

Dear Patron:

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COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

THE NATIONAL ARCHIVES

CERT NO. 621348

PENSIONER:

Susan W.

Widow

OF

VETERAN:

William G. Pond.

CAN NO.

51846

BUNDLE NO.

6

[3-216 a.]
LeBarre Ex'r.
 Inv. Cof. No. *893137*
 Act of June 27, 1890.

William H. Pond
 P. O. *Natick*
Middlesex Co., Mass.
 Service: *B 16 Mass. Inf.*
69 U.S.C.
 Enlisted: *July 1*, 1861.
 Discharged: *July 1*, 1864.
 Application filed: *Dec. 7*, 1896.
 Alleges: *Supplemental Aug 28/97*
 Any other Claim filed: *Inv. Cof. 893137*
 Numerical No.

Attorney: *Geo. E. Leman*
 P. O. *city*
Milo B. Stevens & Co
 Recognized, *city* Contract.
 Cert. of Dis. Searched for _____, 189 .

noty Dec 18/96 with
ME. Nov 10/97 ship to S.W. D.
12. Mech 24 and
Boston, Mass.
N. H. Family Ltr Cw 3-173
to soldier JH

Vt.

Mass.

R. I.

Conn.

N. Y.

N. J.

Del.

No.

3-857.

Palmer Ex'r.

W.D. No. 855,642

1/174 Act of June 27, 1890.

3/124.

Susan W. Pond

31 Bartlett Ave. Arlington Mass.

Widow

William W. Pond

B. 16. Mass. Inf.

Co. 9. V-R Co.

Died at *Arlington Mass.*

Sep- 5 1906.

other claim.

Inv. by. 893. 137

Sept. 27, 1906.

M. O. R.

Clerk.

See O. L.

Application filed: *Sep. 21.*, 1906

Attorney: *F. A. Bicknell*

P. O. *State House*

Boston

Mass

Oct 10 1906

26 Notified ^{24/3} Oct 1, 1906
CONN. Oct. 17, 1906, to Capt. Bicknell
for purchase of 500 lbs. of salt.
Assessment. to be made. E. G. F.

MASS.

ME.

MICH.

N. H.

N. J.

N. Y.

PA.

R. I.

VT.

No.

8-733

No.

621,348

Susan W.

Widow of
William H. Pond

Rank

Serg't.

Company

B

Regiment

16. Mass Vol Inf
Co "C" 9 Regt V. R. C.

Rate per Month \$

8

Commencing

Sept 21, 1906

Ending

Boston

Agency.

Issued

Jan'y. 26, 1907

Mailed

" 28, 1907

Fee, \$

(Order 14-50,000.)

DEAD

Entitled to \$20 per mo.
Compensation *Aug 29 1911*
Under act of Sept. 8, 1902
Age of Seventy years.

_____ *R.*

Supplemental
Declaration for Invalid Pension.

Act of June 27, 1890.

This may be Executed before any Person Authorized by Law to Administer Oaths for General Purposes. The Certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for.

State of *Mass* County of *Middlesex* SS.

On the date hereinafter mentioned, personally appeared before me, a *Justice of the Peace*
 within and for the County and State aforesaid *Wm H Pond* (Title of Magistrate.)
 (Name of Applicant.)

aged *56*
 years, a resident of the *Town* of *Mattick* County of *Middlesex*,
 State of *Mass* who, being duly sworn according to law, declares that he is the
 identical *Wm H Pond* who was ENROLLED on the *2nd*
 (Name under which service was rendered.)

day of *July (about)*, 186*1*, in *Co B 16 Mass*
 (Here state rank, company and regiment, in military service; or vessel, if in the Navy.)
 in the war of the Rebellion, and served not less than
 ninety days, and was HONORABLY DISCHARGED at *Washington, D.C.* on
 the *2nd* day of *July* 186*4*. That he is to a material extent disqualified from
 earning a support by manual labor, by reason of *debility from age*
 (Here name all diseases, wounds or injuries from which disabled for manual labor.)
constipation & nervousness

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has never served in the Army, Navy or Marine Corps of the United States, otherwise than as above stated, except

(State other service, if any.)
 That he is a pensioner *Invol. 593,137*
 (If a pensioner, so state, giving certificate number; if not a pensioner, so state;

if a prior application is pending, so state, giving case number.)

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, *MILO B. STEVENS & CO.,* of *Wash D.C.*, their successors or legal representatives, his true and lawful attorneys to prosecute his claim under said law, and agrees that they shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS IS *Mattick Mass*

James E. Darling
Ambrose L. Smith
 (Two witnesses who can write, sign here.)

William H Pond
 (Signature of Claimant.)

(SEE OTHER SIDE.)

ATTY FILED

[FROM OTHER SIDE.]

Also personally appeared James E. Darling residing at Natick
and Ambrose D. Knight, residing at Natick, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw Wm. H. Pond, the claimant, sign his name (or make his mark)
to the foregoing declaration; that from the appearance of said claimant and their acquaintance
with him, they have every reason to believe, and do believe, that he is the identical person he
represents himself to be; and that they have no interest in the prosecution of this claim.

James E. Darling
Ambrose D. Knight
Signature of witnesses.

If witnesses sign by mark, two persons who can write must sign here

Sworn to and subscribed before me this 21st day of August A. D. 1897, and
I hereby certify that the contents of the above declaration, etc., were fully made known and
explained to applicant and witnesses before swearing, including the words
erased, and the words

in the prosecution of this claim; and that I have no interest, direct or indirect,



Certificate on file
of execution.
Record Division.

James H. Morris
Justice of the Peace, Natick
Official signature.
Official character.

The Act of June 27, 1890, requires, in case of a soldier or seaman:

1. That there has been a service of not less than ninety days in the war of the Rebellion.
2. That an honorable discharge from the service shall have been issued.
3. That a disability, permanent in character, not due to vicious habits, exists; question as to origin, not material.
4. The rates are graded from \$6.00 to \$12.00, proportioned to the degree of inability to earn a support by manual labor; pension in no way affected by rank.
5. A pensioner under prior laws may apply under this one; a pensioner under this law may apply under the general law; only one pension, however, can be drawn for the same period.

SOLDIER'S APPLICATION

Wm. H. Pond
893/37 f.c.

ACT OF JUNE 27, 1890.

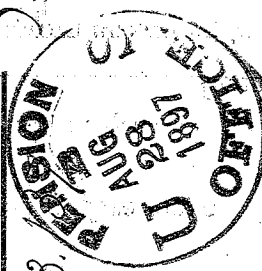
William H. Pond

Service B 16 Mass. Vol.

4 C. 9. 1890.

Natick
Address

Mass.



cf 893.

FILED BY

Milo B. Stevens & Co.,

SOLICITORS OF CLAIMS.

WASHINGTON D. C.

Miss
11/1

Aug 29

191*7*

Widow's Certificate Number

621,348

Name of Soldier (or sailor)

William H. Pond

Service of Soldier (or sailor)

*Sergeant Co B 16 Mass Reg
Infantry and Co C 9
Reg Veteran Reserve Corps*

Commissioner of Pensions,

Washington, D. C.

Sir: I am pensioned under the above certificate number, because of the service of the soldier (or sailor) named. I was his ^{*noted*} wife during the Civil War.

I am *70* years of age, having been born *Aug 29*

18*47*, at

Turkisbury Mass

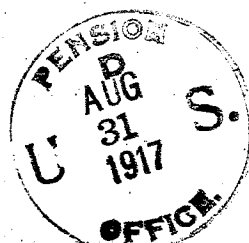
I am entitled to the increase of pension provided by the first section of the Act of September 8, 1916.

(Signature)

Susan W. Pond

(Postoffice address)

*14 Union Ave Suite 5
Frammingham
Mass*



Copy of circular letter issued by Bureau of Pensions.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D. C.

Madam:

The first section of the Act of Congress, approved by the President September 8, 1916, reads as follows:

" * * * That from and after the passage of this Act the rate of pension of a widow, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, who was the lawful wife of any officer or enlisted man in the Army, Navy, or Marine Corps of the United States, during the period of his service in the Civil War, shall be twenty dollars per month, and the rate of pension for a widow of an officer or enlisted man of the Army, Navy, or Marine Corps of the United States who served in the Civil War, the War with Mexico, or the War of 1812, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereafter provided, who has reached or shall hereafter reach the age of seventy years, shall be twenty dollars per month; * * * "

If you are pensioned as the widow of a soldier, sailor, or marine, who served in the Civil War, the War with Mexico, or the War of 1812, and if you have reached the age of seventy years, you should fill out the blank on the back of this communication and return same to the Commissioner of Pensions, Washington, D. C., being careful to state correctly your pension certificate number, the name and service of the soldier, sailor, or marine, the exact date of your birth, the place of your birth, your name as it appears in your pension certificate, and your present postoffice address in full.

If the evidence in your pension case shows that you are entitled to the increase of pension provided by this legislation, the Bureau will, as soon as possible, grant the increase. If further evidence be necessary, a call for same will issue.

No claim agent or attorney will be recognized in connection with this matter.

Respectfully,

G. M. SALTZGABER,

Commissioner.



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR WIDOW'S 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 certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Middlesex } ss.

On this 14th day of September, A.D. one thousand nine hundred and six personally appeared before me, a Notary Public within and for the county and State aforesaid, Susan W. Pond

aged 59 years, who, being duly sworn according to law, makes the following declaration in order to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of

William H. Pond who, under the name of William H. Pond was enrolled in Company B of the 16th Regiment of Massachusetts on or about the 2nd day of July 1861, who was discharged on or about the 2nd day of July 1864, who died on the 5th day of September 1906, at Arlington in the State of Massachusetts his death resulting from disability contracted in the service aforesaid (that he was a pensioner of the United States under certificate No. 893137 or, he was an applicant for invalid pension No. _____); that she was married under the name of

Susie W. White to said William H. Pond on the 1st day of May A.D. 1866, at Boston Mass by J. J. Tucker there being no legal barrier to such marriage; that neither she nor her husband have been previously married.

[If either have been previously married, so state, and give date of death or divorce of former spouse.]

that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at the father's death, viz.:

_____ of soldier by _____, born _____ 18 _____, at _____
 _____ of soldier by _____, born _____ 18 _____, at _____
 _____ of soldier by _____, born _____ 18 _____, at _____
 _____ of soldier by _____, born _____ 18 _____, at _____

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance _____

[For such children as are not under her care claimant should account.]

that no prior application has been filed by herself or said deceased, except as above stated; that she has not in any manner engaged in, or aided or abetted, the rebellion in the United States.

That she hereby appoints, with full power of substitution and revocation, E. A. BICKNELL Deputy Commissioner of Pensions, State House, Boston, Mass., her true and lawful attorney to prosecute the above claim WITHOUT FEE.

That her residence is No. 31, Bartlett Ave Street, in Arlington Mass and that her Post-Office address is # 31 Bartlett Ave Arlington Mass

ATTEST: Edith Pond

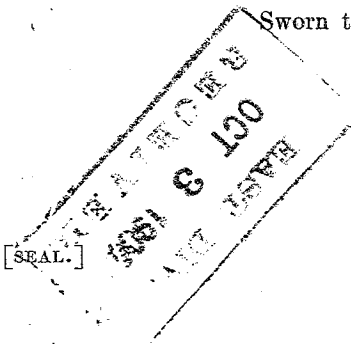
Susan W. Pond
 [Claimant's signature.]

Annie M. Gray
 [If claimant signs by mark, two persons who can write sign here.]

Also personally appeared Edith Pond residing at No. 31, in Bartlett
Ave Street, in Arlington Mass. and Annie M. Gray residing
at No. 30, in Bartlett Ave Street, in Arlington Mass., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Susan W. Pond, the claimant, sign her name (or make her mark) to the
foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest
in the prosecution of this claim.

[If either witness signs by mark, two persons who can write sign here.]

Edith Pond
Annie M. Gray
[Signatures of witnesses.]



Sworn to and subscribed before me this 14th day of September
A.D. 1906, 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 I have no interest, direct or indirect, in the prosecution of
this claim.

Frank J. Wellington
[Signature.]
Notary Public
[Official character.]

Declaration and
power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per - 11-11-06

WIDOW.

Claim for Pension.

ORIGINAL.

Susan W. Pond Applicant,

Widow of William H. Pond

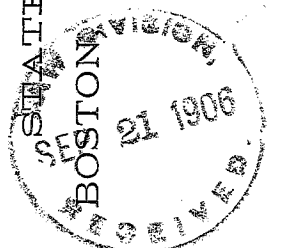
Late Sergt. Co. B. 16th Mass. Reg't,

Co. C. 9th Vet. Res. Corps. Vets.

FILED BY

STATE PENSION AGENT OF MASS.,

STATE HOUSE,
BOSTON, MASS.





Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Middlesex*

} ss.

Act of June 27th 1890.

In the matter of the claim for *Pension # 855642*
of *Mrs Susan H. Pond* widow of
William H. Pond
of Company *B*, *16* Regiment *Mass.* Vols.:—

Personally came before me, a *Notary Public* in and for
aforesaid County and State, *Myra L. Hemenway* and

Frank H. Hemenway, resident of *Arlington*
in the County of *Middlesex*, State of *Massachusetts*, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

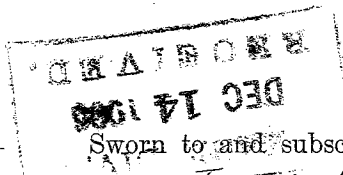
*We are well acquainted with the claimant—Susan
H. Pond and have known her for the last 20 years
and 10 years respectively. We know she has no Real
or personal estate in her own name and know she
has no means for her support, except by her own labor.
We know that the soldiers life was insured for 1000
and know that sometime ago \$710 was paid to her in assign-
ment of this policy which was spent on household expenses
and preparing her daughter to teach school, and know
that none of it is left at the present time, properly.
We know that there was no Real or Personal in the
name of the late soldier William H. Pond.*

We further declare that *we have* no interest in said claim, and *are* not concerned
in its prosecution.

Myra L. Hemenway
Affiant's Signature, *Myra L. Hemenway*
P. O. Address, *31 Bartlett Ave.*

Attest—when any affiant signs BY MARK two persons sign here.

Frank H. Hemenway
Affiant's Signature, *Frank H. Hemenway*
P. O. Address, *Arlington Mass.*



Sworn to and subscribed before me this day by the above-named affiant ^(Here insert affiant's name or names.) Myra L. Hemenway
and Frank N. Hemenway; and I certify that I read
said affidavit to said affiant, and acquainted them with its contents before they executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this eighth day of December 1906.

Sign here

Frank J. Wellington
Notary Public

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

No.

CLAIM FOR

AFFIDAVIT OF

FILED BY

PENSION DEPARTMENT,

STATE HOUSE,

BOSTON, - - MASS.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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.

Pension Claim No. 111, 893, 137.

Address of Board. Cambridge, Mass., P. O. May 4, 1904

Company U. S. Reg't

Concord, Mass.

He receives a pension of \$1.00 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Wish for an increase of pension on acct of increase of disabilities as I am unable to work.

Birthplace, Franklin, Mass.; age, 63 years; height, 5ft. 4 1/2 inches; weight, 150 pounds; complexion, medium; color of eyes, brown; color of hair, brown & white; occupation, Railroad Office formerly; permanent marks and scars other than those described below, none

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

Pulse rate, 72: 72: 84; respiration, 18: 20: 24; temperature, 98.7;

G. Y. Truitt M.D.

Many between arched and three - three gastrocnemius. Now cause of bell - entrance being marked by cicatrix 2 1/2 in in diameter. Punctures and lacerations - A letter with was point of removal - no harm or ill from it. Malacia of skin - Is emaciated - under skin. Tongue slightly coated & poorly nourished - Dull and thin for 4 1/2 inches upward from lower margin of ribs. - Catarrh of stomach and throat in good condition - Debility (General debility) - Only that of the average veteran of his age & service - Is poorly nourished, thin & emaciated but with average strength. - Nervous & Chamberlain

No objective features - Rheumatism age. All evidence of decay about outside - It is evident that at one time he was a vigorous man but now generally infirm - Gouty skin. Rheumatism - Mainly in shoulder but no deformity or limitation - Heart murmurs: is fairly out of breath & an evidence of aedema - Apix over in from nipple to left and in 5th space - Dis of kidneys & bladder - This is found to be probable. Height - 5' 10 1/2 - Aced Strain: no sugar but fair amt of albumen. Brown discharges - No evidence - Dyspepsia - The poor nourishment - emaciated and a little epigastric tenderness on all.

We find him permanently disabled for the performance of manual labor to earn a support because of heart disease - dis of kidneys & debility. not the result of vice and entailing him to ten dollars a month

Samuel L. Brown, Pres. Geo. W. Jones, Sec'y. Emory L. White, Treas.

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

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.

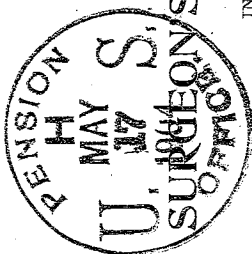
(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. S. D. Dutton, Dr. Geo. W. Jones, and Dr. E. L. White were personally present and actually participated in the examination of William H. Pond, the claimant in this case, on 4 day of May, 1904." (Signature.) Geo. W. Jones

(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, _____, the applicant for (increase or original) pension referred to in this medical certificate, heroby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1904."

Witnesses to mark. _____ (Signature of Applicant.) _____



IN CASE OF

William H. Pond,
73, 16th Mass. Inf
Co C, 9th Reg't V. R. C.

APPLICANT FOR Ine.

No. 8903.137

DATE OF EXAMINATION:

May 4th, 1904

BOARD.
Smyul Dutton, Pres.,
Geo. W. Jones, Sec'y,
E. L. White, Treas.,

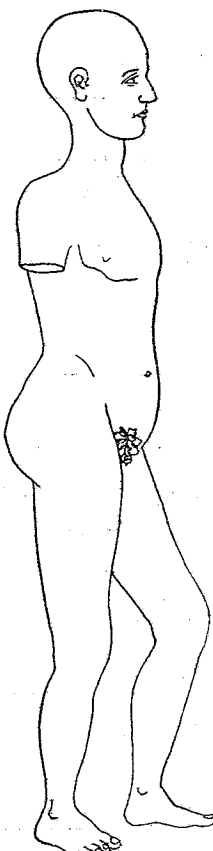
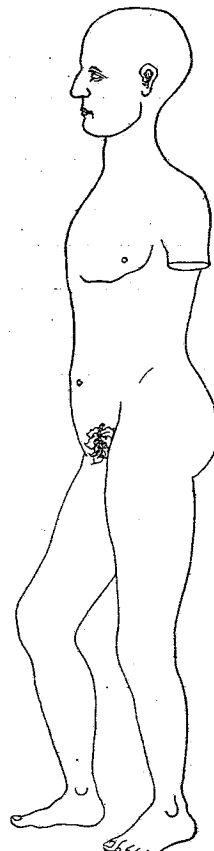
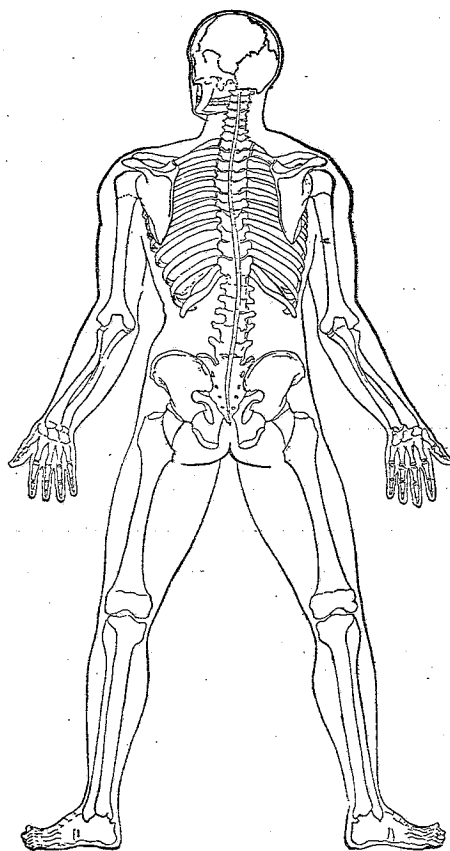
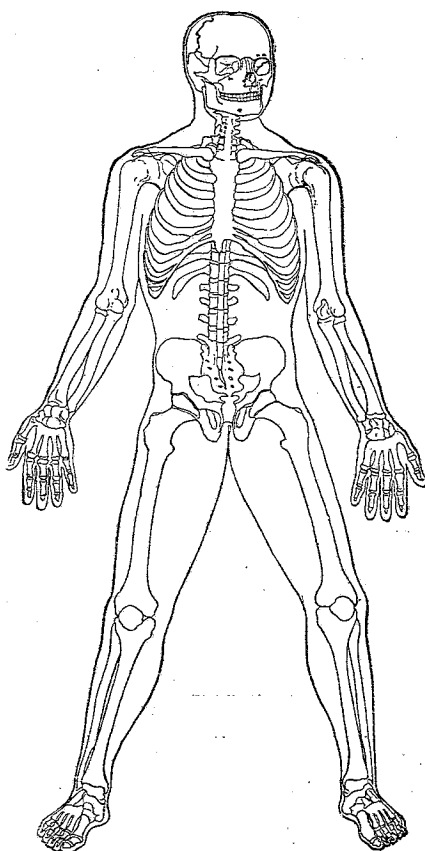
Post office, CAMBRIDGE

County, MIDDLESEX

State, MASS.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

MAH



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.

No. 77

GENERAL AFFIDAVIT.

STATE OF.....

COUNTY OF.....

In the matter of the claim for.....

Israel Tinsin
William H. Pond - 10 - 16" Mass. Inf.
 (Name of Claimant, the Name and Service of Soldier)

Personally came before me, a..... in and for the
 (Justice, Notary, Judge, Clerk or Deputy Clerk)

County and State aforesaid.

(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:

During his residence of several years in Concord, Mass., Mr. William H. Pond was a constant and attentive member of my congregation. I esteemed him highly as a man of worthy personal qualities, of exemplary moral and Christian character, firm in habits of temperance and sobriety; given to no vicious indulgences; following those things, and those things only, which are true, honorable, just, pure, lovely, and of good report. His physical condition, however, was one of evident continual conflict with ill health, disability and weakness, whereby he was incapacitated for active and vigorous work. I trust he may secure the "invalid pension" for which I am sure he would make no claim which his conscience could not approve.

(SEE OTHER SIDE)

George A. Towholving
 Pastor of Unitarian
 Congregational Church, Concord, Mass.
 Concord, Mass.
 August 16, 1903

I further declare that I have no interest in said claim, and am not concerned in its prosecution.

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. Walter A. Barr
(Name of one witness to X mark)
2.
(Name of other witness to X mark)

Signature of
Affiant or of
each Affiant.

George A. Dewhirst

Sworn to and subscribed before me, this sixteenth day of February, 1903, at Concord, in the County of Middlesex, State of Massachusetts, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words
(If any words have been erased in the affidavit, enter them here)

(If any words have been added in place of any erased, enter them here)
added: that the affiant to me well known and (Is or are) (Is or are) (Here state whether respectable and credible); and
I fully certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Walter A. Barr

(Name of Officer before Whom executed)

Justice of the Peace

(State whether Justice, Notary, Clerk or Deputy Clerk)

The Officer before whom this Affidavit is Executed must note in His Certificate all Erasures and Interlineations, as indicated above.

NOTE.—This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need not be attached; but will be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is already officially known at the department.

3-26-1902. 10M.

Noted 10/13/07
CASE OF
Opp. of Bond
10/13/07
Mass. Trial

FOR
AGE of June 27, 1900
Invalided Pension

AFFIDAVIT OF

RECEIVED
APR 4 1903
EAST. DIV.

FILED BY

Milo B. Stevens & Co.,

SOLICITORS OF CLAIMS AND PATENTS.

WASHINGTON, D.C.

No. 77.

GENERAL AFFIDAVIT.

STATE OF Massachusetts
COUNTY OF Middlesex } SS.

Invalid Pension

In the matter of the claim for William H. Pond - B-16" Mass. Inf.
(Name of Claimant, the Name and Service of Soldier)

Personally came before me, a Justice of the Peace in and for the
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

County and State aforesaid George A. Raymond of 543 Bay State
Street Boston Mass
(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

person of lawful age, who, being sworn, declare in relation to the aforesaid claim, as follows:

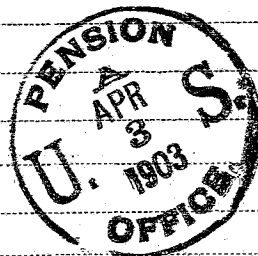
I have known Mr. William H. Pond very well during the period of twenty five years, and know full well that much of his suffering is consequence of his malady during the greater portion of that time.

It was my privilege four years ago to reside very near to him, and during at least two years of that time he has been unable to do anything toward the support of himself or family. His more recent efforts to add to their support have caused great physical suffering and mental strain.

He is unable and ought ^{not} to perform any manual labor whatever as he is unable to take the proper nourishment to sustain even a young child.

I can truly vouch for any statements which he has or may make, as coming from ~~an~~ an honest heart.

His disease is not due to any vicious habits.



I further declare that I no interest in said claim, and am not concerned in its prosecution.

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 (Name of one witness to X mark.)
2 (Name of other witness to X mark.)

Signature of Affiant or of each Affiant, George A. Raymond.

Sworn to and subscribed before me, this 9th day of March 1903 at Boston in the County of Suffolk State of Mass., and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in the affidavit, enter them here)

erased and the words added, that the affiant is to me well known and is reliable and credible; and (Is or are) (Is or are) (Here state whether respectable and credible)

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

Filed to cover date. Nathan D. Grant
Ex'r East Div. (Name of Officer before whom executed)
[L. S.] Justice of the Peace
EX - East Div. (State whether Justice, Notary, Clerk or Deputy Clerk)

The Officer before whom this Affidavit is Executed must note in His Certificate all Erasures and Interlineations, as indicated above.

NOTE.—This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need not be attached; but will be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is already officially known at the department.

FILED BY
CASE OF
William H. Conrad
Chas. P. 16. P. 11
Mass. Tel.

FOR
Act of June 17, 1900
Jas. L. Condon
AFFIDAVIT OF
RECEIVED
APR 4 1903
EAST DIV.

FILED BY
Milo B. Stevens & Co.,
SOLICITORS OF CLAIMS AND PATENTS.
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.

Name and rank of claimant.

Claimant's post-office address.

Pension Claim No. 1043166

(State above whether for original, increase, or restoration.)

Company B 16 Regt Mass Art Boston Mass State,

[Post-office address of the Board.]

[Date of examination.]

1892

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

General debility and Malaria
L. V. W. right leg

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

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

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

(Original, increase, restoration, &c.)

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

For 8 to 10 years has been a freight clerk in a rail-road office & able to work all the time. The young general debility is headache which he thinks may be due to kidney disease

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, 98°; height, 5 feet 4 1/2 inches; weight, 111 pounds; age, 57 years

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

General Debility: of a general healthy appearance. Thin, but he says he never weighed over 125-130 lbs. No marked or bending distortion about head or face. Pupils equal & responsive to light. No evidence of dis. of nervous system. Urine: clear, straw color, acid, 1014, no albumen or sugar. No rate.

Malaria: skin somewhat pallor; conjunctivae clear; tongue, thin white coat; abdomen retracted & tender; spleen area normal; hepatic area diminished & tender; respiration.

Rate, from eight to ten.

L. V. W. right leg: 5 scars below knee, 3 posteriorly on the calf, the four most are size of a silver quarter of a dollar, somewhat stellate in shape, pigmented & aches at soft parts beneath; thus he considers to have been the print of a lance of one ball, the print of hit to the upper part may have 5 scars which is an inch in length vertically & 1/2 in. wide, not adherent & not tender. Between these two is a scar which

He is, in our opinion, entitled to a 4/18

Rate for EACH cause of disability.

rating for the disability caused by Malaria 4/18 for that caused by L. V. W. right leg, and _____ for that caused by _____

J. M. Chase, Pres. A. R. H. Thomas, Sec'y. G. P. Munroe, Treas.

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

Continue record of examination here.

can be covered by the point of finger slightly adherent soft parts beneath. This other point of entrance of a ball which was cut out at the inner side of leg at upper third, where to be seen a vertical scar 1/2 inch long vertically & 1/4 in. wide, not adherent or painful. Posteriorly this scar is another superficial one 1/2 in. long & 1/4 in. wide, made by an incision of the surgeon. Over skin this is pigmented & thickened. Must be says of a sore which came a year or more ago without known cause. No scars.

All other organs found the same.



SURGEON'S CERTIFICATE

IN CASE OF

William J. Howard
C. B. 16 Regt. 1st Cavalry

Applicant for

No. *1013/66*

DATE OF EXAMINATION:

Feb 1

1892

J. W. Chase, Pres.,
W. H. Holmes, Sec'y,
W. H. Murray, Treas.,
BOARD,

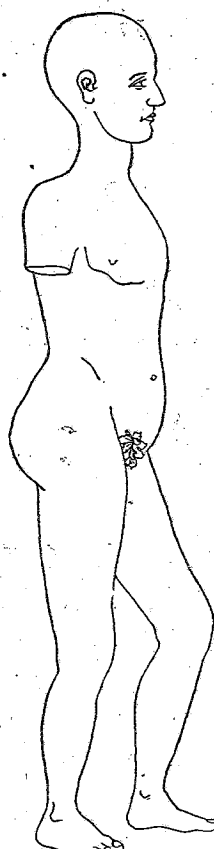
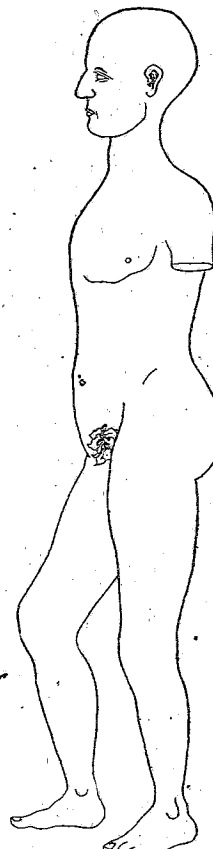
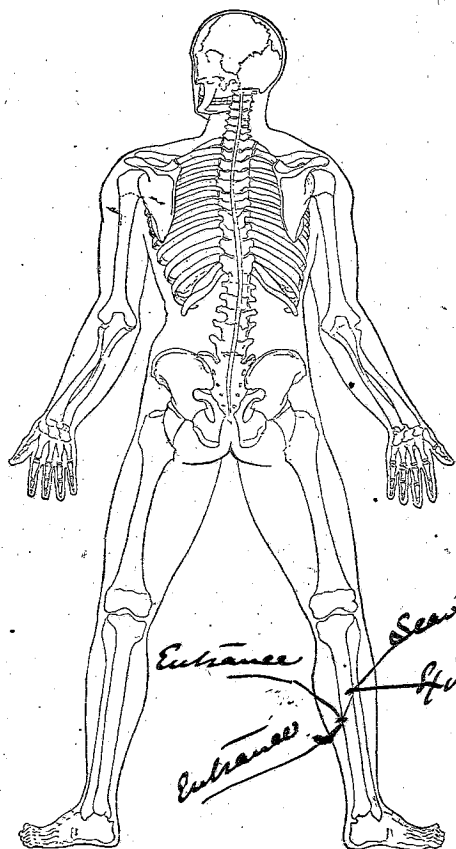
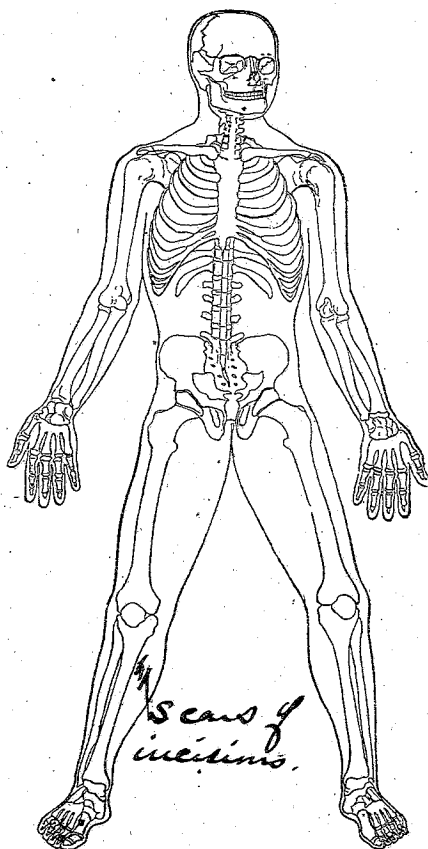
Post office, BOSTON,

County, SUFFOLK,

State, MASS.

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

Howard



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, etc. 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.

Additional
Pension Claim No. *893137*
[State above whether for original, increase, or restoration.]
Name and rank of claimant. *William H. Pond*, Rank *Ser't.*
Company *B, 16th Reg't Mass. Inf.* *Boston, Mass.* State *Mass.*
Claimant's post-office address. *Nauck, Mass.* [Post-office address of the Board] *Dec. 8*, 189*7*
[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: *Two g.s. wds. right leg, catarrh, malaria, kidney disease, debility from age, constipation and nervousness.*

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

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

He makes the following statement upon which he bases his claim for *additional*
[Original, increase, restoration, &c.]

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

*Sup - food does not rest well on his stomach
Is quite nervous. Bowels are constipated
Has a ticket seller on a railroad and
can work about all the time*

Upon examination we find the following objective conditions: Pulse rate, *80*
respiration, *16*; temperature, *98.6*; height, *5* feet *4 1/2* inches; weight, *104*
pounds; age, *56* years. *2 g.s. wds right leg.* there are

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

two small superficial scars on posterior aspect of right lower leg just below the fleshy part of the gastrocnemius muscles. There is also a small superficial scar on outer aspect of leg in upper third and two small superficial scars on inner aspect of leg in upper third. No tenderness of bones. No injury to bone. No important cutting or nerve or joint. No atrophy of muscles. No lameness. He admits that leg does not bother him.

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 must be stated. When not due to such habits this fact must be stated.

Rating 3/18. Catarrh. There is slight congestion of the naso-pharynx but no signs of heart. No caries of bone. Capillary thrombosis. No granules. No impairment of hearing. No rating. Malaria? No chills and fever at present.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specify the rating which, in their judgment, the applicant is entitled to."

No jaundice of skin or eyes. No enlarged cervical muscles. No abdominal, hepatic, splenic or renal organs. No rating. Kidney disease - urine contains 5 p. 1066 acid. No albumen. No sugar. No diuresis. No rating. Constipation - rectum is loaded with feces and mucous membrane is dry & perused. Over descending colon is flat. Rating 3/18. Nervousness & no tremor of muscles of face or hands. No cephalalgia. No general anæmia. No rating.

James D. Covey, Pres. *Charles H. Kim*, Sec'y. *Donald Millard*, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

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

I hereby certify that Dr. Joseph D. Couch, Dr. Charles H. Whinn, and Dr. Daniel E. Millerick, were personally present and actually participated in the examination of William H. Pond, the claimant in this case, on 8 day of Dec, 1897
(Signature.) Charles H. Whinn

(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, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."
(Signature.) _____

SURGEON'S CERTIFICATE

IN CASE OF

William H. Pond

Co. B, 16 Reg't Mass. Inf.

Applicant for Additional

No. 893137

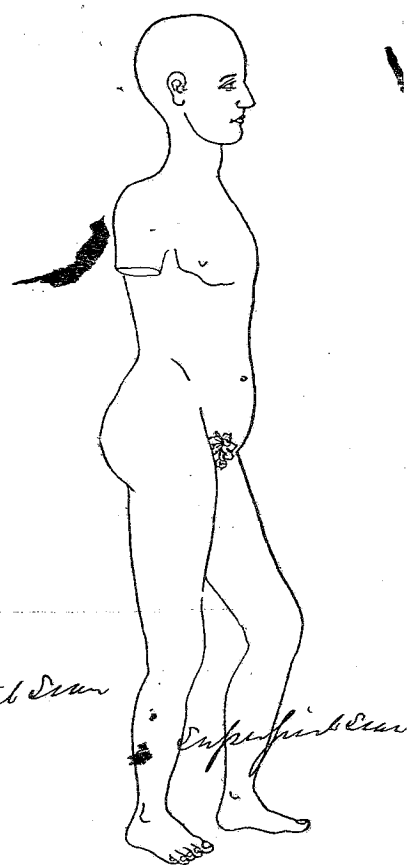
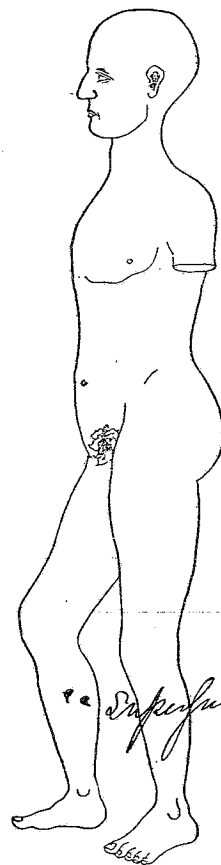
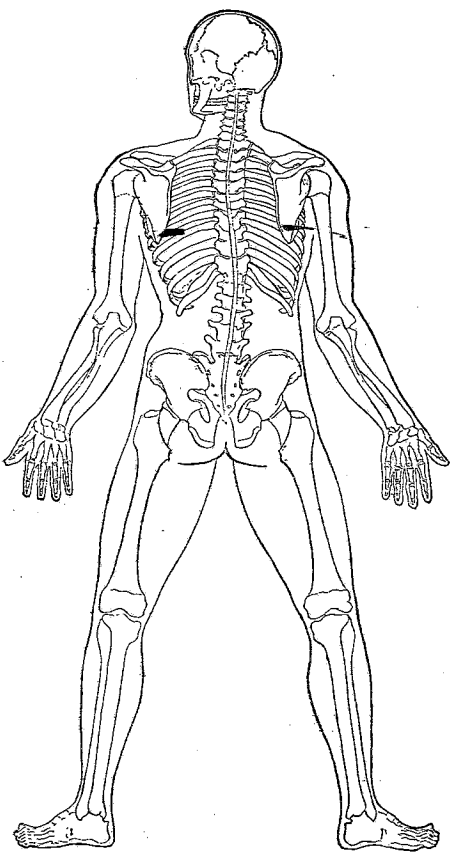
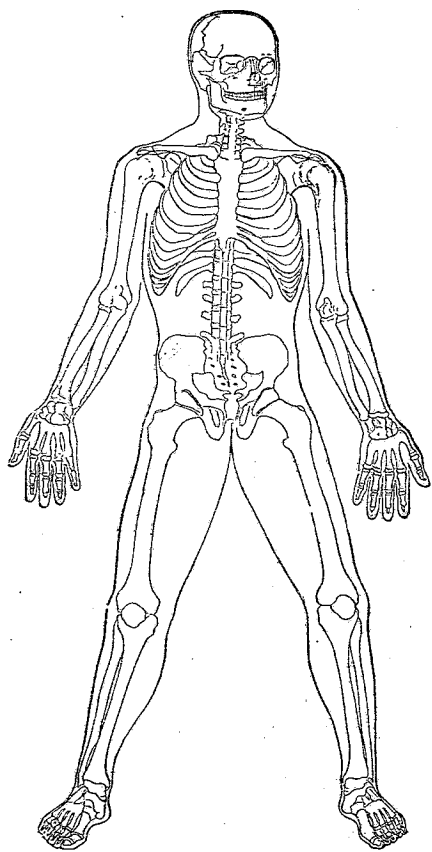
DATE OF EXAMINATION:

December 8, 1897

Joseph D. Couch, Pres.,
Charles H. Whinn, Sec'y,
Daniel E. Millerick, Treas.,
BOARD.

Post office, Boston
County, Suffolk
State, Mass.

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



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. [Ex-
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.

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

Pension Claim No. _____

Name and rank of claimant.

Rank _____

Surgeons will use this blank, changing the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and use the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, 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. [Ex- 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. _____ Pension Claim No. _____
[State above whether for original, increase, or restoration.]
Name and rank of claimant. _____, Rank, _____
Company _____, Reg't _____ State, _____
[Post-office address of the Board.]
Claimant's post-office address. _____, 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: _____

If pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for _____
[Original, increase, restoration, &c.]

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

Upon examination we find the following objective conditions: Pulse rate, _____; respiration, _____; temperature, _____; height, _____ feet _____ inches; weight, _____ pounds; age, _____ years.

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

William H. Pond 893137. Add. 11/8/97
Slightly from age - Claimant is fairly well
developed for a man of his size and appears
age 35. No other one. Suffering
with the nervous system. No muscular
weakness. No arterial disease. He
is not fatigued on exercise and does not look
more than 55 years of age. Rating for disability
is 3/18. No other disability found.
He thinks claimant can do work of a light na-
ture only as he is not a man of very robust
appearance being very young in stature

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 must be stated.
When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

James W. Couch, Pres. Charles H. Smith, Sec'y. Daniel H. Miller, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when 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 _____, 18 ____."

(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 Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

William H. Pond

Co. *B*, 16 Regt. Mass Inf.

Applicant for additional

No. *893137*

DATE OF EXAMINATION:

December 6, 189*7*

Joseph D. Leach, Pres.,
Charles H. Hewitt, Sec'y,
Wm. L. McMillan, Treas., BOARD.

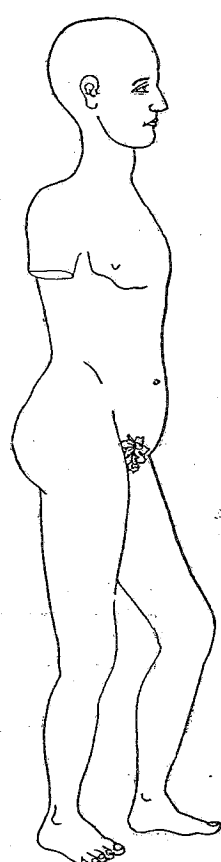
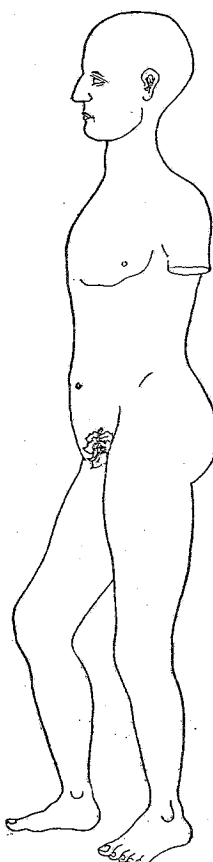
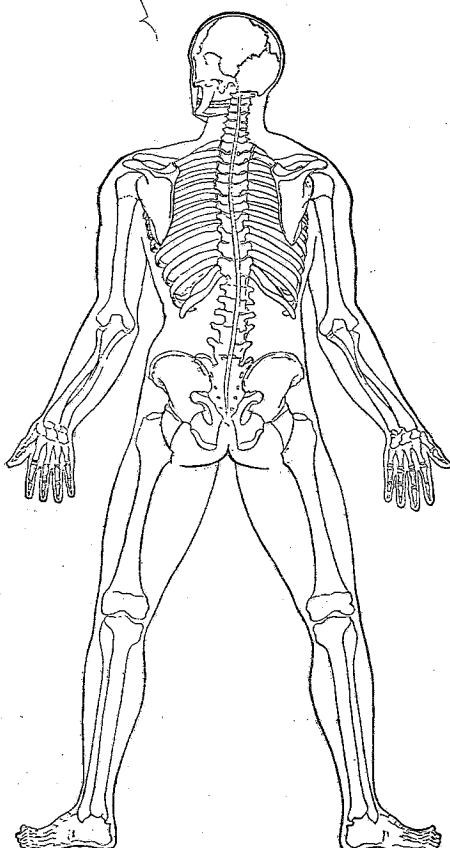
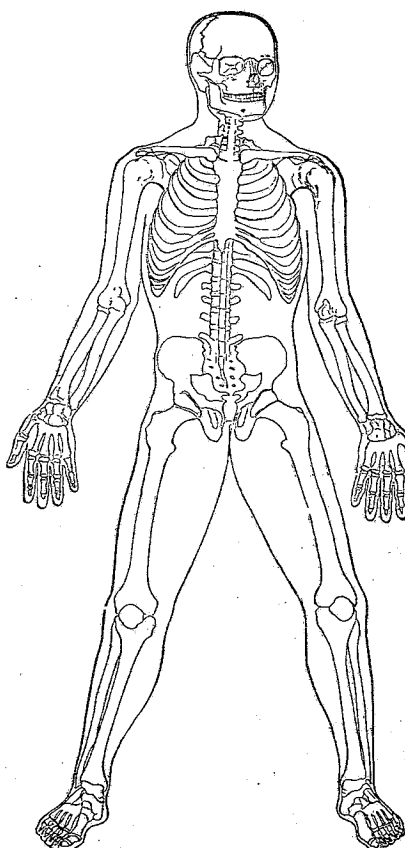
Post office, *Boston*

County, *Suffolk*

State, *Mass*

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

Nelson



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.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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

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 must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

Additional. Pension Claim No. 893187
 Name of claimant. William H. Pond
 Address of Board. Lowell, Mass. P. O. State. 1900
 Company 13 Reg't Mass Infy
 [Rank.]
 Concord, Mass. Feb 7, 189

Two 1/2 Wounds of right leg, general debility, catarrh, constipation, disease of kidneys & malaria.

He receives a pension of 6 dollars per month.

He makes the following statement upon which he bases his claim for additional [Original, increase, restoration, etc.]
 Wounds cause weakness of right leg & sometimes sharp pain, has chills every change in weather, is debilitated & cannot sleep but little has indigestion, bowels so constipated cannot have discharge without cathartics, has constant dropping in throat, has pain in small of back & sometimes passes water very seldom.

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

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

Pulse rate, 64 66-124, respiration, 16-17-26, temperature, 98.4
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
 height, 5 feet 4 1/2 inches; actual weight, 105 pounds; age, 59 years.

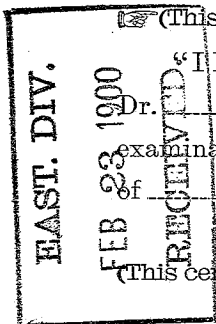
Scar at middle third of calf of right leg, 1 1/2 inches in diameter, slightly tender & adherent, not depressed, passing upwards & upwards, scar of fist 3 inches below condyle of tibia 1/2 inch in diameter, not tender or depressed. Scar of second wound one inch outside upper border of first wound, half inch in diameter, not tender, depressed or adherent, passing upwards and outwards 3 inches, wound of fist 3 inches below condyle of fibula 1/2 by 3/4 inch in diameter, not tender or depressed, slightly adherent, right leg measures 1/2 to 3/4 inch above chain of varicose veins extending from knee to ankle raised 1/4 inch, some eczema over middle third front of leg 1/8 rating for wounds of right leg. Appearance cachectic, liver enlarged one inch lower than normal, spleen normal abdomen flat, walls thin, tongue coated, conjunctivae slightly yellow, one pile, internal of rectum relaxed, not ulcerated nor bleeding, impulse of heart normal, no murmurs, no hypertrophy, dilatation, cyanosis or dyspnoea, pulsation weak, 1/8 rating for malaria, 0 for constipation or general debility.

Slight rhinitis & pharyngitis, uvula slightly congested, no rating for catarrh. Urine straw color, specific gravity 1018, acid reaction, no albumen, no sugar, clean, no rating for disease of kidneys. No other disability. No vicious habits.

Summary, Pres. absent, Sec'y. Geo. E. Puckham, Treas. Sec. pro tem

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 (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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.)

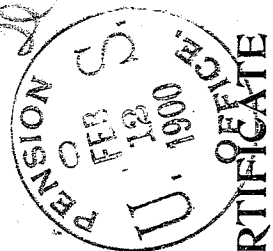
"I hereby certify that Dr. _____, Dr. _____, and _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ____."

(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, W. H. Bond, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. H. J. Smith and Dr. Geo. E. Pinkham, the examining surgeons here present (waiving examination by full board), on this 7th day of February, 1900"

(Signature.) W. H. Bond



SURGEON'S CERTIFICATE

IN CASE OF

William H. Bond
Co. B, 16 Reg't Mass. Inftry

APPLICANT FOR increase

No. 893187

DATE OF EXAMINATION:

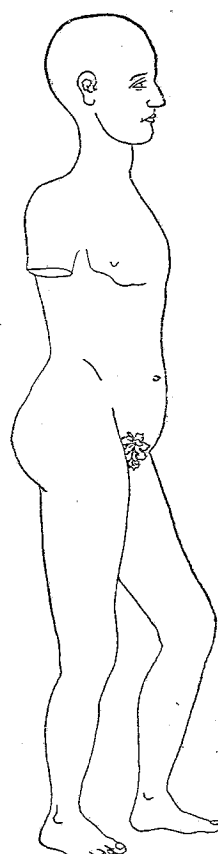
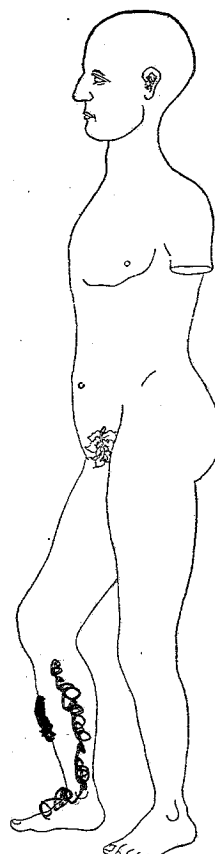
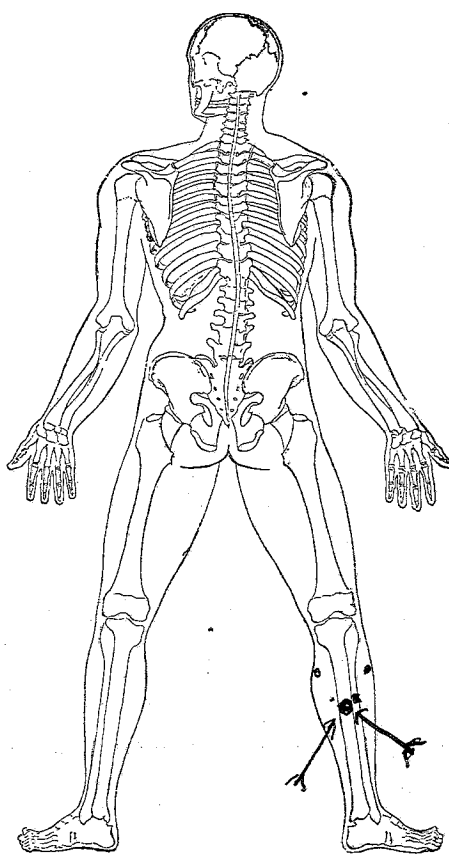
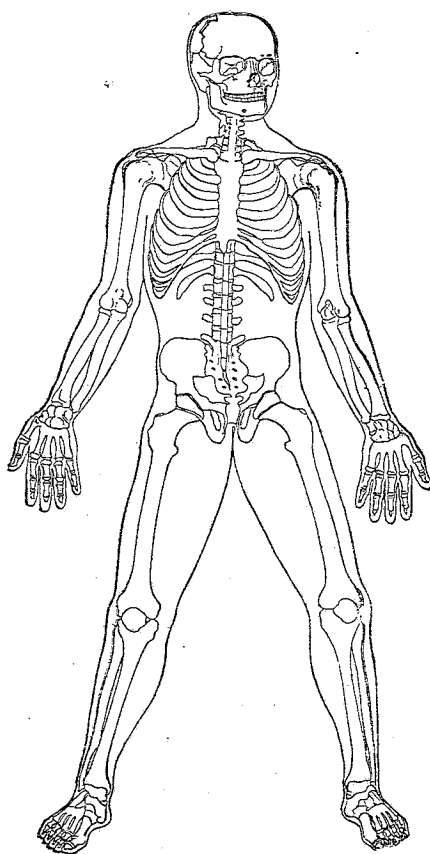
Feb. 7 1900, 1800

H. J. Smith, Pres.,
Geo. E. Pinkham, Sec'y,
See pro tem, Treas.,
Lowell, BOARD.

Post office, Lowell
County, Middlebury
State, Massachusetts

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

Lowell



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.]

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

"I hereby certify that Dr. J. D. A. McColister, Dr. A. Greenwood, and
Dr. W. S. Hoyt, were personally present and actually participated in the
examination of William H. Pond, the claimant in this case, on 15th day
of Jan, 1902"

(Signature.)

Alfred

(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, _____, the applicant for (increase or original) pension referred
to in this medical certificate, hereby consent to be examined by Dr. _____ and
Dr. _____, the examining surgeons here present (waiving examination by
full board), on this _____ day of _____, 1902."

Witnesses
to mark.

(Signature of
Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

William H. Pond

Co. B, 16 Reg't Mass. V.I.

APPLICANT FOR

Add.

No. 893.134.

DATE OF EXAMINATION:

Jan. 15, 1902

J. D. A. McColister Pres.,
A. Greenwood, Sec'y,
Walter H. Phelps, Treas.,

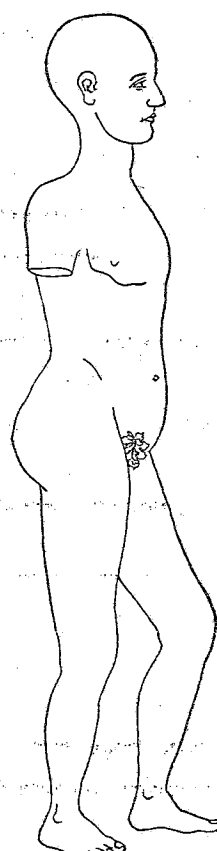
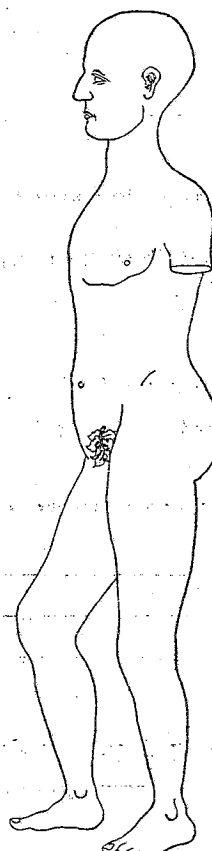
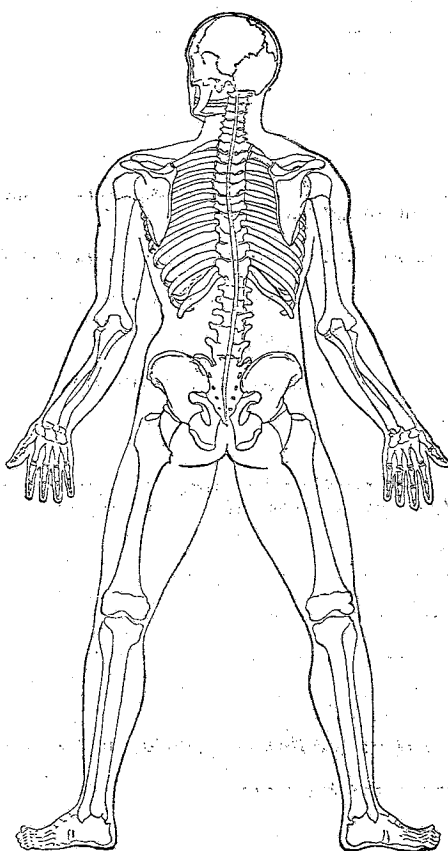
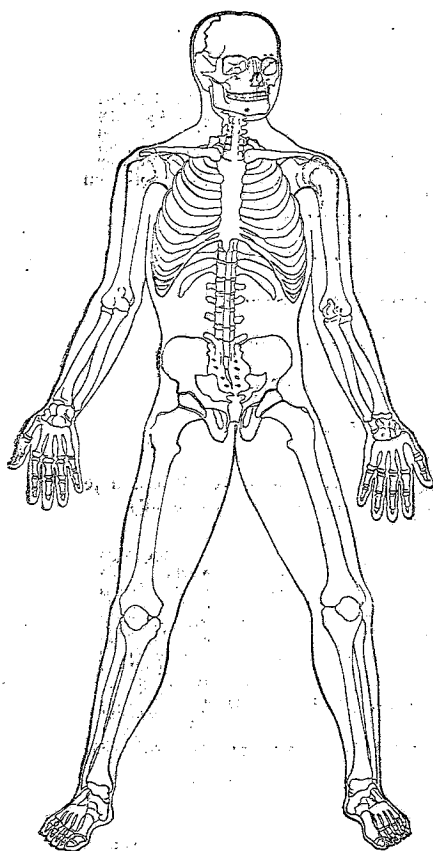
BOARD.

Post office, Haltam,

County, Windsor,

State, Mass.

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



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 Sec-
tion 4, Act of Congress approved July 25, 1882.]

(Certificate to be filled in and signed by the secretary when the full board is present.)
"I hereby certify that Dr. E. B. Stevens, Dr. E. M. Barber, and
Dr. D. E. Miller, were personally present and actually participated in the
examination of Wm. H. Pond, the claimant in this case, on 19 day
of Sept, 1909."
(Signature.) E. M. Barber

(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, _____, the applicant for (increase or original) pension referred
to in this medical certificate, hereby consent to be examined by Dr. _____ and
Dr. _____, the examining surgeons here present (waiving examination by
full board), on this _____ day of _____, 190 ____."

Witnesses { _____ (Signature of Applicant.) _____
to mark.



SURGEON'S CERTIFICATE

IN CASE OF

William H. Pond
Co. B, 16. Reg't Mass. Inf.

APPLICANT FOR increase

No. 893/37

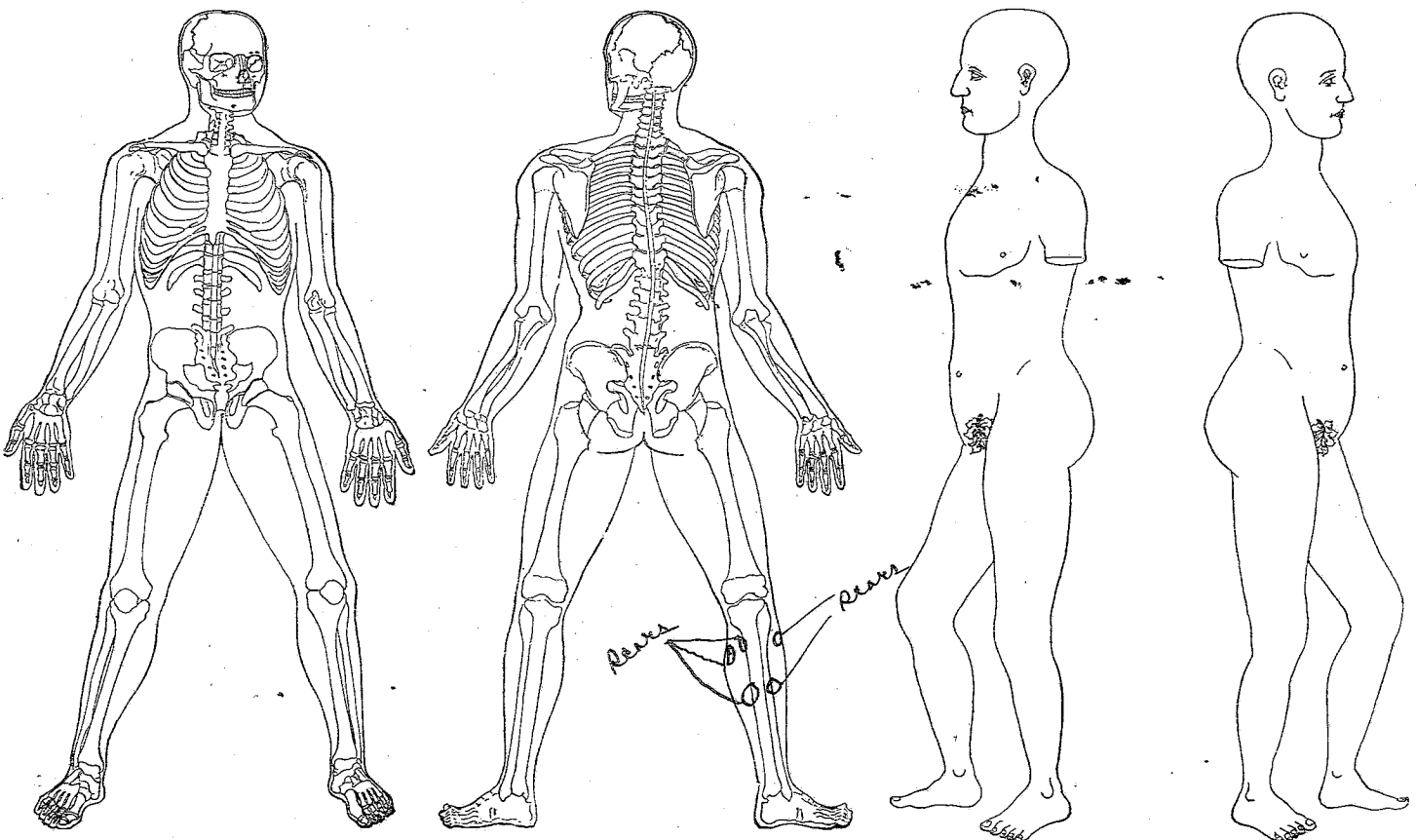
DATE OF EXAMINATION:

Sept. 19, 1909.

H. M. Mearns, Pres.,
E. M. Barber, Sec'y,
D. E. Miller, Treas.,
BOARD.

Post office, Barn
County, Suffolk
State, Mass.

Do not use backs of certificates for any purpose other
than indicated by printed matter thereon. 6-552 a



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.

Old No. 3-1177
SURGEON'S CERTIFICATE.

Additional space is needed to complete or amend report of examination.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.

Name of claimant.

Pension Claim No.

893,137

William H Pond

Company B 16, Reg't Mountain

[Rank.]

Sept 19, 1903.

[Date of examination.]

EXAMINATION—Continued.

General debility, old age. Claimant is emaciated. Muscles are very flabby. Hands are smooth. He also has a large nose. No other disability found. We find that the aggregate permanent disability for earning a support by manual labor is due to the fact of weakness of right leg, catarrh and general debility not due to previous habits and amounts to a rate of 85 a month.

H. Stearns, Pres. E. B. Brooke, Sec'y. R. E. McKinnon, Treas.

~~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, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 ."

Witnesses
to mark. _____

(Signature of
Applicant.) _____

PENSION SURGEON'S CERTIFICATE

IN CASE OF

William H. Paul
Co. *B 16* Reg't *Mass. Inf.*

APPLICANT FOR *Incumbent*

No. *899/97*

DATE OF EXAMINATION:

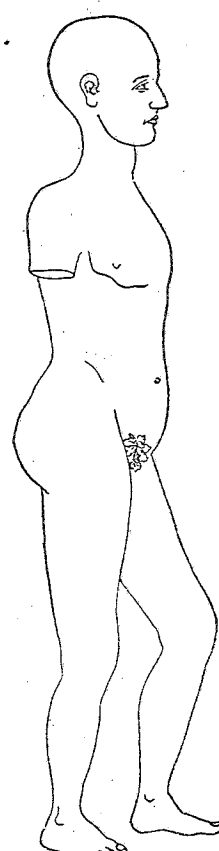
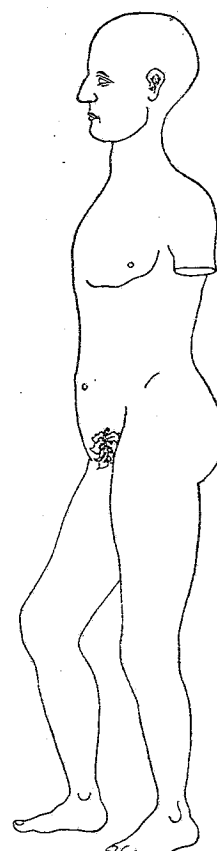
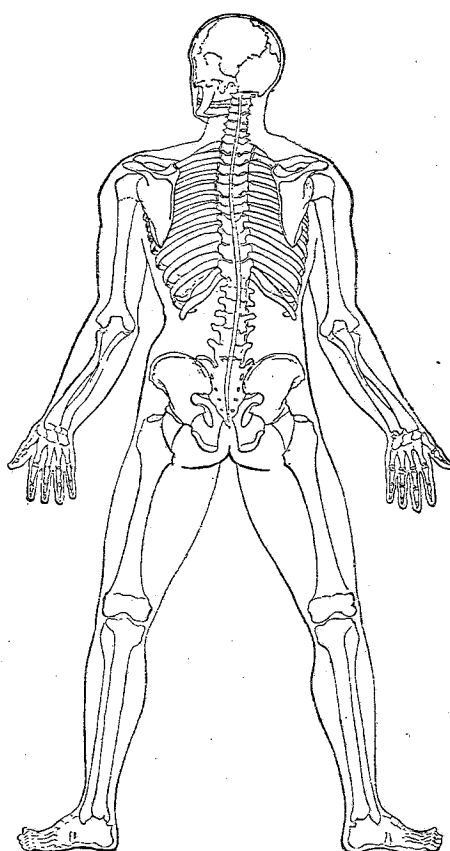
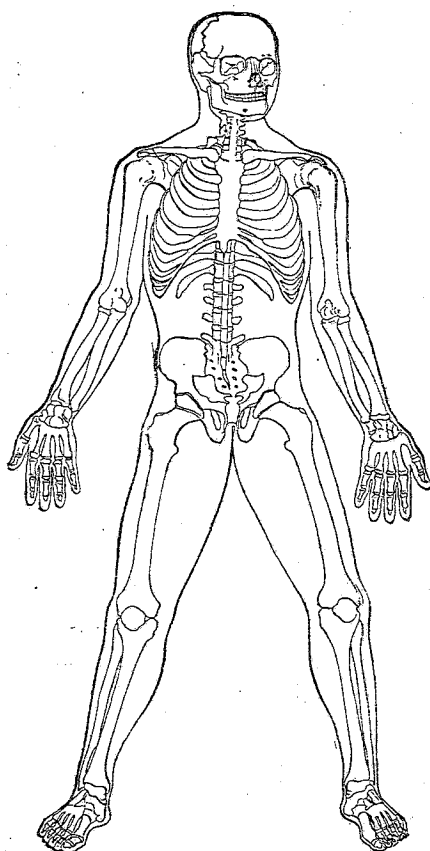
Sept 19, 190 *3*

H. H. Mearns, Pres.,
E. H. B. B. B., Sec'y,
D. C. Mearns, Treas.,
BOARD.

Post office, *Boston*
County, *Suffolk*
State, *Mass.*

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

W. H. Paul



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, 1832.]

GENERAL AFFIDAVIT.

State of Massachusetts

County of Middlesex

ss:

In the matter of claim for

Pension

No 1043166

of

William Mc Pond

Corporal, Co B 16th Mass Vol Regt

(Full name and relationship of claimant, and name and service of soldier.)

(Character and number of claim.)

Personally came before me, a

Notary Public

in and for

(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State,

Watson P. George

, aged 52 years,

residing at

Holliston

County of

Middlesex

State

of

Massachusetts

and

residing at

County of

State

of

, who, being duly sworn, declare in relation to the aforesaid case as

follows:

I know Wm H. Pond the claimant before his enlistment was a neighbor of mine also a schoolmate know him to be in the best of health when he enlisted know he received a wound in the leg which has troubled him since and that he has had Malum for several years. He can only perform light work he obtain a living has been able to work one half to two thirds of the time I know him to be a man of the best of habits always has been strictly temperate and I further that in making the above statement I have not used and am not aided or prompted by any written or printed statement or recital prepared or dictated by any other person written by me at Holliston this 3rd day of Aug 1897

I further declare that

I

no interest in said case, and

am

not

concerned in its prosecution.

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 _____
(Name of one witness to X mark.)

2 _____
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

Watson P. George
Holliston Mass

This Blank is Prepared by GEORGE E. LEMON, of Washington, D.C., and is exclusively for His use.

Aug 1897

SWORN TO AND SUBSCRIBED before me this 4th day of August, 1893

and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

in lines _____, erased, and the words

(If any words have been added in place of any erased, enter them here.)

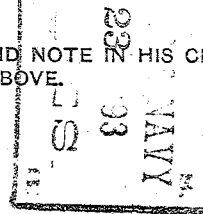
in lines _____, added;

that the affiant _____ to me well known and _____ respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

James F. Fisher
(Name of officer before whom executed)
Notary Public
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.



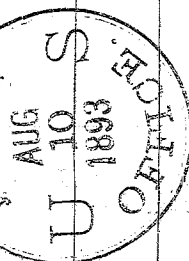
DIVISION.

Additional Evidence.

CASE OF

Wm H. Board

vs



FOR

orig

AFFIDAVIT OF

FILED BY

GEORGE E. LEMON,

and Counsellor at Law.

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Massachusetts
County of Middlesex } ss:

In the matter of claim for Wm H Bond B16 man
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State John M Battholder age 61 yrs 40 Holliston Mass
(Here write the name of affiant, or of each affiant, together with Age, Residence, and Postoffice address.)

persons of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

I know Wm McBond the Claimant, before his enlistment. I know him to be a sound healthy man - if it were not so I should have known it - living in same house with Claimant and seeing him daily - His disability since July 28 1891 seems to be caused by Malarial disease. He was wounded in leg, and came home on furlough, afterward returning to his duties in the field - This wound has for the past few years caused him trouble and great pain at times - This with the Malaria at times unfit him for severe labor but of the time he is able to perform light labor by estimate about three quarters of the time - that this disability has existed for many years. The claimant not having been as well since his wound and discharge as before - From personal acquaintance and observation I know and believe that these disabilities were none of them the result of vicious habits - he being entirely free from such habits.

I further declare that I have no interest in said case, and am not concerned in its prosecution.

If either affiant sign X mark, two persons who write their names MUST sign here as witnesses thereto.

1 _____
(Name of one witness to X mark.)
2 _____
(Name of other witness to X mark.)

Signature of
Affiant, or of
each Affiant.

John M Battholder
Holliston Middlesex Mass

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for His use.

SWORN TO AND SUBSCRIBED before me this

28th day of June

1893; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

in lines, erased, and the words

(If any words have been added in place of any erased, enter them here.)

in lines, added;

that the affiant is to me well known and is respectable and worthy of full credit; and I

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

Silas O. Thomson

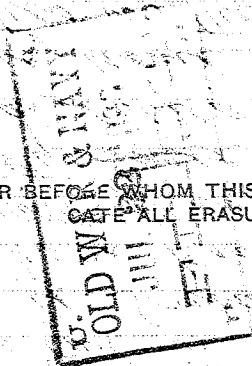
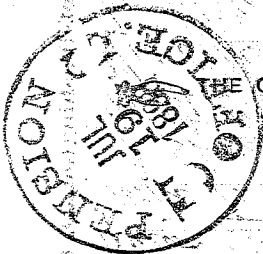
(Name of officer before whom executed.)

Justice of the Peace

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

[L. S.]

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.



Attest June 27th 1893

Eastern

DIVISION.

Additional Evidence.

U. R. G.

No. 1043166.

CASE OF

Wm. H. Pond

13-16- Mass.

FOR

Orig. Recd.

AFFIDAVIT OF

J. M. Batchelder

FILED BY

GEORGE E. LEMON.

Attorney and Counsellor at Law.

WASHINGTON, D. C.

DECLARATION FOR ORIGINAL INVALID PENSION.

State of Massachusetts
County of Middlesex } SS:

On this 7th day of March, A. D. one thousand eight hundred and

minutely personally appeared before me, Orlando H. Burleigh of the Town of Natick, a Notary Public within and for the County and State aforesaid William H. Pond, aged 50 years, a resident of Natick

(Name of claimant.)

(Give Town, County,

and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in

State of Mass, who, being duly sworn according to law, declares that he

is the identical William H. Pond who served under the name of

(Name of claimant.)

William H. Pond, and who was enrolled on the 2^d

day of July, 1861, in company B of the 16th regiment of Mass Elee,

commanded by Capt Mason, and was

(Name of Company's Commander. If upon any General's Staff, state that fact.)

DISCHARGED at Washington, DC, on or about the 2^d day of

July, 1864. That his personal description is as follows: Age, 50 years;

height, 5 feet 3 1/4 inches; complexion, light; hair, auburn; eyes,

gray. That while a member of the organization aforesaid, in the service and in the line

of his duty at Chancellorsville, in the State of Va, on

or about the day of May, 1863, he received two

(Here state name or nature of disease, or the location of the

wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

gun shot wounds of calf of right

leg in action.

That he was treated in hospitals as follows:

(Here state the names or numbers and the localities of all hospitals in which treated, and

the dates of treatment.)

That he has 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 this applicant has resided in the of

(Town or City.)

in the State of Mass, and his occupation has been that of a freight

clerk. That prior to his entry into the service above named he was a

man of good, sound physical health, being when enrolled a carpenter

That he is now wholly disabled from obtaining his subsistence by manual labor by reason of his

(Wholly or in part.)

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,

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never

received but has applied for a pension. That his postoffice address is Natick

County of Middlesex, State of Mass

William H. Pond

(Claimant's signature.)

Attest:

1 Lena Mason

(Two witnesses to claimant's signature sign here.)

2 Chas L. Kopff

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

RECEIVED
MAR 16 1892

Also personally appeared

Charles L Kopff, residing at
Natick Mass, and Miss Linda Mason, residing
Natick Mass

persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

William N.
(Name of Claimant.)

Pond, the claimant, sign his name to the foregoing declaration;
(Sign his name or make his mark.)

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 the prosecution of this claim.

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

1 C. H. Burleigh
2

1 Chas L Kopff
2 Lena Mason
(Signatures of witnesses to identity of applicant.)

SWORN TO AND SUBSCRIBED before me this 7th day of March

A. D. 1892, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before

swearing thereto, including the words the day of this applicant has resided
in the of in The State of and
(If any words have been erased in the application, enter them here.)

[L. S.]

Act June 27/90, erased, and the words
(If any words have been added in place of any erased, enter them here.)

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

Orlando H. Burleigh
(Signature)
Notary Public
(Official character.)

This application may be acknowledged before a Justice of the Peace, Notary Public, or any other person having authority to administer oaths for general purposes, providing, if such officer has no seal, that he has filed a general certificate in the Pension Bureau showing his official signature and character.

As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

It gives me pleasure to recommend George E. Lemon, of Washington, D. C., as a reliable and able attorney, who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession.

Very truly, yours,
JOHN J. INGALLS, U. S. S.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of Washington, D. C., as a reliable and able attorney, who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession.

Very truly, yours,
G. C. MOONEY, U. S. S.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington.

GILBERT A. FRISCH, U. S. S.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contacts.

Respectfully,
S. M. CULLOM, U. S. S.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.

WASHINGTON, D. C., June 7, 1890.

I. G. CARLISLE, U. S. S.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.

L. A. ATKINSON, M. C., 15th Pa. District.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.

WASHINGTON, D. C., June 6, 1890.

W. M. DORSEY, 3d Dist., Neb.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and worthy of all confidence.

J. C. BURNHAM, 4th Dist., Mich.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and worthy of all confidence.

WASHINGTON, D. C., June 6, 1890.

D. B. HENDERSON, 3d Dist., Iowa.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and diligent in looking after the claims of his clients.

JAMES O'DONNELL, 3d Dist., Mich.

U. S. SENATE, COMMITTEE ON PENSION, ON FEBRUARY 12, 1892.

We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.

WASHINGTON, D. C., June 7, 1890.

H. J. SPOONER, 1st Dist., R. I.

EDWARD P. ALLEN, 2d Dist., Mich.

J. H. LOGAN CHAPMAN, 1st Dist., Mich.

E. H. FURSTON, 2d Dist., Kan.

E. W. PERKINS, 3d Dist., Kan.

J. H. G. S. BAKER, 3d Dist., N. Y.

CHAS. S. BAKER, 3d Dist., N. Y.

H. TOWNSEND, 1st Dist., Colo.

FREDERICK MILES, 4th Dist., Conn.

Wm. W. MORROW, 4th Dist., Cal.

JOSEPH R. REED, 9th Dist., Iowa.

C. A. HILL, 8th Dist., Ill.

J. H. SPOONER, 4th Dist., Iowa.

J. W. ATKINSON, 1st Dist., Va.

CHAS. O'NEILL, 2d Dist., Pa.

O. S. GIFFORD, Rep.-at-large, S. D.

HENRY BUTTERWORTH, 1st Dist., O.

E. H. CORGEE, 7th Dist., Iowa

and others.

CLAIM FOR PENSION.
INVALID.

ORIGINAL.

Mr. A. Pond Applicant,
P. O. "B." Reg't,
Sergeant Major's Staff.
Enlisted July, 1861.
Discharged ", 1864.

FILED BY
GEORGE E. LEMON,
Attorney and Counsellor at Law,
WASHINGTON, D. C.
P. O. DRAWER 325.

MEDICAL AFFIDAVIT.

The affiant should state, in his own handwriting, the facts following:

1. Length of time he has been practicing medicine.

2. Whether or not he knew the soldier before enlistment. If he did know him, for how long a period he knew him, how intimately, and what his opinion is as to said soldier's soundness, at enlistment, adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension.

3. If he treated the soldier, during his enlistment, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.

4. Whether he has treated said soldier since his discharge.

If he has he should state—

[1.] At about what date he first treated him.

[2.] What his physical condition was when he first treated him, giving a full description or diagnosis of his disability.

[3.] Period during which he has treated him, giving approximate dates where exact dates can not be given, and if dates of prescriptions or visits cannot be given he should state why, and how often, upon an average, he has treated the soldier each month or year, during the period.

5. Very Important

He will also state, what has been the degree of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year; or about what proportion of a sound able-bodied man's work he has been able to perform, during the period of his treatment; or as the case may be, the percentage of his capacity.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. He should read the instructions very carefully before undertaking to prepare his affidavit, and embody therein all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the disease, wounds or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injuries incurred, or disease contracted in the service, the pathological connection between them should be clearly and fully set forth, together with the reasons upon which his conclusions are based.

State of Massachusetts }
County of Worcester } SS.
In the Grand Pension Claim of William H. Pond
P - 161 Mass Inf. (Name of Claimant.)
(Company and Regiment, or Vessel, or other Organization or Department.)

personally came before me, a _____ in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)

aforesaid County and State _____ a resident
(Name of Physician or Surgeon.)

of _____ of the County of _____
(City or Village.)

State of _____ who being duly sworn, declares in relation to the aforesaid case as

follows: _____

(Here follow closely instructions in the margin. If space should not be sufficient, the Physician should firmly attach a sheet of

paper to this blank and continue his statement.)

Have practiced medicine since 1880
I was born in 1857

June 1877

Chronic Dyspepsia Constipation
Neurosthenia



Sold Officer consulted me a few
times during the summer of 1877

He was not able to perform manual
labor during the time in which I
treated him. He does not feel able to
perform his duties as a Station agent
at this time

and he further declares he has no interest in said case, and is not concerned in its prosecution.

(Signature of Physician or Surgeon. If ever in the Army or Navy, give rank and service.)
Dr. J. H. [Signature]

The Physician, in filling out this Blank, should not refer to the marginal instructions by numbers, but should write his statement in narrative form. SEE OTHER SIDE.

SUBSCRIBED before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him with its contents before he executed the same.

WITNESS my hand and official seal, this 15 day of Feb 1903

SEAL.

Sign here John S. Keyes
(Justice, Notary, or Clerk of Court, as the case may be)

The Officer before whom this affidavit is executed must be sure to note in his certificate all erasures and interlineations, as indicated above.

This affidavit may be sworn to before a Notary Public, Justice of the Peace, or any Officer authorized by law to administer oaths for general purposes. The certificate of the Clerk of a Court of Record need NOT be attached, but will be procured by us, hereafter, if required.

Chapman A.

Eastern DIVISION.

No. 73 134

MEDICAL EVIDENCE.

Claim of
Wm H Bond
Co. 93 16-1-1903
Mass Yale

RECEIVED
APR 4 1903
FBI
U.S. DEPT. OF JUSTICE

P. O. Address

FILED BY

MILO B. STEVENS & CO.
Solicitors of Claims and Patents.
WASHINGTON, D.C.

ORIGINAL INVALID CLAIM.

Soldier, *William H. Pond*

P. O., *Natick*

County, *Middlesex*

State, *Mass.*

Rates, \$ *4.00*

Rank, *Sergeant*

Company, *B.*

Regiment, *16th Mass. Vol. Inf.*

per month, commencing *March 16, 1892*

and \$6. from *March 2, 1895*

Pensioned for

Two Grievs of right leg

RECOGNIZED ATTORNEY.

Name, *George C. Lemon*

P. O., *Washington, D.C.*

Fee, \$ *25*, Agent to pay.

Articles filed *March 25*, 1892.

APPROVALS.

Approved for *Allowance*

Submitted *July 9*, 1895;

W. F. Fort, Examiner.

Approved for

Two Gunshot wounds of right leg

Approved for

Two Gunshot wounds of right leg 4/18. Entitled to benefit Act Mar 2 1895

Legal Reviewer.

Re-Reviewer.

Med. Exr.

Med. Reviewer.

Med. Referee.

IMPORTANT DATES.

Enlisted, *July 2*, 1861.

service from

Mustered, 18 to 18, in

Discharged *July 2*, 1864.

Declaration filed *March 16*, 1892.

Not in service since *July 2*, 1864.

BASIS OF CLAIM.

Alleges that at Chancellorsville, Va., in May, 1863, he received two gunshot wounds of calf of right leg, in action.

INCLUDE IN YOUR APPLICATION ALL DISABILITIES (NOT DUE TO VICIOUS HABITS)
WHETHER INCURRED IN SERVICE OR NOT.

No. 64.

Declaration for Invalid Pension.

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

This may be executed before any person Authorized by Law to Administer Oaths for General Purposes. The certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for.

State of Massachusetts County of Middlesex ss.

On the date hereinafter mentioned, personally appeared before me, a Notary Public
within and for the County and State aforesaid. William H. Pond, aged 59 years
years a resident of Concord County of Middlesex
Name of Applicant.

State of Massachusetts, who, being duly sworn according to law, declares that he is the
identical, William H. Pond who was ENROLLED on the 2nd
Name under which service was rendered.

day of July, 1861, in Company B. 16th Massachusetts Volunteer
Here state rank, company and regiment, in military service; or vessel, if in the Navy.

Regiment, or a private in the war of the Rebellion, and served not less than
ninety days, and was HONORABLY DISCHARGED at Washington D. C. on

the 2nd day of July, 1864. That he is to a material extent disqualified from

earning a support by manual labor, by reason of Nervous exhaustion, pneumonia
Here name all diseases, wounds or injuries from which disabled for manual labor.

Age, Catarrh and Parotiditis, Rheumatism, Gun shot wound

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief
permanent. That he has not served in the Army, Navy, or Marine Corps of the United States,

otherwise than as above stated, except, Company C. 9th Regiment V. R. C.
State other service, if any.

That he is — a pensioner number of Certificate 893137
If a pensioner, so state, giving certificate number; if not a pensioner, so state:

if a prior application is pending, so state, giving case number.

That he makes this declaration for the purpose of being placed on the pension roll of the United States
under the provisions of the Acts of MAY 9, 1900, and June 27, 1890. He hereby appoints, with
full power of substitution, MILO B. STEVENS & CO., of Washington D. C.
their successors or legal representatives, his true and lawful attorneys to prosecute his claim under said
law, and agrees that they shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS IS Concord Massachusetts

C. H. Jacob William H. Pond
Signature of Claimant.

Rollis S. Howe
Two witnesses who can write, sign here.

ATTY FILED

[FROM OTHER SIDE.]

Also personally appeared C. H. Towle, residing at Cumma Mass.
and Hollis S. Howe, residing at Cumma Mass., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw William H. Panel, the claimant, sign his name (or make his mark)
to the foregoing declaration; that from the appearance of said claimant and their acquaintance with
him, they have every reason to believe, and do believe, that he is the identical person he represents
himself to be; and that they have no interest in the prosecution of his claim.

If witness sign by mark, two persons who can write must sign here.

C. H. Towle
Hollis S. Howe
Signature of witnesses.

Sworn to and subscribed before me this fourth day of June A. D. 1900, and
I hereby certify that the contents of the above declaration, etc., were fully made known and
explained to applicant and witnesses before swearing, including the words
erased, and the words
added; and that I have no interest, direct or indirect,
in the prosecution of this claim.

Notary Public
Official signature
Notary Public
Official character.

[L. S.]

The Acts of May 9, 1900, and June 27, 1890, require, in case of a soldier or seaman:

1. That there has been a service of not less than ninety days in the war of the Rebellion.
2. That an honorable discharge from the service shall have been issued.
3. That a disability, permanent in character, not due to vicious habits, exists; question as to origin, not material.
4. The rates are graded from \$6.00 to \$12.00, proportioned to the degree of inability to earn a support by manual labor; pension in no way affected by rank.
5. A pensioner under prior laws may apply under this one; a pensioner under this law may apply under the general law; only one pension, however, can be drawn for the same period.

SOLDIER'S APPLICATION

ACTS OF MAY 9, 1900, AND JUNE 27, 1890.

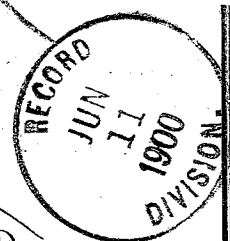
Name Wm H. Dard

Service B-16 "Mass. Inf."
Co. 9 9022 C.

Address Lynn, Mass.

exp.

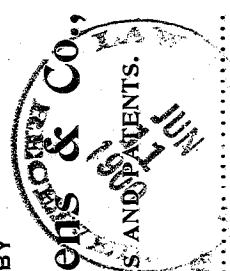
Ins. Cert. # 89 3137



FILED BY

Milo B. Stevens & Co.

SOLICITORS OF CLAIMS AND PENSIONS.



17th June 15-1900 B

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

Evidence of R/S

State of *Massachusetts*
County of *Middlesex* } ss.

In the pension claim of *William H. Pond*
(Name of Claimant.)

Personally appeared before me, a *Notary Public* in and for
aforesaid County and State, *William H. Pond*
(Name of Claimant.)

late *B.*, Company *B.*, 16th Regiment *Mass.* Volunteers,
(Give rank.)

now a resident of *Natick*, County of *Middlesex*, State of

Mass., well known to me to be reputable and entitled to credit, and who, being

duly sworn, declares, in relation to aforesaid case, as follows:

That he is unable to comply with the requirements of the Pension Office as to *furnishing*
Medical evidence for treatment of gun
shot wound in the Service for the reason
that

I do not know who the Surgeon was who
first treated me and removed the ball from
my leg on the field. The second Surgeon who treated
me at the Hospital on the field was C. C. Jewett of the
16th Mass Volunteers. I am unable to furnish his
evidence on account of his death. The Surgeon
who treated me during the time that I was at
the Douglas Hospital Washington D.C., I do not know
his name or address therefore I am unable to furnish his
evidence.

If Claimant signs by X mark, two persons who write their names
MUST sign here as witnesses thereto.

1. *O. B. Burleigh*
(Name of one witness to X mark.)

2. *William H. Pond*
(Signature of Claimant.)

(Name of other witness to X mark.)

SWORN TO AND SUBSCRIBED

before me this 22nd day of July

1892 and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

erased, and the words

(If any words have been added in place of any erased, enter them here.)

added;

that the affiant is to me well known and entitled to credit; and I further certify that I have no interest direct or indirect, in the prosecution of this claim.

[L. S.]

Orlando H. Burleigh
(Name of officer before whom executed)
Notary Public
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

AFFIDAVIT OF CLAIMANT

AS TO INABILITY TO FURNISH

Received
U.S. NAVY
JUL 30 1892

RECEIVED
JUL 30 1892
FILED BY
GEORGE E. LEMON,
Attorney and Counselor at Law,
WASHINGTON, D.C.

6/27

Physician will be careful to state the approximate date when he first knew the soldier; what his physical condition was at that time, giving a full description or diagnosis of all disabilities from which he was then suffering. He should then state, approximately, how often he has treated the soldier since that date, and for what disability or disabilities. If treatment has been for a disease or injury that has caused other organs to become affected, or other diseases to result as a sequence of the original disability, the affiant should state clearly what such sequences are when developed, and explain their pathological relation to the original disease or injury.

22

State of Massachusetts
County of Middlesex } SS:

In the pension claim of

Wm. H. Pond, et. al. No. 893,137
(Name of claimant.)

Co. B. 16. Mass.
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Justice of the Peace, in and for
(Justice of the Peace or Notary Public, as the case may be.)

aforesaid County and State, Charles H. Cook, a resident
(Name of Physician or Surgeon.)

of Natick, of the County of Middlesex,
(City or Village.)

State of Massachusetts, who, being duly sworn, declares, in relation to the aforesaid case as follows:

I have been practicing medicine 21 years. I first knew the soldier about 1878,
18____. I first treated him professionally about October, 1895.

I became acquainted with the above named soldier by being called to attend members of his family. I had no professional knowledge of said soldier until Oct. 1895 when he was suffering from loss of sleep - or rather sleeplessness - poor appetite, constipation, loss of flesh, and inability to do mental work. He came under my care again in December 1896 for the condition in man aggravated form. He has improved somewhat, but is unable to discharge the duties of his position except as they are greatly lightened for him. He has no organic disease, but seems to be suffering from exhausted vitality, and is prematurely aged.

And he further declares that he has no interest in said case, and is not concerned in its prosecution.

Chas. H. Cook.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his use.

A/M

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician; that I am not interested in the prosecution of this claim, and that the affiant acquainted himself with the contents of the affidavit before he executed the same

Witness my hand and official seal this 30th day of July, 1897



Sign here. *James W. Warner* Justice of the Peace, Natick
(Justice, Notary or Clerk of Court, as the case may be.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT.

READ.—This instrument should be executed before a Justice of the Peace, Notary Public, or any person authorized to administer oaths for general purposes.

As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction widely known throughout the United States.

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA, WASHINGTON, D. C., June 12, 1890.
It gives me pleasure to recommend George E. Lemon, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.
JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER, WASHINGTON, D. C.
GEORGE E. LEMON, Esq., Washington, D. C.
MY DEAR SIR: I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that I have the pleasure to recommend you to those having professional business, as a reliable and responsible attorney of high character and superior attainments.
JOHN J. INGALLS, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 12, 1890.
I take pleasure in recommending George E. Lemon, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be connected with the confidence of those who desire a reliable attorney of high character and superior attainments.
JOHN J. INGALLS, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 10, 1890.
I regard George E. Lemon as one of the most reliable and able attorneys in Washington.
GILBERT A. FIERCE, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 7, 1890.
I take pleasure in recommending George E. Lemon, Esq., of this city, as a reliable attorney, and entirely responsible for all his contracts.
S. M. OULSON, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.
C. K. DAVIS, U. S. S.
PHILETUS SAWYER, U. S. S.
A. S. PADDOCK, U. S. S.
W. D. WASHBURN, U. S. S.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney and worthy lawyer, to whom claims can entrust their business with assurances that it will be promptly and successfully adjusted.
J. E. ATKINSON, M. C., 18th Pa. District.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, Esq., of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence.
J. O. BURNETT, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, Esq., of this city, as a reliable attorney, and worthy of all confidence.
J. O. BURNETT, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, Esq., of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims entrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge.
D. B. HENDERSON, 3d Dist., Iowa.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, Esq., of this city, as a reliable attorney, and worthy of all confidence.
J. O. BURNETT, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.
W. M. NICKLIN, Jr., 18th Dist., O.
E. N. MORRILL, 3d Dist., Mich.
J. S. PACE, 10th Dist., Ill.
L. E. PAYSON, 9th Dist., Ill.
T. J. HENDERSON, 7th Dist., Ill.
W. M. E. MASON, 3d Dist., Ill.
F. L. LAYMAN, 2d Dist., Ill.
W. G. LADDA, 4th Dist., N. Y.
W. S. STUBBS, 11th Dist., N. Y.
J. M. WILEY, 33d Dist., N. Y.
JOHN R. LAGY, 6th Dist., Iowa.
SERENO E. PAYNE, 27th Dist., N. Y.
J. H. MCCARTHY, 8th Dist., N. Y.
J. E. OWEN, 10th Dist., Ind.
J. B. O'BRIEN, 9th Dist., Ind.
GEO. B. SENEY, 19th Dist., Ohio.
H. H. BINGHAM, 1st Dist., Pa.
LOUIS H. TAYLOR, 15th Dist., Pa.

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA, WASHINGTON, D. C., June 12, 1890.
It gives me pleasure to recommend George E. Lemon, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.
JOHN J. INGALLS, U. S. S.

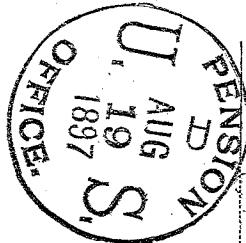
DIVISION.

MEDICAL EVIDENCE.

CLAIM OF

John H. Dond

Co., Regt. 16 Mass



FOR

ALVIN E. LEMON, Attorney at Law, representing the Executors of the Estate of JOHN H. DOND, deceased.

No. 77.

RECEIVED
APR 1 1903
GENERAL DIVISION

GENERAL AFFIDAVIT.

STATE OF _____

COUNTY OF _____

In the matter of the claim for *Invalid Pension*

William H. Pond - B. - 16 Mass Inf
(Name of Claimant, the Name and Service of Soldier)

Personally came before me, a _____ in and for the
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

County and State aforesaid.
(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

person of lawful age, who, being sworn, declare in relation to the aforesaid claim, as follows:

I became acquainted with William Henry Pond soon after his return from the War - which was about forty years ago. After his return he moved to North Adams and about four years ago moved to Concord Mass. His health is very much impaired especially nervous and suffering from various complaints especially from his Liver & Bladder which incapacitates him from doing manual labor. He is temperate in all of his habits is a good citizen and is a member of the Congregational Church.

PENSION
APR 3 1903
U. S. OFFICE

I further declare that I have no interest in said claim, and am not concerned in its prosecution.

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. Walter A. Carr
(Name of one witness to X mark.)
2.
(Name of other witness to X mark.)

Signature of Affiant or of each Affiant. Herman J. Osgood

Sworn to and subscribed before me, this 13th day of March, 1903, at Concord in the County of Middlesex State of Massachusetts, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in the affidavit, enter them here)

erased and the words

(If any words have been added in place of any erased, enter them here)

added, that the affiant is to me well known and (Is or are) (Is or are) (Here state whether respectable and credible); and

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

Walter A. Carr
(Name of Officer before whom executed)

[L. S.]

To Justice of Peace
(State whether Justice, Notary, Clerk or Deputy Clerk)

The Officer before whom this Affidavit is Executed must note in His Certificate all Erasures and Interlineations, as indicated above.

NOTE.—This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need NOT be attached; but will be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is already officially known at the department.

FOR
FILED OF
JUNE 27, 1903
MAILED
AFFIDAVIT OF

FILED BY
Milo B. Stevens & Co.,
SOLICITORS OF CLAIMS AND PATENTS.
WASHINGTON, D.C.

CASE OF

William H. Bond
G.B. 171 Regt.
Mass. Vol.

No. 77

GENERAL AFFIDAVIT.

STATE OF Massachusetts

COUNTY OF Middlesex } SS.

In the matter of the claim for Invalid Pensions

William H. Ford - 18-16" Mass. Inf.
(Character of Claim)

(Name of Claimant, the Name and Service of Soldier)

Personally came before me, a Notary Public in and for the

(Justice, Notary, Judge, Clerk or Deputy Clerk)

County and State aforesaid, Loren B. Macdonald

(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:

I have been acquainted with the above named William H. Ford for about four years. I know that he is a man of excellent character, of good habits, honest and industrious. I can testify, moreover, that he is more or less of an invalid, and on account of bodily weakness, has seemed to be incapacitated for heavy and sustained labor. He has never been connected with my church, but has been a fellow-townsmen, and I have known him in social relations only. I am the minister of the First Parish, Unitarian, in Concord, Massachusetts. I am forty five years of age.



I further declare that I have no interest in said claim, and am not concerned in its prosecution.

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. _____
(Name of one witness to X mark)
2. _____
(Name of other witness to X mark)

Signature of
Affiant or of
each Affiant.

Loren B. Macdonald

Sworn to and subscribed before me, this seventh day of March 1903
at Cornell, in the County Mitchell State of
Minnesota and I hereby certify that the contents of the foregoing
affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in the affidavit, enter them here)

erased and the words

(If any words have been added in place of any erased, enter them here)

added: that the affiant is to me well known and is respectable & credible; and
(Is or are) (Is or are) (Here state whether respectable and credible)

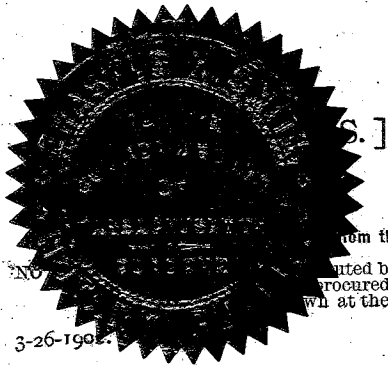
I fully certify that I have no interest, direct or indirect, in the prosecution of this claim.

Charles H. Smith

(Name of Officer before Whom executed)

Notary Public

(State whether Justice, Notary, Clerk or Deputy Clerk)



When this Affidavit is Executed must note in His Certificate all Erasures and Interlineations, as indicated above.

Not to be used before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need not be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is shown at the department.

3-26-1903.

CASE OF

Wm. G. Rand
Co. B - 167 Regt
Mass. Inf.

FOR

FOR JUNE 27, 1903.
Invalid Pension

AFFIDAVIT OF

RECEIVED
APR 4 1903
EAST. DIV.

FILED BY

Milo B. Stevens & Co.,

SOLICITORS OF CLAIMS AND PATENTS.

WASHINGTON, D.C.

(3-145 a.)

Act of June 27, 1890.

T. L. P.

INVALID PENSION.

Claimant,

William H. Pond,

N 1043166

P.O.,

Attick

Rank,

1st Sergt

County,

Middlesex

Company,

B Transf'd to C

State,

Mass.

Regiment,

16th Mass. 9th V.R.C. vol. inf.

Rate, \$

, per month, commencing

Disabled by

REJECTED

RECOGNIZED ATTORNEY.

Name,

Geo. E. Lemon

Fee, \$

10

Agent to pay.

P.O.,

City

Articles filed,

, 189

APPROVALS.

Submitted for

Ref. Nov. 18, 1893,

P. Reches

Examiner.

Approved for

rejection ref. billed

Approved for

rejection

Ref. for rejection no salable dis. under Act June 27 90. from genl. debility, malaria, & g. s. w. rt leg.

H. W. Haco

Legal Reviewer.

No salable disability shown under Act of June 27th, 1890.

H. J. Hunt, Am. Ex.

Medical Referee.

Nov 24 1893

Dec 1st, 1893.

(3-145 a.)

ACT OF JUNE 27, 1890.

orig. 1048166

INVALID PENSION.

Claimant,

William H. Pond

P. O.,

Natick

County,

Middlesex

State,

Mass

Rank,

~~Private~~ 1st Sergeant

Company,

B

Regiment,

16 Mass Vol Infy

Transferred to Co G 8th Vt 6

July 28 1891

Rate, \$

, per month, commencing

Disabled by

RECOGNIZED ATTORNEY.

Name,

Geo E. Lemon

Fee, \$

10-

Agent to pay.

P. O.,

Washington

Articles filed,

Mar 28

, 1892

APPROVALS.

Submitted for

Ad

April 25, 1892

Charles Matthews.

Examiner.

Approved for

Approved for

Legal Reviewer.

Medical Referee.

, 189

, 189

Now

now pensioned under other laws. Last paid to

, 18, at \$

Pensioned from

, 18, at \$

, for

SERVICE SHOWN BY RECORD.

Enlisted

July 2, 1861,

honorably discharged

July 2, 1864

Re-enlisted

, 18,

honorably discharged

, 18

Declaration filed

July 28, 1891,

alleges permanent disability, not due to vicious habits,

from

general debility and malaria and loss of right leg

DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Massachusetts
County of Middlesex SS:

On this first day of December, A. D. one thousand eight hundred and ninety-six, personally appeared before me, Orlando B. Burleigh, a Notary Public in and for the County and State aforesaid, William H. Pond, aged 55 years, a resident of Watick, County of Middlesex, State of Mass., who, being duly sworn according to law, declares that he is the identical William H. Pond, who entered service during the War of the Rebellion under the name of William H. Pond on or about the 1st day of July, 1864, as Private in company B of the 16th regiment of Mass. Inf. commanded by Capt. J. M. Mason, and was

HONORABLY DISCHARGED, after a service of at least 90 days during said war, on or about the first day of July, 1864, by reason of expiration of the term of service; that his personal description is as follows: Age, 55 years; height, 5 feet 4 inches; complexion, light; hair, auburn; eyes, gray. That he is now suffering from malaria and catarrh also kidney complaint any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)

and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has not been employed in the military or naval service otherwise than as stated above

to that stated above, and the dates at which it began and ended.) That since the first day of July, A. D. 1890, he has not been employed in the military or naval service of the United States.

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

GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of services done, and to be done, in the premises, he hereby agrees to allow his said Attorney, George E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions. That he has not received any applied for a pension Cyus. 893137

That his Postoffice address is Watick, County of Middlesex, State of Mass.

Two witnesses to claimant's signature sign here:

(1) Cornelia E. Buckley
(2) Clara L. Carter

William H. Pond
(Claimant's signature.)

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

ATTY FILED

Also personally appeared Cornelius E. Buckley, residing at NATICK, MASS., and Clara L. Carter, residing at NATICK, MASS., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William H. Pond (Name of claimant.) the claimant sign his name 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 the prosecution of this claim.

Cornelius E. Buckley
Clara L. Carter
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

- (1) _____
(2) _____

SWORN TO AND SUBSCRIBED before me this first day of December, A. D. 1896, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words _____

(If any words have been erased in the application, enter them here.)

[L. S.]

applied for, erased, and the words _____, added;

(If any words have been added in place of any erased, enter them here.)

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Orlando H. Durlough
(Signature)
Notary Public
(Official character.)

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

As this may reach the hands of some persons unacquainted with this House, I append hereto, as appendices of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:

U. S. SENATE, COMMITTEES ON THE DISTRICT OF COLUMBIA,
WASHINGTON, D. C., June 12, 1890.
It gives me pleasure to recommend George E. Lemon, of this city, to the consideration of your committee as a reliable and responsible attorney of high character and superior attainments.
Respectfully,
JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER,
WASHINGTON, D. C.
GEORGE E. LEMON, Esq., Washington, D. C.
MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my highest respect.
Very truly, yours,
CHARLES F. MANDERSON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 12, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession.
Very truly,
G. C. MOODY, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 19, 1890.
I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington.
GILBERT A. FURCO, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contracts.
Respectfully,
S. M. CULLOM, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.
G. E. DAVIS, U. S. S.
PHILIPUS SAWYER, U. S. S.
W. D. WASHINGTON, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurance that it will be well and honestly attended to.
L. E. ATKINSON, M. C., 13th Pa. District.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 9, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence.
GEORGE W. E. DORSEY, 3d Dist., Neb.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney, and worthy of all confidence.
J. C. BRUNOWS, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims entrusted to him and have never yet heard one complain. He is a man of high character and is in every way worthy of the confidence of his clients.
D. B. HENDERSON, 3d Dist., Iowa.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients.
JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney.
WM. McKINLEY, Jr., 18th Dist., O.
E. N. MORRILL, 1st Dist., Kan.
J. L. MILLIKEN, 3d Dist., Me.
J. LOAN O'HANNA, 1st Dist., Mich.
E. H. FUNSTON, 2d Dist., Kan.
B. W. PERKINS, 2d Dist., Kan.
J. H. KETCHAM, 16th Dist., N. Y.
O. G. SAWYER, 8th Dist., N. Y.
H. T. WALKER, 3rd Dist., N. Y.
FREDERICK MILES, 4th Dist., Conn.
Wm. W. MORROW, 4th Dist., Cal.
JOSEPH R. REED, 6th Dist., Iowa.
O. A. HILL, 8th Dist., Ill.
J. H. SWENY, 4th Dist., Iowa.
CHAS. TAYLOR, 1st Dist., Ill.
G. W. ALKINSON, 1st Dist., W. Va.
CHAS. O'NEAL, 2d Dist., O.
O. S. GLENN, Rep.-at-Large, S. D.
BENJ. BUTTERWORTH, 1st Dist., O.
E. U. CONGER, 7th Dist., Iowa
and others.

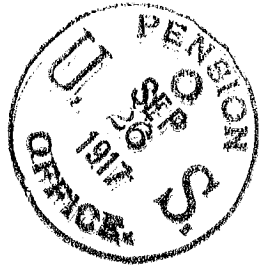
1.67. 823, 13/10 DEC 7 1896
OFFICE
INVALID.

CLAIM FOR PENSION.

ACT JUNE 27, 1890.

William H. Pond Applicant,
Part of 13-16 Mass. Regt.
v. C. 9 v. 10
Enlisted, 18
Discharged
RECORD PW.
DEC 12 1896
FILED BY
GEORGE E. LEMON,
Attorney and Counselor at Law,
1729 New York Avenue Northwest,
(LEMON BUILDING),
WASHINGTON, D. C.

RECEIVED
DEC 6 1896
LAW DIVISION
U. S. DEPT. OF WAR



Framingham Sept 24th 1917

Rec
Commissioner of Pension. H

Dear Sir: I sent my
application in for an
increase in my pension

Certificate 621.348 not
hearing from you I was
afraid you might not
received it Please let me
have a reply and if not
all right I will make
out another one

Sincerely Yours
Susan W. Bond
14 Union Ave

Framingham Mass
July 5th 1917

TRANSFERRED TO
MATTINGLY [3-216 a.]
U.S. & NAVY.
EXT.
No. 1043166
Act of June 27, 1890.
ELECTED

William H. Pond
P. O. *Mattick*
Middlesex Co. Mass.
Service: *B 16 Mass. Inf*
C. 9 U.R.C.
Enlisted: *July 16 2*, 1861.
Discharged: *July 2*, 1864.
Application filed: *July 28*, 1891.
Alleges: *1/174* . *2/68*
Any other Claim filed: *0/35*
Numerical No. *680338*

Attorney: *G. E. L.*
P. O. *City*
Recognized. Contract.
Cert. of Dis. Searched for *18*

BOARD OF REVIEW
APR 27

N. Y. - 5 - 26/91

MR. Dec 15/91 ABG
Boston Mass

N. H. July 20/92,
Chief Clerk, P. Office for designation
of service

Mar 28/93.

To Law Dir via N. P.
VT. To Atty Lemon.
Dec #82.

MASS.

Champt. Atty. G. E. Lemon

R. I.

Notified of rejection
Dec 14/93 E. L.

CONN.

N. Y.

N. J.

DEL.

No.

MAILED
MAR 20 1893

Marringe Blank sent,

3-852.

84

Fraser

Ex. 1

No. 833642

1/17/44

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

3/12/44

Susan W. Pond

31, Bartlett Ave. Arlington Mass.

Widow

William W. Pond

13. 16" Mass. Inf.

6. 9" V.R. Co.

Died at Arlington Mass. Sep-5/06

other claim.

Inv. lty. 893, 134

Sept. 27, 1906.

M.O.R.

See 4. Lc

Clerk.

Application filed: Sep. 21, 1906

Attorney: F. A. Brecknell

P.O. State House

RECEIVED

OCT 1 1906

Mass.

8

6-480

M.O.R.

26 Notified Oct 1, 1906		246
CONN.	Oct. 17, 1906 to app. Becknell for full civil rights custody term + insurance to date of over. E. J. A	
[REDACTED]		
[REDACTED]		
MASS.		
ME.		
MICH.		
N. H.		
N. J.		
N. Y.		
PA.		
R. I.		
VT.		
[REDACTED]		
No.		

3-216 a.

Ex'r.

No. *893137*

Act of June 27, 1890.

DECLARATIVE

John H. Pond

P. O. *Concord*

Middlesex Co. Mass

Service: *B 16 Mass Inf.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *Aug 3*, 189 .

Alleges: _____

Any other Claim filed: _____

Numerical No. _____

Attorney: *W B Stevens & Co*

P. O. *City*

_____ Recognized. _____ Contract.

_____ Cert. of Dis. Searched for _____, 189 ,

1-26-1900. Ex. Lowell,
Me. Mass, order to Clerk. &
Atty. Stevens & Co. info
N.Y. 7/01. ~~Mass. Del. Witham,~~
~~Mass. Atty. Stevens - R.H.~~

July 2-02 copy conch
Stevens & Co for Ex
from filing to Ex
Feb 25-1903, Clk. ~~Wrong~~
Mass. ~~Hen. Tirrell and County~~
Oull July 2-02 BAC

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

3-730. Old No. 3-239.

INVALID: (Series _____)

Cert. No. *893 137*

Name, *William H. Poph*

Rank, *1st Lt*; Service, *1316 Mass*

Vol. Inf Res Co 9 V.R.C.

Original Roll: *Boston*

Agency, *Transferred* 190 , to

DEAD

" , 190 , to

Issued *May 18*, 1903

Mailed *June 1*, 1903

Rate and Period, \$ *12*, from *Aug 3*, 1909

Fee, \$ *10*

Issue. Class *2*

Entered *2*

Deductions:

Disability: *Partial inability to earn support by manual labor.*

Issued *Aug 10*, 1904

Mailed *" 30*, 1904

Rate and Period, \$ *12*, from *May 4*, 1904

Fee, \$ *2*

Issue. Class *2*

Entered *2*

Deductions:

Disability:

(285-10,000)

DROPPED

SEP 14 1906

190

Auditor advised of Death. SEP 19 1906

CILLEY

Issued	Class	Pec. \$	Issued....., 190 .
			Mailed....., 190 .
			Rate and Period, \$....., from....., 190 .
Issue	Class	Pec. \$	Deductions:.....
			Disability.....
Issued	Class	Pec. \$	Issued....., 190 .
			Mailed....., 190 .
			Rate and Period, \$....., from....., 190 .
Issue	Class	Pec. \$	Accrued Pen: ons. EFFECT OF MAR 06 1895 Accrued Pension Certificate and Deductions....., Jan. 14, 1907 (Pen. Crt. is herewith) Payable to..... Disability mailed....., Jan. 15, 1907
INDORSEMENTS. June 26. 03. Chas. H. Tully info. of reg. of Act of Mar. 6, 96, U.S.P.A. Jan. 14, 1907. See Rpt to C. at Washington Feb. 24. Am. C. & T. Service info no claim in file by Mrs. Wm. H. Paul, Ct. No. 893, 137, of Concord, Mass. Ct. No. 893, 137, belong to the claim of Mrs. H. Paul of Naetham, Mass, which was paid in full on June 5, 1905 and no increase has been made since that time. S. J. [Signature]			

EASTERN

Act of June 27, 1890.

INVALID PENSION.

Claimant, William H. Pond, Ch. No. 893, 137.
 P.O., Natick, Rank, First Sergeant Transferred to
 County, Middlesex, Company, B C
 State, Massachusetts, Regiment, 16 Mass. V. C. 9 V. R. C.
 Rate, \$ _____, per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY.

Name, Milo B. Stevens & Co., Fee, \$ 1.0, Agent to pay.
 P.O., Washington, D. C., Articles filed, _____, 189 .

APPROVALS.

Submitted for rejection consideration, June 9, 1899, L. S. Perkins, Examiner.

Approved for rejection

Approved for rejection, no

No notable disability from
malaria, catarrh, disease of the kidneys
or debility from age, constipation
& nervousness, as per action
of Med Ref.

notable disability shown
under Act of June 27,
1890.

D. H. Olin
 Legal Reviewer.

J. S. Perkins
 Medical Referee.

Is now pensioned under other laws. Last paid to _____, 189 , at \$ 6

Pensioned from March 16, 1892, at \$ 4, and for from March 2, 1895 at \$ 6,
under general law, for two gunshot wounds of right leg.

SERVICE SHOWN BY RECORD.

Enlisted July 2, 1861, honorably discharged July 2, 1864

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed July 28, 1891, alleges permanent disability, not due to vicious habits,

from general debility, wound of right leg, malaria & resulting general debility. Declaration
 filed December 7, 1896, alleged malaria, catarrh & kidney complaint. (Both rej. Dec. 1/95; no dis.)

Declaration filed Aug. 28, 1897, alleged debility from age, constipation & ner-
 vousness.

Claimant writes.

Hon. C. W. Weymouth.

L.S.P.

June 24/99

July 27/99

(3-230.)

INVALID. (Series _____) ✓

Cert. No. **893137**

Name, *William J. Pond*

Rank, *Sgt.*; Service, *B. 16 Mass. Vol. Inf.*

Original Roll: *Boston*

Agency, *Transf'd* _____, 18____, to _____

" _____, 18____, to _____

Entered *Orig* Issue. Class. Fee, \$ *25*

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ *4*, from *Mar. 16*, 18____

" *\$6* " *Mar. 2*, 18____

Deductions: _____

Entered *Orig* Issue. Class. Fee, \$ _____

Disability: *Two gun shot wounds of right leg.*

Entered _____ Issue. Class. Fee, \$ _____

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Entered _____ Issue. Class. Fee, \$ _____

Disability: _____

Entered	Issued, _____, 18
	Mailed _____, 18
	Rate and Period, \$ _____, from _____, 18
Entered	Fee, \$ _____
	Deductions: _____
	Disability: _____
Entered	Issued _____, 18
	Mailed _____, 18
	Rate and Period, \$ _____, from _____, 18
Entered	Fee, \$ _____
	Deductions: _____
	Disability: _____
<p align="center">INDORSEMENTS</p> <p>July 27/99 <i>[Signature]</i> <i>[Signature]</i></p> <p>1904 Recd. <i>[Signature]</i> <i>[Signature]</i></p> <p>Relief. <i>[Signature]</i> <i>[Signature]</i></p> <p>Adm. <i>[Signature]</i> <i>[Signature]</i></p> <p>Surviv. Co. 621348</p>	

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

Act of June 27, 1890.
**Additional
INVALID PENSION.**

Claimant, William A. Pond #893137
P. O., Concord, Rank, Sgt Transferred
County, Middlesex, Company, B
State, Massachusetts, Regiment, 16 Massvol Inf 90 R6
Rate, \$ 8 per month, commencing August 3, 1899

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

RECOGNIZED ATTORNEY.

Name, M. B. Stevens & Co., Fee, \$ 10
P. O., City Agent to pay.

APPROVALS.

Submitted for ad April 8, 1903 A. Chapin, Examiner.
Approved for gun shot wound of right leg, malaria, kidney trouble and general debility. Dis liver and diabetes found on med exam. Covered by appl. sub appl. M.R. atank, Constipation, rheumatism and age to M.R. for rep.
Approved for gun shot wound of right leg, disease of liver, diabetes mellitus and general debility.
Aggregate of disabilities shown, permanent in character: \$ 8
Former rejection adhered to
April 18, 1903 D. A. Brandbury Bullock Cooke
May 5, 1903 M. K. Chan May 6, 1903 Shaw
May 11, 1903 Re-Reviewer. Medical Examiner. Medical Reviewer. Medical Referee.

No 2 pensioned under other laws at \$ 6 per month for gun shot wounds of right leg
Enlisted July 2, 1861 and honorably discharged July 2, 1864
Reenlisted No other, 18____, honorably discharged____, 18____
Declaration filed August 3, 1899 alleges permanent disability, not due to vicious habits, from Malaria, Calarrh, disease of Kidneys, general debility & wound of right leg, debility from age, Dec 5, 1900 Alleged nervous exhaustion premature age, Calarrh and Contipation, Rheumatism G.W.

Hon Charles F. Perriello

Claimant does _____ write.

3-182.
(Old No. 3-428.)

Medical Division,
BUREAU OF PENSIONS,

Washington, D. C. *June 14, 1902.*
No. Claim, *893137,*
Claimant, *Wm. H. Pond,*
Soldier, *" " "*
Co. *B,* 16 Reg't *Mass. Vol.*

Respectfully returned to *Chief of*
Eastern Division:
Available disability under
Act of June 27, 1890, is
shown from diabetes
mellitus, disease of liver,
wound to right leg and
general disability \$8.00
no other disability affect-
ing rate.

[Signature]
Approved.
[Signature] Medical Examiner.
[Signature] Medical Referee.

No. 66.

Declaration for the Increase of an Invalid Pension.

ACT OF JUNE 27, 1890.
(UNDER ANY LAW.)

State of Massachusetts County of Middlesex ss:

On the date hereinafter mentioned, personally appeared before me, a Notary Public
within and for the County and State aforesaid Wm H. Pond Title of Magistrate.

aged 62 years, a resident of Waltham County of Middlesex State
of Massachusetts who being duly sworn according to law, declares that he is a pensioner of the
United States, under Wm. H. Pond enrolled at the Boston Pension Agency at
the rate of Eight Dollars per month, Certificate No. 893135 by reason of partial
inability to earn a support by manual labor

That he served as a Sergeant Co. B. 16th Mass. Inf. Vols. + Co. C 9th Reg. Vet. Re-
State Rank, company and regiment, if in the army; or the name of the vessel if in the navy.

That he believes himself to be entitled to an increase of pension on account of too low rating for his
present degree of disability as above. claim on account of

Liver & kidney trouble, bladder trouble, & general debility
and brain derangement

Important

Do not fill in
the opposite
space if you
are now pen-
sioned under
the General
Law.

☒ If you are now pensioned under the Act of June 27, 1890, and amendments, here
name or describe every disability from which you are materially disabled for manual labor and on which
you claim an increase of said pension:

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief per-
manent. He hereby appoints, with full power of substitution, MILO B. STEVENS & CO.,
of WASHINGTON, D. C. their successors and legal representatives, his true
and lawful attorneys, to present and prosecute his claim, requesting that, in the event of the allowance
of the same, his said attorneys be paid the fee now provided by law.

His Post-office address is 12 Leonard Street, Waltham, Mass.
Give street and number if in city or town.

William H. Pond
Signature of Claimant

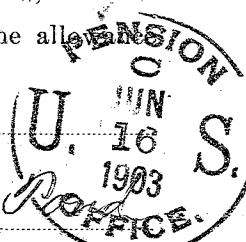
Also personally appeared William J. Knox residing at Waltham
Mass., and William Wilson

residing at Waltham, Mass., 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
William H. Pond, the claimant, sign his name [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 the prosecution of this claim.

William J. Knox
William Wilson
Signatures of witnesses.

If witnesses sign by mark two persons who can write must sign here

SEE OTHER SIDE.



FROM THE OTHER SIDE.

Subscribed, sworn to and acknowledged before me this tenth day of June 1903, and I hereby certify that the contents of the above declaration and power of attorney were fully and truly made known and explained to the applicant and witnesses before swearing to the same; and that William H. Pond acknowledged the signing and sealing of the power of attorney to be his free act and deed for the purposes herein named. I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Andrew J. Lathrop
Signature of Magistrate.

Notary Public
Official title of Magistrate.

NOTE—This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need not be attached but will be procured when called for. In numerous instances the official character of the Notary or Magistrate is already officially known at the Pension Bureau, and in that case the fact should be stated.
(12-4-1902-10M)

AN INCREASE OF PENSION MAY BE SECURED

1st. When the disability for which pension is drawn has ratably increased since the pensioner was last before Pension Examining Surgeons;

2nd. When the disability for which pension is drawn has ratably increased since the rate of pension was last increased;

3rd. When the disability for which pension is drawn has ratably increased since the pension was originally granted;

4th. When the disability for which pension drawn has resulted in some other ratable pensionable disability not mentioned in the pensioner's certificate;

5th. When the rate of pension the original allowance was fixed too low in proportion to the degree of disability (in many such cases a re-rating as well as an increase can be secured); and,

6th. Also, in cases under the act of June 27, 1890, as amended by the act of May 9, 1900, when additional ratable disability of permanent character, not due to vicious habits, has been incurred since last medical examination.

ACT OF JUNE 27, 1890.

INVALID

**Claim for Pension
INCREASE.**

Wm. H. Pond Applicant

Co. *B.* 16th Regt.

Mass. *Me.* *etc.*

Ctf. No. *893,137.* *of*

C. 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

EAST. DIV.
JUN 29 1901
RECEIVED.

FILED BY

MILO B. STEVENS & CO.,

Solicitors of Claims and Patents

Washington

RECEIVED
JUN 29 1901
U. S. DEPT. OF WAR
WASHINGTON
1008 R

No. 77.

GENERAL AFFIDAVIT.

STATE OF Massachusetts

COUNTY OF Middlesex

SS.

In the matter of the claim for

William H. Pond

(Character of Claim)

(Name of Claimant, the Name and Service of Soldier)

Personally came before me, a

Notary Public

...in and for the

(Justice, Notary, Judge, Clerk or Deputy Clerk.)

County and State aforesaid

W. F. U. Life - E. L. Raymond, Harriet A. Ogden, Florence O. Johnson, Concord.

(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

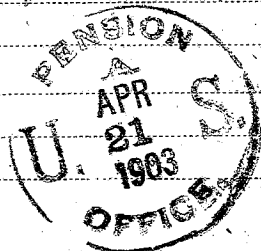
Concord Massachusetts

persons of lawful age, who, being sworn, declare in relation to the aforesaid claim, as follows:

That they have been well and intimately acquainted with the claimant for about 37 years 35, 35, 25 years, and 35, 60 62 39 years respectively and know of their own personal knowledge, that during the period from before August 3rd 1899 to the present time, he has suffered continuously from disease of kidneys and liver, being disabled thereby, during said period to the extent of $\frac{3}{4}$ $\frac{3}{4}$ $\frac{3}{4}$ $\frac{3}{4}$ for performance of manual labor. They have no reason to believe his disabilities due to vicious habits, for he has no such habits.

W. F. White
E. L. Raymond

W. F. White
E. S. Raymond
Barriek H. Osgood
Florence W. J. J. J. J.



(SEE OTHER SIDE.)

MAST. DIV.
APR 21 1903
RECEIVED

They further declare that they no interest in said claim, and are not concerned in its prosecution.

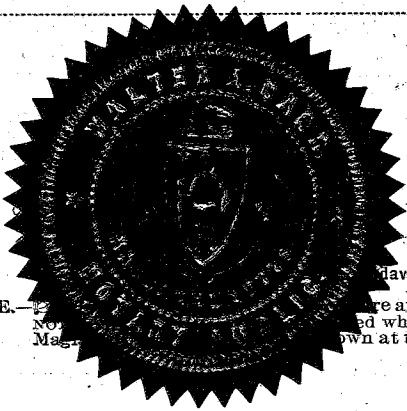
If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 (Name of one witness to X mark.)
2 Walter A. Barr (Name of other witness to X mark.)

Signature of Affiant or of each Affiant.
Florence O. Johnson
Harriet S. Osgood, E. J. Raymond

Sworn to and subscribed before me, this ninth day of April 1903 at Concord in the County of Middlesex State of Massachusetts, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words (If any words have been erased in the affidavit, enter them here) erased and the words

(If any words have been added in place of any erased, enter them here) added, that the affiant are to me well known and (Is or are) (Is or are) (Here state whether respectable and credible); and I fully certify that I have no interest, direct or indirect, in the prosecution of this claim



Walter A. Barr
(Name of Officer before whom executed)
Notary Public
(State whether Justice, Notary, Clerk or Deputy Clerk)

NOTE: If the Affidavit is Executed must note in His Certificate all Erasures and Interlineations, as indicated above. No officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need when called for by the department. In numerous instances the official character of the Notary or Notary Public is shown at the department.

Files
No. 893/37
CASE OF
William H. Ford
Chas. B. - 16 - Sept -
Mass. Ind.

FOR
Not of June 27, 1900.
Invalid Pension
AFFIDAVIT OF

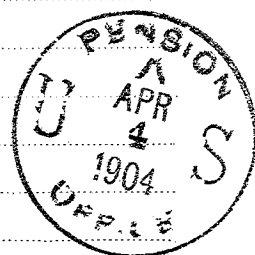
FILED BY
Milo B. Stevens & Co.,
SOLICITORS OF CLAIMS AND PATENTS,
WASHINGTON, D.C.

GENERAL AFFIDAVIT.

NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state how you know what you say to be true; whether from personal observation or otherwise. This blank can be used for the testimony of either one or two persons.

STATE OF Mass }
COUNTY OF Middlesex } ss.
In the matter of the claim for William A. Bond
of Concord Mass.
late of Company B, Regiment, 16 Mass Volunteers.
Personally came before me, a Notary Public in and for aforesaid County
and State, George E. Titcomb, aged 48 years,
and _____, aged _____ years,
resident of Concord, in the County of Middlesex, State of
Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

Statement from personal observation
In Aug. 1899 was consulted as
doctor suffered from dyspepsia
weakness body & mental
Has been unable to work since
May 1903. Body not well wounded
cannot concentrate his thought
or remember how feel a hope in
prospect with intent to think
to take his own life
Is unable to follow any occupation
because of mental & physical weakness



and that has no interest in said case, and is not concerned in its prosecution.

Affiant's Signature, Geo E Titcomb

P. O. Address, Concord Mass

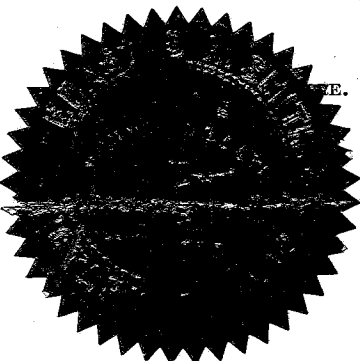
Affiant's Signature, _____

P. O. Address, _____

Attest—when any affiant signs BY MARK two persons sign here.

Sworn to and subscribed before me this day by the above-named affiant —; and I certify that I read said affidavit to said affiant —, and acquainted *him* with its contents before *he* executed the same; that said affiant *is* personally known to me; that *he is* a credible person and so reputed in the community in which *he* resides. ~~I further certify that the words~~
~~were erased, and the words~~ ~~were added~~
before execution, and that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my hand and seal this *23rd* day of *March* 190*4*



{ Any erasures or interlineations in the foregoing affidavit should be certified by the Magistrate, in his jurat, as having been made before execution. }

Esdras H. Smith
Magistrate's Signature.
Notary Public
Official Character.

NOTE.—This may be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If sworn before a NOTARY or JUSTICE, then the official character and signature of such officer should be verified by certificate of the Clerk of Court, on the form which follows:

I, _____ Clerk of the _____ Court, in and for aforesaid County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of said Court, this _____ day of _____ 190 .

Clerk.

[L. S.]

Nature of Claim, *Indorsement Claim*

No. _____

Claimant, *William H. Parach*

Late Sergeant Co. B, *16th* Reg't,

Mass. Infantry Vols.

AFFIDAVIT OF

George E. Whitcomb M.D.

FILED BY

John M. Saunders

Mass.

APR 6 1904
DIVISION.

SOLD BY
BAIL, LAW STATIONER,
214 MONTGOMERY STREET,
BOSTON.
No. 603.

RECEIVED
DIVISION
APR 6 1904

3-357.

Cert. No. 893.137

ACT JUNE 27, 1890.

Invalid INVALID PENSION.Claimant, William H. PondP. O. 12 Leonard St. WalthamCounty MiddlesexState MassachusettsRank Sergeant GrimesCompany B.Regiment 16 Mass Infantry 19th R.C.

Rate, \$ _____ per month, commencing _____

Pensioned for _____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

REJECTED

Jan 11, 1904

Name Wm B. Stearns & Co.Fee, \$ 2.P. O. Washington D.C.

Agent to pay.

APPROVALS.

Submitted for act., Dec 17, 1903, W. P. Dan Examiner.

Approved for gunshot wound of right leg disease of liver, diabetes mellitus and general debility (old) and disease of kidneys and bladder and derangement of brain (new) alleged June 16, 1903, and Catarrh formerly alleged

Approved for gunshot wound of right leg and general debility

Aggregate of disabilities shown, permanent in character: \$ 8No increase.

Dec 18, 1903, Johnson
Capt Air Legal Reviewer.
_____, 190____, _____
Re-Reviewer.

Dec 28, 1903, J. Mead
Medical Examiner. Medical Reviewer
Sam Houston
Medical Referee.

Enlisted July 2, 1861; honorably discharged July 2, 1864.

Enlisted _____, 186____; honorably discharged _____, 186____.

Pensioned at \$ 8. per month. Last paid to gun shot wound of right leg disease of liver, diabetes mellitus and general debility.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed June 16, 1903, alleges injury for present claim and disease of kidneys & bladder and brain derangement

Claimant does _____ write.
Certificate not filed.

Wm, M. C.

DECLARATION FOR INCREASE OF PENSION

Under the Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Massachusetts, County of Middlesex, ss:

ON THIS thirtieth day of March A. D., one thousand nine hundred three, personally appeared before me, a Notary Public

within and for the County and State aforesaid William H. Pond

aged 63 years, a resident of Concord County of

Middlesex State of Mass, who

being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the

Boston Pension Agency at the rate of Eight dollars per

month, Certificate No. 893.137; by reason of disability from

[Here name the disability for which pension was granted.]

Claimant is totally disabled from performing manual labor on account of physical and mental weakness and dyspepsia

That he was a Sergeant in Co. B 16 Reg't Mass Infantry Vols.

[Here state rank, company and regiment, if in the army; vessel, if in the navy.]

That he believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with extent of his present disability. He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890.

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 of substitution and revocation Abbie M. Saunders

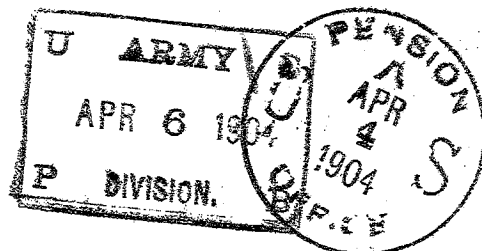
of Concord Mass, his true and lawful attorney, to prosecute

his claim and receive a fee of \$ 25 His post-office address is Concord

Mass

William H. Pond
(Signature of Claimant.)

Julius Smith
Myrick L. Hatch
(Two witnesses who can write sign here.)



FILE

Also personally appeared Julius M. Smith residing at Concord Mass, and Myrick L. Hatch, residing at Concord Mass, persons whom I certify to be respectable and entitled

to credit, and who being by me duly sworn, say they were present and saw

William H. Rand, the claimant, sign his name (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 the prosecution of this claim.

Julius M. Smith
Myrick L. Hatch
[Signatures of affiants.]

[If affiants sign by mark, two persons who write sign here.]

Sworn to and subscribed before me this thirtieth day of March A. D. 1904

and I certify that the contents of the above declaration &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

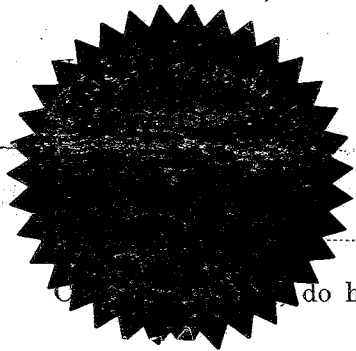
~~erased, and the words~~

~~added; and that I have no interest,~~

direct or indirect, in the prosecution of this claim.

Frank H. Smith
[Official Signature.]

Notary Public
[Official Character.]



_____, Clerk of the County Court in and for aforesaid

do hereby certify that _____, Esq

who has signed his name to the foregoing declaration and affidavit was, at the time of so doing a

_____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and seal of office, this _____ day of _____, 190

[L. S.]

Clerk of the _____

Soldier's Application

FOR

INCREASE

Under the Act of June 27, 1890.

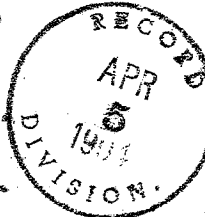
William H. Ford Applicant.

Co. B. 16th Reg't.

Mass. Infantry Vols

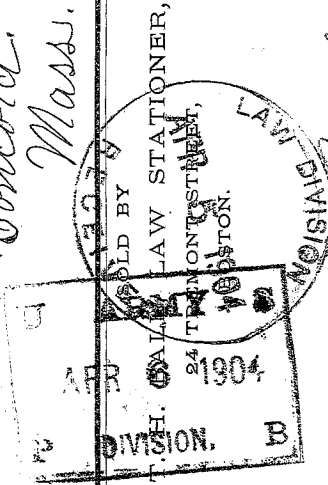
Pension certificate No. 893, 137 of

893, 137 of



FILED BY

Abie M. Saunders
Concord
Mass.



Concord June 29. 1904

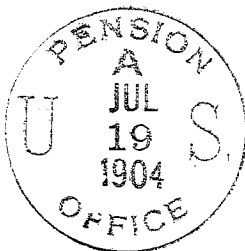
Hon. Commissioner of Pensions.

Dear Sir,

The name of the street on which William H. Pond resides is Thoreau St. Concord, Mass. The houses are not numbered -

Very Respectfully,

Abbie M. Saunders, Atty
for William H. Pond -



3 38.

2 hfs.

✓
JEW
Boston

ACCRUED PENSION.

Act of March 2, 1895.

EASTERN Division.

Certificate No. 893137, Last issue August 10, 1904.

Pensioner, William H. Pond, Act June 27, 1890.

✓ Date of death, September 5, 1906.

✓ Claimant, Susan W. Pond, widow,
31, Bartlett avenue, Arlington, Boston
Middlesex county,
Massachusetts.

Certificate is filed.

Attorney, —

Fee, ✓ Agent to pay.

P. O., —

Articles filed —

Submitted Dec. 28, 1906, E. C. Palmer, Examiner.

BOARD OF REVIEW.

Approved for admission

Pay widow as above

J. E. Ellger, Reviewer, Jan 3, 1907

J. E. Ellger, Rereviewer, Jan 4, 1907

CERTIFICATE DIVISION

Accrued Pension Certificate and Order { Issued —, 190 —
Mailed —, 190 —

Payable to —

M. C., None

Claimant

writes.

Wm. H. Q. Finck

C. Q. Tirrell

S. W. McCall con

3-357.

Cert. No. 893137

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, *William H. Pond*

P. O. *Thoreau Street, Concord*

County *Middlesex*

State *Massachusetts*

Rate, \$ *12* per month, commencing *May 4 1904*

Rank *Sergeant*

Company *B*

Regiment *16 Mass. Vol. Inf.* *Co. "D"* *9th V.R.C.*

Pensioned for *Total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *Abbie M. Saunders*

Fee, \$ *2*

P. O. *Concord Mass.*

Agent to pay.

APPROVALS.

Submitted for *admission*, *Aug. 1*, 1904, *A. H. Hearn*, Examiner.

Approved for *Gun shot wound of right leg and general debility*
Physical and mental weakness and dyspepsia now, alleged April 4, 1904

Approved for *disease of heart and kidneys, rheumatism and senile debility*

Rheumatism and disease of kidneys formerly alleged, and disease of heart found on medical examination made May 4, 1904

Aggregate of disabilities shown, permanent in character: \$ *12*
from May 4-1904

August 1, 1904, *W. E. Smith*
Legal Reviewer.

Dudley Shumard
Medical Examiner.
August 3, 1904, *Sam. Austin*
Medical Referee.

Enlisted *July 2*, 1864; honorably discharged *July 2*, 1864

Enlisted _____, 186____; honorably discharged _____, 186____

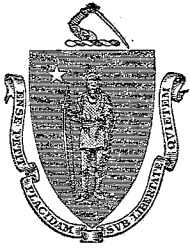
Pensioned at \$ *8* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *April 4*, 1904, alleges *increase as pensioned viz: gun shot wound of right leg and general debility. And also physical and mental weakness and dyspepsia.*

Claimant does _____ write.
Certificate not filed.

E. J. How Charles L. Tirrell M. C.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Norfolk*

ss.

In the matter of the claim for *Widow's Pension #855642*
 of *Susan St. Pond widow of*
William H. Pond
 of Company *B*, *16* Regiment *Mass.* Vols.:—

Personally came before me, a *Justice of the Peace* in and for
 aforesaid County and State, *Ellen S. Raymond* ^(aged 64 yrs.) *resident of Needham Norfolk County* and
Harriet A. Osgood aged 66 yrs, resident of *Somerville*
 in the County of *Middlesex*, State of *Massachusetts*, who being
 duly sworn, declare in relation to aforesaid claim, as follows:—

We have known William Henry Pond, since the
year eighteen hundred fifty five, one year after
his discharge from the Army, and can truthfully
say that since that time he has been a great
sufferer from catarrhal stomach trouble,
brought on by his exposure during the three
years of service. He has hardly been able to
do any labor though a person of endurance
and perseverance. The past fifteen years he
has been under a Physician's care a greater
part of the time and unfit to do any manual
labor



We further declare that *we* no interest in said claim, and *are* not concerned
 in its prosecution.

Affiant's Signature, *Ellen S. Raymond*P. O. Address, *Needham Mass*

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature, *Harriet A. Osgood*P. O. Address, *16 Highland Ave. Somerville*
Mass

[OVER]

DEC 7 1906

(Here insert affiant's name or names.)

Sworn to and subscribed before me this day by the above-named affiant Ellen S. Raymond and Harriet A. Osgood; and I certify that I read said affidavit to said affiants, and acquainted them with its contents before they executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this third day of October 1906.

Sign here

George W. Sisdale
Justice of the Peace
Needham Mass

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

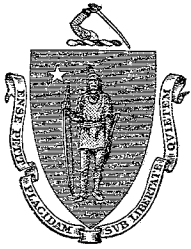
No.

CLAIM FOR

AFFIDAVIT OF

FILED BY

PENSION DEPARTMENT,
STATE HOUSE,
BOSTON, - - MASS.



Commonwealth of Massachusetts

PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

PHYSICIAN'S AFFIDAVIT.

State of Massachusetts,

County of *Worcester*

In the matter of the claim for

of *Natick, Massachusetts*} ss. *Widow's Pension # 855642*of Company *B*, *16* Regiment *Massachusetts* Vols.:Personally came before me, a *Justice of the Peace*

in and for the aforesaid County and State.

a citizen of *Natick*, County of *Worcester*State of *Massachusetts*, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case, as follows:That he is a practising physician, and that he ~~has been~~ ^{was} acquainted with said soldier for about *twenty* years, and that *he treated said soldier*

(Here embody all the facts known to the affiant relative to his treatment of the soldier.)

*at various times for different ailments: That during the latter years of said soldier's residence in Natick - he moved from Natick to *Ware* Massachusetts several years ago - He suffered from insomnias, tendency to melancholia, poor appetite, dyspepsia of severe type: His history seemed to indicate an undermining of his health because of the hardship endured in army life.*

He further declares that he has been a practitioner of medicine for *thirty* years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Chas. H. Cook

(Affiant's Signature. Give rank and service if in the army.)

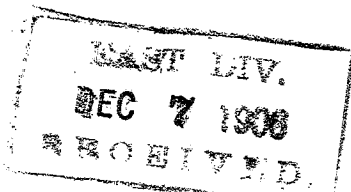


Sworn to and subscribed before me this 16th day of November
A.D. 1906, and I hereby certify that the affiant is a practising physician in good professional stand-
ing; that the contents of the above declaration, etc., were fully made known to him before swearing,
including the words has been erased, and the words _____
_____ added; and that I have no interest, direct or indirect, in the
prosecution of this claim.

Granville E. Perry
(Signature.)

Justice of the Peace
(Official Character.)

[SEAL.]



This affidavit may be executed by any officer authorized to administer oaths for general purposes in
the State, city or county where said officer resides. If such officer has a seal and uses it upon such
paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used
by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix
his official seal thereto, and shall certify to the signature and official character of said officer.



Commonwealth of Massachusetts.

Office of the Secretary, Boston, Dec, 5, 1906.

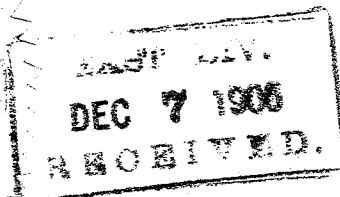
I hereby certify, That at the date of the attestation
hereto annexed

Francis C. Perry was

A JUSTICE OF THE PEACE for the said Commonwealth, duly commissioned
and qualified; that to his acts and attestations, as such, full faith and
credit are and ought to be given, in and out of court; that I believe his sig-
nature to be genuine; and that said Justice of the Peace was by law
authorized to take depositions, administer oaths, and take acknowledgments of deeds
and other instruments, throughout the Commonwealth.

In Testimony of which, I have hereunto affixed the
GREAT SEAL OF THE COMMONWEALTH the date first above written.

tl
P
b
h



W^m M. Olin,

Secretary of the Commonwealth.

No. 855-642

R

CLAIM FOR

Widow's Pension

Susan W. Pond

widow of

William H. Pond

Co. B 16th Mass. Inf.

MEDICAL EVIDENCE.

AFFIDAVIT OF

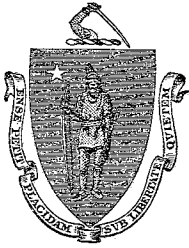
Charles H. Cook
M.D.

FILED BY

STATE PENSION AGENT OF MASS.,

STATE HOUSE,

BOSTON, - - MASS.



Commonwealth of Massachusetts

PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

PHYSICIAN'S AFFIDAVIT.

State of Massachusetts

County of Suffolk

} ss.

In the matter of the claim for *Widow's Pension #855642*
 of *Susan St. Pond* widow of *William H. Pond*
 of Company *B*, *16th* Regiment *Mass.* Vols.:

Personally came before me, a *Notary Public*
 in and for the aforesaid County and State *Charles A. Dennett*
 a citizen of *Arlington*, County of *Middlesex*
 State of *Mass.*, well known to me to be reputable and
 entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case, as follows:

That he is a practising physician, and that he has been acquainted with said soldier for about
two years, and that

(Here embody all the facts known to the affiant relative to his treatment of the soldier.)

I began to attend him July 11-1904. He then had chronic gastric catarrh and said he had had it ever since he was in the army. Judging from his physical condition I should think it true. His food distressed him and formed much flatus. He was constipated - very much emaciated - had marked despondency at times. I attended him at intervals until his death - Sept. 5-1906. Towards the last of his sickness I thought I could mark out an enlargement in the stomach, and thought carcinoma a contributing cause probably. Towards the end of his life the pain was so severe I had to inject morphine to quell it. The emaciation was extreme.

He further declares that he has been a practitioner of medicine for *Since 1888*
 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Charles A. Dennett

(Affiant's Signature. Give rank and service if in the army.)

Frank J. Wellington
(Signature.)
Notary Public
(Official Character.)

[SEAL.]

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

CLAIM FOR

MEDICAL EVIDENCE.

AFFIDAVIT OF

FILED BY
STATE PENSION AGENT OF MASS.,
STATE HOUSE,
BOSTON, - - MASS.

Commonwealth of Massachusetts.

— CERTIFICATE OF DEATH. —

Town of Arlington, Sept 17 1906

I, Thomas J. Robinson, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the Death of William Henry Pond

The record is in the following words and figures, to wit:

✓ Date of Death, Sept. 5 - 1906
Name & Surname of Deceased, William Henry Pond
Name & Surname of Husband, —
Sex, Male Color, White Condition, Married
✓ Age, 65 Years, 8 Months, 17 Days.
Disease or Cause of Death, Chronic Gastritis ✓
Residence, 31 Bartlett Ave. Arlington
Place of Death, 31 " " "
Place of Burial, Acton, Mass
Occupation, Retired
Place of Birth, Franklin, Mass
Name & Birthplace of Father, Alfred Pond, Franklin
Name & Birthplace of Mother, Louise Fisher, Wrentham

I, Thomas J. Robinson
above named, depose and say, that I hold the office of Town Clerk of the
Town of ARLINGTON, in the County of MIDDLESEX, and Commonwealth
of Massachusetts: that the Records of Births, Marriages and Deaths
in the said Town are in my custody, and that the above is a true
extract from the Record of Deaths in said Town, as certified by me.

Witness my hand and seal of the said Town
on the day and year first above written.

(SEAL)

Thomas J. Robinson
Town Clerk.

WIDOW'S PENSION.

Claimant, Susan W. Pond,
P. O., 31 Bartlett Avenue, Arlington,
County, Middlesex,
State, Massachusetts.
Soldier, William S. Pond,
Rank, Sergeant,
Company, B,
Regiment, 16 Mass. Vol. Inf.

Rate, \$ _____ per month, commencing _____, and
and \$2 a month additional for each child, as follows:

By former marriage.	{ Born, _____, _____ }	Commencing _____,
	{ Sixteen, _____, _____ }	
By last marriage.	{ Born, _____, _____ }	" _____,
	{ Sixteen, _____, _____ }	
	{ Born, _____, _____ }	" _____,
	{ Sixteen, _____, _____ }	
	{ Born, _____, _____ }	" _____,
	{ Sixteen, _____, _____ }	
	{ Born, _____, _____ }	" _____,
	{ Sixteen, _____, _____ }	
	{ Born, _____, _____ }	" _____,
	{ Sixteen, _____, _____ }	
{ Born, _____, _____ }	" _____,	
{ Sixteen, _____, _____ }		

REJECTED

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate _____, 1 _____, date of _____

RECOGNIZED ATTORNEY.

Name F. A. Bicknell, Fee, \$ _____ Agent _____ to pay.
P. O. Boston, Mass. Articles filed _____, 1 _____

APPROVALS.

Submitted for Adm. Dec. 28, 1906, E. C. Palmer, Examiner.
St. R. A.

Approved for rejection on the ground that soldier's death from chronic gastritis was not
the result of gunshot wounds of right leg for which he was pensioned, nor
is it shown by record, medical or other competent evidence, to have been
otherwise due to his military service. which has been legally accepted.
Accepted due to

Jan 10, 1907, E. C. Alger Legal Reviewer.
Jan 14, 1907, J. E. Masford Re-Reviewer.

See medical action on preceding brief.
Medical Examiner. Medical Reviewer.
_____, 190____, Medical Referee.

IMPORTANT DATES.

Enlisted July 2, 1861
Mustered _____, 1_____
Discharged July 2, 1864
Died September 5, 1906
Declaration filed September 21, 1906
Invalid appl'n filed March 16, 1892
" " " July 28, 1891
Invalid last paid to June 4, 1906

Former marriage of soldier none, 1_____
Death of former wife _____, 1_____
Former marriage of claimant none, 1_____
Death of former husband _____, 1_____
Claimant's marriage to soldier May 1, 1866 ✓
Claimant remarried not No divorce, 1_____

M. C. Sam. Charles G. Tirrell Claimant does _____ write.

Order 51 observed.

2 bps.

No. 835642

WIDOW'S PENSION.

Claimant, Susan W. Pond
P. O., 31, Bartlett Avenue, Arlington
County, Middlesex
State, Massachusetts
Soldier, William H. Pond
Rank, Sergeant
Company, B
Regiment, 16 Mass. Vol. Inf. 2nd Bn. C.
Rate, \$ 12 per month, commencing September 6, 1906, and
and \$2 a month additional for each child, as follows:

By former marriage.	Born, _____	Commencing _____
	Sixteen, _____	

By last marriage.	Born, _____	" _____
	Sixteen, _____	
	Born, _____	" _____
	Sixteen, _____	
	Born, _____	" _____
	Sixteen, _____	
	Born, _____	" _____
	Sixteen, _____	
	Born, _____	" _____
	Sixteen, _____	
	Born, _____	" _____
	Sixteen, _____	

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate _____, 1_____, date of _____

RECOGNIZED ATTORNEY.

Name T. A. Bicknell Fee, \$ _____ Agent _____ to pay.
P. O. Boston, Mass. Articles filed _____, 1_____.
EASTERN

APPROVALS

Submitted for Adm. Dec. 28, 1906, E. C. Palmer, Examiner.

Approved for _____; origin and
continuance of two gunshot wounds of right
leg accepted

Approved for Rejection; death resulted
from chronic gastritis not
due to _____

Cause which has been legally accepted.

Jan 3, 1907, E. E. Ellger
Legal Reviewer.
Jan 4, 1907, J. E. Bradburn
Re-Reviewer.

June, 1907, Medical Examiner.
June 5, 1907, Medical Reviewer.
Mason Medical Referee.

IMPORTANT DATES.

Enlisted <u>July 2</u> , 18 <u>61</u>	Former marriage of soldier <u>none</u> , 1_____
Mustered _____, 1_____	Death of former wife _____, 1_____
Discharged <u>July 2</u> , 18 <u>64</u>	Former marriage of claimant <u>none</u> , 1_____
Died <u>Sept. 5</u> , 19 <u>06</u>	Death of former husband _____, 1_____
Declaration filed <u>Sept. 21</u> , 19 <u>06</u>	Claimant's marriage to soldier <u>May 1, 1866</u>
Invalid appl'n filed <u>July 16</u> , 18 <u>97</u>	Claimant remarried: <u>no divorce</u> , 1_____
" " " <u>July 28</u> , 18 <u>97</u>	
Invalid last paid to <u>June 4</u> , 19 <u>06</u>	

M. C. None Don Charles Q. Tinsie M. C. Claimant does _____ write.

Order 51 observed.

TRANSFERRED TO
NAVY.
Imm. O. No. 1043/166
Acts of July 14, 1862, and March 3, 1875.

William H. Pond
P. O. *Natick*
Middlesex Co. Mass.
Service: *Sgt. B 16 "Mass. Inf.*
C. 9 V.R. Co.

Enlisted: _____, 18 ____
Discharged: _____, 18 ____

Application filed: *Mar 16*, 18*92*
1/174
Alleges: _____
7
69

Re-enlisted: _____
Imm O. 1043 166

Attorney: *Geo. E. Lemmon*
P. O. *city*

Recognized. _____ Contract. _____
ATTY FILED.
Cert. of Dis. Searched for _____
(17176-30,000.)
P.

No. 4. 13. 92. COMP

ME.

June 1895 - RHP for full med.

N. H.

itary and medical history.

W. F. F

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

JUN 13 1892

ACT OF JUNE 27, 1890, AS AMENDED BY ACT OF MAY 9, 1900.

WIDOW'S PENSION.

Claimant Susan W. Pond

Soldier William H. Pond

P. O. 31, Bartlett Avenue,

Rank Sergeant, Co. B.

County Middlesex, State Massachusetts

Regiment 16 Mass. Vol. Inf. 2d Co. C.

Date, \$8 per month, commencing September 21, 1906, and \$2 additional for each child, as follows:

{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____
{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____
{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____
{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____
{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____
{ Born, _____	{ _____	{ _____
{ Sixteen, _____	{ _____	{ _____

Order to \$23 per month, commencing Sept. 8, 1913.
77 years.
1907

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate _____, 1 _____, date of _____

RECOGNIZED ATTORNEY.

Name F. A. Bicknell,

Fee, \$ 4

Agent to pay.

P. O. State House, Boston, Mass.

Articles filed _____, 1 _____

APPROVALS.

Submitted for Adm. Jan. 21, 1907, E. C. Palmer, Examiner.

Approved for admission under act of June 27, 1890 as amended by act of May 9, 1900

The soldier was pensioned at \$ 12 per month for under June Act.

Enlisted July 2, 1861

Soldier's app'n filed July 16, 1897

honorably disch'd July 2, 1864

Clt's app'n under other laws Sept. 21, 1906

Reenlisted no other serv., 1 _____

Former marriage of neither, 1 _____

honorably disch'd _____, 1 _____

Death } of former _____, 1 _____
 Divorce }

Died September 5, 1906

Clt's marriage to soldier May 1, 1866

Declaration filed Sept. 21, 1906

Clt's not remarried: no divorce, 1 _____

Claimant _____ writes.

Non-remarried, M. C.

Order 51 observed. S. W. McCall

EASTMAN

GENERAL AFFIDAVIT.

NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state how you know what you say to be true; whether from personal observation or otherwise. This blank can be used for the testimony of either one or two persons.

STATE OF Massachusetts }
COUNTY OF Middlesex } ss.

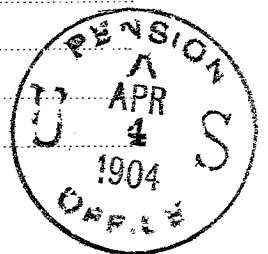
In the matter of the claim for

of _____
late of Company _____, _____ Regiment, _____ Volunteers.

Personally came before me, a Notary Public in and for aforesaid County
and State, Harriet A. Osgood, aged 63 years,
and Ellen S. Raymond, aged 61 years,
resident of Concord, in the County of Middlesex, State of
Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

We have known William H. Pond for the
past twenty years or more, and know that
for the past ~~five~~ years he has been steadily
failing mentally and physically. He was obliged
to give up work in May 1908. and it is the
opinion of his dr. and friends that he
will never be able to work again. His mental
trouble seems to increase very rapidly. He has
to be watched at all times as he carries a
rope and says he will do away with himself.
He has a wife, and young daughter to support
and as he has no property of any description
and unable to work we hope that his claim
will be made special.

and that _____ no interest in said case, and _____ not concerned in its prosecution.

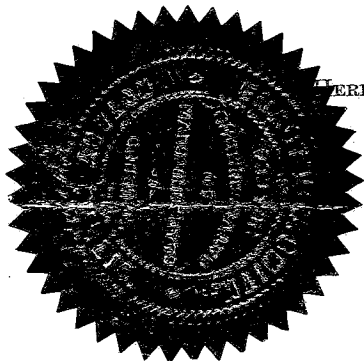


Affiant's Signature, Harriet A. Osgood
P. O. Address, 240 School St. Concord, Mass.
Affiant's Signature, Ellen S. Raymond
P. O. Address, Concord Mass

Attest—when any affiant signs BY MARK two persons sign here.

Sworn to and subscribed before me this day by the above-named affiant *S* ; and I certify that I read said affidavit to said affiant *S* , and acquainted *them* with its contents before *they* executed the same; that said affiant *is* personally known to me; that *they* ^{are} credible person and so reputed in the community in which *they* reside . I further certify that the words ~~_____~~ were erased, and the words ~~_____~~ were added before execution, and that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my hand and seal this *Twenty* day of *March* 190 *4*



HERE.

{ Any erasures or interlineations in the foregoing affidavit should be certified by the Magistrate, in his jurat, as having been made before execution. }

Ernest H. Smith
Magistrate's Signature.

Nicholas R. R. R.
Official Character.

NOTE.—This may be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If sworn before a NOTARY or JUSTICE, then the official character and signature of such officer should be verified by certificate of the Clerk of Court, on the form which follows:

I, _____ Clerk of the _____ Court, in and for aforesaid County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

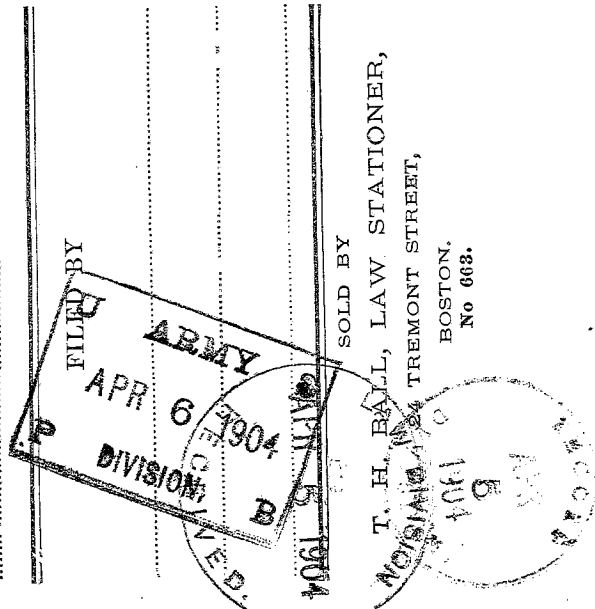
Witness my hand and the seal of said Court, this _____ day of _____ 190 .

Clerk.

[L. S.]

Nature of Claim. {
No.
Claimant,
Late. Co., Reg't, Vols.

AFFIDAVIT OF





Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of Norchester

ss.

In the matter of the claim for Widow's Pension #855642
of Susan St. Pond widow of
William H. Pond
of Company B, 16th Regiment Mass. Vols.:—

Personally came before me, a Justice of the Peace in and for
aforesaid County and State, Adelia M. Payson Aged 79 years

, resident of Grafton
in the County of Norchester, State of Massachusetts, who being

duly sworn, declares in relation to aforesaid claim, as follows:—

that said Pond lived with me from the age of 9
years until he went to the war = that his health
and physical condition was all right in every
way during that period = that he came to
my house to reside as soon as he was
discharged from the army and that at
once he began to have severe stomach
troubles from which he was never afterwards
free = that these troubles at that time I clearly
and distinctly remember and know that
he suffered from it to the time of his
death so that I impaired seriously his
capacity for work = that I have always
believed that the cause of his ill
health originated in his army life.



I further declare that I have no interest in said claim, and am not concerned
in its prosecution.

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature, Adelia M. Payson

P. O. Address, Grafton, Mass.

Affiant's Signature, _____

P. O. Address, _____

DEC 7 1906

Sworn to and subscribed before me this day by the above-named affiant

(Here insert affiant's name or names.)

Adeha M. Payson; and I certify that I read said affidavit to said affiant, and acquainted her with its contents before she executed the same

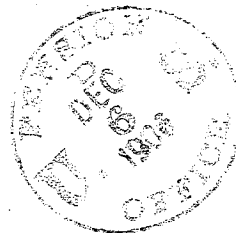
I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this Second day of October 1906.

Sign here Edward P. Usher

Justice of the Peace

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by ~~the officer~~ his



No.

CLAIM

AFFIDAVIT

Adeha M.

FILED BY
PENSION DEPAR
STATE HOU
BOSTON,

Commonwealth of Massachusetts.

Office of the Secretary, Boston, Oct. 16. 1906.

I hereby certify, That at the date of the attestation
hereto annexed

Edward P. Usher was

Swe

saic

DEC 7 1906

~~JUSTICE~~ OF THE PEACE for the said Commonwealth, duly commissioned
and qualified; that to ~~his~~ acts and attestations, as such, full faith and
credit are and ought to be given, in and out of court; that I believe ~~his~~ sig-
nature to be genuine; and that said Justice of the Peace ~~was~~ by law
authorized to take depositions, administer oaths, and take acknowledgments of deeds
and other instruments, throughout the Commonwealth.

In Testimony of which, I have hereunto affixed the
GREAT SEAL OF THE COMMONWEALTH the date first above written.

Wm M. Oliver

Secretary of the Commonwealth.

in t
pap
by t
his

CLAIM FOR

AFFIDAVIT OF

Cha M. Payson

FILED BY

ON DEPARTMENT,

STATE HOUSE,

BOSTON, - - MASS.

3-201
(Old No. 3-354)

BUREAU OF PENSIONS

BOARD OF REVIEW.

71 May 12, 1903
C. No. 893137
Soldier, W. H. Jones
Co. B, Reg't 10th

When Certificate is issued, return
papers to Eastern

Div. for action on
W. H. Jones, Reg't 10

T. W. DALTON,

Chief Board of Review.

3-203.

BUREAU OF PENSIONS

BOARD OF REVIEW.

Jan 10, 1907

In Lett No. 893137

Soldier, Wm H Paul

Co. B, 16 Reg't Mass Inf

aced

When Certificate is issued, return

papers to Easton

Div. for action on 101st Q.R.

V.E. & Alpha

Rev

T. W. DALTON,

Chief Board of Review.

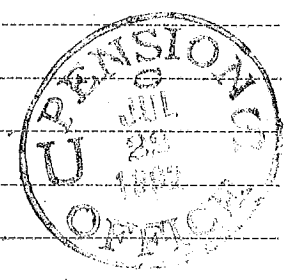
0-3

J.H.

Record and Pension Office,

WAR DEPARTMENT,
JUL 21 1892
Washington, , 189 .

Respectfully returned to the Com
missioner of Pensions
with the information that W. H.
Pond was enlisted
in Co B, 16th Mass
Inf., & discharged
from Co C, 9th V. R.,
to which transferred.



BY AUTHORITY OF THE SECRETARY OF WAR:

F. A. ...
Colonel, U. S. Army, Chief of Office.
Per *A*

(828)

3-464 JUL 30 1892
C. W. Mack
DIVISION
M. C. H.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. July 20, 1892.
Respectfully returned to the
Chief of Record & Pension
Office War Department
with the request that he
designate the service
in which the soldier
enlisted and from which
he was discharged.
One enclosure please
return.

Org Inv. #1043, 166.
William H. Pond,

Green B. ...
Commissioner.

Write nothing above this line.

(3-060.)

O. W. T. U.

W. 7. 7. EX

No. 1 043, 166

William H. Pond

Sgt. Co. B, 16th Mass. Vol. Inf.9th V. R. C.

Sgt.

It is alleged that

and served as a

also as a

Department of the Interior

BUREAU OF PENSIONS,

Washington, D. C., June 10, 1895.

enlisted July 2, 1861

in Co. B, 16th Reg't Mass. Vol. Inf.in Co. C, 9th Reg't Vet. Res. Corps

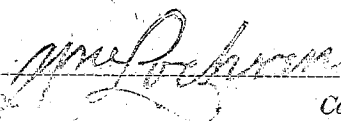
and was discharged at Washington, D. C., July 2, 1864

It is also alleged that while on duty at on the Peninsula, Va.,
 on or about June, 1862, he was disabled by malaria, and
 that he received a rifle shot in the right
 leg in the battle at Chancellorsville, in May, 1863.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

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,



Commissioner.

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

o 2

5617 b-75 m

(8-6661)

No.

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner
of Pensions.

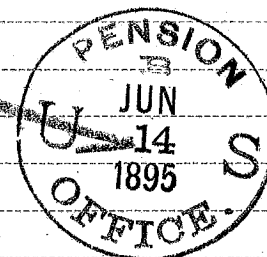
William H. Pond
Co. B, Reg't 16 Mass. Infy.
was enrolled July 2, 1861
and M.O. July 2, 1864
with Co. C 9th Reg't
V.P.C., to which transferred
Sept. 26, '63.

From enrollt, 1861, to M.O., 1864
he held the rank of Cpl. & Sgt

and during that period the rolls show him
present except as follows: June 30 '63
absent, wounded in M.O.
since May 8, '63, and
came to Aug. 31, '63.

The medical records show him treated as
follows: As William H. Pond,
Sgt., Co. B, 16 Mass., wounded
in R. Leg, at the battle of
—, May 2-3, '63; treated
as W. H. Pond, ex. Gun-
shot calf right leg. Wound-
ed Sunday May 3, '63, at
Chancellorsville. Struck twice
in calf of right leg 6 in.
below popliteal space. Both
balls entering within
one half inch of each other.
The point of exit of first 3 1/2
in. below in. condyle.
Point of exit of second 3 1/2

in. below ext. condyle—
both flesh wounds. The first
a round ball lodged under
integument & extracted in
field. The second passed
entirely through, fuelling bed
June 26, '63, set July 30, '63, and
set to duty Aug. 6, '63; as
William H. Pond, ex. ex-
amined for transfer to Div.
Corps Aug 20, '63, Wound of
leg, and recommended for
1st Batt. I.C.; as Sgt. 64th Co.
1st Batt. I.C., treated Sept. 4, '63,
Ulcer of leg.
Nothing additional found.



By authority of the Secretary of War:

J. C. Anderson
Col. Major and Surgeon, U. S. Army.

Per

M. Date

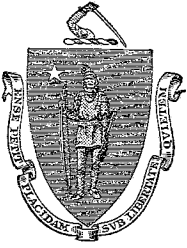
(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.

CC.

CC.

[Act of June 27, 1890]



Commonwealth of Massachusetts

PENSION DEPARTMENT
BOSTON

DECLARATION FOR WIDOW'S 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 certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of

Suffolk } ss.

On this 15th day of Sept^r, A.D. one thousand ^{nine}~~eight~~ hundred and ~~ninety~~ ^{six}

personally appeared before me, a Special Commissioner

within and for the county and State aforesaid, Susan St. Pond,

aged 59 years, a resident of the of Arlington, county

of Middlesex, State of Mass., who, being duly sworn according

to law, declares that she is the widow of William H. Pond, who enlisted under the name

of William H. Pond, at on the 2 day of July,

A.D. 1861, in les. B 16th Mass. Inf.

[Here state rank, company and regiment, if in military service, or vessel, if in navy.]

and served at least ninety days in the late war of the rebellion, who was honorably discharged July 2, 1864
and died Sept. 5, 1906 [The cause of death need not be stated.]

That the soldier had not been employed in the military or naval service otherwise than as stated above.

That she was married under the name of Susie St. White to said
William H. Pond on the 1st day of May A.D. 1866
by J. T. Tucker, at Boston, Mass.

there being no legal barrier to said marriage; that neither she nor her husband had been previously married.

That she has not remarried since the death of the said William H. Pond

[Name of soldier or sailor.]

That she is without other means of support than her daily labor; that names and dates of birth of all the
children now living under sixteen years of age of the soldier are as follows:

born	18	born	18
born	18	born	18
born	18	born	18

That she has not heretofore applied for pension and the number of her application is
[Be careful to fill this part of the blank correctly.]

That she 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.

She hereby appoints J. B. PARSONS, Deputy Commissioner of Pensions, State House, Boston, Mass., her

true and lawful attorney to prosecute her claim (without fee); that her post-office address is 31

Bartlett Ave. Arlington, county of Middlesex,

State of Mass.

Susan St. Pond

[Claimant's signature.]

ATTEST:

[Two witnesses to mark.]

Also personally appeared Edith Pond, residing at Arlington
 and Myra L. Hemenway, residing at Arlington, persons whom I certify
 to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Susan H. Pond, the claimant sign her name (or make her mark) to the foregoing
 declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with
 her of 20 years and 37 years, respectively, that she is the identical person she
 represents herself to be, and that they have no interest in the prosecution of this claim.

[Two witnesses to mark.]

Edith Pond
Myra Louise Hemenway
 [Signatures of witnesses.]

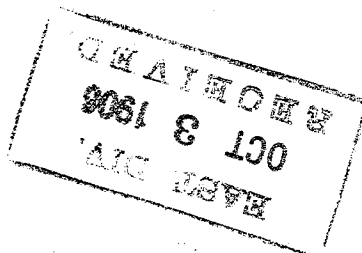
Sworn to and subscribed before me this 18 day of Sept, A.D. 1906; and I
 hereby certify that the contents of the above declaration, etc., were fully made known and explained to the appli-
 cant and witnesses before swearing, including the words

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

Record Division
Certificate on file covering
Dec 21 1905. Dec 21 1912

CERTIFICATE ON FILE

Belle J. McKeon
 [Signature.]
 SPECIAL COMMISSIONER,
 PENSION DEPARTMENT,
 STATE HOUSE,
 BOSTON, - - - MASS.



The act of June 27, 1890, requires in widow's case:

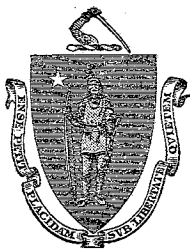
- (1) That the soldier served at least *ninety days* in the war of the rebellion and was *honorably discharged*.
- (2) Proof of soldier's death (death cause need not have been due to Army service).
- (3) That widow is "without other means of support than her daily labor."
- (4) That widow was married to soldier prior to June 27, 1890, date of the act.
- (5) That all pensions under this act commence from date of receipt of application (executed after the passage of act) in Pension Bureau.

m. w.
 2
 893/137.
 cc.
 WIDOW'S CLAIM.
 Claimant Susan H. Pond
 Soldier William H. Pond
 Service Co. B 16"
Mass. Inf.
C. 9. 1890
31 Bartlett Ave.
Arlington
Mass.

FILED BY
 STATE PENSION AGENT OF MASS.,
 BOSTON, - MASS.

Date of Execution, Sept 18, 1906





Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Middlesex*

ss.

1st of June 27th 1906.

In the matter of the claim for *Pension #855642*
 of *Mrs Susan W. Pond* widow of
William H. Pond
 of Company *B*, *16* Regiment *Mass.* Vols.:—
 Personally came before me, a *Notary Public* in and for
 aforesaid County and State, *Susan W. Pond* and

, resident of *Arlington*
 in the County of *Middlesex*, State of *Massachusetts*, who being
 duly sworn, declare in relation to aforesaid claim, as follows:—

I am the widow of William H. Pond late of Co B
16 Regt-Mass Vol. We were married in Boston Mass
Mar 1st 1866 and have all ways lived together from
that time until his death Sept 5th 1906
Neither of us had been previously married.
The Soldier's life was insured in the Mutual Reserve
Life Ins. Co. for \$7000. Sometime ago \$710. was advanced to
me on assignment which was used for household expenses
and preparing my daughter to track school, having for payment
of funeral expenses and expense of sickness and support \$290.
I have no Real or personal estate in my name except the
\$290. referred to above, and household furniture.
The \$290 referred to will not be available if at all until
the latter part of January 1907
There is no Real or personal estate in the name of the
late Soldier
There is no person bound to support me and the only means
for my support is by my own labor

~~further declare that~~ ~~no interest in said claim, and~~ ~~not concerned~~
 in its prosecution

Affiant's Signature, *Mrs Susan W. Pond*P. O. Address, *31 Bartlett Ave*
Arlington Mass

Affiant's Signature, _____

P. O. Address, _____

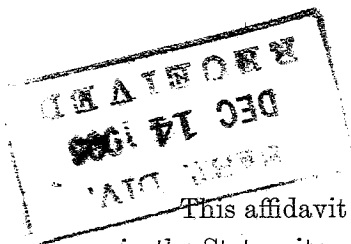
Attest—when any affiant signs BY MARK two persons sign here.

Sworn to and subscribed before me this day by the above-named affiant (Here insert affiant's name or names.)
Susan H. Pond; and I certify that I read
 said affidavit to said affiant, and acquainted *her* with its contents before *she* executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this *eight* day of *December* 190*6*.

Sign here *Frank J. Wellington*
Notary Public



This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

No. 855642

CLAIM FOR

Widow's Pension
Susan H. Pond
widow of

William H. Pond

Geo. B. 16" Mass. Inf.

AFFIDAVIT OF

Claimant

FILED BY

PENSION DEPARTMENT,
 STATE HOUSE,
 BOSTON, - - MASS.

BOSTON,

3-402.

Certificate No. 693137Name, William H Pond

Department of the Interior,
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,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer.

Susan Wetherbee White

Second. When, where, and by whom were you married?

Answer.

Boston Mass, May 1st, 1866 Rev. J. T. Tucker

Third. What record of marriage exists?

Answer.

Town Clerk's records, Holliston, Mass,

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.

No,

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer.

Elmira Louisa Hemenway, Oct. 19th 1868
Winthrop Alfred Pond, November 2nd, 1879
Florence Edith Pond, May 8th, 1886

Date of reply,

June 4th, 1898

0-8

(Signature.)

5301b750m1-95

TOWN OF HOLLISTON, MASSACHUSETTS.

COPY OF MARRIAGE RECORD.

From Records of Marriages in the Town of
Holliston, Massachusetts.

GROOM.	BRIDE.
Name <i>William Henry Pond</i>	Name <i>Lucie W. White</i>
Color— <i>White.</i>	Color— <i>White.</i>
Residence <i>Holliston</i>	Residence <i>Boston</i>
Age <i>25</i> Years.	Age <i>18</i> Years.
Occupation <i>Mechanic</i>	Occupation
Place of Birth <i>Franklin</i>	Place of Birth <i>Tewksbury</i>
Name of Father <i>Alfred Pond</i>	Name of Father <i>Winthrop F. White</i>
Name of Mother <i>Louisa Fisher</i>	Name of Mother <i>Harriet</i> "
<i>First Marriage.</i>	<i>First Marriage.</i>

I hereby certify that according to the records in this office, the above
named parties were married at *Boston*

By *J. T. Tucker* On *May 1st 1866*
Minister at Holliston

Attest: *Abraham E. Phipps* Town Clerk.

COMMONWEALTH OF MASSACHUSETTS.

MIDDLESEX SS.

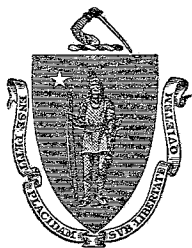
Holliston, Mass., *April 20th 1905*

Then personally appeared *Abraham E. Phipps*

Town Clerk of Holliston, and made oath that the above is a true copy of return.

Before me *John M. Batelder*
Justice of the Peace
Holliston Mass.





Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,
County of Middlesex

ss.

In the matter of the claim for Widows pension #855642
of Susan W. Pond widow of William Henry Pond
Sergeant

of Company B, 16 Regiment Massachusetts Vols.:—

Personally came before me, a Notary Public in and for
aforesaid County and State, John M. Battefelder Aged 74 yrs and
Hatson P. Gage Aged 65 yrs, residents of Holliston
in the County of Middlesex, State of Massachusetts, who being

duly sworn, declare in relation to aforesaid claim, as follows:— We have severally known
the Soldier William Henry Pond for Fifty years or more
knew him before enlistment in 1861 when he was apparently
in perfect health, with no bad habits and able to perform
heavy manual labor. On his return from the war he was
suffering from the effects of a gunshot wound in foot.
For some years he was able to perform only light work.
Later he became Ticket Agent in Railroad employ, but
gradually growing weaker was obliged to abandon that
position since which he has been unable to perform manual
labor at all - until his death which occurred at
Arlington Mass Sept 5th 1906.

We also certify that we have known both parties, the Soldier
Wm Henry Pond, and his wife Susan W. Pond and
know that they neither of them were previously married
and that they lived together from the time of marriage
until the death of the soldier and that the widow has
not since been married. We have known both parties
the Soldier William Henry Pond and wife Susan W. Pond
from the time of their being eighteen years of age
to the time of the soldier's death.

We further declare that we have no interest in said claim, and are not concerned
in its prosecution.

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature, John M. BattefelderP. O. Address, Holliston MassAffiant's Signature, Hatson P. GageAffiant's Signature, Hatson P. GageP. O. Address, Holliston Mass

Sworn to and subscribed before me this day by the above-named affiant^s *(Here insert affiant's name or names.)* *John M. Battefield*
and Watson A. Gage; and I certify that I read
said affidavit to said affiant^s, and acquainted *them* with its contents before *they* executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this *22nd* day of *October* 190*6*

Sign here

James F. Fisher
Notary Public

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

No.

CLAIM FOR

AFFIDAVIT OF

FILED BY

PENSION DEPARTMENT,

STATE HOUSE,

BOSTON, - - MASS.

Rec.

56

ACT OF JUNE 27, 1890.

No 893.137



It is hereby certified That, in conformity with the laws of the United States, William H. Pond who was a Sergeant, Co. B, 16 Regiment Massachusetts Volunteer Infantry, Co. B, 16 Regt. Veteran Reserve Corps, is entitled to a pension under the provisions of the

ACT OF JUNE 27, 1890.

at the rate of Twelve dollars per month to commence on the fourth day of May one thousand nine hundred and four.

Former payments covering any portion of the same time to be deducted.

Given at the Department of the Interior this Tenth day of August one thousand nine hundred and four and of the Independence of the United States of America the one hundred and twenty-ninth.

Thos. Ryan
Acting Secretary of the Interior.

Rec.

Countersigned:

C. S. Ware

Commissioner of Pensions.



That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4145.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be, granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

ACT OF JUNE 27, 1890.

No. 893,137

PENSION CERTIFICATE OF

William H. Bond.

Payable Quarterly

by the

U. S. Pension Agent

at Boston

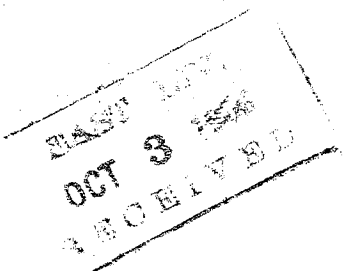
Mass.

Attest
Clerk.

RECEIVED

AUG 31 1904

U. S. Pension Agency, Boston.



DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Massachusetts }
County of Middlesex } SS:

On this 24th day of July, A. D. one thousand eight hundred and ninety one, personally appeared before me, William Smith, a

Notary Public in and for the County and State aforesaid, William H. Bond, aged 57 1/2 years, a resident

of Natick, County of Middlesex, State of Mass., who, being duly sworn according to law, declares that he is

house. If you reside in the country, state about how many miles from nearest Postoffice.)

the identical William H. Bond, who entered service during the War of the

Rebellion under the name of William H on or about the 16 day of

July, 1861, as Private in company B of the 16 regiment of

Mass. transferred to U.S.C., 9 Regt. about Sept. 1863 commanded by Washington D.C. and was

HONORABLY DISCHARGED at Washington D.C. on or about the

2 day of July, 1864, by reason of expiration of term

of service; that his personal description is as follows: Age, 57 1/2 years

height, five feet three inches; complexion, Light; hair, Auburn; eyes, Grey.

That he is now suffering from General Debility and Malaria and wound in the right leg

any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)

by a rifle ball in the battle of Chancellorsville. May 1863. and that I contracted the malaria on the

peninsula in June 1862. (State of Va.) of the last

disease I am now suffering which I think is the main cause of my general debility

and that the said disability is of a permanent character, and is not the result of vicious habits, and that

it incapacitates him from the performance of manual labor in such a degree as to render him unable to

earn a support, and that this declaration is made for the purpose of being placed upon the pension

roll, under the provisions of the Act of June 27, 1890. That he has 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 the 2 day of July, A. D. 1864, he has not been employed in the

military or naval service of the United States.

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

GEORGE E. LEMON, OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never received applied for a pension. (If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)

That his Postoffice address is Natick, County of Middlesex, State of Mass.

Two witnesses to claimant's signature sign here:

(1) James H. Manes
(2) Henry H. Brown

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

Wm H Bond
(Claimant's Signature.)

Also personally appeared James McKinnis, residing at Natick, and Henry H. Howard, residing at Natick, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William B. Pond (Name of Claimant.) the claimant sign his name 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 the prosecution of this claim.

James McKinnis
Henry H. Howard
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

- (1) _____
(2) _____

SWORN TO AND SUBSCRIBED before me this 24 day of July, A. D. 1890, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words received (If any words have been erased in the application, enter them here.)

[L. S.] _____, erased, and the words _____, added;

(If any words have been added in place of any erased, enter them here.)

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

William B. Pond
(Signature)
Notary Public
(Official character.)

THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA,
WASHINGTON, D. C., June 12, 1890.
It gives me pleasure to recommend George E. Lemon of this city to those having business relations with him, as a reliable and responsible attorney of high character and superior attainments.
Respectfully,
JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER,
WASHINGTON, D. C.
GEORGE E. LEMON, Esq., Washington, D. C.
MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting in they do in a degree of efficiency that gives to your clients a prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.
Very truly, yours,
CHARLES F. MANDERSON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 12, 1890.
I take pleasure in recommending George E. Lemon, Esq., of Washington, D. C., as a reliable and responsible attorney, and entirely responsible for all his contracts.
Respectfully,
G. C. MOODY, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 10, 1890.
I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington.
GILBERT A. PIERCE, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contracts.
Respectfully,
S. M. OURLON, U. S. S.

U. S. SENATE,
WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.
O. K. DAVIS, U. S. S.
PHILIPUS SAWYER, U. S. S.
A. S. FADDOCK, U. S. S.
W. D. WASHBURN, U. S. S.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C.
I take pleasure in recommending George E. Lemon of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be conducted with the most scrupulous fidelity.
J. E. AVERSON, M. C., 19th Pa. District.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence.
GEO. W. E. DORSEY, 8d Dist., Neb.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and worthy of all confidence.
J. C. BURGESS, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims entrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge.
D. B. HENDERSON, 3d Dist., Iowa.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, vigilant, active and efficient in looking after the claims of his clients.
JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES,
WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.

WM. MCKINLEY, Jr., 18th Dist., O.
E. N. MORRILL, 1st Dist., Kan.
S. L. MILLIKEN, 3d Dist., Me.
F. E. POST, 10th Dist., Ill.
J. H. HENDERSON, 7th Dist., Ill.
W. E. MASON, 3d Dist., Ill.
FRANK LAWLER, 2d Dist., Ill.
W. G. LAIDLAW, 34th Dist., N. Y.
I. S. STRUBLE, 11th Dist., Iowa.
W. G. STALLMEYER, 14th Dist., N. Y.
J. M. WILEY, 33d Dist., N. Y.
JOHN R. COYNE, 37th Dist., N. Y.
F. H. MCARTHY, 8th Dist., N. Y.
W. E. OWEN, 10th Dist., Ind.
J. B. QUEADLE, 9th Dist., Ind.
GEO. E. SENEY, 5th Dist., Ohio.
J. J. PUGSLIV, 12th Dist., Ohio.
HENRY H. BINGHAM, 1st Dist., Pa.
JOSEPH D. TAYLOR, 7th Dist., Iowa

630338

File.

INVALID.

CLAIM FOR PENSION.

ACT JUNE 27, 1890.

William B. Pond Applicant,

Co., 1st Reg't

Vols.

Enlisted July 2, 1861
Discharged July 2, 1864

FILED BY

GEORGE E. LEMON,
Attorney and Counsellor at Law,

Offices 615 Fifteenth St. N. W.,

P. O. DRAWER 325. WASHINGTON, D. C.

No. 65.

CLAIMANT'S AFFIDAVIT. Soldier's Application For Reconsideration.

Act of June 27, 1890.

This may be executed before any person Authorized by Law to Administer Oaths for General Purposes. The Certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for. In numerous instances the official character of the Notary or Magistrate is already officially known at the Pension Bureau, and in that case the fact should be stated.

State of Massachusetts County of Middlesex SS.

On the date hereinafter mentioned, personally appeared before me, a Notary Public within and for the County and State aforesaid Wm H Bond (Title of Magistrate.) aged 38 years a resident of Concord (Name of Applicant.) County of Middlesex

State of Mass, who being duly sworn according to law, declares that he is the identical Wm H Bond (Name under which service was rendered.) who served not less than NINETY DAYS in Co B - 16 Mass Vols (Here state rank, company and regiment, in military service; or vessel if in the Navy.)

in the War of the Rebellion, and was HONORABLY DISCHARGED. That he has heretofore applied for pension under the Act of June 27, 1890, but his said application was REJECTED on the ground that he was not disabled in a pensionable degree under said Act. That at the date of filing said **First Application** under said Act he was in fact materially disqualified for earning a support by manual labor by reason of the disabilities alleged namely: malaria Catarrh disease of kidneys general debility wound of right leg, and he has continued so disabled thereby to the present time. That he is materially disabled by the following additional disabilities not heretofore alleged, namely: debility from age (Name or describe each additional disability, if any, not heretofore alleged.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has not served in the Army, Navy or Marine Corps of the United States, otherwise than as above stated, except Co B - 16 Mass Vols (State other service, if any.)

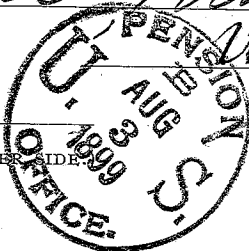
That he is not a pensioner, by Certificate No. 893/37 That his application for pension as above is No. 893/37 That he makes this application for the purpose of securing the

Reconsideration, under the Act of March 6, 1896, of his said claim for pension under the provisions of the Act of June 27, 1890. He hereby appoints, as heretofore, with full power of substitution, MILO B. STEVENS & CO., of WASHINGTON, D. C. their successors or legal representatives his true and lawful attorneys to prosecute his claim under said law and agrees that they shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS IS Concord Mass

Chas. H. Bonant Wm H Bond (Signature of Claimant.)

Arthur H. L. Nelson (Two witnesses who can write, Sign here.)



ATTY FILED

(FROM OTHER SIDE.)

Also personally appeared Charles H. Conant residing at Concord Massachusetts and Arthur W. L. Nelson, residing at Walden Massachusetts, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Wm. H. Ford, the claimant, sign his name (or make his mark) to the foregoing declaration; that from the appearance of said claimant and their acquaintance with him, they have every reason to believe, and do believe, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Charles H. Conant
Arthur W. L. Nelson

If witnesses sign by mark, two persons who can write must sign here.

Signature of witnesses.

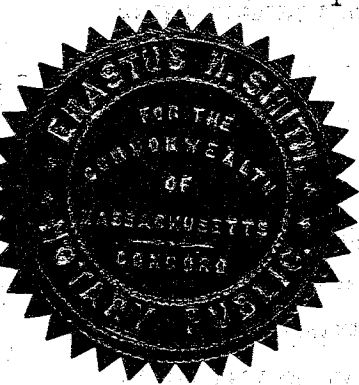
Sworn to and subscribed before me this thirty first day of July A. D. 1899, and

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

erased, and the words

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

Erastus W. Smith
Official signature.
Nathan P. Blake
Official character.



CLAIMANT'S AFFIDAVIT.

4 1/2 SOLDIER'S
APPLICATION FOR RECONSIDERATION.

ACT OF JUNE 27, 1890.

Name Wm. H. Ford

Service Co. B. 16th Mass.

Regt. No. 893, 1st DIST. DIV.
AUG 10 1899

1990 RECEIVED.



FILED BY

Milo B. Stevens & Co.,

Solicitors of Claims.

WASHINGTON, D. C.

Notified, Aug 9/99

3-173.

East

Div.

And Exr.

Clt. No. 893, 137
H. H. Pond

Department of the Interior,

Co. B., 16 Reg't Maryland

BUREAU OF PENSIONS,

Washington, D. C., November 12, 1897.



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,

[Signature]
Acting Commissioner.

Mr William H. Pond,
Natick,
Mass.

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

Answer: *Miss Wetherbee Pond, Maiden name Miss Wetherbee White*

No. 2. When, where, and by whom were you married? Answer: *May 1st 1866*

at Boston Mass by Rev J. F. Stocker of Holliston Mass

No. 3. What record of marriage exists? Answer: *Record of marriage exists*

own town books at Holliston Mass,

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: *No*

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

birth. Answer: *Clara Louisa Pond - Born Octo 19th 1868*

Winthrop Alfred Pond " Nov 2nd 1879

Florence Edith Pond " May 1st 1886

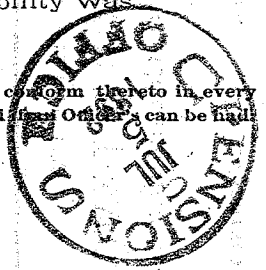
Date of reply, *Dec 15th*, 1897.

William Henry Pond
(Signature.)

AFFIDAVIT TO ORIGIN OF DISABILITY.

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filling in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer can be had.



State of Massachusetts
County of Middlesex SS:

In the matter of the Pension claim of Wm H. Pond
Co. B, 16 Reg't Mass Vols., personally
came before me, a Justice of the Peace in and for the aforesaid County and State,
(Title of officer administering oath.)
Granville T. Leland, of Norwinton, County of
Middlesex, State of Massachusetts, who, being duly sworn,
declares in relation to the aforesaid claim that his age is 69 years; that he is the identical person
who served as a 1st Sergeant in Co. B, 16 Reg't
Massachusetts Vols., and knows the above soldier, who was a member of Co. B,
16 Reg't Mass Vols; that on or about Second day of
May, 1862, while in the line of duty, and without fault or improper conduct on
his part, at or near Charlottesville-Va, State of Virginia

said soldier incurred Two gunshot wounds in the calf of the right leg
While in action - was carried to the hospital and did
not return to the Regiment - but was transferred to the
Veteran Reserve Corps of Regt - where he served the remainder
of the term of Enlistment.

I saw said Pond before his wounds May 9 1862
I also saw him after discharge from hospital. I saw the wound
While said Pond was walking with crutches and have no doubt the wounds
occurred as stated
He was in sound bodily health previous to wounds
and was a faithful Soldier

If the circumstances were not as above stated I should
have known it.
I was Sergeant of Co B at time of battle
the wounds of W H Pond were reported to me on
his arrival at hospital on same day

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge

Affiant's Post-Office address is as follows: Norwinton Middlesex County Massachusetts

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.
J. B. [Signature]
(Name of one witness.)

Granville T. Leland
late 1st Sergeant Co B 16 Regt Mass Vol
(Name of other witness.)

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.
State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting?
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.
State whether you saw him at the date of or immediately previous to a charge; also when, where, and whether the disability named then existed.
State whether the soldier was in sound bodily health and was free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.
State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

This Blank is prepared by GEORGE E. LEMON, at Washington, D. C. and is exclusively for his use.

SWORN TO AND SUBSCRIBED before me this 3rd day of June

1892; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words

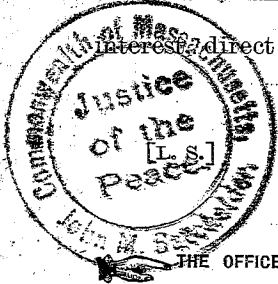
(If any words have been erased in this affidavit, enter them here.)

erased, and the words

(If any words have been added in place of any erased, enter them here.)

added;

that the affiant is to me well known and entitled to credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim



John W. Batchelder
(Name of officer before whom executed.)
Justice of the Peace
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

I certify that *John W. Batchelder Esq*, before whom the above

(Justice or Notary's name.)

affidavit was made, is a *Justice of the Peace* duly authorized to administer

(Justice of the Peace or Notary Public.)

oaths, and that the above is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this *eleventh*

day of *June*, 1892.

[L. S.]

J. S. Ladd
(Name of the Clerk or Deputy Clerk.)

Clerk of the *1st District Court of Middlesex*
(Name of what Court.)



Deputy
Eastern DIVISION.

Affidavit of Commissioned Officer or Comrade.

Additional Evidence.

No. 1043166

Original
(Signature of claimant.)

James B. ...
(Signature of affiant.)

OLD WAR & NAVY ...
13 1892
16 Reg't, 4th Mass. Vols.
AFFIDAVIT OF ...

(Name of affiant.)

Late

Co.

(Rank.)

Reg't,

Vols.

FILED BY

GEORGE E. LEMON,

Attorney and Counsellor at Law,

F. O. Lock Box 325.

WASHINGTON, D. C.

SUSAN W POND

NEEDHAM MASS

3-1081

621348

ACT APR

84 WARREN ST

DROP REPORT—PENSIONER

Cert. No.

Pensioner

Soldier

Service

Class

Group

LAW DIVISION

, 192

In the above-described case a declaration filed in this Division indicates that said pensioner died

, 19

Per

H. P. WILLEY,
Chief, Law Division.

DISBURSING DIVISION

, 192

Check No.

\$.

dated

Section

returned by postmaster with information that the above-described pensioner died

19

has been canceled.

Per

E. E. MILLER,
Disbursing Clerk.

FINANCE DIVISION

AUG 24 1923

, 192

The name of the above-described pensioner who was last paid at the rate of \$ 30 per month to July 4 -, 1923, has this day been dropped from the roll because of Death

July 12 - 1923

O. J. Randall

Chief, Finance Division.

6-2249

GOVERNMENT PRINTING OFFICE

Act of June 27, 1890.
3-1081.

56

PENSIONER DROPPED

United States Pension Agency,

Boston, Mass.

Sept. 14, 1906

Certificate No. 89,3137

Class Invalid

Pensioner William H. Bond

Soldier _____

Service Sgt. B. 16 Mass. I. S.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$12 _____, to June 4, 1906.
has been dropped because of Repts. death
Sept. 5, 1906.

Very respectfully,

A. J. Smith

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once,
and when cause of dropping is death, state date of death
when known.

DEC 17

557163

DEC 17 1891

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

William H Pond

East Div.

CM Ex'r.

Bureau of Pensions,

June 16, 1891

No. *1043 164*

B 16 Mass Infy

SIR:

It is alleged that the above-named man enlisted *July*
16, 18*64*, and served as a *private*
in Co. *B*, *16* Reg't *Mass Infy*
also as a *private* in Co. *6*, *9* Reg't
N R 16, and was discharged at
Washington D C
on *July 2*, 18*64*

No. of prior claims

The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,

Green B. Brown

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

DEC 17 1891

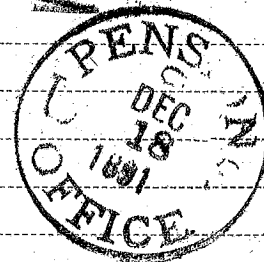
Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that *William H. Pond*

mentioned in the preceding indorsement, was enrolled

July 2, 18*64*, and *M. O.*
July 2, 18*64*
a 1st. Surgt.



By AUTHORITY OF THE SECRETARY OF WAR:

Deane Smith
Major Captain and Asst Surgeon, U. S. Army.
Per *DM*