A **DECLARATION FOR ORIGINAL INVALID PENSION.** A

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Massachusetts }
Suffolk County, } SS.

On this 27 day of May, A. D. one thousand eight hundred and ~~seventy~~ eighty personally appeared before me, Asst Clerk of the Municipal Court of the City of Boston, a court of record within and ~~for~~ the County and State aforesaid, Lyman Gibbs, aged 62 years, a resident of the Town of Maynard, county of Middlesex, State of Massachusetts who, being duly sworn according to law, declares that he is the identical Lyman Gibbs who was ENROLLED on the 20 day of Aug, 1862, in Company I of the 5th Regiment of Mass (9 mos) Vols commanded by Captain C B Newton and was honorably DISCHARGED at Wenham Mass on the 2 day of July, 1863; that his personal description is as follows: Age, 62 years; height 5 feet 6½ inches; complexion, light; ~~hair,~~ blue; eyes, Brown hair. That while a member of the organization aforesaid, in the service and in the line of his duty at Newbern, in the State of North Carolina on or about the 9th day of April, 1863, he was attacked with chills (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.) and fever from exposure on the expedition to Blount Creek and little Washington; that during this expedition he was exposed to the malaria arising from the swamps through which the regiment marched and in which they were obliged to camp at night; that this exposure resulted in the poisoning of his system by malaria which resulted in disease of the liver and stomach and impaired digestion from which he has continued to suffer constantly ever since his discharge from said service; that his disease has frequently disabled him more and more until he can perform only 1/2 to 1/3 ... that of a sound man. condition, & due solely to malarial disease

That he was treated in hospitals as follows: General Hospital at Newbern NC. and by Dr Hoyt, Asst Surgeon (now dead) in Camp (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has never been employed in the military or naval service otherwise than as stated above. no (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.) prior to 20 Aug 1862 nor subsequent to 2 July 1863.

That since leaving the service this applicant has resided in the Town of Maynard in the State of Mass, and his occupation has been that of a Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Butcher. That he is now permanently disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, Adjutant General of Mass Boston Mass, his true and lawful attorney to prosecute his claim. That he has not received nor applied for a Pension. That his Post Office address is Maynard county of Middlesex State of Massachusetts

Claimant's signature, Lyman Gibbs

Attest: ______________________

____

I. Lyman Gibbs. late Leo "I."
5th Regiment. Mass. Vols. declare
that I was treated in the
regimental hospital at
Newbern N.C. in the months
May and June 1863. this
is the only hospital treatment
received by me while in the
army. I was confined to quarters
but never admitted to a bed
in the regimental hospital
but often reported at sick
call for treatment.

Lyman Gibbs
Maynard Mass

Commonwealth of Mass
Suffolk County ss
Sworn to and subscribed
before me on this 9th day
of June A.D. 1882 I am
not interested in this claim

Wm Capen
Justice

Put a file.

Officer's Certificate of Disability.

Boston Mass March 17th 1880.
Put place and date here.

Name and rank of officer.

I, Charles B. Newton, Captain of Company "I" of the Fifth Regiment of Mass. Infantry Vols. —, certify on honor that Lyman Gibbs was a Private in my company, and is, as I am informed, an applicant for an Invalid Pension; that he was

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

discharged from Service of the United States on the 2d day of July 1863 by reason of Expiration of Term of service —

And I further Certify, that the said Lyman Gibbs was one of the Expedition to Blunts or Blounts Creek in North Carolina in the month of April 1863; that the return or retreat of the Expedition was rapid and exhausting, that on the 9th of April, when night closed in, the Private Gibbs, as well as others, slept in a swamp on such logs and rails as they could obtain, to keep themselves, as much as possible, out of the saturated swamp moss; that from this night the said Gibbs was unfit for duty by reason of sickness acquired at that date.

Here state fully the time, place and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY or otherwise, and if the statement is from personal knowledge, acquired by actual presence at the time.

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

And that the said Lyman Gibbs was in sound health and good bodily condition — — — — — — — — — —

when he entered the service

C B Newton

Signature of officer, with rank.

Capt Co. I, 5th Regiment Mass Vols

[OVER]

Officer's Certificate of Disability.

Marlborough Middlesex Co Mass. Dec 8 1879
Put place and date here.

NAME AND RANK OF OFFICER.

I, William S. Frost late Lieut., of Company I, of the 5th Regiment of Mass. Infantry, certify on honor that Seymour Gibbs was a Private in my Company, and is, as I am informed, an applicant for an Invalid Pension; that he was honorably discharged at the expiration of his term of service at his home in Stow Mass.

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

And I further Certify, That the said Seymour Gibbs was taken sick while on duty with his Regiment at Newbern N.C. on or about the 25th of May 1863 that he was not able to do duty during the remainder of his term of service. that he was brought home under the Drs care, and was carried to his home in Stow Mass where he was discharged, he not being able to be with the Regiment when they were mustered out of the service, that to my personal knowledge he was sick for some time after he was discharged

Here state fully the time, place and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY, or otherwise.

And that the said Seymour Gibbs was so far as I know in good health ~~when he~~

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

when he entered the service on the 16th of Sept 1862

Signature of Officer.

Wm. S. Frost

Lieut in Co. I, 5th Reg't Mass. Vol. Infantry