 615 Fifteenth St. N. W.

To the Chief, F	inance Division:	
You are he dated MAR 4-	in favor of M. post-office Certificate #	Ck # //3//8//2/ for 3.36. ARY CUNNINGHAM, BAY CITY, MICH. 600644 200 FITZGFNALD ST.,
Section ha	s been returned to this	office by the Postmaster
with the inform	ation that the pensione	er died about Jan. 10. 1910
and said check !	nas this day been cance Very r espe c	eled.
(D-3)		UY O. TAYLOR, Disbursing Clerk.





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Ny.

Certificate No. 627 283. Department of the Interior, Name, Martin Cumingham BUREAU OF PENSIONS,

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

Mall

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,

	Commiss
	First. Are you married'? If so, please state your wife's full name and her maiden name.
	Answer. yes - As ary Crouly Cumningham
	Second. When, where, and by whom were you married?
	Answer. Nanuckel Hass
	Third. What record of marriage exists?
	Answer. Some only living wilnesses
	Fourth. Were you previously married? If so, please state the name of your former wife a
da	ate and place of her death or divorce.
	Answer. No Jwas not
	Fifth. Have you any children living? If so, please state their names and the dates of their b
	Answer. Hary Curvingham born Sept. 186
ب	Hark Canningham born in April 18
80	aggy tunninghamborn inmay 1870
h	in Penningham born lengto 70
D:	ate of reply fune the , 189 8 Addition bringing Ma
1	mma born in Harch 1879
0	
+e	Cunningham born 1883

n.L.

PENSIONER DROPPED.

July 26, 190 of
Certificate No. 627. 283 Class Invalid
rensioner Martin Gunningham
Service PV. B. 12" Mass Vol. Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$ /2 , to All 4 , 1914 has been dropped because of Alash /915

Very respectfully,

United States Pension Agent.

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

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Reproduced a	at the National Archives	-97		•		T _e
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						FICE
	(52	uningha	BUR	EAU OF P	ensions,	- ,
	Co. Co. S. Reg Return this with		Washingt	ton, D. C.	ne/d	, 1892
	SIR:	your reply.				
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		1 110				
	Muse	ruelor Co	Mas	2 /		
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		t first see soldier aft	,	from the Army,	and how do you f	ix the date?
Con a	Answer:	twas		July	1000,	y was not
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V		,	4.	was he affected?		Island
1	;		SM	MM	/ Legs/	and body
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N			1 4 .		//	V
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		Very respe	ectfully,		i Yh.	lland.
	COMMISSIONE	R OF PENSIONS, Washinaton. 1	$D_{\circ} C_{\circ}$	Lucer		Munio.

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