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aslivu Div.	10 ST
1	
Ex'r. Departme	nt of the Interior,
No. 582,842	2038 W.
Leorge Handley	PENSION OFFICE,
B. C. S. 76 // Well	Sole F. 11. 1886
F. Lister Cant, Astor, Co	, 100
SIR:	
	that you will furnish from the records of
the War Department a full Report as to the serv	ice, disability and hospital treatment of
	, who, it is claimed, enlisted
Sept 14, , 1861, and served	as private
in Co. E., 26, Reg't Massac	husetti Vole; also in Co.
	Lew Orleans La Sept 26, 1862
	// /
	Mass. Colpe was disabled by
Theumatism at Ship	Island, Miss, Spring of 182,
and Malarial Lever	at It St. Philip Le
1 1 1612	and the second s
to suly 1862 -	
A full military	history is desired
and was treated in hospitals of which the name	s, location, and dates of treatment are as
follows:	1711 4-11
flegimental, waa	Sellows Wall, and
Siffames general,	Sellows Hall, and hospitals sew Orler
Very respectfully,	
very respectfully,	0 /
	- I I MAI - L
	John Mack, Commissioner
	() Commence
The Adiutant Coneval II. S. Armu.	O Commissioner

The Adjutant General, U. S. Army. (5860-25,000.)

211)

582,842

## Mar Department,

	ADJUTANT GENERAL'S OFFICE,
	Washington, Ly 16, 188).
	, asiang and a significant of the significant of th
	Respectfully returned to the Commissioner of Pensions.
	40,
	Teorge Handley, a Private of Company 6,
	26 The Regiment Massachusetts Volunteers, was enrolled on the
	14th day of September, 1861, at acton, for 3 years,
	and is reported on muster rolle of Co to Aug. 31/62, Present
	Regtl Returns for March, May July 1862 do not
<u>a</u>	report him absent Roll for So bit + Rot 1862 Dis-
Man.	report him absent. Roll for Sept. 4 Oct. 1862, Dis-
	charged Sefet 26"1862
	There is no bestificate of Desability of fele.
	Records show him "Discharged at New Orleans, La,
	Sept. 26th, 1862, on Surgeon's Certificate of Disability, by rea-
	son of Februs Intermittent: disability also given as
	Chronic articular Rheumatism"-
21011	Records of this office furnish no additional
TOOK.	evidence of disability,
hund	
, . ,	
	016 dans
2000	Assistant Adjutant General.
The state of the s	1//M2 0 211
12/	

USE COPYING INK.

### Certificate of Disability.

	NOTE.—This blank may be used for the testimony of a commissioned officer, non-commissioned officer or any enlisted man. Procure, it possible, the testimony of a commissioned officer. If that cannot be had, then that of the First-Sergeant (which the Commissioner of Pensions has decided to be equivalent to that of a commissioned officer.) If neither that of an officer or First Sergeant can be had, then procure that of two comrades.
	Mai Helling 14
	I, Affant's name.  Affant's name.  Volunteers, do certify on
-	oath that Sough Same.  Volunteers, do certify on was a sum in said Rank.
1	Company, and is, as I am informed, an applicant for invalid pension; that the way the first and the company and is, as I am informed, an applicant for invalid pension; that
t	for accounting rept 26.1802 at New Delland La
,	Auto he carred diseblet in Exponence and fine of
,	by season of exposure inscident do the service of
-	They wanted and had it very tearly such was left on
e e	april 16-62, and went to Just the thing this diver
t l	I when up left there or New Delenes, La in july he was taken
e :	at Lefayette Sommer he was sent to Bellow Hall the
	where I related him several times & how when the way
	discharged tel 26. 1862 on account of fain dirence
	I have known from topport up entited him Myself
	And that the said Longe National was when he entered the service, a formal,
1-	a contact sufferer from above disease of Servet duce histilland
at if m	I further certify that I have no interest in his claim for pension, and am not concerned in its prosecution.
	My post office address is abelity in Milliely Control of the State of
	Affiant's Signature.
	Late Control of The Reg't fill Suf Vols.

Give date and reason of dis-charge; or, if not known, so state.

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

Here state sol-dier's condition at the time of en-listment, and if unsound, from what suffering.

#### WAR DEPARTMENT,

#### SURGEON GENERAL'S OFFICE,

RECORD AND PENSION DIVISION,

$\mathcal{A}$
Washington, D. C., Vebruary 14, 1887
To the Adjutant General, U. S. Army.
Sir: I have the honor to return herewith the papers received from your office in pension
claim No. 582/8421 , with such information as is furnished by records filed in thi
Office, viz: that leage Handley Private look. 21 Mass. Tolo
entered D' James &. H. New Orleans. La July 24. 1862
with Debilitas, and discharged from service Oct. 12. 186
by reason of Intermittent fever to records of odd Fellow
Stall Storpital New Orleans. La onfile.
Lo record found of Goediero treatment for any disability
I core found of vocacio the almost for any assauling
other than above indicated.
By order of the Surgeon General:
F.C. Chinsworth
Out to Gungagon II & Amount
No. 439755.
pend

## Declaration for Pension.

Act of February 6, 1907.

The Pension Certificate should not be forwarded with the application.

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.

State of Wassachusells, Country of Suffolk, 55:
ON THIS
personally appeared before me, a special learning survival within and for the County and
State aforesaid, Slovae Haudley, who, being duly sworn according to law,
declares that he is 77 years of age, and a resident of With the
County of Sulfolle, State of Lease; and that he is
11 4
the identical person who was ENROLLED at down on the 14 day of September, 18.6.1
as a house in the Army or vessels if in the Navy
in the service of the United States, in the Carl War, and was HONORABLY DISCHARGED at State name of war, Civil or Mexican
on the 2 bigy of September 10 62
That he also served
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,
of eyes, Clue; color of hair, dark; that his occupation was James;
that he was born april 2nd, 1830, at acton. Waso
That his several places of residence since leaving the service have been as follows:
State the date of each change
as nearly as possible
That he is a pensioner. That he hasheretofore applied for pension
# 454750  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 pro-
visions of the Act of February 6, 1907.
That he appoints, with full power of substitution and revocation,
of Boodon County of Supple
State of, his true and lawful attorney , to prosecute his claim,
and requests and directs that be allowed and paid, upon the issuance of a Certificate, or thereafter, such fee as may
be hereafter provided by law, NOT EXCENDING TEN DOLLARS.
His post-office address is 369 Aluelley Gounty of Marthus
State of Massachusetty Carlon Hanks
Attest 1 Mart Harry
2 William Manning Two witnesses who can write must sign here

#### GENERAL AFFIDAVIT.

State of Mass achusette, Country of Middlesul
In the matter of Levrye Handling late a Trivale in Co. C. of the
26" Reg't. of Mass Nols, for Original Annalis Pension
On this 26th day of December A. D., 1889, personally appeared
before me, afutiee of the Venes in and for the aforesaid County, duly authorized to administer
oaths Ivory Sunborn aged Veryears, a resident of Teading.
in the County of Middlesex and State of Massachusetth. whose
Postoffice address is reading Middlesey & - Mass. and well known to me to be
reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:
That he is a lubour by occupation of that [Note.—Afflant should state his means of knowing the facts to which he tystifies.]
of the claimant is a gardner hackman "aglaborer
July shat he became (acquainted with claimant in
1842 g from discharges to the bresent has resided
from within eight to twenty miles has seen him
lfrequently during the said period from one a week to one in three month
army at discharge he was suffering from ma-
land Dorsoning I'm rheumationed that he was lame,
If at times used a care when walking suffices
much pain in the parts affected by the limatism
the said bails being swollen in stiff ing he has
in the manual described from discharge to the
son she mann It described from discharge to the sound and in consequence thereof he was not
able to perform more than a quartifact of the
-labor of an able bodied up to 1884 my since then
he had been unable to perform any labor what
Ever Ind for the same reason has lost consid-
exable time from work during each and Every year
of the said period from discharge to the present
That he knows the facts above stated from
intimale personal acquaintaince with the claimant,
seeing that he wast lame Iseeing him suffer
as labove described and from hist general behowledge
and observation of the clase
Indhe further declare that he has no interest in said case and us
not concerned in its prosecution.
Formy - Guntagn
(If Afflant signs by mark, two persons who can write sign here.)

# A DECLARATION FOR ORIGINAL INVALID PENSION. A To be executed before a Court of Record or some Officer thereof having custody of the Seal.

State of Masket Musella
County of Alffolk Ss.
On this 13 the day of Mystle , A. D. one thousand eight hundred and Mystlessia
personally appeared before me, clerk of the rupum fully, a court
of record within and for the County and State aforesaid Glorge Sausly
aged years, who, being duly sworn according to law, declares that he is the identical
Glorge Haudley who was ENROLLED on the 14th
day of September 186 in Company & of the 26 E Regiment,
of May Suf Wolf commanded by
and was honorably DISCHARGED at Jeffermes by LNO Le on the 26th day
of September, 18 What his personal description is as follows: Age, 56 years; height
feet 10 inches; complexion, fair, file ; eyes, Blue
That while a member of the organization aforesaid, in the service and in the line of his duty at
flaul, in the State of flatssuppe on or about the day
of Hole state the name or nature of disease, or the location of wound or injury. If disabled by
disease, state fully its causes, he provided in injury, the precise manner in which received.
wyle on 10 mg leftel 1862 of regt left for New Ordelle,
with the Laborette San N. Co. and the mant morning
sent & Hor & at Odd rellow I stall and after a festir
days sent to the fames store N.Co. on account of
Milneul feles paya remayed there with distinger
Heleving Landing mention of menucalin,
were the same from the same fr
That he was treated in hospitals as Here state the names or numbers, and the localities of all hospitals in which treated, and the dates
of treatment.
That he has Mot been employed in the military or naval service otherwise than as stated above to with
prior or subsequent to that above described, atte what the service was, and the dates when it commenced and ended.
0.4 1.4
in the State of Musicular and his occupation has been that of the state of the stat
That prior to his entry into the service above named, he was a man of good, sound, physical health, being when
enrolled a Multiple . That he is now Willy disabled from obtaining his subsist-
ence by manual labor by reason of his injuries, above described received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.
He hereby appoints, with full power of substitution and revocation, When the hereby appoints with full power of substitution and revocation, when the hereby appoints with full power of substitution and revocation, when the hereby appoints with full power of substitution and revocation, when the hereby appoints with full power of substitution and revocation, when the hereby appoints with full power of substitution and revocation, when the hereby appoints with full power of substitution and revocation, where the hereby appoints with full power of substitution and revocation, where the hereby appoints with full power of substitution and revocation, where the hereby appoints whereby appoints where the hereby appoints whereby appoints where the hereby appoints whereb
, his true and lawful attorney
to prosecute his claim. That he has Affile received Mit applied for a pension. That his residence is the Affile of Market Country Market Marke
and that his Post-Office address is 201/25- Laid there County State.
ATTEST:
Claimont's Signature.