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....., M. C.

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Original No.

Certificate No. LO41248,

ACT OF FEBRUARY 6, 1907.

Claimant, Janu. 10	-Tollard.	
P.O./HJO-Allany	Alneel Rank, Imuale.	
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	(Order April 25, 1907.)	
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Approved for Lanne	esia	55551
e	Uge world	232
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Age shown by evidence		rs.
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ACT JUNI	E 27, 1890.
Increase I	INVALID PENSION.
Plaimant, John H. Pollard.	
o. Los Angeles (1436 Albany Street).	Rank Private,
ounty Los Angeles,	Company &
	Regiment 6th Mass. Vol. Inf.
tate California. per month, commencing	
ate, \$ per month, commencing	
ensioned for	inability to earn a support by manual labo
RECOGNIZED	ATTORNEY. DETECTED
	Grande 7.1905
Tame William Mattoon,	Fee, \$ 200
.o. Los Angeles, bak	Agent to pay
APPRO	OVALS
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	reotun.
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	Aggregate of disabilities shown, permanent in character: \$
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	No increase.
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May 31, 1906, Legal Reviewer.	Medical Examiner. Medical Reviewe
, 190 , Vaslein DW.	June 2, 190 S, Medical Referen
Ke-Kevnewer.	(W)
Enlisted Aug. 25, 1862; ho	onorably discharged June 3 ,186
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PRESENT CLAIM, A	CT OF JUNE 27, 1890.
Declaration filed Jany 9, 1205,	alleges increase for Junsioned Cause
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Claimant does write. Certificate not filed.

No -

. M. C.

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PENSIONER DROPPED	1
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DEPARTMENT OF THE INTERIOR	00
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To C)
Soldier	ξ
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Service 6 Mars Jul	3
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The Commissioner of Pensions.	af
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Sir:	7
I have the honor to report that the name of	
20	
the above-described pensioner who was last	
5 1 22 . 100 4	
Epaid at \$ 3.2 , to APR 4 1920 1	
Than this day have I a 12	
Thas this day been dyppped from the roll be-	
Deause of Cleath June (0-142	D
out of such a such as the such	
JOHN H. PCLLARD.	
LOS ANGELES, CAL.	
	¥
11724 2	
1436 ALBANY ST.	
Very respectfully,	
A 1 Brians	
11 1 1 day bloods	
M. K. H. BAU MARILE	
Chief, Finance Division.	
Chief, Finance Division. NOTE.—Every name dropped to be thus reported at	
Chief, Finance Division. NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date	
NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.	
Chief, Finance Division. NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date	

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EARLE R. POLLARD PATENTS AND MECHANICAL CAUSES LOS ANGELES, CAL.

U. S. PATENT OFFICE REGISTRATION No. 10549

CE

FINANCE DIVISION
JUN 16 1920
BUREAU OF PENSIONS

June 10,1920. 1436 albany

murli.

Department of the Interior. Bureau of Dension

Washington, D.C.

my Father, John Henry Pollard, dies

number is 1041248, and as I am

The only heir to his estate, I wish to gualify to the satisfaction of the Bure

up to the time of his fension

Yours respectfully

Garle a. To

3-1128
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

Under an act of Congress approved by the President May 1, 1920, your pension is increased from that date to \$50 per month. THIS SLIP SHOULD BE SECURELY ATTACHED TO YOUR PENSION CERTIFICATE.

Kurtarter Frys

Secretary of the Interior.



State of California Los Angeles County \58

Justice of the Peace in and for too largeles Township.

Township.

Do hereby certify that I have exemined the Family Bible containing the record of the birth of John A. Pollard, and find the following. "John A. Pollard was born March 25' 1841." The said Bible was published by Luther Roby in Concerd A. K. in 1850 and I find said record perfect with no evidence ferasures or alterations whatever, and from the appearance of the writing, and the situation of the said record (being between two other seconds) I belease the entries to have been made about the dates given

WETTER OF THE PEAGS OF LOS AND TOWNESS. CONTROL OF LOS ANGEL OF LOS AN

Act of May 11, 1912

Declaration for Pension

STATE OF Calefornia	NOT BE FORWARDED WITH THE APPLICATION
0101111 01	
COUNTY OF Las aughles Ss	
10	/ P
Jacob 01	A. D. one thousand nine hun-
	before me a hotary bublic within
and for the County and State aforesaid	, John A Pollard, who,
being duly sworn according to law, deci	lakes that he is 70 years of age, and a
resident of Los augles	, County of Los augsles ,
State of Calefrinie	, and that he is the identical person who was
ENBOLLED at Lowell mas	
John J Rollard	, under the name of
1862, as Private in Co	rank, and company and regiment in the Army, or vessels, if in the Navy)
Mass. Val	rank, and company and regiment in the Army, or vescels, if in the Navy)
in the commiss of the United States in	12. 0.00
in the service of the United States, in	[State name of war Civil or Maxican]
HONORABLY DISCHARGED at LONG	mass, on the 3 day of
70 0 3 m 1 1	, on the day of
June, 18 6 3 That he also	O SCTVCC
0	(Meto give a complete swatement of all other services, if any)
That he was not employed in the militar	ry or naval service of the United States other-
	personal description at enlistment was as
	complexion, Fair ; color of eyes, Blue;
aclose of hair franchis	complexion, vac c ; color of eyes, vac ;
color of hair, tight; that his occupe	ation was dismer ; that
he was born mar 230, 1841,	at Norchester (new Nample
John 1863 I 186 Freis Ham	since leaving the service have been as follows:
O (State date of each	Brlue 186 2 1890, for 101
Jowa from 1890 to 1903 &	Phinos form 1903 à date Las Cupers Ca
That he is a nensioner That	the has hand of an annied for
1041248.	t he has heretofore applied for pension.
(If a pensioner, the certificate number only need be given	
(11) 17 7 11 1 7 -	If not, give the number of the former application, if another and a
Inat he makes this declaration for the	If not, give the number of the former application, if one was made)
the United States under the provisions of	our pose of being placed on the pension roll of the act of May 11, 1912.
the United States under the provisions of That his post-office address is	If not, give the number of the former application, if one was made) burpose of being placed on the pension roll of of the act of May 11, 1912. 36. along Dhul Los aug
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DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

Sir: Please 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 widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JOHN H. POLLARD, LOS ANGELES, CAL. 1041248 ACT MAY 1436 ALBANY ST.

Commissioner.

	No. 1. Date and place of birth? Answer. Doreheston H. H. march 23" 1841
	The name of organizations in which you served? Answer Comany (6) Sith Regiment
	No. 2. What was your post office at enlistment? Answer. West Octon, mass
	De la Company de
	No. 4. When, where, and by whom were you married? Answer. Och. 1st 1873. Shaer for L. Bry J. M. Partee In Dubuyue Jowa
	No. 5. Is there any official or church record of your marriage?
	If so, where? Answer. No, not I Know of
	No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her
	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer
-	
	No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your
	answer include all former husbands. Answer. No
	No. 8. Are you now living with your wife, or has there been a separation? Answer. No My Hife and
	only thise Died Jany 3th 1914
	No. 9. State the names and dates of birth of all your children, living or dead. Answer. Earl. R. Folland 1876
	The only Child we ever had now livery)
	()
	Date Simon Aller

COPY MADE BY VA RMC, ST. LOUIS, FROM A RECORD IN ITS POSSESSION I, H. J. LELANDE, County Clerk of the County of Los Angeles, State of California, and ex-officio, whose name is subscribed to the And I do Kurther Certify, that I am well acquainted with the handwriting of the said OFFICER, got the timpof H. J. LELANDE, County Clerk
and ex-officio Clerk of the Superior Court. Clerk of the Superior Court thereof, (which Court is a Court of Record, having a seal), do hereby certify: in and for said County, duly qualified and authorized by law to execute said instrument, and full faff In Witness Wherent, I have hereunto set my hand and affixed the of said Superior Fourt at my office in said County, this... A. D. 191. and verily believe that the signature to the said instrument is genuine. and credit are due to all his official acts as such. signing the same, a fustice of the Peace STATE OF CALIFORNIA, Ss. COUNTY OF LOS ANGELES. (76-Clerk-Official Capacity General) annexed

And the state of t Arii 18 **1911)** Las Angeles April 12" 1911 L. Baumbont
Commissionen Washington De.
Dear Fin In reply to yours of april 5' mish to advise I have but one record of the date of my beanth. and that is a intry Farther a mather family Bill. Which was Rublished by Luthen Roby Concord, n. H. 1850 as recorded in the Bible which I have my passession is, as follows John St Polland was born JU. 17 S manch 23th 1841 Subsasibed and sworm to before me this 12th day of Rispech Jano Office 1911

If of the form of the state of John Moicard 1436 albony gr

3-349 DEPARTMENT OF THE INTERIOR PREAU OF PENSIONS shington, D. Dear Sir:

Referring to your claim for pension under act of February 6, 1907, filed 100179, 19//, in which you allege you are years of age, you are advised that the best obtainable evidence of the date of your birth is required by this Bureau.

If there is a public record of your birth you should forward a verified copy of it.

If there is no such record, and there is a baptismal record, a verified copy of the baptismal record should be forwarded.

If there is no baptismal record, and there is a family record showing the date of your birth, a verified copy of the family record should be forwarded.

If a verified copy of the family record is furnished, the magistrate 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

Please return this letter with your reply.

Very respectfully.

Commissioner.

	3—183. 618 No. 3—111.
	SURGEON'S CERTIFICATE.
Insert character and number of claim.	Original Pension Claim No. 12/2684
Name of claim- ant.	Address P. O.
Claimant's post-	Company Beard. Board. Board. State.
office address.	Right manifest herney and disease of
Cause of disa- bility.	- olchina
	. He receives a pension ofdollars per month.
Here give the claimant's statement (as	
briefly and as compactly as possible) in re- gard to the date	1473 Proceed by all the in and the
of origin and cause of his dis- abilities and the manner in	
which they affect him.	- aure
The outli	nes of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location or injury, the entrance and exit of a missile, an amputation, etc.
	Birthplace, Newhompshire; age, 58 years; height, 5 10:
	weight, bo pounds; complexion, light; color of eyes, blue;
	color of hair, dask hours; occupation, Thersur of Mochilia, permanent marks and
	We hereby certify that upon examination we find the following objective conditions:
	Pulse rate, 72 † 2 / 20; respiration, 15 20 92; temperature, 9 † //5;
Here give a full description of the disabilities, in accordance	Ot find right oblique incurred herma complete the
with Book of Instructions.	and lete obligue ingimal harris in complete the town
	not habing through letternal ring out in bank a tout
Facts within the knowledge of the Board, or	treefs the right hermia in place fairly well none is worn on left side as claimant was not aware of the rup tare on that side. Right tumer, when draw is 2 + 4 in insize left tumer 1/2 inches in diameter.
any member thereof, rela- tive to the cause of any	tree on that side. Right tumor, when down is 2 4 4 in, in size
disability found should be stated.	18ft turner 1/2 inches in diameter.
Whenever a disa- bility is shown or is believed to be due to or	Disease of rectum. The outlet is a map of external tu-
aggravated by vicious habits the opinion of the board must	mors, 4 in minutes 1x/2 inch to /2x/2 inch in size One large inter-
be stated. When not due to such habits	nal lumer 1/2 × 3/4 inch in size The rectum is inflamed and the hemorrhood a verfels enginged very sensitive but not ulcerated
this fact must be stated.	and not bleeding during examination. Claimant alleges for
	and not bleeding during examination. Claimant alleges for great blerdy discharges Especially when bursts are analyted
	Claimant is Tenen to Board and his habits are good strictly ten
	Claimant is Tenen to Board and his habits are good, Strictly tens. frenche Occupation Overseer of machine Shop III. Cent. R. R. Do Es no many of 10 for
	manual lalin.
	Q. ' C'7
	Mine. Color normal, Sp. gr. 1022, reaction acid without sugar or albu-
When rates are recommended	In other Disability is formed.
solely on sub- jective evi- dence the strongest rea-	
sons must be given therefor.	Ots find the aggregate fremament disability In carning a
	Ots find the aggregate fremament disability for carning a support by manual labor is due to double obligue inquinal hearnia and disease of rectum, not due to vicious habits
	and will the the the the the vicions habits

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 (ord No. 25-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions. (This certificate to be filled in and signed by the secretary when the full board is present.) were personally present and actually participated in the the claimant in this case, on (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.) the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____and the examining surgeons here present (waiving examination by full board), on thisday of ... (Signature.) P. S.—Write your Post-office address plainly and in full. Post office,

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.]

General Affidavit.

State of Jones	County of Lan , 55:
In the matter of Lun	H. Golland Go, &, 6" Rogt. Mass.
110 1100.	2 no. 1272. 684
ON THIS 29 4 day of	
Notany Public	in and for the aforesaid County, duly authorized to administer oaths,
S. A. Drallnoh	aged 77 years, a resident of CEDAR RAPIDS, ICWA
in the County of Jonne	and State of Jona
whose Post-Office address is	## 1980 March : 198
	aged years, a resident of CEDAR RAPIDS, 16-4
in the County of	and State of John
	23. S. 6" AL CEDAR RAPIDS. IOWA
	and entitled to credit, and who, being duly sworn, declares each for
himself, in relation to aforesaid case,	as follows: Id state how they gain a knowledge of the facts to which they testify.]
14/	Laimant John H. Polland
dig to part 18	seary, and I a years respec-
	of good habits, and whose
patisfied Mod-	ist It ongrimal Horning is
wa man of	of orderons habits, as he
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	Orange /
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The second of th	
	I to the second of the second
further declare. th	nat whome no interest in said case and one
not concerned in its prosecution.	0 0
And the second of the second	a lahattida
	OC GILLINIA CA
	1 Jane
IIf Affiants sign by mark two persons who can wri	te sign here as [Signature of Affiants.]

STATE OF DWG	, COUNTY OF COUNTY OF SS:
Sworn to and subscribed before me t	his day by the above named affiant, and I certify that I read
said affidavit to said affiant ? , including the	words
	erased, and the words
	added, and acquainted them
with its contents before	executed the same. I further certify that I am in nowise inter-
ested in said case, nor am I concerned in i	ts prosecution: and that said affant A Que
known to me and that they are	credible person
	Official Signature.
[L. S.]	Notery Public
	Notary Public. CEDAR RAPIDS, IOWA
STATE OF	COUNTY OF, ss:
I,	Clerk of the County Court in and for aforgoid County
and State, do certify that	Esq., who hath signed his name to
the foregoing declaration and affidavit was a	t the time of so doing
in and for said County and State, duly comm	issioned and sworn; that all his official acts are entitled to full
faith and credit, and that his signature theref	
	d seal of office, this, 18
(L. s.)	
Clerk of	he
having a sea. If before a JUSTICE or NOTARY whis certificate of character hereon, and not on a sepa	RK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE, vithout a seal, then the CLERK OF THE COUNTY COURT must add
The set of the second a seba	ate sip of paper.
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The livery	EAST. DIV
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CLAIM OF. AFFIDAVIT OF	FILED BY SICK O'FARBELL. EV & COUNSELOR-AT-LAW, CASHINGTON, D.C.
CLAIM	FILED BY FILED BY ORNEY & COUNSELOR-A7-LAW, WASHINGTON, D. C.

State of Illinois)

) ss.

Marion County) In the matter of John H.Pollard, Co.E

6th Reg't Mass. Vol. Inft, claim No. 1272684.

On this 2 nd day of September A.D.1901, personally appeared before me a Notary Public, in and for the aforesaid County duly authorized to administer oaths, John H.Pollard the claimant herein, a resident of the City of Centralia, in the County of Marion and State of Illinois, whose post office address is Centralia, Illinois, well known to me to be reputable and entitled to credit, and who being duly sworn declares in relation to the aforesaid claim as follows: that in the winter of 1883 at Cedar Rapids in the State of Iowa, while making repairs on an engine he slipped on the ice and fell his feet slipping out in such a way that it caused what the Doctor pronounced a right inguinal hermia.

That since the time of the said injury he has been troubled with said complaint and has been compelled to wear a truss, and still continues to wear one.

Affiant further states that he knows of no one who can testify concerning the circumstances under which he received said injuries. That the Doctor who attended him at the time of the accident, John Restine of Cedar Rapids Iowa, is dead.

State of Illinois,)
Marion County

Subscribed and sworn to before me this day by the above named affiant, and I certify that I read the said affidavit to affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case nor am I concerned in its prosecution.

Notary Public. Certificate on file. State of Illinois,)
) ss.

Maroon County
) In the matter of John H.Pollard, Co.

E,6th Reg't.Mas.Vol.Inft.claim No.1272684.

On this 14th day of December A.D.1901, personally appeared before me a Notary Public, in and for the aforesaid County, duly authorized to administer oaths, John H.Pollard the claimant herein, a resident of the City of Centralia, in the County of Marion in the State of Illinois, whose post office address is Centralia, Illinois, well known to me to be reputable and entitled to credit, and who being duly sworn declares in relation to the aforesaid claim as follows: That left inguinal hernia found on medical examination of claimant was not known until informed by medical board; that claimant had not suffered from the same at any time as far as he now remembers and that said disability is in no way due to his own vicious habits.

Affiant further states that he knows of no one who can testify as no cerning the circumstances under which he incurred left inguinal hernia, for the reason that he himself had never been apprised of that fact.

State of Illinois,)

Marion County) Subscribed and sworn to before me this

14th day of December A.D.1901, by the above named afiant, and I certify that I read the said affidavit to affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case nor am I concerned in its Prosecution.

Notary Public.

Certificate on file.

No. 126.

Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

State of Californ	nia, county of Los anyeles, 55:
ON THIS Hill day of	A. D., one thousand nine hundred and
	sputy County Clerk within and for the County and State
aforesaid John H. Co	eland, a resident of Sorangeles
City County of Son	angeles State of Colipsonia
who, being duly sworn according to	law, declares he is a pensioner of the United States, enrolled at the
	Pension Agency at the rate of dollars per month,
Certificate No. 1,041,248; b	by reason of disability from (Here name the disability for which posion was granted.)
hernia of a	Slove character and Service
	Jon which pensioned and
Couring total	I disability for manual Labor
That he was a Print	in Co. 6 Reg't Mass. Ly, Vols.
to other please	ice in the Clarry on Navy of theres,
That he is 63 9 years of as	ge, having been born on the 232 day of
Class :	18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
	is too low and not commensurate with the extent of his present disability.
	red with another medical examination with the view of determining his
right to \$12 per month, the full rate a	allowed under the Act of June 27, 1890, as amended by Act of May 9,
1900. That this	, claim for whereau of
persion	is well and truly
soul on	the ground of his
personer -	support by
manual l	ator that a line
Strength	Ti
Alia ha	ional injune stated abors
That he ha	
to and	e end known a trongle
medial &	commeting by some
got Exq. Box	and of Surgeons
That said disabilities are not due to his	vicious habits and are to the best of his knowledge and belief permanent.
He hereby appoints, with full power o	
William Mat	
his true and lawful attorney to prosec	cute his claim.
His Post-office address is 79/4	36 albany street, or
Sosang	eles, california 303
715mm m ++	- 1 O D AID P
v = //all	(Signature of Claimant.)
(Two witnesses who write sign here	s.) /

Also personally appeared	John J	Deter	les	residing at
Vasangsle	, (af	and Mels		Leste
residing at Casadena	, persons	whom I certify to b	respectable and e	ntitled to credit, and
who being by me duly sworn, say t	hat they were presen	nt and saw	(Name of Claima	alla)
elaimant, sign his name (or make	his mark) to the	foregoing declarati	on; that they ha	ve every reason to
pelieve from the appearance of said	claimant and their	acquaintance with	him of	years and
years, respect				
hey have no interest in the prosecu				
		John	071 60	elevition
				MAN OUT
(Ifaffiants sign by mark, two persons who w	M1+0-1	Milya	Me le	dester
with the persons with w			(Signatures of Affian	ts.)
Sworn to and subscribed before	me this	day of	7	, A. D. 190 Sand
do hereby certify that the conter	nts of the above dec	claration, etc., were	fully made know	and explained to
he applicant and witnesses before s				
				ed, and the words
		7	eras	ed, and the words
dded; and that I have no interest,	direct or indirect	- IL		
, and an interest,	direct of indirect,	in the prosecution o	this claim.	
		490	Ceyes,	anty le
[L. S.]		Bi	(Official Signatur	(.)
× × ×		Ody A	(Official Character	
			(omotar Onaracter	" X pule

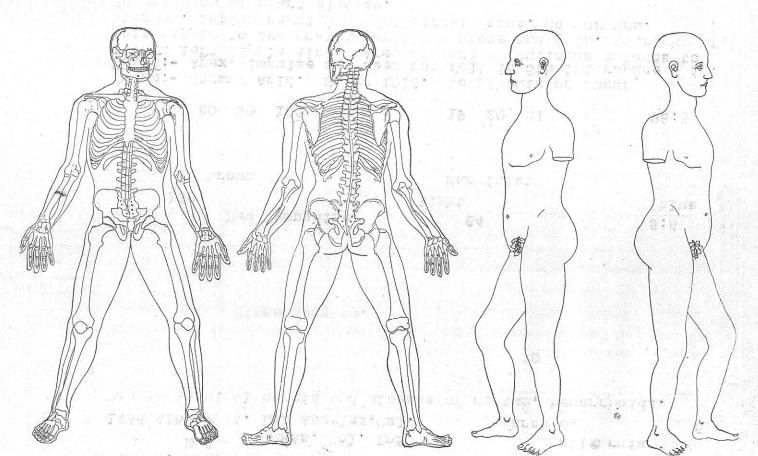
To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk, unless such certificate is already on file in Pension Office, when such fact should be stated.

FOR INCREASE
FOR I

SURGEON'S CERTIFICATE.

Insert character and number of claim.	Increase	Pension C	nim No	1,041,248	
Name of claim- ant.	John H. Pollard	I dision (s Angeles	
	Company E 6 Reg't Ma	ass Vol Inf	Address of Board.		
Claimant's post- office address.	1436 Albany St. Los	Angeles Cal.		Californi arch 8,	aState.
	Double inguinal her	nia and disea	se of rectu	[Date of examination.]	, 1900 d.c
Names of disa-			00 01 1 00 00	di, Hemorrior	us.
bilities.					
Here give the	He makes the following state	He receives a	pension of	dollars dollars	per month.
claimant's statement (as	He makes the following state discovered by him: Since	ement in regard to th	e origin of his d	isabilities and date	when first
briefly and as compactly as possible) in re-	discovered by him: Diffee	bervice.			
gard to the date of origin and					
cause of his dis- abilities and the manner in					
which they affect him.					
	Birthplace, New Ham	pshire	64	7 7 7 7	5.6
	weight, 150	s: complexion	_; age, <u></u> light	_ years; height,	hlue;
	weight, 150 pound color of hair, brown	is, complexion,	machinis	lor of eyes, t	;
	scars other than these describ	; occupation,		; permanent	
	We hereby certified that				ons.
	We hereby certify that u	pon examination we	find the followin	g objective condition	ons:
	Pulse rate, 80 90 10 [Sitting, standing, after	; respiration	, 19 20	; temperature	98:6
Here give a full	OI THE. BUILDING ACTO	. Sp or 1016	No of harm	127 030 033 0000	
description of the disabilities,	Heart! Apex, impul within left nipple	se not seen by	it felt in	5th interspace	$e^{\frac{1}{2}}$ in.
in accordance with Book of instructions	The state of the s	costal cartil	and ahours	nd i in to w	er telmin
separate para-	poor none Monton Les	ular and of no	ormal force	. No murmurs.	18110 OI
graph for each disability.	no evidence of near	t disease.			
	Lungs: Inspection, veal no evidence of	parpation, po	ercussion a	nd auscultati	on re-
	Hernia: Double. in	guinal, oblica	ie Roth h	erniae pass t	hrough
Facts within the knowledge of the Board, or	one excellent lings.	Neither desc	ends into	the coretum	T01-
any mamban	owner meabures 28 x	te in gimart	7070 192	V 0 5 + 10 000	Control of the Contro
tive to the cause of any disability	strangulated. Rach tumors retained by	triss. Hydroc	measures	$\frac{1}{2}$ X $\frac{3}{4}$ in.	Both -
found should be stated.	TICE OMM . TEVAMITHE PTO	O Shows Tive	nternol has	morrhoids eac	h l in.
	THE CTAME CAL . TO MI	ceration or he	marrhage	No other abn	ormal
	condition of rectum No other disability	found to exis	•		
	No evidence of vici	ous habits.			
	We find that the ag	gregate nerman	ent disabil	lity is due t	o double
henever a disa-	inguinal hernia and	nemorrholds a	nd warrants	a rate of \$	10.00
or is believed to be due to or	13 kg			6 1 1	e di
aggravated by vicious habits -	103 25	49		CT Keng	
the opinion of the board must be stated.		10 01			never
When not due to such habits -	100 mm	8.		E F . 7	+3 × × × × × × × × × × × × × × × × × × ×
this fact must be stated.	•			4 4	s
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hen rates are recommended solely on sub-					
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strongest rea-					
given therefor.	CALLED TO THE STATE OF THE STAT				
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. O	This c "I her or. H. examination March This certif	reby cer H. I on of	tify th Layna John	at Dr.	Polla	G. , were rd	Coch perso	ran nally the c	_, Dr. presen	t and a	E. Mactual his cas	Ply pae, on	all€ rticip	ated in	, and n the _day
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	o in this m			100											
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11	ull board)	, on thi	S		day	of			-		, 19	00 .,	,		
TA to	$Vitnesses \ \ -$ o $mark. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		-			(Signature of Applicant.)									
in make,		- 10	ry - restau		1	App	iicant.)						الماد حيال	ne engan	
SILEGIECING CEDITEICATE	ONGLEY S CLAINTON	John H. Pollard	Co. E 6 Reg't Mass. Vol. Inf.	APPLICANT FOR Increase	No. 1,041,248	Pare OF Ryaminamon.	OF STABILITY.	March 8, 190 3	MONTHALL, Pres., Boxen	Manday 1. Sec.y,	Toa	9 9 mu	County, County, County, County, County	State, California	Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

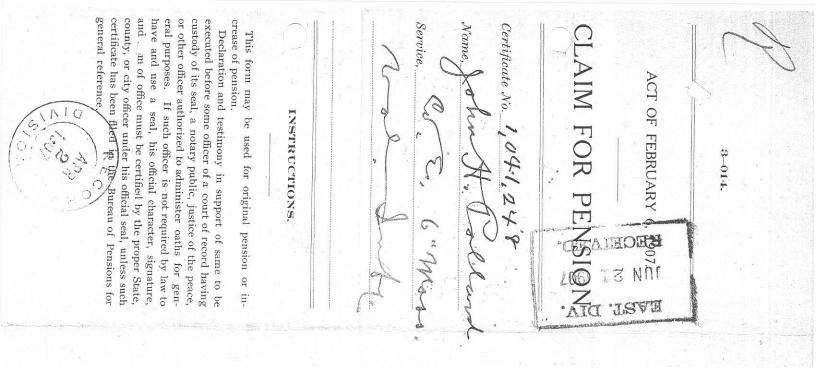


The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Caly	ornia			
County of Sol	Traples 88.			
On this 8 th	W of March	A D		Page.
personally appeared befor	. 15 1 10	A. D. one thousand ni	5	
and State aforesaid,	ohn H. Poll	1	within an	
121	years of age, and a resid	ont of for a	, being duly sworn a	ccording to law,
county of Poeta	years of age, and a resid	0 - 1 -	7	7
identical person who was		rel mass		nd that he is the
ohn A. Col	8 1	on the 25" day of	august	18 6 2
as a Crivate	- in - 2	- 6" Ve	+ mars	Roll In
	(Here state rank	, and company and regiment in t	he Army, or vessels if in the I	Navy.)
: .1	C_F			
in the service of the Unite		war, and ar, Civil or Mexican.)	was HONORABLY	DISCHARGED
at Jourse M.		on the day of	June.	1063
That he also served	1		4	, 18,
	(Here	give a complete statement of all	other services, if any.)	
			X	
That he was not emplo		1		
above. That his person	yed in the military or na	at was as follows: Un:	ited States otherwise	than as stated
complexion,	; color of eyes,	was as follows: Hel	XASI IN	
pation was Har	; that h	ne was born	200	; that his occu-
at Dorche	ate stat		1 4 18	; 18 X /,
That his several place	s of residence since leaving	the service has been as	follows: A co-o	hust n
	Toll	1863-13	- 10 st	tru don no
Centralia 20	Sept 1806 Hate Coch / 21890 to 199.5- 5	hange As hearly as hot cilde		892 6 1890
That he isa	pensioner. That he has			Il - I line
- 11 CA 11	1 1 1 1	M COV		
(If a pensioner, the ce	rtificate number only need be given.	If not, give the number of the	ormer application, if one was	made.)
States under the provision	declaration for the purp	oose of being placed	on the pension foll	of the United
That his post-office ac	ddress is 1496 all	The state of the	8	analy
State of Calif	ma	400	county of	,
10000		Johns	Jacons	rel
Attest: (1)	Nattoon	(Claim	ant's signature in full.)	
(2) Hohm	Hart	V		3
Also personally appear	ed Ummuta		Co The	land of
and John Ha	ed Ummute	- Sos Avan	In Q	
certify to be respectable	and outitled to 1's			
present and saw John, to the foregoing declarati	t. Polan	the element	duly sworn, say th	iat they were
and then adquaintance wit	h him of veare	and /	entrepresentation of the format of the	
person he represents himsel	to be, and that they have	no interest in the prose	ecution of this claim.	the identical
	gccepus	am	Matte	
	Maligity Chagainiejour	Alchon !	Shal-	N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBSCRIBER	and sworn to before me the		(Signatures of Witnesses)	
DODOCKIDEL	and I hereby certify that	the contents of the o	horro dostanati	A. D. 1907,
	and expla	med to the applicant	and witnesses before	c., were fully
FE G	merdaling the words			erased,
[L. S.]	and that I have south No.			
	and that I have no interes	direct or indirect, in	the prosecution of the	iis claim.
	- Pr MAR	Y U	- 0010	non
Secretary and the secretary an	\\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	al v	(Signature.)	unty Clerk.
M A RECORD IN ITS POSSESSIO	INE, TOUIS, EL. LOUIS, PKI	W 1 400	sopuly Un	writy Clerks,



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.

6-803

Act of February 6, 1907

Certificate No. 1041248

Service Cete mans.

DATED March 24 1916

Instructions.

crease of pension. This form may be used for original pension or in

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





3—014 Act of February 6, 1907. Declaration for Pension The Pension Certificate Should Not be Forwarded with the Application

STATE OF California
COUNTY OF Los augelos
Eleven, personally appeared before me, a Life County with
and for the County and State aforesaid when H Dela , wh
oung wang sworn according to law declares that he is
ENROLLED at Lowele Mass, and that he is the identical person who we
on the 25 day of Questick
1862, as a lowate, in Go & 6th man Sufacity (Here state rank, and company and regiment in the Army, of vessels if in the Navy)
in the service of the United States, in the Civil war, and we
HONORABLY DISCHARGED at Lowell Mass, on the Church day of
June , 18.62. That he also served , on the Climel day of
(Here give a complete statement of all other services, if any)
and the second s
That he was not employed in the military or naval service of the United States other wise than as stated above. That his
THE HAS DETERMINED AT AN ACTION OF AN ACTION OF A CONTRACTOR O
- color of pure
that his account to a sugar
was born Dovehestor N.74 , 1841 , at ; that h
That his several places of residence since leaving the service have been as follows
Cartificate 1 0 4 1 2 8 18 in orease for age That he is a menerous That I I
pension that he applied for increase now down the former applied for (If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)
- 1000 100 11001000 0100000 0100000 010000
States white provisions of the act of Hebriania 6 100rg
That his post-office address is 1436 always It for augelor Colif
County of Low Augelor , State of California
Hitest: (1) Edward y Stone (Claimant's signature in full.)
Jules: (1) Edward J. Flore
Also personally appeared
Also personally appeared, residing in
residing in, unu, persons whom I certify to be respect-
with the the to treat, and who, being his me duly enous again that it
the algement in 7:
(or mone has more) to the foregoing declaration, that they have organ account to 1.1.
The the appearance of the clamant and their acquaintance with him
Hears, respectively that he is the identical name of
number, to be, and that they have no interest in the prosecution of this claim.
Edward I, Elone
Subscribed and Superior (Signatures of witnesses.)
Subscribed and Sworm to before me this 24 day of march 1911
A. D. 1911, and I hereby certify that the contents of the
weller allow, etc., were tully made known and and providing of the tr
plicant and witnesses before swearing, including the words
and the words and the words and that I have no interest direct or indirect in the many added;
C. 7. The Drosecution
S. A. Cuddy. of this claim. MAR Chief, Law Division of this claim. MAR (Structure) Court of Chief.
Chief, Law Clerk, (Deptsty) County Clerk,
Los Angeles, Cal.
CLAIM FOR PENSION—Act of Feb. 6, 1907—Wolcott's Pension, Blank 748

6			, 1
6.7	3-389. (Old No. 3-173.)		00
Castem D	0iv.		Ex'r.
Claim No. 1272 68	A some noting a	ort of the	Mas Hassi
John Of Vollar	2 Charling	nt of the	gulerior,
Co. E. 6 "Reg't Mass	Tolding BURE	CAU OF PENSIO	ONS,
Sir:	Washington, D.	c.fligust,	172, 1904
Will you kindly answer, at	your earliest convenience	e, the questions enum	erated below? The
information is requested for future	use, and it may be of g	reat value to your far	mily.
	ry respectfully,		
Mr. John H. O.	Pllard.	ALE	hi Grand
Central	2 à -		Commissioner.
Mar	ion Con	0	
	war on o	SLE,	
No. 1 - Are you a married ma		14.	
No. 1 Are you a married ma	in? If so, please state yo	ur wife's full name, an	her maiden name.
Answer: May N. Jali	land Marche	a ham th	actiford
No. 2. When, where, and by	(1) (1)		1-1/878
			716
No. 3. What record of marria		Merlefice	to plano
freem und,	by bounty let	est of Pulu	the bo for
No. 4. Were you previously r	/ / married? If so, please sta	ate the name of your f	ormon wife and the
		at	ormer wife and the
date and place of her death or divo	orce. Answer:		
No. 5. Have you any children	n living If so, please s	tate their names and	the dates of their
birth. Answer: Lower!	(Pallenel	Len 11 14	>6
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			E IN SI
		/ <i>//////</i>	SEP 1
			4 (7)
		10.	Bor Africa
		1 200	1969/
		2502	and the season of the season o
Date of reply deftender			

3-060.

WAR DEPARTMENT, **RECORD AND PENSION OFFICE. Respectfully returned to the Commissioner of Fergions. Of Fergions. Of MAK. 3 186.3 The medical records show him treated as follows: The medical records show him treated as relative rank of Prix. The medical records show him in treated as relative rank of Prix. The medical records show him in treated as relative rank of Prix. The relative rank of Prix.
AR DEPARTME! **RECORD AND PENSION OFFICE. **Thilly returned to the Comm **M. 36. Roy OM as A Brile. **M. Design al des **M. Design al des **M. Design al des **M. 186. to M. O. **Le rank of PM. O. **Le rank of P

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Act of June 27, 1890. DECLARATION FOR INVALID PENSION.

AA

STATE OF Illmois
County of Marion 888.
On this 22 day of July A. D. one thousand nine hundred and OMO
On this day of July, A. D. one thousand nine hundred and One personally appeared before me, a Sotary Public within and for the county and
State aforesaid, John Ho, Pollar S , aged 58 years
a resident of Centralia, county of Marson
State of Ollinses, who, being duly sworn according to law, declares that he is the identical
person who was enrolled at Sour! Mafachusetts under the name of John He Pallan D.
on the a day of ungust
18.62, as a Private in Co. E., 68h. Regiment Mahachusetts [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 honor
ABLY DISCHARGED at Lowell Majachusetts, on the third day of June
1863. 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. Quyust 25, , 1862
That he has not been employed in the military or naval service since
That his personal description at enlistment was as follows: Age, 58 years; height, 5 feet 9 inches;
complexion, Fair, Light, eyes, Blue That he is three fourths
incapacitated for earning a support by manual labor by reason of Disease of rectum and
Right oblique in cumal harma [Here name the disease or injuries by which disabled.]
And the state of t
That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a
permanent character. 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 heir relationship.
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 Centralia
county of Marion , State of Illinois
That he hereby appoints [If he desires to employ an attorney.]
of, his true and lawful attorney to prosecute his claim.
* Shall Veccard
ttest: (1). Postporter
A FOLL RENSION
(2) V/ & - (nset)
11 24 8

Also personally ap	peared & H	In Starre residing at	Centralia Illinaia
and # 5 c	Quiel	Jasam, residing at , residing at , residing at	Minois , persons whom I
certify to be respectable	and entitled to cre	edit, and who, being by me duly sworn,	say they were present and saw
John OU	. Unllars	, the claimant, sign his name (or m	ake his mark) to the foregoing
declaration; that they	have every reason t	to believe, from the appearance of said c	aimant and their acquaintance
with him of	years and_	years respectively, the	at he is the identical person he
represents himself to be	e; and that they ha	we no interest in the prosecution of this	claim.
		HA	Anceren
A second	p. 18 STATE A CONTRACTOR	\mathcal{A}	E Quest
Sworn to	and subscribed be	2 20	natures of witnesses.)
		day of	uly , A. D. 1901
	and I hereby	certify that the contents of the above de-	claration, etc., were fully made
and the state of t		certify that the contents of the above de- xplained to the applicant and witnesses	
[L. S.]	known and e		before swearing, including the
[L. s.]	known and e	xplained to the applicant and witnesses	before swearing, including the
[L. s.]	known and e words words	xplained to the applicant and witnesses	before swearing, including the, erased, and the, added; and that
[L. s.]	known and e words words	xplained to the applicant and witnesses	before swearing, including the, erased, and the, added; and that
[L. S.]	known and e words words	xplained to the applicant and witnesses	before swearing, including the, erased, and the, added; and that
[L. S.]	known and e words words	erest, direct or indirect, in the prosecution	before swearing, including the , erased, and the , added; and that n of this claim. Signature.) Official character.)
[L. S.]	known and e words words	erest, direct or indirect, in the prosecution	before swearing, including the, erased, and the, added; and that in of this claim.
[L. S.]	known and e words words	erest, direct or indirect, in the prosecution	before swearing, including the , erased, and the , added; and that n of this claim. Signature.) Official character.)
[L. s.]	known and e words words	erest, direct or indirect, in the prosecution	before swearing, including the , erased, and the , added; and that n of this claim. Signature.) 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.



UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

1 Cert. No. 1041248	
John: IV Pollara	_
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County for Augeles Los Augeles	Co
State, Oal	
Application filed fan 9, 1905	
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EFR-9 1911 TORTOCLT.	K
JARD TO ATTY. M. L.	
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J. P. F. C.	
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71- mall-0	TC.DO
Attorney, Une Mallovi P. O., Sos augeles	S543
	S Z
County, State, State,	
to me	
R.	

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Act of Feb. 6, 1907.

	Cert./04/248
Name,	John H. Tollard

Application filed	Ma	W. 13	3, 19	
Service, 6	Ma		In	
<u> </u>			1	/ 10 0 4
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			N.A.	
	2			υUIS, I
				S.L. LOUIS, FROM A RECORD IN
				A REC
				ORD P

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DN.

NOREASE.

Act of Feb. 6, 1907.

Name, John 4. Pallard

Application filed Meh 39, 1912 COPY MADE & RMC, ST. LOUIS, FROM A RECORD IN ITS POSSESSION

U-2

P. O	Numerical No.	Any other Claim filed: 1/2	Enlisted: Discharged: Application filed: Alleges:	Service: 6. 6 "	P. O. Bentras	No. Act of July
Contract.		d: /b	Aug 25, 1862. July 24, #1.	Moard ley	ia Marinto,	Act of June 27, 1890.
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	J. K	
Old No. (3-230.) New No. (3-730.) [] VALID. (Series		Issued Apr 24 , 1961
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Name, John He Pollard	Sec. 1997	Rate and Period, \$ 15, from Noh 29 198//
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S. M. C Original Roll: Chicago	rue.	Deductions: 0 M JD
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g Deductions:	Class	ADE BY
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		JUN 21 1020 CET
Disability: A		WINAHOU HAAA

Very respectfully,

The Chief of the RECORD AND PENSION OFFICE, WAR DEPARTMENT.

RECORD & PENSION OFFICE

and was treated in hospitals as follows: