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. Oni Insert character and number of claim. Pension Claim No. -Name and rank of claimant. Reg't Company Claimant's post-189 [Date of examin We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred Cause of disa- in the service, viz: and ffa pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of He makes the following statement upon which he bases his claim for [Original, incr Here give the as minimical of Upon examination we find the following objective conditions: Pulse rate, ; temperature, 282; height, feet 8 respiration, _ inches; weight, pounds; age, 55 years. Here give a full description of the disabilities, in accordance with Book of Instructions. The actual or 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 nust be stated. When not due to such habits this fact must be stated. 10 Each disability
must be rated
separately,
theactof Congress of Mar.
2, 1895, requiring 'that
the report of
such examining surgeons
shall specifically state
the rating
which, in
their judgment, the applicant is entitled to." no e 21 0 atel

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

Preas.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE ATTEIGRATION.
State of hies suchusitts
County of middless 88.
On this 25 day of deplement, A. D. one thousand nine hundred and Elecon,
personally appeared before me, a fulfix helps full within and for the county
and State aforesaid, Malla Littlefield, who, being duly sworn according to law,
declares that he is 70 years of age, and a resident of
county of Muller, State of / West; and that he is the
identical person who was ENROLLED at Salar under the name of Mally State of Juday of Children 1861,
Wally Littlefill , on the 22 day of Will , 186/,
as a fill the Army, or vessels if in the Navy.)
at Coustier and was Honorably Discharged at One of the United States, in the State name of war, Civil or Mexican.) on the day of Coustier and was Honorably Discharged at Coustier and was Honorably Discharged at Coustier and was Honorably Discharged at Coustier and War, Civil or Mexican.)
at Osustes , on the 2 day of Congut , 186/
That he also served(Here give a complete statement of all other services, if any.)
(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 10 inches;
complexion, Light; color of eyes, Blue; color of hair, Prann; that his occu-
pation was Purn; that he was born fuch 2d, 184/,
at Mills Mi
That his several places of residence since leaving the service have been as follows:
Octor hen
(State date of each change, as nearly as possible.)
That he isa pensioner. That he hasheretofore applied for pension
(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 Men act of February 6, 1907. County of Mullelley.
State of Mass: Walso Little field (Claimant's signature in full.)
(Claimant's signature in full.)
Attest: (1)
(2)
Also personally appeared Charley & Branker, residing in Ollow
and Muller of Muller, residing in Colors, 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 ///////////////////////////////////
present and saw Mallu Laftly III, 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
to the foregoing declaration; that they have every reason to believe, from the appearance of the claiman and their acquaintance with him of Lagrange years and Lagrange years, respectively, that he is the identical
and their acquaintance with him of La years and La 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.
and their acquaintance with him of La years and La 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.
and their acquaintance with him of La years and La 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.
to the foregoing declaration; that they have every reason to believe, from the appearance of the claiman and their acquaintance with him of Zu years and Zn 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.
to the foregoing declaration; that they have every reason to believe, from the appearance of the claiman and their acquaintance with him of Zu years and Zn 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.
to the foregoing declaration; that they have every reason to believe, from the appearance of the claiman and their acquaintance with him of Zu years and Zn 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.
subscribed and sworn to before me this
subscribed and sworn to before me this
subscribed and sworn to before me this 2 day of Affanta. Subscribed and Sworn to before me this 2 day of Affanta, A. D. 1911 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.] and that they have no interest in the prosecution of this claim. (Signatures of witnesses.) A. D. 1911 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.] and the words and the words
subscribed and sworn to before me this 2 day of Allantin, A. D. 1911 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.
subscribed and sworn to before me this 2 day of Affanta. Subscribed and Sworn to before me this 2 day of Affanta, A. D. 1911 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.] and that they have no interest in the prosecution of this claim. (Signatures of witnesses.) A. D. 1911 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.] and the words and the words

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachussetts
County of Wieldlesex
On this 9th day of Meuch, A. D. one thousand nine hundred and Seuch,
personally appeared before me, a fystige of the tear within and for the county
and State aforesaid, Valch Little field, who, being duly sworn according to law,
declares that he is 66, years of age, and a resident of West Getting.
declares that he is 66, years of age, and a resident of West Geton: county of Wielelesex, State of Wassachusetts; and that he is the
identical person who was enrolled at Boston under the name of
Walds Sittlefield, on the 22 day of affile 1861,
as a Parate, in Co E. C. Regit Wees for Intropension (Here state rank, and company and regiment in the Army, or vessels it in the Navy.)
(Here state rains, and company and regiment in the Army, or vessels in the de Mary.)
in the service of the United States, in the Girl war, and was HONORABLY DISCHARGED (State name of war, Civil or Mexican.)
at Boston, (State name of war, Civil or Mexican.) , on the day of Chiquest, 1866
That he also served (Here give a complete statement of all other services, if any.)
(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 10 inches;
complexion, sight; color of eyes, Blue, ; color of hair, Brown; that his occu-
pation was Farmer; that he was born Mounth 2 d 18 4/
at Boylowigh. Mass
That his several places of residence since leaving the service have been as follows:
(State date of each change, as nearly as possible.)
(State date of each change, as nearly as possible.)
That he is a pensioner. That he has heretofore applied for pension (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
(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.
He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State
House, Boston, his true and lawful attorney to prosecute his claim (Without fee);
That his post-office address is West action, country of Mecelelles ex,
State of Massachusetts. Mall Little st
Attest: (1) & Nemery Willicomb
(2) James Derane
Also personally appeared & Emery Whiteomb, residing in West auton
and Cumus Denline fresiding in West-Action, 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 Walch Lottlefuld, 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 50 years and 25 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.
person negoties in this en to be, and that they have no interest in the prosecution of this claim.
to en 72 x family levant
person he represents himself to be, and that they have no interest in the prosecution of this claim. **Note that The prosecution of the pr
Subscribed and sworn to before meths 9 and ay of Occup, A.D. 1907,
made known and explained to the applicant and witnesses before swearing,
rand 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,
, added,
and that I have no interest, direct or indirect, in the prosecution of this claim.
135 () Municis & Sterres V
(Signature.)

3-402.

Certificate No. 202. 8 Department of the Interior, Name, Walds attle BUREAU OF PENSIONS.
Name, Walde Suttles BUREAU OF PENSIONS,
Washington, D. C., January 15 , 1898.
SIR:
In forwarding to the pension agent the executed voucher for your next
quarterly payment please favor me by returning this circular to him with
replies to the questions enumerated below.
$Very\ respectfully,$
HO hay Evan A.
Commissioner of Pensions.
Second. When, where, and by whom were you married? Answer. Sept. 16 1875 by Mus. Netherbee Nashtia 17, 14. Third. What record of marriage exists? Answer. Ht Nashtia 17, 14. Fourth. 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. O Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. No
Date of reply, June 23, 189.8 Nalolo Little field (Signature.) 5301b750m1-98
Date of reply, / Ml 20, 189 2 0-8 5301b750m1-98



Commonwealth of Massachusetts.

PENSION DEPARTMENT. STATE HOUSE, BOSTON.

DECLARATION FOR INCREASE OF INVALID PENSION,

Under Act of June 27, 1890

U	nder Act of June 21, 1890.		
STATE OF MASSACHUSETTS.			
COUNTY OF Muddlessy	ss.		
	Seftsuler, A.D. one thousand nine hundred and Rix		
	Island of the Proces within and for the County and State		
eforeseid Walds Little	field, aged 65 years, who, being duly sworn		
	pensioner of the United States, duly enrolled at the		
^			
Pension Agency at the rate of Six dollars per month, by Certificate No. 909787, on account of disability from frustiel in a feel to Euro a Support by Manuel labor [Here state the disability for which pensioned.] that he served as a Missle in less to the Registration of Surface traps [Here state rank, company and regiment, if in army; rank and vessel, if in avy.]			
	nself to be entitled to an increase of pension for the following reasons, to wit:		
	have increased; and that he is also suffering from the following additional		
That he was born	increase; whether disability has increased or present rate is considered inadequate, or otherwise.] Work 29 184! And is more than J. Agul.		
V V			
that said additional disabilities are not nent; that he appoints J. B. Parsons,	due to vicious habits, and are to the best of his knowledge and belief perma- Deputy Commissioner of State Aid and Pensions, State House, Boston, Mass.,		
	cute his claim without fee; that his (applicants) residence is No,		
in Street, in West	action. , County of Millellesex , and State		
of Massachusetts.	; that his Post-Office address is West Ceton.		
Muss.			
	Nalds Little Lelel		
If claimant signs by mark, two persons wh			
	nough residing at Wast actor, mass, persons whom I		
certify to be respectable and entitled to	o credit, and who, being by me duly sworn, say that they were present and saw		
Walse Littlefu	Let, the claimant, sign his name (or make his mark) to the		
foregoing declaration; that they have	e 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 the prosecution of this claim. an	d know of this own hersonal knowledge han Sixty fine years of ages		
	Hannel K Burroughs		
[If either witness signs by mark, two persons who			
Sworn to and	subscribed before me this fourth day of Seffeuber		
	A.D. 1906, and I hereby certify that the contents of the above declaration,		
Tho Tilly.	etc., were fully made known and explained to the claimant and witnesses		
CERT JOHOW	before swearing, including the words		
[SEAL.] COLON ON ON DIVISION	the words ————————————————————————————————————		
The Manney of the Manney	added; and that I have no interest, direct or indirect, in the prosecution of		
1811	this claim.		
City 2	Cellen Brorns arter		
Record Division.	[Magistrate's Signature.]		
incate on file covering	(Official character.)		