

**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.**

**COMPLETE FILE ENCLOSED**

**BEST AVAILABLE COPY.**

FAIRGRIEVES, CHARLES R.

C-2 538 001

ACT OF MAY 11, 1912.

as amended by Act of March 4, 1913

Cert. No.

1045827

Claimant,

P. O.,

County,

State,

Charles R. Fairgrievs

National Soldiers Home of

Kennebec

Maine

Rank,

Service,

33rd and 12th  
Massachusetts

2538001

Rate, \$ 16<sup>50</sup> per month, commencing

\$ 21<sup>50</sup> commencing June 6, 1913

\$ 27 commencing June 6, 1918.

ATTORNEY OR STATE REPRESENTATIVE

(Order April 25, 1907.)

Name,

P. O.,

Fee, \$

Articles filed

Approved for increase  
from June 10, 1918  
to June 10, 1919  
Agent to pay.  
JUL 18 1918

APPROVAL.

Submitted for

Approved for

Adm April 9, 1913 W. H. Williams

Examiner.

Rate \$ 16<sup>50</sup> per month; age 69<sup>68</sup> years.

Revised from Act of February 6, 1907

Age not accepted at 70, 1843  
Date of birth June 6, 1844

Length of pensionable service: 1 years, 8 months, 9 days.

Deductions in service from any cause: none years, months, days,

on account of

April 30, 1913, G. M. Smith May 6, 1913, O. O. Noble

Enlisted 1863; honorably discharged July 14, 1865

Enlisted 18; honorably discharged 18

Enlisted 18; honorably discharged 18

Length of pensionable service: 1 years, 8 months, 9 days.

Pensioned at \$ 12 per month, under Act of Feb 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 13, 1912

Age shown by evidence 69<sup>68</sup> years; date of birth alleged June 6, 1843

Claimant does write.

Civil War

3-364.

Original No. \_\_\_\_\_

Certificate No. 1045827

**ACT OF FEBRUARY 6, 1907.**

Claimant, Charles R. Fairgrieve

P. O., National Soldiers' Home

County, Kennebec

State, Maine

Rank, Private

Company, K-882

Regiment, and 1st Mass. Cal. Rif.

Rate, \$ 12 per month, commencing May 7-1909

**STATE REPRESENTATIVE.**

(Order April 25, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

**APPROVAL.**

Submitted for adm., May 14, 1909, Jos. T. Brady, Examiner.

Approved for admission.

Agreed 62-

Rate \$12 per month

Present to allow under Act February 6-1907. Deduct past payments and drop name from roll under Act February 6-1907 of June 27-1891 -

✓ May 15-, 1909, J. J. Shannon Legal Reviewer. May 17, 1909, R. S. Rush Re-Reviewer.

✓ Enlisted November 6, 1863; honorably discharged July 14, 1865!

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

✓ Pensioned at \$ 8 per month, under Act of June 27, 1891

**PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**

Declaration filed May 7, 1909, 1909.

Date of birth alleged, June 6, 1848

Age shown by evidence 62 years.

Claimant does \_\_\_\_\_ write.

E. B. Burlingame, M. C.

EASTERN

Submitting as Fairgrieve

3-356.  
(Old No. 2-145 a.)

Act of June 27, 1890.

# INVALID PENSION.

104  
Augusta  
Claimant, Charles R Fairgriever  
P. O., Togus Soldiers Home Rank, Private (Transferred to  
County, Kennebec Company, K  
State, Maine Regiment, 33 Mass vol 2 Mass vol  
Rate, \$ four per month, commencing February 17, 1902.

Pensioned for partial inability to earn a support by manual labor.

## RECOGNIZED ATTORNEY.

Name, No Attorney Fee, \$ —  
P. O., — Agent to pay. —

## APPROVALS.

Submitted for ad June 28, 1902 R. A. Chapin Examiner.

Approved for rheumatism - dis. of Approved for disease of eyes  
eyes, heart, kidneys, stomach, back and rectum and dys-  
liver, right side and spleen pepsia.  
malarial poisoning and dyspep-  
sia and piles. agg  
Aggregate of disabilities shown, permanent in character: \$ 8.

June 28, 1902, L. A. Brandebury Legal Reviewer. Rice Medical Examiner. Bunker Medical Reviewer.  
July 5, 1902, A. B. Smiggett Re-reviewer. July 8, 1902, J. S. Kent Medical Referee.

No pensioned under other laws at \$ — per month for —

Enlisted Nov 6 1863 and honorably discharged July 14, 1865  
Reenlisted — 18— honorably discharged — 18—  
Declaration filed February 17, 1902 alleges permanent disability, not due to  
vicious habits, from rheumatism, impaired vision  
disease of heart, kidneys, and stomach  
piles, malarial poisoning disease of  
liver and spleen affection of right side  
and duodeno, dyspepsia

11

None, M. C.

Claimant does — write.

Act of June 27, 1890.

Two Briefs

6

INVALID PENSION

776.965

Claimant, Charles R. Fairgrievs  
P.O., 246 Lisbon St Lewiston Rank, Private *Transferred to*  
County, Androscoggin Company, No. I.  
State, Maine Regiment, 33. Mass. vol. inf 2 Mass. vol. inf.  
Rate, \$ \_\_\_\_\_, per month, commencing \_\_\_\_\_

Disabled by

REJECTED. ✓

RECOGNIZED ATTORNEY.

Name, B.T. Chase Fee, \$ ✓ Agent to pay.  
No., Lewiston Me Articles filed, \_\_\_\_\_, 189 .

APPROVALS.

Submitted for Rejection August 26 1895 J.W. Wood Examiner.

Approved for Rejection  
No ratable disability under  
Act of June 27. 1890

Liver, spleen stomach and  
Kidneys, piles, malaria  
dyspepsia lumbago and  
affection of rt. side See  
action of Med. Ref. Legal Reviewer.  
Sept 12<sup>th</sup> 1895. W. Hanna Medical Referee.

Not now pensioned under other laws. Last paid to \_\_\_\_\_, 189 , at \$ \_\_\_\_\_

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

SERVICE SHOWN BY RECORD.

Enlisted November 6, 1863 Was honorably discharged July 14, 1865

Re-enlisted \_\_\_\_\_, 18 \_\_\_\_\_, honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed January 9, 1892 alleges permanent disability, not due to vicious habits,

from rheumatism, heart disease, piles,  
malarial poisoning, disease of liver spleen  
stomach & kidneys dyspepsia lumbago and  
affection of right side.

*Two Briefs*  
**6 ORIGINAL INVALID CLAIM.** 776.965

Soldier, *Charles R Fairgrievs*  
P. O., *246 Lisbon St Lewiston*  
County, *Androscoggin*  
State, *Maine*  
Rank, *Pvt* Transferred to *2*  
Company, *K.*  
Regiment, *33 Mass Vol Inf.* *2 Mass Vol Inf*  
Rates, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_

RECOGNIZED ATTORNEY.

Name, *J B Gerall Ho* Fee, \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.  
P. O., *Leitch* Articles filed \_\_\_\_\_, 18 \_\_\_\_

APPROVALS.

Approved for *Rejection no disability*  
Submitted *Rejection Aug 26, 1895;* *J H Wood*, Examiner.

Approved for \_\_\_\_\_

Approved for *Rejection No disability from rheumatism since date of filing claim*

\_\_\_\_\_, Legal Reviewer.

*H. B. Bu*, Med. Ex'r, \_\_\_\_\_, Med. Reviewer,

\_\_\_\_\_, 189 \_\_\_\_\_, Re-Reviewer.

*Sept. 17, 1896;* \_\_\_\_\_, Med. Referee.

IMPORTANT DATES.

Enlisted, *November 6*, 1863 service from \_\_\_\_\_  
Mustered \_\_\_\_\_, 18 \_\_\_\_ 18, to *Transferred to* 18, in  
Discharged *July 14*, 1865 *2.2 Mass Vol Inf*  
Declaration filed *May 20*, 1890 Not in service since *July 14, 1865*.

BASIS OF CLAIM.

*Alleges that while near Cassville Ga about June 1864 he Contracted rheumatism*

CHARLES R FAIRCRIEVES  
SOLDIERS HOME  
1045827 ACT MAY  
CHELSEA MASS

3-1081

**DROP REPORT—PENSIONER**

*Invalid* Cert. No. \_\_\_\_\_  
Pensioner \_\_\_\_\_  
Soldier \_\_\_\_\_  
Service \_\_\_\_\_  
Class ACT OF JULY 3, 1926 **SECTION I**

**RECORD DIVISION**

\_\_\_\_\_, 192\_\_\_\_  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
\_\_\_\_\_, 19\_\_\_\_

*Chief, Record Division.*

**FINANCE DIVISION**

NOV 8 1927

\_\_\_\_\_, 192\_\_\_\_  
The name of the above-described pensioner who  
was last paid at the rate of \$ 50 per month  
to OCT 4 1927, 19\_\_\_\_, has this day  
been dropped from the roll because of death  
Dec 3 1 1927

*[Signature]*

*Chief, Finance Division.*



Invalid Division  
I.C. 1045827  
Charles R. Fairgrieves  
Co. K, 33 Mass. Inf.

Oct. 12, 1926.

Mr. John J. Murphy,  
Soldiers' Relief Department,  
City Hall,  
Boston, Mass.

Sir:

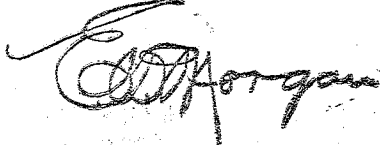
In response to your letter relative to this case, I have to advise you that he is in receipt of \$65 per month under the act of July 3, 1926, and a careful search of the files in this bureau fails to show that he has any pending claim for increase of pension.

If his mental and physical condition are such that he needs the regular personal aid and attendance of another person, he is at liberty to fill out, execute and return to this bureau the enclosed blank form of declaration under section 2, act of May 1, 1920, which provides a rate of \$72 per month for a condition needing the regular personal aid and attendance of another person.

The character of the evidence necessary in support of such a claim is indicated in the instructions on the reverse side of the blank form.

I have further to advise you that the act of July 3, 1926 provides a rate of \$90 per month for total helplessness or blindness, and if either condition exists in the soldier's case, and it is so stated in the declaration, his claim will also be considered with a view to determine whether he is entitled to that rate.

Respectfully,



E. W. MORGAN  
Acting Commissioner.

ERL/lc

3-416

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

*Invalid* Division.

*Oct. 6* 192*6*

*IC* No., *1045827*

Claimant,

Soldier, *Charles R Fairgrievess*  
*Co K 33" Mass. Inf.*

*Application*

✓

*Littleton*

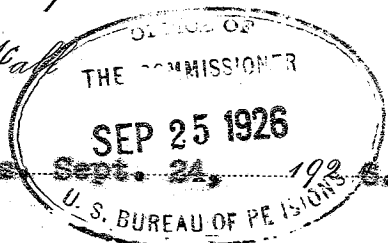


JOHN JOSEPH MURPHY,  
Commissioner.

*City of Boston*  
*Soldiers' Relief Department*

*65 City Hall*

*Boston, Mass.*



Hon. Winfield Scott, Commissioner,  
U.S. Pension Bureau,  
Department of the Interior,  
Washington, D.C.

Subject:

Charles R. Fairgrieve,  
133 Court St.,  
Boston, Mass.  
Co. I and Mass.

*1045-827*

Dear Sir:-

Will you kindly inform this Department whether the above captioned veteran is drawing a pension. If so, please state if he has been increased during the past six months. If he is not receiving the highest amount of Pension, is there anything this Department can do to assist him to secure this amount.

Your courtesy in this matter will be greatly appreciated.

Very truly yours,

*John Joseph Murphy*  
Soldiers' Relief Commissioner.

TWK.JCF

I W  
JUL 28 1924

Act of May 1, 1922

(281)

JUL 28 1924

EASTERN BRANCH, NATIONAL HOME FOR D. V. S.,

NATIONAL SOLDIERS' HOME, MAINE.

July 22 1924

TO THE COMMISSIONER OF PENSIONS,  
WASHINGTON, D. C.

SIR:

I have the honor to report that Charles R. Fargnones  
late L Co., 2 Regiment Mass Inf  
Pensioner, Certificate No. 1045.827, was discharged from  
this Branch on the 22 day of July, 19 24

Respectfully yours,

W. P. Hawley

Treasurer.

MAY 29 1924

Att of May 1, 1920.

Act of May 1, 1920.

(281)

EASTERN BRANCH, NATIONAL HOME FOR D. V. S.,

NATIONAL SOLDIERS' HOME, MAINE

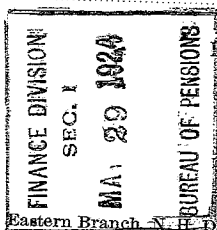
May 27 1924

TO THE COMMISSIONER OF PENSIONS,  
WASHINGTON, D. C.

SIR:

I have the honor to report that Charles R. Fargiewicz  
late K Co., 33 Regiment Mass Inf  
Pensioner, Certificate No. 6045827, was admitted to  
this Branch on the 27 day of May, 1924

Respectfully yours,



J. P. Hawley

Treasurer.

JAN 15 1923

A.M.E.

Act of May 1, 1920

(81)

EASTERN BRANCH, NATIONAL HOME FOR D. V. S.,

NATIONAL SOLDIERS' HOME, MAINE, Jan 5 1923

TO THE COMMISSIONER OF PENSIONS,  
WASHINGTON, D. C.

SIR:

I have the honor to report that Charles R. Fairgrave  
late I Co., 2 Regiment Mass Inf  
Pensioner, Certificate No. 1045827, was discharged from  
this Branch on the 5 day of Jan, 1923

Respectfully yours,

Rich Ryan

Treasurer.

JAN 18 1943

T.C.G.

EASTERN BRANCH NATIONAL HOME FOR D. V. S.

NATIONAL HOME FOR D. V. S. EASTERN BRANCH

TO THE COMMISSIONER OF PRISONS  
WASHINGTON, D. C.

SIR:

I have the honor to report that  
the branch on the  
Eastern Branch National Home for D. V. S.  
has been closed.

Respectfully,  
National Home for D. V. S. Eastern Branch

3-152

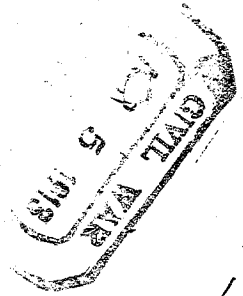
# BUREAU OF PENSIONS

*April 26 1913*  
*No. 10445747*  
Soldier *Charles R. Thompson*  
Co. *F 33* Reg't *March*

When Certificate is issued, return  
papers to *Carrie Moore*  
Division for action on *repetition*  
*of app. Not accepted*  
*at go*

*C. R. Smith*  
*Sec*





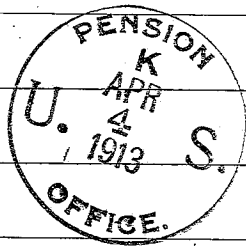
National Soldiers Home Inc Apr 2<sup>nd</sup> 1913  
Hon J E Davenport

Com - of Pensions

Dear Sir

Referring to the enclosed letter from you I would say that I was born in Selkirk, Scotland and came to this country when but a child I have no relatives there, and know of no way of getting records of birth either there or in this country. I supposed the age given at time of enlistment correct. Please advise me what to do, and oblig

Yours Respectfully  
Charles R Fargniewes



Civil War Div.

3-349

Examiner

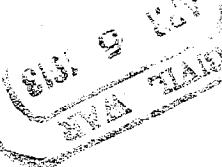
DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS.

Cont. No.

1045827  
Charles R. Fairgrievies  
33 and I 23  
Massachusetts Bay

Washington, D. C.,

March 26, 1913.

Mr. Charles R. Fairgrievies,  
National Soldiers Home,  
Maine

Dear Sir:

Relative to your claim for pension under act of May 11, 1912, in which you allege that you are June 6<sup>70</sup> years of age, and that you were born 42, 1842, you are advised that the best obtainable evidence of the date of your birth is required by this Bureau.

If there is a public, church, or family record of your birth, you should forward a verified copy of such record.

If there is no public or church record, and a verified copy of the family record is furnished, the officer certifying to the same should state in what year the Bible, or other book in which the record appears, was printed; whether the record bears any marks of erasure or alteration; and whether, from the appearance of the writing, he believes the entries to have been made about the dates given.

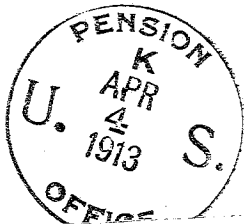
If you are unable to furnish any of the evidence indicated, you should state that fact, and the reasons why you are unable to furnish it, under oath.

Please return this letter with your reply.

Very respectfully,

Commissioner.

6-163



CIVIL WAR DIVISION

SECTION C, EXR.

6-3384

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

Washington, D. C.,

March 8 1913

Respectfully

referred to the  
Adjutant General  
War Department  
for soldiers age  
at enlistment &  
any other age record

Enclosures

I. C. 1045-824

Charles R. Fairgriener  
K 33 and I 2<sup>nd</sup> Mass. Inf.

Commissioner

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON,

Returned to

Mar, 12 1913.

COMMISSIONER OF PENSIONS.

In the case of

Charles R. Fairgriener

Co. K, 33 Reg't Mass. I.

the records show personal description as follows:

Age 21, height — feet, — inches,

complexion —

eyes —, hair —

place of birth —

occupation —

M.O.R. also shows

age 21 yrs.



Geo. Andrews

The Adjutant General.

Form 136, A. G. O.  
Ed. Jan. 29-13-60,000.

Per

W-242

7

Write nothing above this line.

(3-060.)

Div.

Ex'r.

## Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

Oct. 14<sup>th</sup>, 1890

SIR:

It is alleged that Chas. R. Fairgriens enlisted Nov. 6, 1863  
 and served as a Pvt. in Co. K, 33<sup>rd</sup> Reg't Mass. Inf  
 also as a Pvt. in Co. D, 2 Reg't Mass. Inf.

and was discharged at Rudville, Mass., July 27<sup>th</sup>, 1865

It is also alleged that while on duty at Cassville, Ga.  
 on or about June, 1864, he was disabled by rheumatism.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows: Nashville,  
and Chattanooga, Tenn. and Jeffersonville, Ind.

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Green B. Raum.

Commissioner.

The Officer in Charge of the  
 Record and Pension Division,  
 War Department.

0-2

*Verify*  
(3-960.)  
*Inv. Orig.*  
No. ~~776,765~~ 776,965

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.

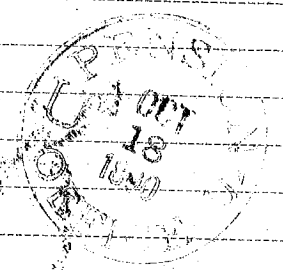
Respectfully returned to the Commissioner  
of Pensions.

*Charles R Fairgrievies*  
Co. K 33 Reg't Mass  
was enrolled Nov. 6, 1863  
and M O July 14, 1865  
with Co. I 2<sup>d</sup> Reg't Mass & also  
to which transf'd.

From July 29, 1864, to Aug 31, 1864  
he held the rank of private.

and during that period the rolls show him  
present except as follows: June 30, 64  
absent sent to rear sick June  
25, 64. in Jeffersville, Mo. Sept  
31, 64. same report to Aug 31  
64. Other records furnish  
nothing additional bearing  
upon this case.

The medical records show him treated as  
follows: *As Charles R. Fairgrievies*  
*Co. K 33 May 28/64 No diagnosis:*  
*As Charles R. Fairgrievies,*  
*to June 18 to July 6/64 acute*  
*Rheum;* *as Charles R. Fairgrievies*  
*to July 7 to Aug 6/64 Acute Rheumatism;*  
*July 9 to Sept 7/64 Chronic*  
*Rheumatism Transfd to B.*  
*Cause: Chronic Rheumatism*  
*Nothing additional found.*



By authority of the Secretary of War:

*J. C. Ainsworth*  
Captain and Asst Surgeon, U. S. Army.

Per *m.*

Date OCT 17 1890

(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.

49472

ACT OF MAY 11, 1912.

8-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of MAINE County of KENNEBEC, ss:  
On this 12 day of June, A. D. one thousand nine hundred and twelve, personally  
appeared before me, a Notary public within and for the county and State aforesaid,  
Charles R. Fairgrievs who, being duly sworn according to law, declares that he is 70  
years of age, and a resident of NAT'L SOLDIERS' HOME, county of KENNEBEC,  
State of MAINE; and that he is the identical person who was ENROLLED at Boston  
Mass, under the name of Charles R. Fairgrievs,  
on the 6 day of Nov, 1863, as a private, in Co K-  
33-Mass 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  
at Bedford, Mass. (State name of war, Civil or Mexican.) on the 27 day of July, 1865  
That he also served in Co I- 2-Mass Inf being transferred to  
same from Co K- 33-Mass Inf on or about June 1-1865.  
(Here give a complete statement of all other services, if any.)

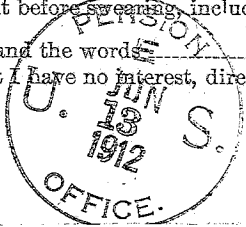
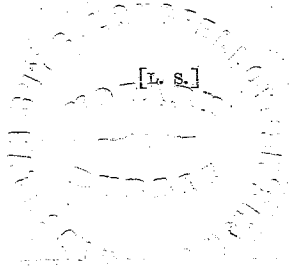
That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal  
description at enlistment was as follows: Height, 5 feet 6 inches; complexion, light; color of  
eyes, gray; color of hair, brown; that his occupation was machinist that he  
was born June 6, 1842, at Selkirk, Scotland

That his several places of residence since leaving the service have been as follows:  
Boston Mass, Lawrence, Mass, Dexter Maine,  
Bridgton, Maine, Keene, N. H., Schenectady, N. Y.  
(State date of each change, as nearly as possible.)  
That he is a pensioner under certificate No. 1045, 827. That he has applied for pension under original  
No. \_\_\_\_\_

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of  
the act of May 11, 1912.  
That his post-office address is NAT'L SOLDIERS' HOME, county of KENNEBEC

State of MAINE  
Attest: (1) David Roberts | Charles R. Fairgrievs  
(2) James Driscoll | (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 12 day of June, A. D. 1912, and I hereby  
certify that the contents of the above declaration were fully made known and explained to the  
applicant before swearing, including the words \_\_\_\_\_  
erased, and the words \_\_\_\_\_  
and that I have no interest, direct or indirect, in the prosecution of this claim.



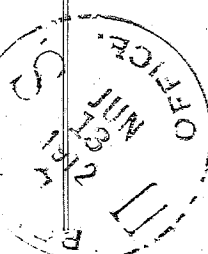
Guy Longfellow  
(Signature)  
Notary public  
(Official character.)

Validity accepted  
as to execution  
S. A. Cuddy,  
Chief, Law Division.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3-014.

ACT OF MAY 11, 1912.



## CLAIM FOR PENSION.

Certificate No. 1045827

Name, *Charles D. Mangum*Service, *Co A-33 Maine Inf**Co B-2 Maine Inf*

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.  
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

3-014.

ACT OF FEBRUARY 6, 1907.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maine  
 County of Kennebec } ss.

On this 6 day of May, A. D. one thousand nine hundred and nine, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles R. Fairgaines, who, being duly sworn according to law, declares that he is 66 years of age, and a resident of National Military Home county of Kennebec, State of Maine; and that he is the identical person who was ENROLLED at Boston - Mass under the name of Charles R. Fairgaines, on the 6 day of Nov, 18 63 as a Private, in Co. H. 33rd Mass 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 at Rehoboth Mass on the 27 day of July, 18 65. That he also served transferred to Co. I. 2nd Mass and discharged as Corporal  
 (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 6 inches; complexion, light; color of eyes, gray; color of hair, brown; that his occupation was barber, that he was born June 6, 18 43 at Selkirk - Scotland

That his several places of residence since leaving the service have been as follows: Boston + Dorchester - Mass Leiston Me + Soldiers Home  
 (State date of each change, as nearly as possible.)

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

Car No 1045.827

(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

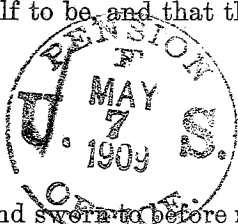
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907,

That his post-office address is National Military Home county of Kennebec, State of Maine

Attest: (1) M. E. Jones  
 (2) H. Stwood

Charles R. Fairgaines  
 (Claimant's signature in full.)

Also personally appeared M. E. Jones, residing in Augusta, Me and F. Union, residing in National Home, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles R. Fairgaines, 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 \_\_\_\_\_ years and \_\_\_\_\_ 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.



M. E. Jones  
H. Stwood  
 (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 6 day of May, A. D. 1909, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased,

[L. S.]

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

Validity accepted  
S. A. Cuddy,  
 Chief, Law Division.

Charles R. Fairgaines  
 (Official character.)



3-014.

ACT OF FEBRUARY 6, 1907.

# CLAIM FOR PENSION.

426

Certificate No. 1045527

Name, Charles R. Taubner

Service, K 33 Mass. Inf

J J Mass. dk

INSTRUCTIONS

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, or before a public justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to take and use a seal, his official character, signature, term of office, and his official seal, unless such officer is a justice of the peace, must be filed in the Bureau of Pensions for reference.



## AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

8-803

AMUSEMENT

ACT OF MARCH 3, 1877

(FORM No. 32).

EASTERN BRANCH, NATIONAL HOME FOR D. V. S.,

28 July, 1902

Com of Pensioners  
To the U. S. Pension Agent,

WASHINGTON, D. C.

SIR:

Mr. I have the honor to report, that  
late *K* Co., *33* Regiment, *77th Mass. Inf.*  
Pensioner, Certificate No. *1045827*, was *Admitted*  
this Branch on the *4* day of *Oct*, 1899.

Very respectfully,

*H. L. Smith*

Treasurer.

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Original

Pension Claim No.

776.968

Name of claimant.

Chas. P. Fairbairn

Address of Board.

Stowhegon P. O.

State.

Claimant's post-office address.

Company 2 Reg't Mass. Inf.

Apr 2

190 2

[Date of examination.]

Cause of disability.

Rheum. disease of Ht. Eyes liver. Spleen. Stomach  
kidneys lumbrago dyspepsia failure of action of Rt.  
side

He receives a pension of none dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheum. in 64 at Georgia in Nochnow Hosp.  
in from June till Jan. in ankles knees shoulders pain. Hand. trouble  
for 10 yrs in more from breath at times pain. Eyes failing sight  
condition for 8 years. Throwing trouble pain in back. get up slight as usual  
feels not so good now have been for 15 or 20 years, clams pain  
in Rt. side was even at times very severe

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Scotland; age, 59 years; height, 5' 8 1/2;

weight, 130 pounds; complexion, light; color of eyes, light grey;

color of hair, grey; occupation, none; permanent marks and

scars other than those described below, india ink on back of left hand

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 72 76 112, respiration, 17 18 20; temperature, 98.6;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

Rheumatism lumbrago dis. of Heart. The muscles  
ligaments of both shoulders both hips are tender &  
stiff & painful but no limitation of motion. No  
irregularity in measurements, no deformity of joints  
or atrophy of muscles. Except as stated all muscles & joints  
are normal. Apex beat of heart not visible or noted by palp.  
by auscult. is found 1 1/2 inch below & 1 inch inside of left  
supple regular and good action. No Hyper. Dila. egans.  
displaced or edema. Area of dull. normal No lesion.  
Chest measure. 33 x 35 1/2. Auscult. & Percussion normal.  
dis. of Eyes: The eyes are both congested & red sensitive  
to light. Pupils do not respond readily to light.  
There is a slight haziness of each lense. Has strab-  
ic conjugatus. By Snellings test Rt. eye is 7/60  
and left 7/60. The capillary circulation is poor  
& skin looks cyanotic.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Dyspepsia dis. of Stomach liver & spleen & Piles also affect-  
ing Rt. side. Tender over epigastric region. Abdomen  
thympanitic particularly over stomach. Tender over  
liver & Rt. side where he complains of pain. The affec-  
tion of Rt. side is caused by liver. Spleen not enlarged  
Dullness extends from 6th rib to the free border  
under 7th & 8th intercostal space. 1 1/2 inch in  
diameter. bleeding & ulcerated. Has a complete fistula  
but no fissure, stricture or prolapse of rectum.  
Kidneys. Urine light straw acid Sp. grav. 1.030 No Alb.  
No drug except as stated all organs are normal.  
We find that the aggregate permanent disabili-  
ty for carrying a support by manual labor  
is due to Rheum. dis. Eyes Stomach liver & Piles & feet  
due to vicious habits and warrants a rate of \$6

Assent, Pres. H. J. Taylor, Sec'y. E. O. Crehine, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I Charles R. Fairgroves, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. W. J. Taylor and Dr. E. C. Andrews, the examining surgeons here present (waiving examination by full board), on this 2 day of April, 1902"

Witnesses to mark.

(Signature of Applicant.)

Charles R. Fairgroves

RECEIVED.

APR 26 1902

EAST. DIV.

✓  
PENSION  
U. S.  
APR 15 1902  
SURGEON'S CERTIFICATE

IN CASE OF

Charles R. Fairgroves

Co. 2 Reg't Mass. Inf.

APPLICANT FOR Original

No. 746965

DATE OF EXAMINATION:

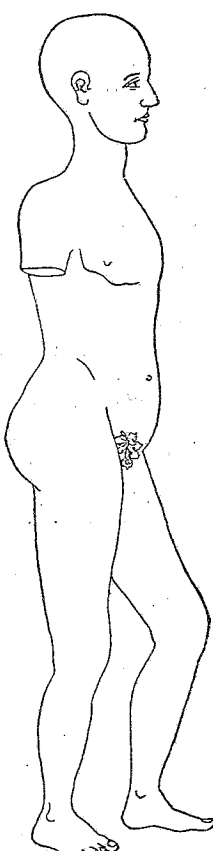
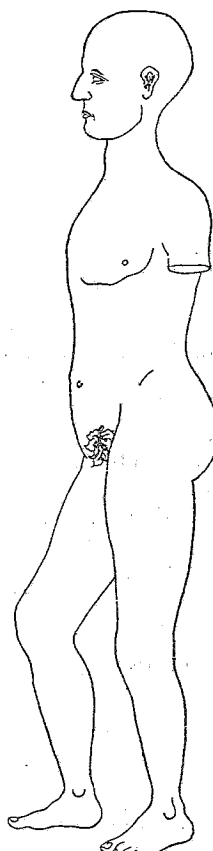
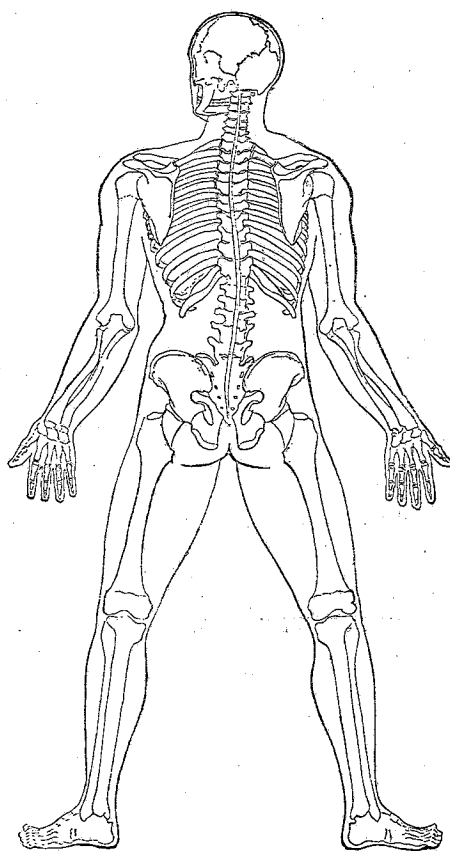
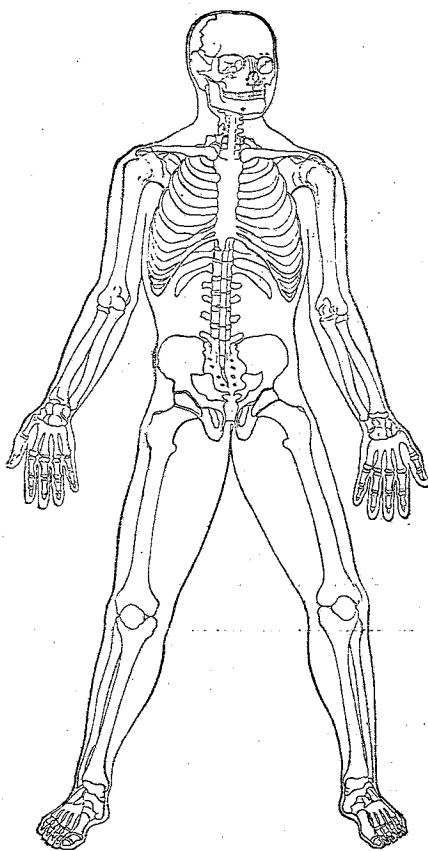
April 2, 1902

Absent, Pres.,  
W. J. Taylor, Sec'y,  
E. C. Andrews, Treas.,  
BOARD.

Shawmut  
Post office,  
Essex  
County,  
Maine  
State,

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

W. J. Taylor



Single surgeons will use this blank, changing "we" to read "I." 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.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

3-389.  
(Old No. 3-173.)

Eastern Div.

BAC, Ex'r.

Claim No. 776965  
 Charles R. Fairgrievs  
 Co. I, 2<sup>nd</sup> Reg't Mass Inf

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., March 7, 1902

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 Charles R Fairgrievs  
 Togus,  
 Kennebec, Maine,

A. Chas Evans  
 Commissioner.

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

Answer: Mrs Mairon Fairgrievs, Mairon Clark

No. 2. When, where, and by whom were you married? Answer: Oct 19<sup>th</sup> 1888Lewiston Maine. Rev M<sup>r</sup> Intire

No. 3. What record of marriage exists? Answer: In Lewiston Maine

City Clerks Office

No. 4. 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: Mary L. Dodge Providence R.I.  
 Divorced some time between 1874 and 1880

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Alice E. Fairgrievs, Born in Keene N.H.  
 Nov 1<sup>st</sup> 1869

Catharine A. Fairgrievs Born in Lewiston  
 Maine, April 30<sup>th</sup> 1892

Date of reply, April 9<sup>th</sup>, 1902.

Charles R. Fairgrievs  
 (Signature.)

3-002.  
(Old No. 3-010 a.)

Act of June 27, 1890.

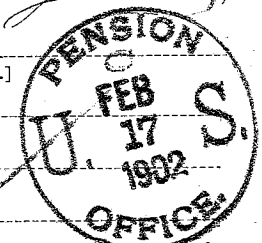
AA

## DECLARATION FOR INVALID PENSION.

RECEIVED  
FEB 25 1902  
AA  
U.S. DEPT. OF WARSTATE OF Maine  
County of Kennebec } ss.

On this Fifteenth day of February, A. D. one thousand nine hundred and two personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles R. Fairgrieve, aged 59 years, a resident of Togus, county of Kennebec State of Maine, who, being duly sworn according to law, declares that he is the identical person who was ENROLLED at Boston, Mass under the name of Charles R. Fairgrieve on the 6<sup>th</sup> day of November 1863, as a Pirate in Co. R. 33<sup>rd</sup> Mass. and transferred in June 1865, to the 2<sup>nd</sup> Mass Inf. Co., I.  
[Here state rank, and company and regiment in the army, or vessel, if in the navy.]  
in the service of the United States, in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Readville, Mass, on the 27<sup>th</sup> day of July 1865. That he also served

[Here give a complete statement of all other services if any.]

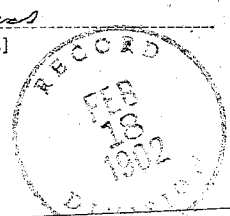
That he was not employed in the military or naval service prior to November 6<sup>th</sup>, 1863That he has not been employed in the military or naval service since July 27, 1865That his personal description at enlistment was as follows: Age, 21 years; height, 5 feet 8 1/2 inches; complexion, dark; hair, dark; eyes, dark. That he is whollyincapacitated for earning a support by manual labor by reason of Rheumatism inflammation of eyes.

{Wholly or in part.}

Heart disease, piles, Malarial poisoning, disease of liver and spleen, disease of stomach disease of kidneys, dyspepsia, affection of right side, Lumbago.That said disability are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character. That he is not a pensioner. That he has heretofore applied for pension.Number of former application 776,965.

[If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

That his POST-OFFICE ADDRESS is Togus  
county of Kennebec, State of MaineThat he hereby appoints himself  
of Togus, Maine. [If he desires to employ an attorney.]  
his true and lawful attorney to prosecute his claim.Charles R. Fairgrieve  
[Claimant's signature.]Attest: (1) Edward S. Scott.(2) John Butler

Ily appeared Edward S. Scott, residing at Logus, Maine.  
 and John Cutler, residing at Logus, Maine, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Charles R. Langquiere, the claimant, sign his name (or make his mark) to the foregoing  
 declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance  
 with him of 2 years and 2 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.

Edward S. Scott

John Cutler  
 (Signatures of witnesses.)

Sworn to and subscribed before me this 15<sup>th</sup> day of February, A. D. 1902

and I hereby certify that the contents of the above declaration, etc., were fully made  
 known and explained to the applicant and witnesses before swearing, including the  
 words \_\_\_\_\_, erased, and the  
 words \_\_\_\_\_, added; and that

[L. S.]

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

Louise B. Heie  
 (Signature.)

Notary Public  
 (Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of  
 the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by  
 law to have and use a seal, his official character, signature, and term of office must be certified by the proper State  
 county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for  
 general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and  
 signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

AA. 776965 AA.

Act of June 27, 1890.

CLAIM FOR PENSION.

INVALID.

Name: Charles Langquiere

Service: 16 33" Mass Inf

1776.965

EAST. DIV  
 FEB 25 1902  
 RECEIVED.

Notif. Feb. 20, 1902 Wood

FILED BY

RECORD  
 FEB 13 1902  
 DIVISION.

3-173.

E. Div.

## Department of the Interior,

## BUREAU OF PENSIONS.

Washington, D. C., August 1, 1900

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,

C. R. Fairgrievs.  
Hogus,  
Me.

Chas. R. Fairgrievs  
Commissioner.

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

Answer: Marion Fairgrievs. Maiden Marion Clark.

No. 2. When, where, and by whom were you married? Answer: Oct 19<sup>th</sup> 1889

Lewiston Maine. Rev McEntire.

No. 3. What record of marriage exists? Answer: Recorded in

Lewiston Maine.

No. 4. 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: Mary P. Dodge.

Divorced at Providence R.I. some time in 1875 or 76

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Alice E. born in Keene N.H. Nov 1<sup>st</sup> 1869.

Catherine A. born in Lewiston Maine April 30, 1892.

Date of reply, Aug 18<sup>th</sup>, 1900.

Chas R. Fairgrievs  
(Signature)



*Ch. J. W.* (3-105.) *Test 84*

**Department of the Interior,**

BUREAU OF PENSIONS,

*Sept. 21<sup>st</sup>, 1895*

Nature of Claim *Orig. old law*

No. *77 6965*

Soldier: *Charles R. Fairgoire*

Service: *K-33 Mass Inf*

*Co. - 2*  
It is desired in this case that the examination be made with special reference to—

*alleged laceration.*  
*Please examine carefully in strict compliance with your instructions of 1895, and describe clearly all objective evidence of disability.*

*Show condition of heart as revealed by auscultation & percussion.*

*W. F.*

THOS. FEATHERSTONHAUGH,

Medical Referee.

☒ Civil and foreign surgeons are required to make oath on the back of Certificate. o-4 [OVER.]

13945 b-30 m

*These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.*

*Very respectfully,*

THOS. FEATHERSTONHAUGH,  
*Medical Referee.*

*Dr.*.....

6-236

[OVER.]

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

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

Insert character and number of claim.

Original

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

Pension Claim No. 776.965

Name and rank of claimant.

Chas. R. Fairgrievs

, Rank, Pr.

Claimant's post-office address.

Company K, 33, Reg't Mass. Inf.

Bath

State, Me.

Serviston, Me.

[Post-office address of the Board.] Me.

Dec. 18,

, 1895.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rheumatism.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of 0 dollars per month.

He makes the following statement upon which he bases his claim for Original.

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

He has rheumatism in legs, joints and other parts of body. He is frequently laid up in the house, a week or two at a time. His wind is short & he is troubled about breathing. He has the piles badly.

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

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 14; temperature, 98.4; height, 5 feet 8 1/2 inches; weight, 128 pounds; age, 49 years. The claimant is fairly nourished. Skin sallow. Tongue coated and fissured. Stomach and colon distended and tympanitic. Area of liver dullness is masked in median and nipple lines, it measures 5 inches in axillary line. Area of splenic dullness is masked. His heart beats 72 sitting, 80 standing and 110 after exercise. Heart's action fine. Apex beat in 6th interspace, 1/4 inch inside of line of nipple. There are no heart murmurs, cardiac sounds are transmitted over an increased area especially towards the left. His heart is dilated. He coughs often. There are moist rales throughout both lungs. Expiration is prolonged. He has catarrhal bronchitis. The naso-pharyngeal mucous membrane is red and hyperemic and he has naso-pharyngeal catarrh. There is pronounced crepitus in both shoulders and wrists in same illicit pain. There is crepitus in all large joints. His joints are not enlarged, but they feel generally stiff. His muscles are soft and flabby. His left testicle is soft and atrophied. Both patella reflexes are wanting. He has paralysis agitans in both hands. There is a slight lack of coordination with evidences of beginning disease of spinal cord. There are several intestinal piles tumors which are rather irritable. Urine amber

The actual and probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

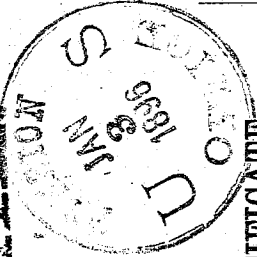
C. W. Price, Pres. Wm. M. Tuley, Sec'y. Chas. A. Palmer, Treas.

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

Continue record of examination here.

acid reactive, specific gravity 1019, It contains neither albumen nor sugar. No evidence of vicious habits. He is entitled to  $\frac{6}{18}$  by reason of rheumatism,  $\frac{4}{18}$  by reason of disease of lungs,  $\frac{4}{18}$  by reason of disease of heart,  $\frac{4}{18}$  by reason of general debility.

MEDICAL



SURGEON'S CERTIFICATE

IN CASE OF

*Chas. R. Fargrave*

Co. *H*, *23rd* Reg't *Mass. Inf.*  
" *2nd* "

Applicant for *Original*

No. *776.965*

DATE OF EXAMINATION:

*December 18th*, 189*5*.

*Le M. M. M.*, Pres.,  
*Wm. J. Fuller*, Sec'y,  
*Chas. A. Palmer*, Treas., } BOARD.

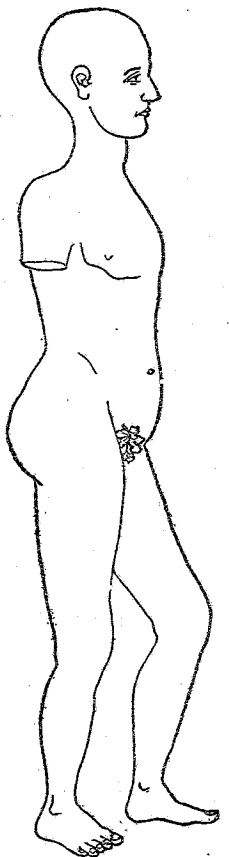
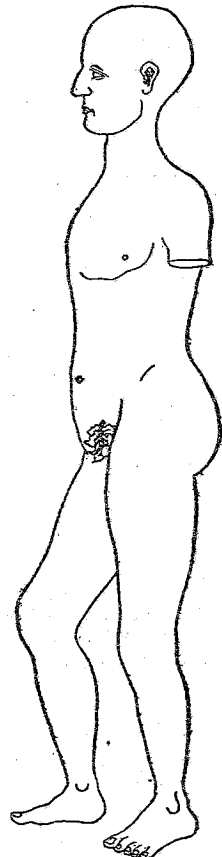
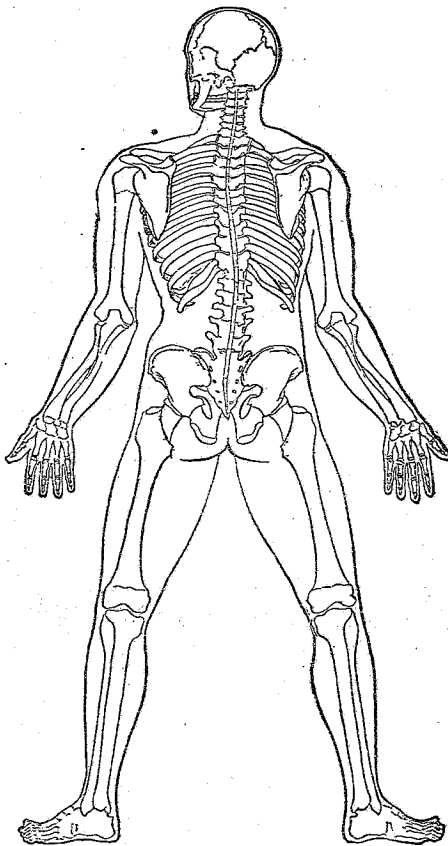
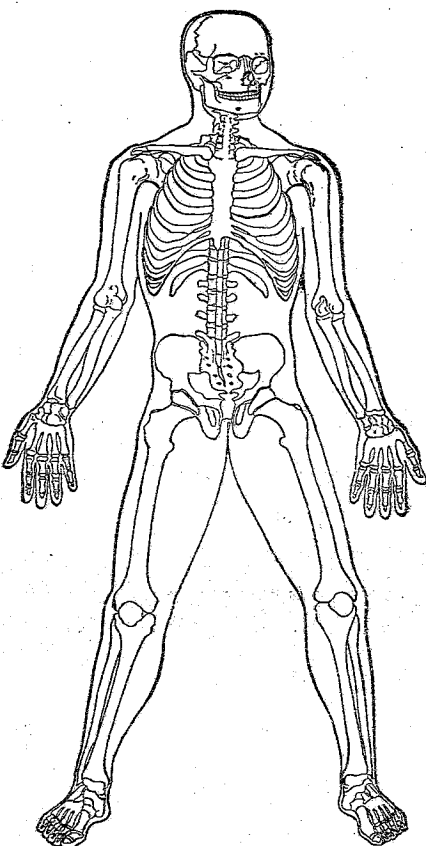
Post office, *Bath*.

County, *Sagadahoc*.

State, *Maine*.

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

*Name*



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.]

# ACT OF JUNE 27, 1890.

## DECLARATION FOR INVALID PENSION.

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

State of Maine, County of Androscoggin, ss.

On this 4<sup>th</sup> day of January, A. D. one thousand eight hundred and ninety-

two, personally appeared before me, Henry W. Baker

a Notary Public within and for the County and State aforesaid,

Charles R. Fairgriever, aged 46 years, a resident of the City

of Lewiston County of Androscoggin, State of

Maine, who, being duly sworn according to law, declares that he is the identical

Charles R. Fairgriever, who was ENROLLED on the 6<sup>th</sup> day of

November, 1863, in Co. 15, 33<sup>d</sup> Mass. Vol. Inf. as a private and  
(Here state rank, company and regiment in Military service, or vessel, if in the Navy.)

was transferred June 1<sup>st</sup> 1865 to Co. 9, 2<sup>d</sup> Mass. Vol. Inf. in the service of the United States

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Readville, Mass., on the 14<sup>th</sup> day of July, 1865. That he

is now unable to earn a support by manual labor by reason of rheumatism, heart disease,  
(Here name the disease or injuries from which disabled.)

piles, malariat poisoning, disease of liver and spleen, disease of stomach, disease of kidneys,  
dyspepsia, affection of right side and lungs. That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. 776, 965. That he is a pensioner under Certificate No. —

That he has not been in the military or naval service of the U. S. since July 14/65.  
(If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the Act of June 27, 1890.

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

→\* **B. T. CHASE**, of Lewiston, Maine, ←, State of —,

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST-OFFICE ADDRESS is 246 Lisbon St., Lewiston, County of

androscoggin, State of Maine.

1 Samuel H. Foster

2 Samuel Hibbert  
(Two witnesses who write sign here.)

Charles R. Fairgriever  
(Claimant's signature.)

per Act

Also personally appeared Samuel H. Foster, residing at Lewiston,  
Maine and Samuel Hibbert, residing at  
Lewiston, Maine, persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw Charles R.  
Fairgrieve, the claimant, sign his name (or make his mark) to the foregoing declaration; that  
they have every reason to believe from the appearance of said claimant and their acquaintance with him for  
six years and eight years respectively, that he is the identical person he repre-  
sents himself to be; and that they have no interest in the prosecution of this claim.

Samuel H. Foster  
Samuel Hibbert  
(Signatures of Witnesses.)

Sworn to and subscribed before me this 4<sup>th</sup> day of January, A. D. 189 2  
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  
[L. S.] \_\_\_\_\_ erased, and the words  
\_\_\_\_\_ added; and that I have  
no interest, direct or indirect, in the prosecution of this claim.

Henry W. Oakes  
(Signature.)  
Notary Public  
(Official character)

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

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



ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME  
Charles R. Fairgrieve  
SERVICE  
W.C. K. 33<sup>rd</sup> and Co. I, 2<sup>nd</sup>  
Mass. Vol. Infantry

ADDRESS.  
246 Lisbon St.,  
Lewiston, Maine

FILED BY  
B. T. CHASE,  
COUNSELOR AT LAW  
P. O. BOX 1045,  
LEWISTON, MAINE.

Date of Execution Jan. 4<sup>th</sup> 1892

Printed and For Sale by John F. Sherry, Claim Blank  
Printer, 623 D Street, N. W., Washington, D. C.

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

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

Insert character and number of claim. Original Pension Claim No. 776965  
[State above whether for original, increase, or restoration.]  
 Name and rank of claimant. Charles H. Hargreaves, Rank, Private  
 Company 2 Reg't Mass Inf Lewiston, Me State,  
 Claimant's post-office address. Lewiston Me AUG 3 1892 189  
[Post-office address of the Board.]  
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Rheumatism, heart disease, malarial poisoning  
disease of liver and spleen, disease of stomach and kidneys, dyspepsia  
and lumbago  
 and that he receives a pension of 40 dollars per month.  
 If a pensioner, fill in the amount; if not, erase the whole line.

He makes the following statement upon which he bases his claim for Original  
[Original, increase, restoration, etc.]  
 Here give the claimant's statement as briefly and as compactly as possible.  
He says he has rheumatism all over the body. Had it in the  
army. Has trouble with his eyes. Has shortness of breath  
from in small of back and in kidneys. Had  
fever and ague in the army. Does not have it  
now. Has trouble with the eyes

Upon examination we find the following objective conditions: Pulse rate, 76  
 respiration, 18; temperature, 98.3; height, 5 feet 8 1/2 inches; weight, 138  
 pounds; age, 47 years. He is poorly nourished. His skin is nor-  
mal and tongue coated. His modulated tympanitic over  
stomach and colon. The area of liver and spleen is dull  
ness is normal. And he does not have chills and fever  
and there is no evidence he ever had. Excepting state-  
ment. He is entitled to no rating for disease of liver, as ea-  
ting for disease of spleen, as eating for disease of stomach  
and eating for malarial. His heart action is nor-  
mal. There are no murmurs. The apex beat is in its nor-  
mal position. He is entitled to no rating for disease  
of heart. His throat is raw and inflamed. The uvula is  
red and swollen. The neck pharyngeal region, vocal cord,  
and glottis. His respiration is dull in both lungs. He is en-  
titled to four eighths rating for chronic nasal  
pharyngeal catarrh in an advanced form.  
Distant vision is 20/40 in both eyes + 8. His distant  
vision normal in right eye + 10 meters distant  
vision normal in left eye. With + 6 he reads 10  
enclings 10/15. He is entitled to four eighths the  
rating for disease of eyes. He does not have  
rheumatism and lumbago. His joints are  
not enlarged nor tendons contracted. He  
complains of pain (see). He is, in our opinion, entitled to a  
2/8  
 Rate for EACH cause of disability. rating for the disability caused by Pulse 4/8 for that caused  
 by chronic catarrh, and 4/18 for that caused by vision  
of eyes.

Wm. S. Sturge, Pres. William H. Hargreaves, Sec'y. J. A. Donovon, Treas.



is back in the lumbar region, his muscles are fairly firm. There is no evidence of the disease existing except his statement. He is entitled to the rating for rheumatism a lumbar. Examination of his urine shows color straw. Sp. 1020. Reaction acid. no albumen and no sugar. He is entitled to no rating for disease of kidneys. His anus and rectum are not inflamed. The hemorrhoidal vessels are engaged. There is one external pile tumor now measuring 1/2 inch at its base. He is entitled to two eight tenths rating for piles.  
 Except as above we find no disabilities.

**SURGEON'S CERTIFICATE**

IN CASE OF

*Charles P. Thompson*  
 Co. 2, 2 Reg't Mass Inf

*Applicant for Original*

No. *776965*

DATE OF EXAMINATION:

AUG 3 1892

189

*Wm. J. Thompson*, Pres.,  
*Wm. J. Thompson*, Sec'y,  
*J. A. Thompson*, Treas.,  
 BOARD.

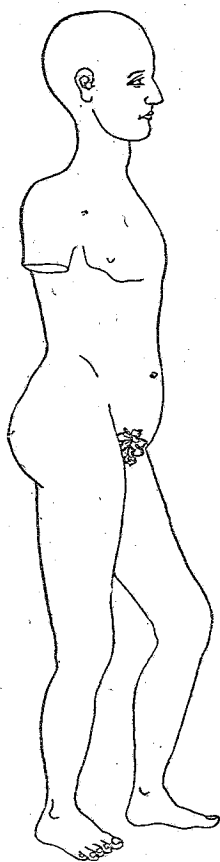
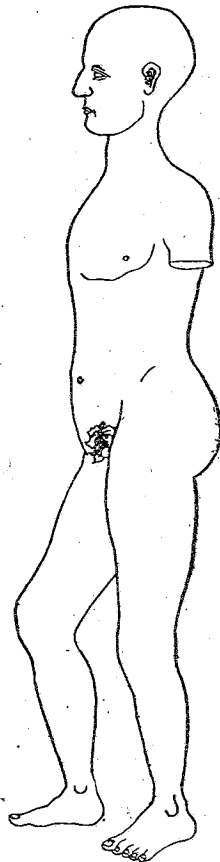
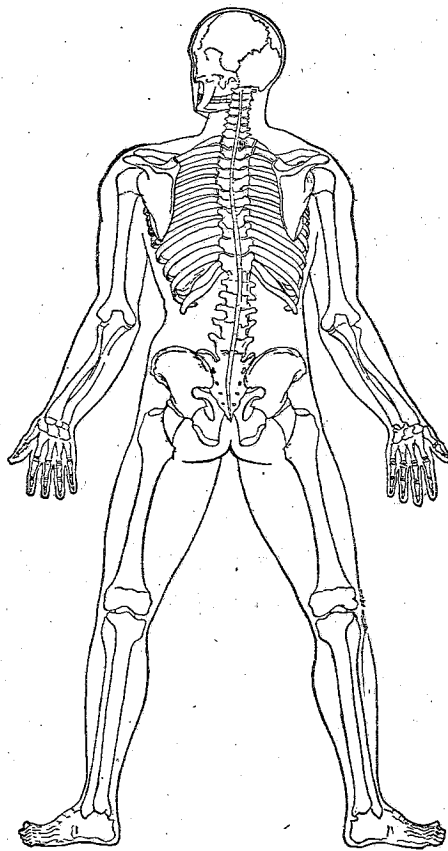
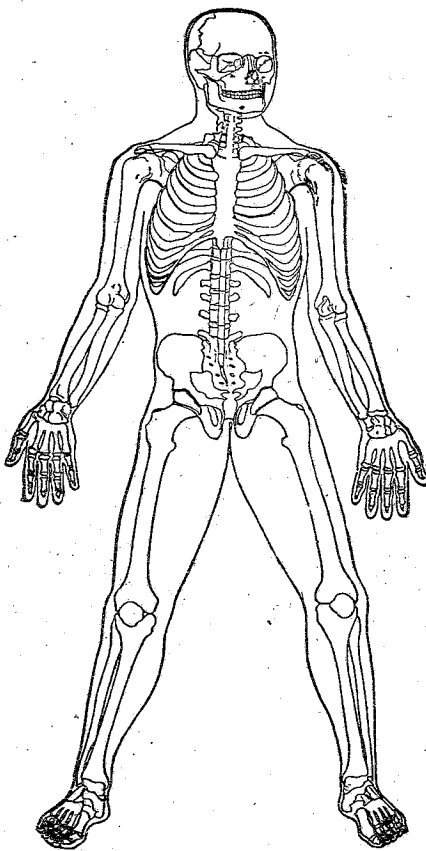
Post office, *Lewiston,*

County, *Androscoggin,*

State, *Maine.*

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

*Bainbridge*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



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

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

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

*Original* Pension Claim No. *776,965*  
(State above whether for original, increase, or restoration.)  
*Charles M. Rainey*, Rank, *Private*  
 Company *K*, *33* Reg't *Mass Inf*, *Lewiston, Me.* State,  
[Post-office address of the Board.]  
*Lewiston Me* *JAN 14 1891*, 189  
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Rheumatism*

If pensioner, fill in the amount; if not, erase the whole line.

~~and that he receives a pension of~~ *46* dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for *Original*  
(Original, increase, restoration, &c.)  
*The supp he has pain in his joints. That he has rheumatism. Cramps in the calf of his legs and fingers. Has a cough and shortness of breath. Cannot do any hard work.*

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

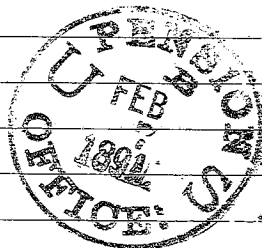
Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98.4*; height, *5* feet *8* inches; weight, *138* pounds; age, *45* years. *He is poorly nourished. His skin is pale and his tongue is lightly coated. He is moderately tympanitic over the stomach and colon. The area of liver dullness is increased and splenic dullness is normal. His heart's action is feeble. It is dilated. There are no murmurs. The apex beat is just inside the line of the nipple. His throat is red and inflamed but uvula is elongated and the nasopharyngeal region is red and inflamed. He has chronic nasal pharyngeal catarrh. He has a cough and alleged he has attacks of dyspnoea and expectorates mucous substance in the morning. The respiratory murmur is much diminished. Breathing is impaired in both lungs. He has chronic bronchitis. He makes no complaint of his hearing or eyesight. He alleged to have rheumatism, but we did not find any evidence of the disease. Except his own statement His kidneys, anus and rectum are in a healthy condition. Except as above we find no disabilities.*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *418* rating for the disability caused by *Chronic cough and* *418* for that caused by *dyspnoea of throat and lungs* for that caused by \_\_\_\_\_

*W. L. Loring*, Pres. *William A. Wood*, Sec'y *J. H. Donovon*, Treas.  
 N. B.—Always forward a certificate of examination whether a disability is found to exist or not.  
 (632-150 M.) 6-552

ord of examina-  
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

*Charles B. Thompson*  
Co. H, 33<sup>rd</sup> Reg't Maine Inf  
2<sup>nd</sup> <sup>or</sup> <sup>1</sup>  
**Applicant for Pension**

No. *116,765*

DATE OF EXAMINATION:

JAN 14 1891

, 189

*Wm. F. Lewis*, Pres.,  
*William Wood*, Sec'y,  
*J. A. Dombrows*, Treas.,  
BOARD.

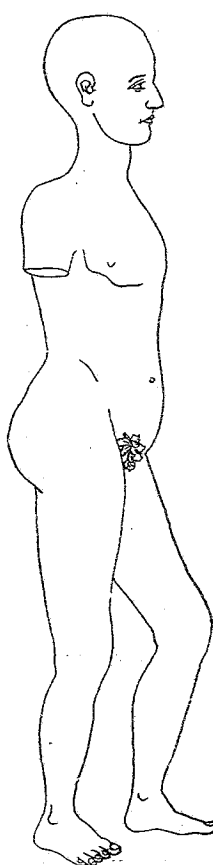
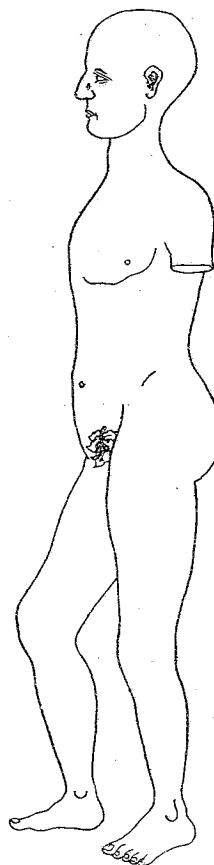
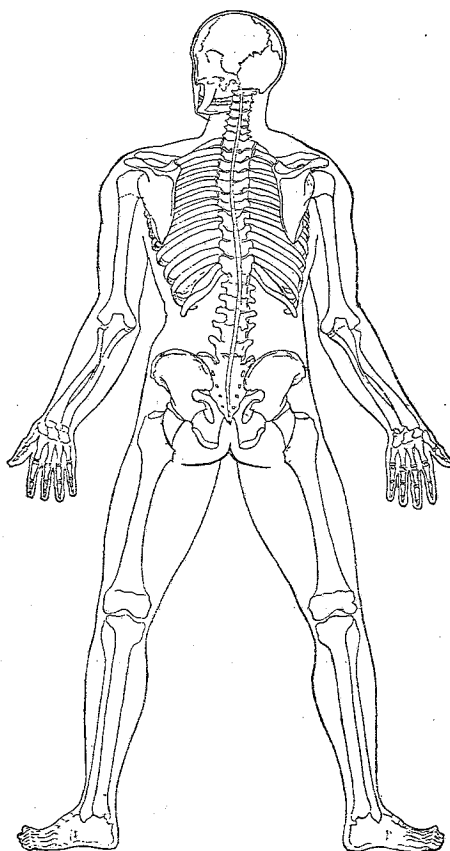
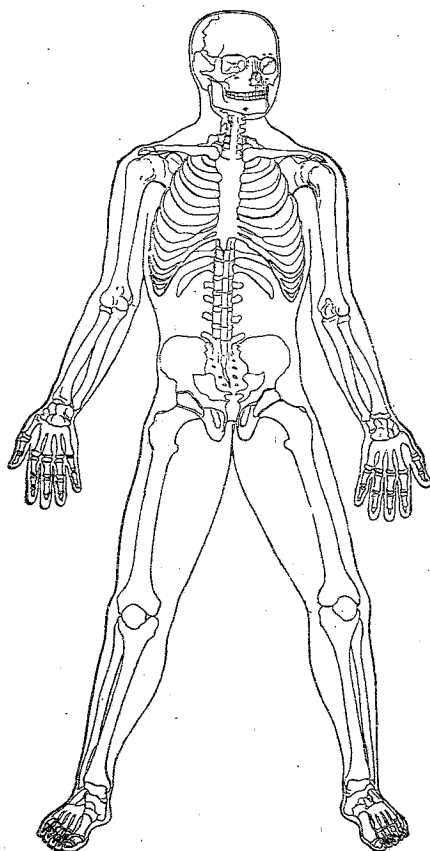
Post office, *Lewiston,*

County, *Androscoggin,*

State, *Maine.*

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

*Rep*



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.]

A.

See Instructions at the Bottom.

A.

# Declaration for Original Invalid Pension.

State of Maine  
County of Androscoggin } §§:

On this 20 day of May A. D., one thousand eight hundred and ninety personally appeared before me Charles K. Fairguere clerk, the same being a Court of Record of the County and State aforesaid Leviston County of Androscoggin State of Maine who, being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

I am the identical Charles K. Fairguere who was enrolled on the 6 day of November 1863 in Company B of the 33 Regiment of Mass Volunteers, commanded by Captain O. O. Graves and I was honorably discharged at Leedsville, Mass on the 27 day of July 1865 and my age is now Forty seven years. While in the service aforesaid, and in the line of my duty at near Cassville State of Georgia on or about the day of June 1864, I incurred Chenopodism caused by exposure incident to the service.

At \_\_\_\_\_ State of \_\_\_\_\_ on or about the \_\_\_\_\_ day of \_\_\_\_\_ 186\_\_\_\_, I also incurred \_\_\_\_\_

That I was treated in hospitals as follows: At Nashville and Chattanooga, Tenn and Jeffersonville, Ind  
(Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)  
That I have not been employed in the military or naval service otherwise than as stated above  
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service I have resided in the State of Mass and Dr. H in the State of Maine and my occupation has been that of a Reed Making  
That prior to my entry into the service above named I was a man of good, sound physical health, being when enrolled a machinist. That I am now partially disabled from obtaining my subsistence by manual labor by reason of my disabilities above described, received in the service of the United States; and I therefore make this declaration for the purpose of being placed on the invalid pension roll of the United States.

I HEREBY APPOINT AND EMPOWER, WITH FULL POWER OF SUBSTITUTION, J. B. CRALLE & CO., of Washington, D. C., my true and lawful attorneys, to prosecute my claim. That my Postoffice address is Leviston County of Androscoggin State of Maine  
Claimant's Signature Charles K. Fairguere  
ATTEST: Charles A. Abbott  
William Baird

Also personally appeared Charles A. Abbott residing  
 at Linniston and William Baird residing  
 at Linniston persons whom I certify to be respectable and en-  
 titled to credit, and who, being by me duly sworn according to law, say they were present and  
 saw Charles R. Fairgrieve the claimant sign his name (or make his mark)  
 to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and  
 their acquaintance with him, that he is the identical person he represents himself to be; and that they have no  
 interest in this claim for Pension.

Signature of Witnesses:

Charles A. Abbott  
William Baird

SWORN TO AND SUBSCRIBED before me this 20 day of May, A. D., 1890

The contents of the foregoing declaration were fully made known and explained to  
 claimant and witnesses before swearing, including the words

[SEAL.]

erased, and the words added;

and I have no interest in this claim for Pension.

D. S. Loughton Clerk of  
 (Signature.)  
Linniston Municipal Court  
 (Official Character.)

A. INVALID A.  
 CLAIM FOR PENSION.

ORIGINAL.

Charles R. Fairgrieve  
33/2 Reg't  
Mass. Inf. Co. 2d Mass. Inf.

PENSION  
 MAY 23 1890  
 OFFICE

FILED BY  
 J. B. CRALLE & CO.,  
 U.S. Claim Attorneys  
 Cralle Building,  
 108 C STREET, N.W.,  
 WASHINGTON, D. C.

(3-428.)

**Medical Division,**

BUREAU OF PENSIONS,

Washington, D. C.,

*Jan. 25, 1896*

No. Claim *776965*

Claimant *Charles Fairgroves*

Soldier *"*

Co. *K, 33 Reg't Mass. Vol. Inf.*

Respectfully returned to *Chief Bd. of*  
*Review with opinion*  
*that a rate can be*  
*allowed under general*  
*law for rheumatism,*  
*if legally approved.*

*Camp*

Medical Examiner.

Approved:  
*[Signature]*

*Wm. F. Fitch*

Medical Referee.

3-1647.

Act of Feb. 6, 1907.

9/2 K/33

Cert. 1045827

Name, Charles R. Fairgrievess  
Pat. Mil Home  
Kennebec Co. Me

Application filed May 7, 1909

Service, K-33, Mass Inf  
I-2<sup>nd</sup> Mass-Inf

3-1647.

Act of May 11, 1912.

Cert. 1045827  
Name, Charles P. Fairgriess  
National Soldiers Home  
Maine

Application filed June 13, 1912  
Service, R 332 P 2 Mass Bay  
Prov Regt  
MBU-4 Sec C  
MAR 26 1913  
MAY 6 1913

*J. H. Wood* [3-216]  
*Chapin* Ex'r.  
 Inv. No. *776,965*  
 Act of June 27, 1890.  
**NEW DECLARATION**

*Charles C. Fairgrave*  
 P. O. *246 Lisbon St. Fergus*  
*Leicester Me.*  
 Service: *Co. H-33 Mass. Inf.*  
*Capt. I. 2. Mass. Inf.*  
 Enlisted: \_\_\_\_\_, 18 \_\_\_\_  
 Discharged: \_\_\_\_\_, 18 \_\_\_\_  
 Application filed: *Jan. 9*, 18*92*  
 " " *Feb. 17-1902*  
 Alleges: *56 1/53*  
 Any other claim filed: *Inv. No. 776,965*  
 Numerical No. \_\_\_\_\_

Attorney: *J. T. Chase*  
 P. O. *Leicester*  
*Me.*  
 \_\_\_\_\_ Recognized. \_\_\_\_\_ Contract.  
 Cert. of Dis. Searched for \_\_\_\_\_, 18 \_\_\_\_



~~N-1-20-92~~ a.  
~~July 21, 92~~ ~~Leicester~~  
~~Me~~  
 N. H. ~~J. W. R.~~

~~Feb 9, 93 atty for~~  
~~Clarmant to file as~~  
~~to Cataract & disease~~  
~~of eyes~~ ~~J. W. R.~~  
 R. I.

~~Exp of Death Me~~  
~~Oct 1<sup>st</sup> / 94~~  
 Conn.

~~Feb 4, 96. atty & Chut~~  
~~N. Y.~~  
~~Advised of Pyction~~

~~Feb 7-1902~~ ~~elt through Hon~~  
~~Hon. ad claim G. L. Arnolds~~  
~~Court. And nothing pending~~  
~~under Act. blank app sent~~  
~~Del. if he wish to further prosecute~~  
~~Mar 6-1902 Ex at Show Bae~~  
~~to elt & family & identity~~

No.

Ex. 1 - INVALID. 100

No. 116465

Acts of July 14, 1862, and March 3, 1873.

Charles R. Fairgrieve

P. O. Tigua, California

Service: 1st Regt. 33 Mass. Inf.

Enlisted: Nov 6, 1862

Discharged: July 27, 1865

Application filed: May 23, 1890

Alleges: Rheumatism

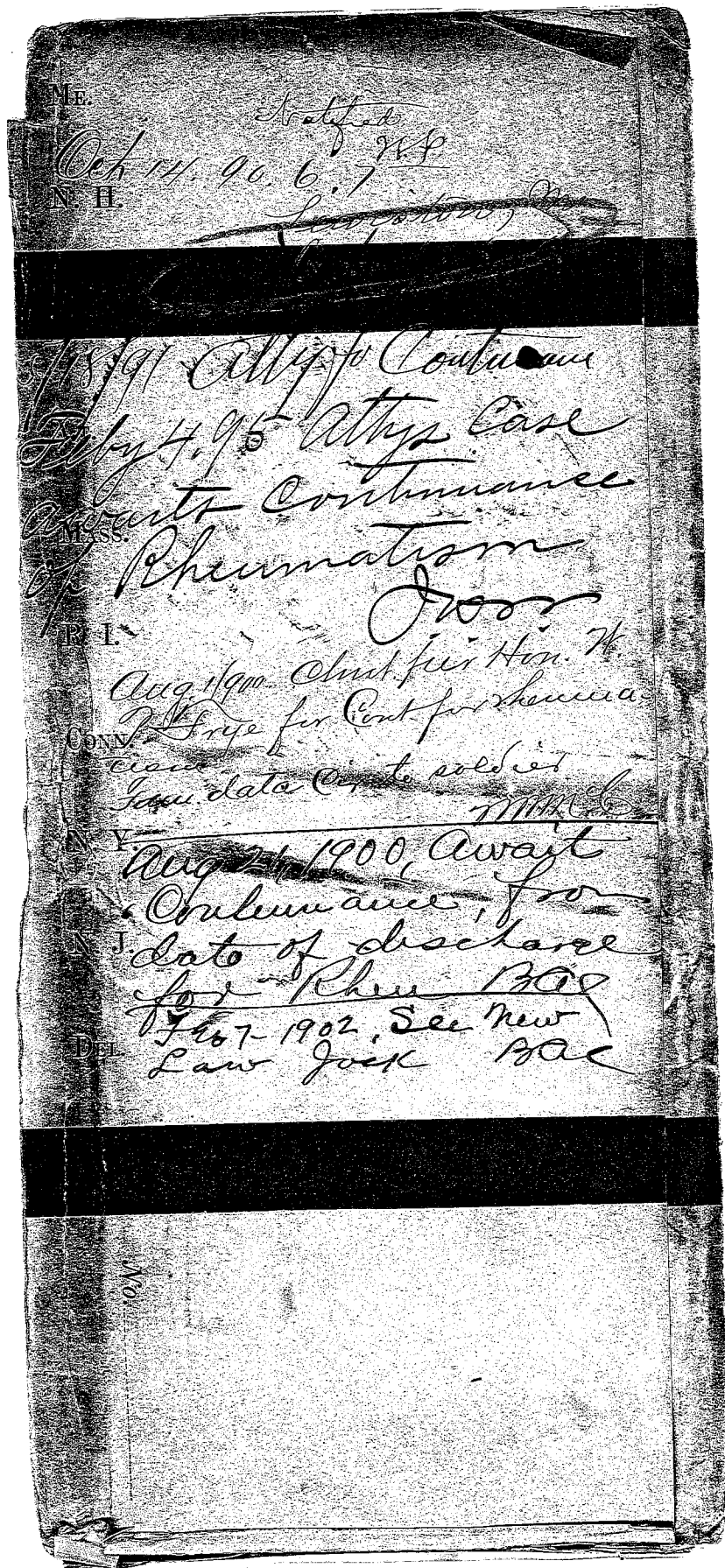
Re-enlisted:

Attorney: J. B. Craft, Jr.

P. O. Wash.

Contract.

Cert. of Dis. Searched for



ME

N.H.

Notified

W.P.

Oct 14. 90. 6. 7

~~Sanitation~~

1891 Allis's Continuance  
Feb 4. 95 Atty's Case  
Atty's Continuance  
of Rheumatism  
J.W.

R.L.

Aug 1/90. Cont. for Hon. W.  
J. Frye for Cont. for Rheuma-  
tism.  
See data Cont. sold at  
J.W.

CONN.

Y

Aug 24. 1900, Await  
Continuance, from  
date of discharge  
for Rheu 1900  
Feb 7. 1902. See New  
Law Book BAC

D

N.H.

Old No. (3-230)  
New No. (3-730)

INVALID. (Series         ) ✓

Cert. No. **1045827**

Name Charles R. Fairgreen  
Rank Pvt.; Service Co. I. 2nd Mass. Vol. Inf.  
Original Roll: Augusta  
Agency: Transf'd Oct 1, 1902, to D.C.  
**GROUP 8**, 190          to         

Issued July 11, 190 2  
Mailed " 22, 190 2  
Rate and Period, \$ 8., from Feb 17, 190 2

Deductions:         

Entered Disability ✓  
Partial inability to earn a support  
by manual labor.

Issued May 18, 190 9  
Mailed MAY 18 1909, 190 9  
Rate and Period, \$ 12, from May 7, 190 9

**Act of Feb. 6, 1907.**

Deductions: 0

Entered Disability: ✓

*Vertical text on left margin:*  
Entered  
Issue  
Class  
Fee, \$  
Orig.  
Dis.  
Class  
Issue  
Entered

New	Issued	May 8/1913	190
	Mailed	MAY 9 1913	190
	Rate and Period, \$	16.50 from June 13/1912	190
		& \$ 21.50 " June 6-1913	190
New		& \$ 27 " June 6-1918	
	Deductions:		
	Disability:	ACT OF MAY 11, 1912	
New	Issued		190
	Mailed		190
	Rate and Period, \$		190
New	Deductions:		
	Disability:		
INDORSEMENTS.			
June 6, 1903. Auditor to cor. name from "Fairgrievies"			
May 26, 1909. Ctf. & Ord. Due to Pen. Agt with note added relative to name.			
Auditor advised. J.F.P.			
Oct. 1916 - J.J. Murphy advised as to status of case. E.A.G.			