Dear Patron:

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THE NATIONAL ARCHIVES

CERT NO. 62/378

PENSIONER:

Man W-

LLLS OF

VETERAN:

Madeson & Come

CAN NO. 5/846

BUNDLE NO:

[3-216 a.]  Jun. Etf. No. 8 93 /3 7  Act of June 27, 1890.
William H. Pond
P.O. Matick
middlesey Co., Mass.
Service: 13 16 mass. In
6 g V.P.C.
Enlisted: July / ,186/.
Discharged: July 1, 1864.  Application filed: Dec. 7, 1896.
Application filed: Dec. 7, 1896.  Alleges: Outplemental ang 28/9.
Alleges: //
Any other Claim filed Sur. Caf. 893137
Numerical No.
Attorney: Leo & Semon
P.O. bity
Milo 13 Sterling LC
Recognized. C25 Contract.
Cert. of Dis. Searched for , 189
1263

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u N. H. 7	and ,	Late Civ.	8-173 dk				
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VT.			•				
Mass.							
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R. I.							
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Conn.							
N. Y.		at the	1				
N.J.							
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No.					,		
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	3-857.
	Palmer Ex'r.
	WO. No. 855,642
	1/17 Act of June 27, 1890. 3/124,
	71174 9724,
	Susan H. Pond
	"31, Bartlett ave, Arlington Mass
	Midow
	William W. Pond
	13. 16. Mass. Inf
	l, 9, 25-72 le,
	Died at arlington Mass
	Sep-5-1906.
	other claim. –
	Im by: 893.137
	Lep N. 27, 1906. M. D. Clerk.
	See 0.4.
	Application filed: Sep 21, 1906
	Attorney: 3. A. Bickwell
	P.O. State House
	On Question
	10 10 11 1 Q
	6-123 MASS Mad G
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26

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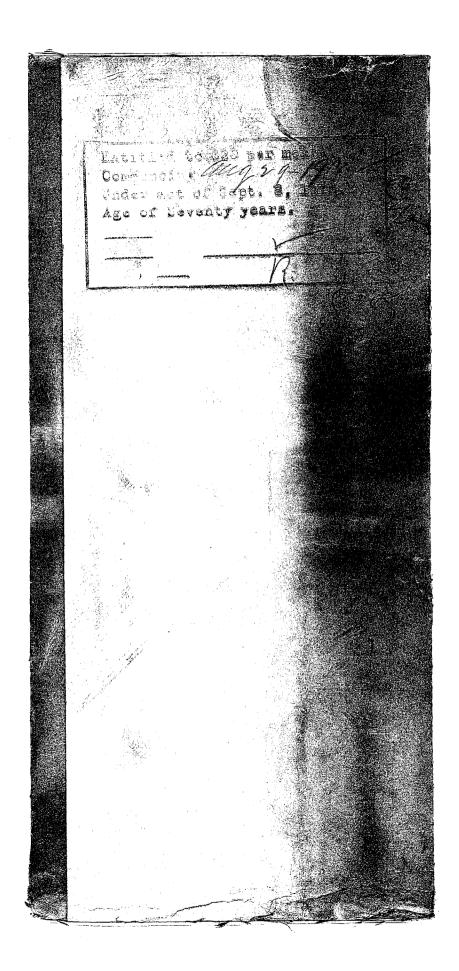
N. Y.

PA.

R. I.

 $\mathbf{V}_{\mathbf{T}}$ .

3-732
$\operatorname{Fro}\mathscr{Q} \otimes /_{f} \otimes \mathscr{G} = 0$
Susan-M.
William HO Gond
Rank Lugto.
Company (1)  Regiment 16 Mass Vol July
Regiment 16. Mass Oct 1945 Od. 6, 9 Regt V. R. C.
Rate per Month \$9
Commencing Sep' 1 21.1906
Ending
Issued Jany 20, 190
Mailed 4 2 7 , 190 7
(Order 14-50,000.)



Deplemental

### 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 Mase County of Widdleson ss.
On the date hereinafter mentioned, personally appeared before me, a Mistice of Magistrate.) within and for the County and State aforesaid (Name of Applicant.)  (Name of Applicant.)
On the date hereinatter mentioned, personally appeared to the of Magistrate.)
within and for the County and State aforesaid (Name of Applicant.)
years, a resident of the Cown of Match County of Hiddleson,
State of
identical Much (And) who was ENROLLED on the Zad,
day of July (about) , 186/, in Germany 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 1864. That he is to a material extent disqualified from
earning a support by manual labor, by reason of Mobilety from a labor.)  (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 (If a pensioner, so state, giving certificate number; if not a pensioner, so state;
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
ander the provisions of the Act of June 27, 1890. He hereby appoints, with full power of substitution,
MILO B. STEVENS & CO., of, 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 Maturic Mass
4 & Williant Gond
(Signature of Claimant.)
(Two witnesses who can write, sign here.)

(SEE OTHER SIDE.

6 5-97-5m.

My

The second management of the second s	[FROM OTHER SIDE.]	ing sa	
Also personally appeared Jimus &	Darling	residing at Mat	R
and Ambrore D- Houights , 1	esiding at	Patiek	persons whom I
certify to be respectable and entitled to	redit, and who, be	ing by me duly sworn	, say they were present
	_		ie (or make his mark)
to the foregoing declaration; that from	m the appearan	ce of said claimant	and their acquaintance
with him, they have every reason to b	pelieve, and do	believe, that he is th	e identical person he
represents himself to be; and that the	y have no inter	est in the prosecution	on of this claim.
	androde (Green) (g. 119 et al. 1). androde	James &	Dusting
		Oambrosed	o/musto
. If witnesses sign by mark, two persons who can write must sig		Λ	of witnesses.
Sworn to and subscribed before me this	2		. 1
I hereby certify that the conten			
explained to applicant and with			网络马萨科 海勒克爾 钻上出位
in the prosecution of this tolar	erased, and the	words	
	പുളർല്ed; and	d that I have no int	erest, direct or indirect,
in the prosecution of this tolar	m.	JOHN S. W. S. W.	D
Certificate on file Recurs Di	,vista.	Officials	ignature.
Certificate of executive Recurd Di	Subsection (	restice of the Official of	haracter.
$\sim$			
The Act of June 27, 1899, requires, in  That there has been a service of not less than ninety d		1	
<ol> <li>That an honorable discharge from the service shall have</li> <li>That a disability, permanent in character, not due to vicio</li> </ol>	been issued. ous habits, exists; questio	on as to origin, not material.	
<ul> <li>The rates are graded from \$6.00 to \$12.00, proportioned to to</li> <li>A pensioner under prior laws may apply under this one; be drawn for the same period.</li> </ul>			
e de la composição de la c	and the state of t	and the state of t	entere con entre la come entre proprieta por la conferencia de la companya de la companya de la companya de la
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ER'S APPLICA  OK PT3 13  AOT OF JUNE 27, 1890.  S G M.	611	the state of the s	R. Stevens & Solicitors of Claims.
国 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			SOLI
DLDIER'S HPPLICATION  LOS STATES STATES  AGT OF JUNE 27, 1890.  M. M			
SS /	ddre		3
N S	04		

Widow's Certificate Number 621348 Service of Soldier (or sailor) - Scralan 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 am entitled to the increase of pension provided by the first section of the Act of September 8, 1916. Susan W. Tona (Postoffice address) 14 llomon Ave Fuil 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 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, how 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.

Diane of Massachuseus,	1		
County of Middlesep	} ss.		
On this 14th day of Sife	Tuber, A.D. one the	ousand nine hundred Occ	deig
personally appeared before me, a	stary July	ic,	
within and for the county and State aforesaid,	Jusan	It. Tono	
aged 59 years, who, being du			
to obtain the Pension provided by Acts of William H. Pond	Congress granting pensitive, under the name of	ion to widows: That she	is the widow of
was enrolled in Company 3 of the	,/6 th	Regiment of Ma	reachusitt
on or about the 2 nd day of full	186/, who	was discharged on or abou	t the 2 = 9
on or about the 2 nd day of full day of July 1864, who do in the State of	lied on the 5	day of Septin	ober 1906, at
arlivolity in the State of	mase achusi	to his death resulting	g from disability
contracted in the service aforesaid (that he was			A
or, he was an applicant for invalid pension	No)	; that she was married u	nder the name of
Jusis W. While	to said Will	iam H. Pono	on the
day of may			
J. J. Jucker 1	there being no legs	al barrier to such marriage	; that neither she
nor her husband have been previously married [If either har	ve been previously married, so s	tate, and give date of death or div	orce of former spouse.]
that she has to present date remained his wid	ow: that the following:	are the names and dates o	f hirth of all his
legitimate children yet surviving who were un			
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 u	ınder her care or
maintenance	ren as are not under her care cla	imant should account 1	
that no prior application has been filed by hers			the has not in any
manner engaged in, or aided or abetted, the re		:	and had hot in they
That she hereby appoints, with full power of substitut	ion and revocation,	KNELL Deputy Commissio	tate aid + ner of Pensions,
State House, Boston, Mass., her true and lawf	ul attorney to prosecute	the above claim without i	FEE.
That her residence is No. 3/, Bay	tlitt Aurstreet	, in aglinal	in mass
and that her Post-Office address is #3./			
ATTEST: Edith Pand	· · · · · · · · · · · · · · · · · · ·	Tues M	Mond
Annie M. Gray. [If claimant signs by mark, two persons who can frite	 Sign here.]	[Claimant's signature.]	10100

t the National Archives	
Also personally appeared	Shith Fond residing at No. 31, in Bartlett  Mass, and Annie M. Gray residing
Gent in arlington	mass, and Annis M. Gray residing
at No. 30, in Bartles	t Street, in arlington mass, persons whom I
	ed to credit, and who, being by me duly sworn, say they were present and saw
Jusan M.	, 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.	Edith Pord
[If either witness signs by mark, two persons	
Sworn to a	and subscribed before me this 14th day of September
	A.D. 1906, and I hereby certify that the contents of the above decla-
	ration, etc., were fully made known and explained to the applicant and
Co Solo	witnesses before swearing, including the words
[SRAL.]	erased, and
	the words
	added; and that I have no interest, direct or indirect, in the prosecution of
	this claim. Frank & Wellington
	1 1 - P. 1 -
•	[Official character.]

Declaration and power of attorney valid. S. A. Guddy, Chief, Law Division.

STATE PENSION AGENT OF MASS., Claim for Pension MASS. SEP 22 1906 WENTE HOUSE, ORIGINAL. FILED BY Widow of Milann



### Commonwealth of Massachusetts.

# PENSION DEPARTMENT, STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State of Massachusetts,	t and a most stop b
County of Middlesex	Act of June 27th 1890.
In the matter of the claim for Pension	#855642
of Mrs Sugar It. Pond Widow	
William H. Pond	
of Company 3, 16 Regiment Mass.	Vols.:—
Personally came before me, a holory	
aforesaid County and State, Myra L He	menway and
Frank I Hemenway, resident sof	
in the County of Midelliss , State of M	case a chilosetto, who being
duly sworn, declare in relation to aforesaid claim, as follows: -	
My are well aguainled with the	c claimant- Susan
It. Vand and have known har for	The East 20 years
c 10 years prepretively. Ar Know	
or personal Estate in her own na	
has no mane for her support, Epo	refl-by her own labor
We know that the soldiere life in	as insured for 1000
and Know that Lonetine ago 1/10 u	ras paid to her in assign
mont of this policy which was ex	be to be set all table
and porparing the daughter to be	ach I chool, and Know
- and forfaring her daughter to be - that none of the is left at the fors	ach I chool; and Know
and proparing the daughter to be - that none of the is left at the fire It Row that their was no Real	ach Dchool; and Know and time, property or Personal in the
and porparing her daughter to be	ach Dchool; and Know and time, property or Personal in the
and proparing the daughter to be - that none of the is left at the fire We Rever that their was no Real	ach Dchool; and Know and time, property or Personal in the
and proparing the daughter to be - that none of the is left at the fire Was no, Real	ach I chool; and know and time, property or Personal in the
and forfaving her daughter to be - that none of the is left at the fore	ach I chool; and know and time, property or Personal in the
and forfaving her daughter to be - that none of the is left at the fore	ach I chool; and know and time, property or Personal in the
and proparing the daughter to be - that none of the is left at the fire Was no, Real	ach I chool; and know and time, property or Personal in the
and forfaving her daughter to be - that none of the is left at the fore	ach I chool; and know and time, property or Personal in the
and proparing the daughter to be - that none of the is left at the fire Was no, Real	ach I chool; and know and time, property or Personal in the
and forfaving her daughter to be - that none of the is left at the fore	ach I chool; and know and time, property or Personal in the
and forfaving her daughter to be - that none of the is left at the fore	ach Dchool; and Know and time, property or Personal in the
and proparing the daughter to be - that none of the is Eft of the fire The Know that their was no Rule manu of the late Doldier William	ach I chool: and know  and time, properly  or Personal In the  H. Panal
and proparing the daughter to be - that none of the is left at the fire Was no, Real	ach I chool; and know  and time, properly  or Personal in the  H. Panal
and proparing the daughter to be - that none of the is left of the fire Mr Know that their was no, Rule name of the late Doldier William	ach I chool; and know  and time, properly  or Personal in the  H. Panal
And from y He is left at the first was no Rust name of the late Roldier William was no interest in sin its prosecution.	ach I chool and know  and true property  A Paral A A A A and claim, and are not concerned  Of A A A
And frozparing the daughter to be what none of the last last adding the last name of the last adding the last adding the last and the first name of the last adding the last and the last a	ach Dehool, and know  subtrue frofirly  A Paral  aid claim, and are not concerned  Of A Al
And frozparing the daughter to be  - that now of the is left at the first  The Know that their was no Real  manu of the late Roldier William  The further declare that we have no interest in s  in its prosecution.	ach I chool and know  and true property  A Paral A A A A and claim, and are not concerned  Of A A A
and for faring the daughter to be that none of the is Eight at the fore The Prove that their was any Real name of the late Doldier Phellians.  The further declare that we have no interest in sin its prosecution.  Affiant's Signature P. O. Address, C.	ach Dehool, and know  subtrue frofirly  A Paral  aid claim, and are not concerned  Of A Al
Affiant's Signatu	and Chool; and Know  subtrue; property  or Personal In the  H. End  aid claim, and are not concerned  re, Mysa L. Hensenway  31 Bartlett are  Jensey
Affiant's Signature	ach I chool; and know  subtine property  re, Myss L. Henenway  31 Bartlett are  re, Land Henenway  Tender of the many of the m

THAT BOKE	
Sworn to and subscribed before me this day by the above-named affiant  and Frank W. Hemmway	(Here insert afficat's name or names.) ; Myra L. Limenuse; ; and I certify that I read
said affidavit to said affiant , and acquainted them with its contents before	
I further certify that I am in no wise interested in said claim, nor am I	concerned in its prosecution.
I further certify that I am in no wise interested in said claim, nor am I	

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

OTATM FOR

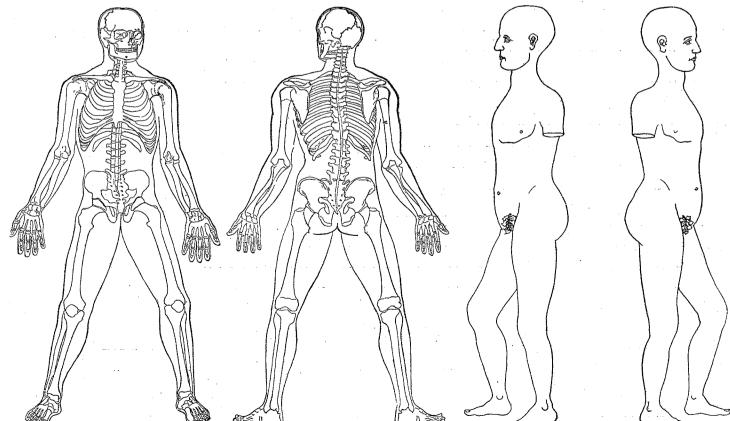
AFFIDAVIT OF

FILED BY

# 3–155. Old No. 3–111. SURGEON'S CERTIFICATE.

Insert character and number of claim.	Just, Pension Claim No. H., 893, 137.
Name of claim-	William H. Pord. Bo
200.	Company 9 Reg't Ville, State.
Ciimant's post-	Concord, Mars. 1904/3.
maland	Hound of right all first Sightles - nelleting parto of Amination februity,
Names of disa-	and Prematine God Contibution and Phenmating Sind Bladderand
Broundl	ausununtaria Alga fefisia He receives a pension of S. To dollars per month.
Here give the	He makes the following statement in regard to the origin of his disabilities and date when first
claimant's statement (as briefly and as	discovered by him: wielfor an inclase of filmion or act of &
compactly as possible) in re- gard to the date	minease of disabilities as an modele to work.
of origin and cause of his dis- abilities and	
the manner in which they	95
affect him.	Birthplace, Franklin mann : age 63 years: height 5ft 4/2
	weight, pounds; complexion, Medwing; color of eyes, Mann,
	some francista in Rolling and William nothing work
	scars other than those described below,
•	We hereby certify that upon examination we find the following objective conditions;
	Pulse rate, 2: 74; respiration, 18: 20: 24; temperature,
	[Sitting, standing, after exercise.]
Here give a full	Jes mana rug.
description of the disabilities, in accordance	Midning berning ander onde
with Book of instructions, and make a	- entermo gartromenos. Mos Como y berle
separate para- graph for each disability.	and accounting hamiles and though a little winds
disability.	was bount of removal - he have on the from it
	malana ais of luni - Is emacated - unless
Facts within the knowledge of	skin, tengur shahta coatia & humly
the Poard, or any member thereof, rela-	muchid - Dull and line for 4/2 inclus
tive to the	aprivared from farmer margin of sits = Colorile
disability found should be stated.	northing of amount and throat in good
	concertion - Debility (general debility) - Only that
	of the average vetram of his aget server.
W.	- as prong noundred, then terrecented but
	no objection feature = Premation age &
Whenever a disa- bility is shown	
or is believed to be due to or aggravated by	is enount that at one him he was a vigorius
vicious habits the opinion of the board must	man but now generally infurin-fentilsahin
be stated. When not due	auntia but no objectivi features:
to such habits this fact must be stated.	Brennatur - mounty in a shoulder but
	no defamily or limitations - Heart
	internets: is lauly out of buach & an audin
	of oederna - Copy our in from rulph to left
	and in 5th space - Dis of Knowy of bladden - this
	is former to be probable the 53. 1028 - acree
	Straw: no sugar but form ant of albumin
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	- the four mousty emander and
	We find lim permently disabled for
When rates are recommended	the purformance of manual Yaban to clary
solely on sub- jective evi- dence the	a support beaun of heart decen - de de
strongest rea- sons must be given therefor.	Knowys & debely not the runch of view and
Prior preferor.	
	Entetting him To ten dollars a month
	Land Derring Pres. Ses Whome, Sec'y. Emony Littlete, Treas.

Reproduced at the	National Archives An exar	nination must not be made by	one member of a board	except upon a special order of	the Commissioner of Pension	ns,	
				by the secretary w		^	
		ertify that Dr. Q		W7	Seo. W		
	Dr. E So	-White	were pe	ersonally present a	nd actually parti	cipated in the	
	examination of	William X	1, Dond	, the claimant in	n this case, on	dav	
,	of		904."	0	0. 0	i i i i i i i i i i i i i i i i i i i	
			(Signature	2.) Troi	Win	ee	
	(This certificate	to be filled in by	the member	of the board acting full board is not pre	g as secretary, a	ind signed by	
				pplicant for (increase			ال در والمرون
				$_{ m c}$ e examined by Dr. $_{ m c}$		\	1304
				e exammed by Dr ag surgeons here pre		. 1	= ( <u>a</u>
				rg surgeons nere pre	, ,	tamination by	
	rum board), on t	IIIS	day or		, 190 ."		
	$Witnesses \ ( to mark. \ )$		(Signat	ure of			
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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.

ī'

# GENERAL AFFIDAVIT.



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further declare that.	Taid of I maintan	eart in said claim, and	and not
	no inter	est in said ciaim, and	
concerned in its prosecution.			
If either Affiant signs by X mark, two persons who write the names MUST sign here a	s witnesses thereto.	Le 1	~ 11
I Walter a learn	Signature of	George S. L	ewrotung
(Name of one witness to X mark)	Affiant or of		
(Name of other witness to X mark)	each Affiant.		
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Sworn to and subscribed before me, this	steenth o	lay of Fehra	ry 1903
at	ne County	uddlesex	State of
marachuetta	and I hereby	certify that the conten	ts of the foregoing
affidavit were fully made known and explained to			
anidavit were runy made rine in the re-			
(If any words have been eras	ed in the affidavit, ente		
		er	ased and the words
(If any words have been added i			• and
added: that the affiantto me well known an	(Is or are) (He	re state whether respectable	and credible)
I fully certify that I have no interest, direct or indirect,	in the prosecution	of this claim	
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	Walter		<i></i>
rt ol		officer before Whom executed	Peace.
[L. S.]	Justie		
9.0		stice, Notary, Clerk or Depu	
The Officer before whom this Affidavit is Executed must no	ote in His Certificate all E	asures and Interlineations, as in eneral purposes. Certificate o	f Clerk of Court need NOT
NOTE.— This paper may be executed before any officer authorized to be attached; but will be procured when called for by the departies already officially known at the department.	tment. In numerous ins	ances the official character of	the Notary or Magistrate
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	no interest in said claim, and not
concerned in its prosecution.	
If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.	
(Name of one witness to X mark.)	Signature of George a, Caymond.
2	Affiant or of
(Name of other witness to X mark)	each Affiant,
	On 1
Sworn to and subscribed before me,	, this gay of Nucl go
	the County of State of
	, and I hereby certify that the contents of the foregoing
affidavit were fully made known and explained to	to the affiant before swearing thereto, including the words
(If any words have been e	erased in the affidavit, enter them here)
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I fully certify that I have no interest, direct or indirect	rect, in the prosecution of this claim
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[L. S.]  Ald 'ISES Ald 'ISES NOTE.  NOTE.—  This paper may be executed before any officer authoring the procured when called for by	(Name of Officer before whom executed)  (State whether Justice, Notary, Clerk or Deputy Clerk)  st note in His Certificate all Erasures and Interlineations, as indicated above.  Trized to administer oaths for general purposes. Certificate of Clerk of Court need the department. In numerous instances the official character of the Notary or
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The Officer before whom this Affidavit is Executed must NOTE.  This paper may be executed before any officer authors Nort be attached; but will be procured when called for by Magistrate is already officially known at the department.	(State whether Justice, Notary, Clerk or Deputy Clerk)  st note in His Certificate all Erasures and Interlineations, as indicated above.  rized to administer oaths for general purposes. Certificate of Clerk of Court need the department. In numerous instances the official character of the Notary or

Actention 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. Pension Claim No. 1043 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 disa- in the If a pensioner, fill in the amount; and that he receives a pension if not, crase the whole line. ars per month. He makes the following statement upon which he bases his claim for Here give the claimant's statement as briefly and as compactly as possible. Upon examination we find the following objective conditions: Pulse rate, irration, \_\_\_\_\_; temperature, \_\_\_\_\_; height, \_\_\_\_\_\_\_ feet \_\_\_\_/zinches; v \_; height, \_ 5 feet 4/zinches; weight, // description of the disabilities, in accordance with Book of Instructions. He is, in our opinion, entitled to a Rate for EACH cause of disability. rating for the disability caused by Mulan for that caused

Fight leg, and for that caused by

YVIH Thussec'y.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. (6287—300,000.) 6—552

Reproduced at the National Archives be cornoty ord of examina-tion here. all m BOARD, Post-office address plainly and in full. SURGEON'S CERTIFICAT S.-Write your Post office, County, State, 9

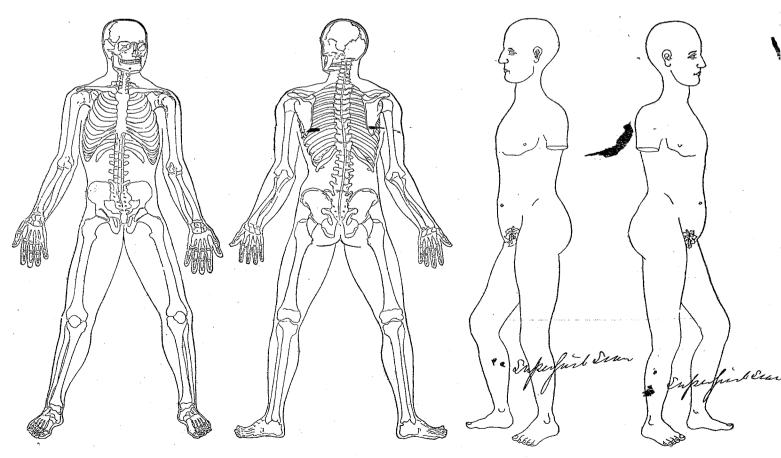
Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

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.]

attached,

Attention if 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, e.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. ddili Pension Claim No. whether for original, lame and rank of claimant. State, Claimant's post-office address. [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 disa in the service, viz. M lea calar and that he receives a pension of If a pensioner, fill in the amount; if not, erase the whole line. dollars per month. edile. 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: ulse rate. 6; height temperature respiration, weight, pounds; age, 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. 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, 1835, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgement, the applicant is entitled to," lea Sec'y. A -Always forward a certificate of examination whether a disability is found to exist or not. sufficient space is not afforded for the necessary statements called for, additional paper should be neatly

(This certificate to be fi	lled in and signed by th	hè secretary when full board is present.)	
a hereby certify that Dr.	Joseph D Can	ch, Dr. Ceules Hithin	an
Dr. Daniel C. Willer	ck, were persona	ally present and actually participated in	th
		e claimant in this case, on	da
of OTC	., 189 ], (Signature.)	hailes Whim	
(This certificate to be filled in b appl	y the member of the bo licant, when a full boar	oard acting as secretary, and signed by rd is not present.)	th
"T,	, the applica	ant for (increase or original) pension refer	$\mathbf{r}_{\mathbf{e}}$
		amined by Dr	
		geons here present (waiving examination	. b
full board), on this		, 18 ."	
	(Signature.)		
SURGEON'S CERTIFICATE  IN CASH OF  William A, Pand  Co. B., le Reg't Murs, And	No. 698 (37  Date of Examination:  Seemen 8, 1897	fuch Merach, Pres.,  Claude Phreue, Secy,  Man Muller Areas.,  Post office, Anticy  County,  State,  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 the physical and rational signs and a statement of all the structural changes. [Excon each certificate.]

about even ce	Eurcate.		the reason therefor, 1	II Known, and the name of	the absentee, mus	t be indorsed
Insert character and number of claim.				1.	:	
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Name and rank of claimant.				Rank		

FROVENER, That all examinations shall be thorough and searching, and the certifi-FURTHER, That all examinations shall be thorough and searching, and the certain searching and the certain a full description of the physical condition of the claimant at the time, which shall seate contain a full description of the physical condition of the structural changes. [Extra relation of the physical and rational signs and a statement of all the structural changes. 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 neach certificate. upon each certificate. Insert character and number of claim. Pension Claim No. \_ [State above whether for original, increase, or restoration.] \_, Rank, \_ Name and rank of claimant. State, Reg't Company\_\_\_ [Post-office address of the Board.] 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 disa- in the service, viz: If a pensioner, fill in the amount; if not, erase the whole line. dollars per month. and that he receives a pension of. 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, \_\_\_\_; temperature, \_\_\_\_\_; height, \_\_\_\_\_ feet \_\_ pounds; age, \_ \_ years. Here give a full description of the disabilities, in accordance with Book of Instructions. The actual or 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 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 re-port of such examining Ceurles & Win Sec'y Dank N. B.—Always forward a certificate of examination whether a disability is found to exist or not. sufficient space is not afforded for the necessary statements called for, additional paper should be neatly

attached.

regreens will use this blank, changing where the words appear, see the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and tof the certificate, and also on the back of the same.

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### SURGEON'S CERTIFICATE.

Insert character and number of claim.	delional.	Pension Cl	aim No2	393137	
Name of claim- Willia	am H. Pono	1		Jan 11/1	D ()
11.0 ×	- 10, 1000,	16 0	Address of	noun.	P. O.
YAWJAU	∠ Company _ ✓ ₹ R	Reg t Mass Inste	Board. (	mass	State.
Claimant's post- office address.	word Mas	1.	ć	Tel-7	
A. L	2/2/1/	/	0 1	[Date of examination	
Cause of disa-	10 Wasaf right.	lig gener	al dib	ility, cata	rrh, con-
bility.	atron disea	Le of This	Suns.	+ truslar	1
	, " /	Ho manimum a	$\cdot$ $\mathcal{F}_{c}$	<i>i</i>	73
		. He receives a	-		ollars per month.
Here give the claimant's	the following statemer	nt upon which he	bases his cla	im for add	tional
statement (as	do cause i	veatures	10/2	[Original, inc	rease, restoration, etc.]
briefly and as compactly as	La lace house	sofilla in	Lisch		of it
possible) in regard to the ori-	- to the state of	o enorge et	1 / I I	mg mon	Tarry is
gin of his disa- bilities and the	silialed Tea	unot steep	Cour Le	ttle has in	digestion,
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of bas	ek +oomitues			ysildow	
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precisely the location of a dis	isease or injury, the entrance	and exit of a missile, a	n amputation, e	etc.	
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TTT 1				· Way	**
	ereby certify that upor				
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height, $\underline{}$	2feet	inches; actual we	eight, <u>/05</u>	pounds; age,	<i>59</i> years.
Here give a full description of	- at middle	third of ca	lforis	the leas 12 ac	where in
the disabilities, in accordance	weter slightly	1 1	rdhen	. 11	in a dead of
with Book of Instructions.	1 0 c - 1	1 .	1	wr mi aep	with has-
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Fu to	de Melinit	ml . 51 B	1 1 110	2111	88
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The actual or probable origin	accuracy n	or wede	r, depr	used on te	rotor pas-
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must be fully set forth.	Brushes bel	ow coud	el 5/1	hula to be	3/1
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to such habits this fact must be stated.	1 1 10	rating &		1.7.0	, D
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separately, the act of Congress	walls then	tonque co	outed.	continue	Lines-
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ment, the applicant is en-	1 . 11 - / / .	· ^			Best of
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_pari	on or que	ral dis	ility.		
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· U JUVINO	The Bres	about	, Sec'	y. Slo. E. Druk	Waut, Treas.
· V sermo	e backs of certificates f		, Sec';	g. Glo. E. Muk Gee. pr	o 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.

6-552

Reproduced at the National Archives 🐲 wimination 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. .... EAST. DIV. , were personally present and actually participated in the the claimant in this case, on \_\_\_\_\_ day (Signature.)tificate 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. J. Smith and Dr. Sho & Pauk liming, the examining surgeons here present (waiving examination by full board), on this (Signature.) P. S.—Write your Post-office address plainly and in full. DATE OF EXAMINATION: IN CASE OF Post office, County,

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.]

### SURGEON'S CERTIFICATE.

Insert character and number of	
claim.  Name of claim-	Pension Claim No
ant.	Address of Of Att (1 22)
Claimant's post-	
office address.	[Date of examination.]
Cause of disa- bility.	
ointy,	
Word of the Abra	would be tot. leg. He receives a pension of dollars per month.
Here give the claimant's statement (as	and the state will be seen that the same of the origin of his disabilities and date when his
compactly as possible) in re-	weakness - ban see that he is a growing old - lastanch anti-ted
of origin and cause of his dis-	in the army appets head - Has sheumatism occasionally. I her the
	weather changes has malaria, makes him weak. Districks in passing
affect him.	mater - Constitution is the worst thrien he has - sakes physic - pament
of a disease	nes of the Muman skeleton and figure upon the back of this certificate should be used to indicate precisely the location or injury, the entrance and exit of a missile, an amputation, etc.
	Birthplace, Franklin, Mass; age, 6/ years; height, 5-7;
	weight, 135 pounds; complexion, hight; color of eyes, men;
	color of hair, fully ; occupation, Station agent ; permanent marks and
	scars other than those described below,
1	We hereby certify that upon examination we find the following objective conditions:
Horo ofice of full	Pulse rate, 16-88-88; respiration, 16-16-16; temperature, 98;
Here give a full description of the disabilities, in accordance	1. Nervous Eshaustron: Thee jukes evagurated Other
with Book of Instructions.	warmen for minancine and not proper eistnessus.
	allow almost jaundided - I brane slightly couted - Skin
Frata mithin the	2. Tremature age: In imaciated and has general arterio-
Facts within the knowledge of the Board, or	eclerosis - no shous senilis -
	3. Catarrh: He is throat is clear and the masal and maso-
disability found should be stated.	Khakayangent membrane are clear-
Whenever a disa- bility is shown or is believed	tendore: no atrophy of wing muscles: no limitations of
to be due to or	motime - Measurements bymmetrical -
the opinion of the board must be stated.	Heart: aper beat in the 5 the space no nipple line. Deep
When not due to such habits this fact must	sullness extende from 2 nd to 5 th space vertically and
be stated.	from right border of sterning to make hill good of
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16	5. Malaria: Emaciated Skin sallow Forgue couted.
*	diver dullness extende from 5 the space to 112 in below edge of
• ,	ribe - Lower border of silver dictivity felt, the left love
/ i	being sarticularly enlarged - Spleen stonnal.
√ 6	Rightstrace of sugar.
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recommended solely on sub-	
sons must be	about 2 in transversely and I in stitully is a smooth scar and atblack
given therefor.	of calf a little higher but, in another star I'm in diameter - Emegnot impaired, Sungs measure at med 32 Experation 31 historiation 33 famal moneyal
: •	No other disabilities found. no evidences of vicious habits It, find
	that the aggregate permanent disability for earning a purport by manual labor
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	12am Celles & Pres. Cermond, Sec'y. Wall & Hoyk, Treas.
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When addi	-Do not use backs of certificates for any purpose other than indicated by printed matter thereon. tional space is needed to complete report of examination use blank certificate (old No. 3—156. 15) properly
numbered,	and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

eproduced a	"I hereby Dr. examination of of "I, to in this medic	cate to be filled in certify that Dr.  William H.  to be filled in by tapplicant al certificate, hereby	and signed by the signature.)  he member of the nt, when a full be the examining state day of	the secretary where the secretary where the secretary where the claimant in th	then the full board in the ful	and ated in the officer day	Marija Arrikala Listan Listan
NOISNA	SURBEON'S CERTIFICATE	O. 13, 16 Rog't Muss. N. A. APPLICANT FOR Add.	DATE OF EXAMINATION:	Jak he Collesteres.,  Sec'y, BOARD.  (Walke & Glorgh, Treas.,	Post office, Male county,  State,	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 Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE. Insert character and number of claim. 93.19 Pension Claim No. Name of claim-ant. P. O. 16 Reg The Company 13 State. Claimant's post-1903 Names of disa bilities. He receives a pension of 2 following statement in regard to the origin of his des 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. abilities and date when first discovered by him: jue 2 Mar done good 3 Birthplace, years; height, i ago 10 surgeons weight, \_ ; color of eyes, pounds; complexion, color of hair, agent. ; occupation ; permanent marks and scars other than those described below, We hereby certify that upon examination we find the following objective conditions: exercise.]; temperature, 986 String, standing, after exercise.] ; respiration, / [Sitting standing, 32 /right Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. tl. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. to 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. ala retu 0.7 mile When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. eigo, en Demas Respiration El Charles Pres. Sec'y.

rtificate	to be filled in and signed by the secretary when the full boar that Dr.	rd is present.)
Dr. D. C. Ale examination of Ale	were personally present and actually partic	cinated in the
of Seft	, 1903 ."  (Signature.)  EMS Bowko	
(This certificate to be	e filled in by the member of the board acting as secretary, a the applicant, when a full board is not present.)	nd signed by
to in this medical cert	ificate, hereby consent to be examined by Dr.	and
Dr full board), on this	the examining surgeons here present (waiving ex day of, 190 ."	amination by
	(Signature ofApplicant.)	
SURGEON'S CERTIFICATE  Milliams 4: Parol  13 16. Dec. Man H. Phys.	XAMINATION:  XAMINATION:  M. 190 3.  Bec'y,  Sec'y,  Sec'y,  Sath	of use backs of certificates for any purpose other dicated by printed matter thereon, 6-552a
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SURGEON'S CERTIFICATE.

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

Insert character and number of

Name of claim-

Pension Claim No. 893,/37

Williams & Pond

[Rank.] , Company 3/6, Reg't Monthly

[Pers of significant of the state of the

EXAMINATION-Continued.

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. <i>F</i>		nd signed by the secretary when the full board is present.)  Dr, and, were personally present and actually participated in the
	of, 190	the claimant in this case, on day
		ignature.)
	(This certificate to be filled in by the	e member of the board acting as secretary, and signed by the , when a full board is not present.)
		the applicant for (increase or original) pension referred consent to be examined by Dr
		ne examining surgeons here present (waiving examination by
	full board), on this	day of, 190 ."
	Witnesses to mark.	(Signature of Applicant.)
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	CANT CANT	No. 898/87  DATE OF EXAMINATION:  Melecut, Pres.,  Melecut, Pres.,  Mullend (Areas.,  Boa.  Ce,  Mythe your Post-office address plainly and in full.
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"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 Massallusetts
့်စွဲ	County of Meddleseq \\ ss:
a use	
Ξ	In the matter of claim for Yewson No 1043.166 (Character and number of claim.)
for	William Ho Houd. Comporal. Coll 16 1/11/10/ 1/01
vely	(Full name and relations) of claimant, and name and service of soldier.)
lasi	Personally came before me, a
exe	aforesaid County and State, Walter Prage, aged 52 years,
d is	residing at Hellista, County of Middlesse, State
an	W. V. C J. M.
Ď,	
, Q	residing at, County of, State
gton	of , who, being duly sworn, declare in relation to the aforesaid case as
ashing	follows: I Rome We to Rend the Clament before
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of 1	sehwelmen Kern him to be in the lest of bealth
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red	and I father that is making the above statement
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ık is	Milton as selected for any the fure
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This	further declare that no interest in said case, and 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 Signature of Newton P George States (Name of one witness to X mark.)  Appliant, or of Machine P George S
	2 (Name of other witness to X mark)  (Name of other witness to X mark)

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(If any words have h	CANADA CA		, erased, and the
(II ally WOLDS HAVE	oon added in place of one or	1111	AND THE RESERVE OF THE PERSON
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the affiant to me well kno	•	nectable and month-	
er certify that I have no interest, di	rect or indirect, in the	prosecution of this	elaim.
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[L. S.]		Name of officer before w	nota executed.
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	GENERAL AFFIDAVIT.
	State of Masseemisetts  County of Middleseq 88:
use.	In the matter of claim for the matter of claim for the matter and number of claim.
for His	(Full name and relationship of claimant, and name and service of soldier.)  Personally came before me, a substitute of the Peace in and for
axclusively	aforesaid County and State. Sum Manual County and State State affine of affinit, or of each atfiant, together ith Age, Residence, and Postoffice address.)
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	is able to before light labor by Estimate about
prepared by	Existed for Many years. The claimant not having been as well since his wound and discharge
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Sint,	fully free from Such habits - he being willing free from Such habits  further declare that I have no interest in said case, and an not
	concerned in its prosecution.  If either affiant sign is a mark, two persons who write their names MUST sign here as witnesses thereto.
	(Name of one witness to X mark.)  Signature of Affiant, or of Cach Affiant.  (Name of other witness to X mark.)

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18 <b>/2</b> ; and I h	ereby certify that	the contents of the	ne foregoing a	ffidavit were fu	lly made known ar
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further certify the	hat I have no interes	st, direct or indire	ct, in the pros	ecution of this o	laim.
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## DECLARATION FOR OBIGINAL INVALID PENSION.

	State of Massachusells
	County of Middlesed ss:
	7th 711
മ്	On this day of March, A.D. one thousand eight hundred and
Š	muly type, personally appeared before me, Mando H. Burleigh of the Journal
his l	May(C) a Morany Cublic within and for the County and State aforesaid
	(Give Town, County), aged years, a resident of Muck
for	County of Prid dlines
<u>&gt;</u>	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
Ve	State of the country, state about how many files from nearest postoffice. who, being duly sworn according to law, declares that he
usi	is the identical who served under the name of (Name of Cigmant.)
xclusivel	If ellipse I was enrolled on the 2"
Щ	day of July 18 les, in company of the /6 regiment of Mass Vales
is	commanded by Alas Mass 20 and was
ρu	(Name of Company & Commandey: If upon any General's Staff shate that fact.)  DISCHARGED at any on or about the day of
ਕ	That his personal description is as follows: Age, 50 years;
င်	height, 5 feet 3 //inches; complexion,
Ċ	That while a member of the organization aforesaid, in the service and in the line
] *	of his duty at hames fursual for the State of on
lo:	or about the day of May, 1863, he received his
ashington	(Here state name or nature of disease, or the location of the
hir	wound or injury. If disabled by disease, state fully its eauses; if by wound or injury, the precise manner in which received.)
ୂଞ	leg in action.
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Ž	That he was treated in hospitals as follows:
MON,	That he was treated in hospitals as follows:  (Here state the names or numbers and the localities of all hospitals in which treated, and
EMON,	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.)
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is prepared by GEORGE E. LE	(Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)  That he has   When 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 , and his occupation has been that of a man of good, sound physical health, being when enrolled a disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this
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Blank is prepared by GEORGE E. LE	(Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)  That he has
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The affiant should state, in his own handwriting, the facts following:

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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.

charge.
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 he soldier each month or year, during the period.

5. Very important

He will also state what has been the progree 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, whether we say the

MEDICAL AFFIDAVIT

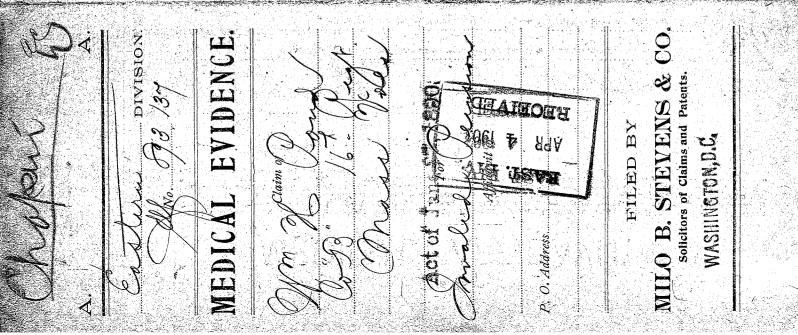
IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Fension Office as satisfactory. He should read the instructions very carefully before undertaking to prepare his affidavit, and embody therein all the facts known to 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.

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 Assistactions of
Country of Mandallity of SS.
In the Holling Pension Claim of Millane 9. (Name of Claimant)
(Name of Claimant.)
(Company and Regiment, or Vessel, or other Organization or Department.
personally came before me, a
aforesaid County and State
(Name of Physician or Surgeon.)  of
of the County of (City or Village.)
State of
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.)
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Lwde bom hi 1864
[요리하다] 나도 본 하는 것 같은 아이들의 하나 하나 하는 사람들이 되었다.
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and he further declares he has no interest in said case, and

Reproduced at the National Archive (FROM THE 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 SEAL. The Officer before whom this affidavit is executed must be sure to note in his certificate all erasures and inter-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. lineations, as indicated above.



### 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.

NOT be attached; but will be procured hereafter if called for.
State of Manuchult County of Middle ss.
On the date hereinafter mentioned, personally appeared before me, a. No Tay Tuble
within and for the County and State aforesaid Milliam H. Pand, aged. 39 years.
years a resident of Concord County of Medellef
State of. Munachulbo ,, who, being duly sworn according to law, declares that he is the
identical, Mallam N. Vand who was ENROLLED on the Friculd
day of 1861, in Company B. 16 Massachurth Valentin.  Here state rang company and regiment, in military service; or vessel, if in the Navy.
Reference as a fundamental in the war of the Rebellion, and served not less than
ninety days, and was HONORABLY DISCHARGED at Morhing time D. C. on
the 22d day of 1864. That he is to a material extent disqualified from
earning a support by manual labor, by reason of Menan Ashautun suniature  Here name all diseases, wounds or injuries from which disabled for manual labor.  Aga, Catanh and County County Chamber Comments of the sum as not wound
age, Catanh and Countrature, Rhumatum 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 Mothers served in the Army, Navy, or Marine Corps of the United States,
otherwise than as above stated, except, Company C. 9 the Rymund V. N. C.
That he is a pensioner Municipal Autofactor 893/37  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 Warhington 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 Conced Manachuetto
C.H. Vacole William H. Bond Signature of Claimant.
Holls & How.  Two witnesses who can write, sign here.
5-9-1900—40m (SEE OTHER SIDE.)

[FROM OTHER SIDE]
Also personally appeared . A faule residing at
Also personally appeared Co. Haule residing at Concret Man- and Hollis I House, residing at Concret Man-, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw Mulliam A Jane (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.
Hollis & Howe
If witness sign by mark, two persons who can write must sign here.  Signature of witnesses.
Sworn to and subscribed before me this day of Jane A. D. 190., 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.
* and that I have no interest, direct or indirect,
in the prosecution of this claim.
Mariel simeture
[L. S.]

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

1. 2. 3. 4. 5.

That there has been a service of not less than ninety days in the war of the Rebellion.

That an honorable discharge from the service shall have been issued.

That a disability, permanent in character, not due to vicious habits, exists; question as to origin, not material.

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.

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.

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

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	In the pension claim of Millau Ho-Lord
mare d San a San a Van a	(Name of Claimant.)
entere Service Service Service Service	Personally appeared before me, a warmy my in and for
į	aforesaid County and State, William (Name of Claimant)
	late (Give rank) 6, Company B; 6 Regiment Mass Volunteers,
	now a resident of Matick, County of Middlesex, State of
	Mouse, 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 would in the Service for the reason
	that
	I do not know who the Surgeon was an
The	And treated me and removed the ball from
my	I for the fille we ferend surgeon who treated
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Ex	udual on account of his death The olinge
M	he treated me during the time that I was It
the	Douglass Maspital Washington Db, I do not know
Eu.	nowe or address therefole I am unable to burnish h
	If Claimant signs by X mark, two persons who write their names  MUST sign here as witnesses thereto.
	(Name of one witness to Ximark.)
	(Name of one witness to Almark.)  UCLEPT, COLUMN PROCESSION OF THE COLU

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	swearing thereto, in	cinding the word	16			***************************************
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	(If any words hav	e been added in place o	of any erased, enter then	n here.)	Annual Commission of the State	da d
that the affiant is to	me well known and	ontitled to one	3:4. a.d T 6	4.6. 43(1)		dded;
that the affiant is to direct or indirect, in			and I furthe	r certify that I	have no in	terest
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[L. S.]			A Name of o	Micer before whom e	MA I LIC	
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State of Massachusetts		
County of Widdles	SS:	
Win H	Sond Cit, No.	893,137 <u>:</u>
In the pension claim of	(Name of claimant.)	3010,10
(Company and Regiment, or V	essel, or other organization or department.)	
Personally came before me, a Justice of	the Peace or Notary Public, as the case n	nay be.)
aforesaid County and State, Charles	(Name of Physician or Surgeon.)	, a resident
of Natick (City or Village.)	of the County of Middlesoy	
	o, being duly sworn, declares, in a	relation to the aforesaid
case as follows:		(4)
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for Line. In he as Ease but seems Exhausted vitality	= a disk	remature F
agas.		7
	<u> </u>	

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

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

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

nals in my possession, debies of letters from gentlemen of political ınd military diştingilorgandayidely known throughout the United

coduced at the National Acchives AFFIDAVIT. STATE OF COUNTY OF. In the matter of the cla Personally came before me, a. (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:

(SEE OTHER SIDE.)

of object a rathe National Archives
further declare that I have no interest in said claim, and with not
concerned in its prosecution.  **Fif either Affiant signs by X mark, two persons who write their
names MUST sign here as witnesses thereto.
(Name of one witness to X mark.)
2
Sworn to and subscribed before me, this 13 day of heareh 1903.
at borrord in the County of the Muddlesex State of
massachualla, 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 so me well known and (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
Walter a. ban
(Name of Officer before whom executed)
[L. S.]
(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.—13 This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need Nor 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.
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# GENERAL AFFIDAVIT.

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COUNTY, OF Michael SS.
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(Character of Claims) / (Mane of Claims) / (Name of Claims, the Name and Service of Soldier)
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County and State aforesaid
person of lawful age, who, being daly sworn, declare in relation to the aforesaid claim, as follows:
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about four years & fewer that
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my church but has been a
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Act of June 27, 1890.

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ACT OF JUNE 27, 1890.

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### DECLARATION FOR OR'GINAL INVALID PENSION. UNDER AN A A GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND

	PROVIDING FOR PENSIONS 10 WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.	
	Man land	
	State of Vulzachmal/12	
	Sounds of Machine St. SS:	
	County of	
se.	On this day of All MIN, A. D. one thousand eight hundred and	ų Į.
Ö	ninety- Diff, personally appeared before me, Oromon O Daniello, a	S
Si	Motomy Public in and for the County and State aforesaid,	<u>B</u>
1	Villiam N. Pond, aged 55 years, a resident	an
fo	(Name of claimant.)	<u>~</u>
S S	of County of County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and num-	S
Ϋ́	State of, who, being duty sworn according to law, declares that he is	re
lus	ber of house. It you reside in the country, state about how rainy miles from nearest Postoffice.)	рa
XC	the identical when of claiment , who entered service during the War of the	rec
S	Rebellion under the name of religion A. Poud on or about the IRN day of	<b>b</b>
0	(Name under which enlisted.)	¥
- CB	in company of the regiment of (Give rank)) (Or vessel, if in the Navy.)	ΩE
	10 m (a) 10 m (a) 100 m	0
Ø	Commanded by Name of company's commander. If upon any Generally state that fact.)	3c
	HONORABLY DISCHARGED, after a service of at least 90 days during said war, on or about the	T
on,	frot day of July , 1864, by reason 1 - la Jura Mon V / Me	m
gto	Term of Slawer ; that his personal description is as follows: Age, 55 years;	
$\subseteq$		N
ashi		Q
⋛	That he is now suffering from WVGL/CANCO (M/C) SCOUNTY (Mere state the name and nature of any disease, wound or injury which in	<b>~</b>
JC	also Richen Compland	of
7	any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)	8
Ö		ash
$\mathbf{Z}$	and that the said disability is of a permanent character, and is not the result of vicious habits, and that	in
I	it incapacitates him from the performance of manual labor in such a degree as to render him unable to	gtc
П	earn a support, and that this declaration is made for the purpose of being placed upon the pension	'n,
(I)	roll, under the provisions of the Act of June 27, 1890. That he hasbeen employed in	D
RG	the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent	0
0		w.
GE	to that stated above, and the dates at which it began and ended.)	an
by	That since the / M L day of L A. D. 18 , he has not been employed in the (Give date of last discharge from the service.)	<u></u>
	military or naval service of the United States.	s e
re	He hereby appoints, with full power of substitution and revocation,	XC.
prepared	CEORCE E LEMON	xclusiv
o re	of Washington, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of	ive
is	services done, and to be done, in the premises, he hereby agrees to allow his said Attorney, George	Ÿ
	E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commis-	for
lank	sioner of Pensions. That he has received supplied for (If previous explication has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)	
B	C1 2 893/37	his
his	a pension Warting R. Mirchallo and	Us
[	That his Postoffice address is, County of, County of,	Ō.
	State of Wall	
	(Claimant's signature.)	
	Two witnesses to claimant's signature sign here:	
	(1) leavelue & Beckly	
	a Calenda La Contina	

\*\* As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testinontata in my possession, copies of letters from gentlemen of political

	and the second second		D. 1.	$\mathcal{A}(\mathcal{A})$		•	
	Also personally ap		Cornelin	ato, Im	CREEN	_, residing at	
	NATICK. N	iass.	, and Ola	va Lo Co	allent_	, residing	
	at KATICK,	MASS.	persons whom I	certify to be respe	ctable and ent	itled to credit,	
	and who, being by me d				am 26.	Fond	
	the claimant Rucy	his Mame	to the foregoing	g declaration; th	Name of claima at they have e	every reasonato	
	(Sign his nan believe, from the appear	ne or make his mark.)					
	person he represents him						. 🛊
			. L	annala.	· E	Buck	
				· N · O	( +		
				(Signatures of with	esses to identity o	f applicant.)	<b>A</b>
-	Two witnesses to signate here, when either	ures of identifying er of them signs by	witnesses sign mark:				
				en e			
	. Maria Albania Barania da d		1.59	) (A 50%			
		O AND CLIDO	et e setalita	and	1. 1)00	e and lead	
		O AND SUBSO A. D. 189 (6, and				eclaration, &c.	v
		were fully made					
		swearing thereto, i	ncluding the word	ls		e application, enter	÷.
: **;				(If any words have	e been erased in th	e application, enter	
47 ·		them here.)		applied)	i~		*
	[L. S.]			SOP ENERO!			
		(If any w	ords have been udded in	place of any erased, en	ter them here.)	added;	1
		and that I have no	interest, direct o	indirect, in this	claim, and am	not concerned	
		in its prosecution.	(1	Irlando	HOLLX)	Paids,	
* . * . * .	•				(Signature.)		¥.
				Work	M Ju	(MC)	
	 	ete e koj te takoj taj e kaj se	en e	(O	fficial character.)		h.
		re whom this decl erlineations, as indi		ed must be sure a	nd/ note in hi	s certificate all	part of the contract of the contract of
1		en de la viere en engles de	internal de la companya de la compan	Marketing of the Control of the Cont	tig at dige of keep		
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*31. Bartlett ave Arlungton Mass.
William Ho. Pond
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6, 9° V.R. le
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other claim.
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Sept. 27, 1906. Mo.R. Clerk.
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Jon: C. M. Weymouth.

Act of June 27, 1890.

### INVALID PENSION.

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

# Medical Division,

No. Claim, 893/37,
Claimant MM. A. Pond,
Soldien,
Co. M. Reg't Mass Nolz,
Respectfully returned to Chilf of
Castern Division:
Anatable disability under
Act of June 27, 1890is
shown from diabeter
mellitus, disease of liver,
wound Do right leg and
general delilight 8,00

No The disability of ject.

Approved.

Approved.

Medical Examiner.

Medical Referee.

No 66.

# Declaration for the Increase of an Invalid Pension.

	State of massachusetts country of mildless ss:
	On the date hereinafter mentioned, personally appeared before me, a Notony Public
	within and for the County and State aforesaid
	aged 62 years, a resident of Waltham County of Millesa State
	of Massachusetts who being daly sworn according to law, declares that he is a pensioner of the
	United States, under WW Caucenrolled at the Botton Pension Agency at
	the rate of leight Dollars per month, Certificate No. 893/3 by reason of funtial
	inabolity to lam a support to granual taln
	That he served as a served as a 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 in account of
tus.	Live + kidney trouble bladle trouble + general delility
•	and brain derangement
(mportant	If you are now pensioned under the Act of June 27, 1890, and amendments, here
not fill in	name or describe every disability from which you are materially disabled for manual labor and on which
ce if you now pen=	you claim an increase of said pension:
ned under General	
w.	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 ASHINGTON, D their successors and legal representatives, his true
	and lawful attorneys, to present and prosecute his claim, requesting that, in the event of the allevales,
	of the same, his said attorneys be paid the fee now provided by law.
	His Post-office address is /1 Leonald Sheet, Walham, Was 16
	1Nollan He Rongos
	FIC
	Also personally appeared Hilliam J. Knop residing at Walsham
	mass, and William Wilson
	residing at waltham mass, persons whom I certify to be respectable
### 	and entitled to credit, and who, being by me will sworn, say that they were present and saw
	the claimant, sign his name [make his
	mark] to the foregoing declaration; that they have every reason to believe, from the appearance of
Tag.	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.
	million & Know
grand.	Milliam O Mila
्व 🖈	If witnesses sign by mark two persons who can write must sign here  Signatures of witnesses.
1 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	SEE OTHER SIDE.

Subscribed, sworn to w	ad acknowledged before me this day of day of 190. 3, 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
[L. S.]	applicant and witnesses before swearing to the same; and that acknowledged the signing and sealing of the power of
<b>[1. 5.</b> ]	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.  Andlew J. othors, Signature of Magistrate.
	Officer title of Magistrate.  Officer title of Magistrate.  The defore any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need Not be red when called for. In numerous instances the official character of the Notary or Magistrate is already officially known in that case the fact should be stated.
NOTE— This paper may be execu attached but will be procu at the Pension Bureau, and (12-4-1902-10M.	red when called for. In numerous instances the official character of the Atomy of t

# 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;

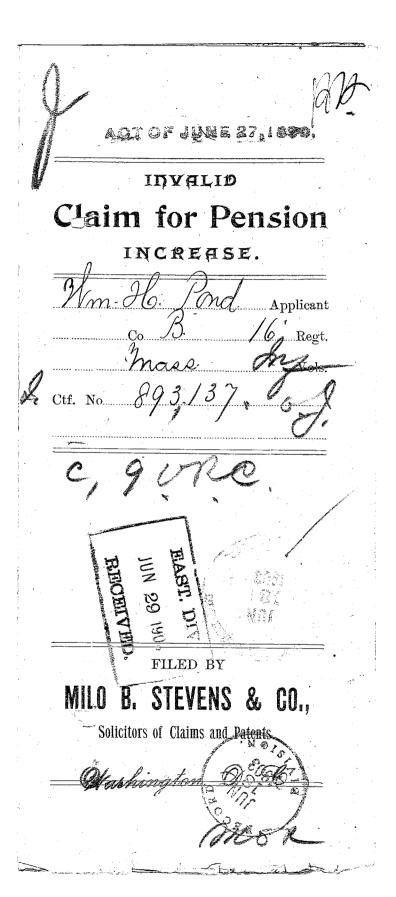
2nd. When the disability for which pension is drawn has ratably increased since the rate of pension was last increased;

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.



No. 77.

# GENERAL AFFIDAVIT.

STATE OF Inaseachusella.
COUNTY OF middlesext SS.  In the matter of the claim for mould beusin tel # 893 /37
In the matter of the claim for walls beising the figure of the claim for walls beising the mass and
(Name of Claimant, the Name and Service of Soldier)
Personally came before me, a hotory Public in and for the (Justice, Notary, Judge, Clerk or Deputy Clerk.)
County and State aforesaid W. F. W. hit. E. J. Raymond, Harrist a Classoft. Florence O. Johnguest. Concord.  (Here write the Name of the Affiant or of each Affiant, together with the Postorrice address)
person S of lawful age, who, being sworn, declare in relation to the aforesaid claim, as follows:
That they have been well and internately
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acquainted with the claimant for
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affidavit	were fully made known a	nd explained to	the affiants be	fore swearing th	ereto, including t	he words
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## GENERAL AFFIDAVIT.

7* · ·	er, stating all the facts, circumstances, dates and places, as near as	
you say to be true; whether from personal observation or otherw	in which your testimony is to be used; also state how you know what rise. This blank can be used for the testimony of either one or two	
Persons. State of Mal		
COUNTY OF Luidley	ss.	
In the matter of the claim for	ou of fored	
of Color O Color		
	ment, Volunteers.	
and State, Survey S. Vitica	in and for aforesaid County	
	, aged 48 years,	
resident of Cincuical, in	, aged years, the County of Model , State of	
	ly sworn, declare in relation to aforesaid case, as follows:	
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and that As V no interest in said case, and	Sect Street	(Les)
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	Witness my hand and seal this	232 day	March	
	,	5	DOG	
E.	Any erasures or interlineations in the foregoing affida-	129	Magistrate's Signature.	
	Any erasures or interlineations in the foregoing affidation with should be certified by the Magistrate, in his jurat, as having been made before ex-	l	1 tan	II.
	L ecution.	-00####################################	Official Character.	
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foresaid County and Starth of the hath signed his name of and for said County and credit, and that his a Witness my hand	e to the foregoing affidavit, was, and State, duly commissioned and signature thereunto is genuine.  and the seal of said Court, this	of the time of so do sworn; that all h	is official acts are entitled day of	Esq.,  H to full faith  Clerk.
oforesaid County and State who hath signed his name and for said County a and credit, and that his Witness my hand	e to the foregoing affidavit, was, and State, duly commissioned and signature thereunto is genuine.  and the seal of said Court, this	sworn; that all h	is official acts are entitled day of	Esq.,  H to full faith  Clerk.

## lucia INVALID PENSION.

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County Miceeus		7 (
State hussichusit	Regiment / L Mass	but duy of G. VIC.
Rate, \$per month, commencing		
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Pensioned for	inability to earn a	support by manual labor
PECOGNIZE	D ATTORNEY.	DEICOTER
	<del></del>	REJECTED, 904
Name Mille B. Steams &		The state of the s
P.O. Truss	hugten DC.	Agent to pay.
	ROVALS.	
	t	7-02
Submitted for each, Dec 19	Z., 190.2.,	Tan Examiner.
Approved for gunshot would of	Approved for Junih	or would
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and gineral debiting (all)		
and direce of Ridneys 34		
Il is a fail of		
at his land	A	
I brain (new) alleged	Aggregate of disabilities shown, pe	_
1 Jane 16, 1903, and Cataral	- Mugawa	<u> </u>
formuly alleged		
60 10	Allonan (	774
Mic 16, 1903 Robinson Legal Reviewer.	Medical Examiner.	Medical Reviewer
, 190,	Nec 28, 1903	Tam SHOW
Re-Reviewer.		Medical Referee.
Enlisted J. 186/; h	onorably discharged	2, 186.4
Ewlisted, 186; h		, 186
Pensioned at \$ 2 per month. Last paid to		with lia
disease of him, diabete		
PRESENT CLAIM, A	ACT OF JUNE 27, 18	o. •
Declaration filed June 16, 1903,		The state of the s
and disease of Kidney &	_	v & Bangum
	\	

# DECLARATION FOR INCREASE OF PENSION Under the Act of June 27, 1890.

		1	
F	PENSION		4
90.	· 1	1	

DIVISION.

NOTE.—This can be executed before any officer authorized to seal, certificate of Clerk of Court is not necessary. If no seal is use	administer oaths for general purposes. If such officer uses d, then such certificate must be attached.
	ty of Middle , wi
ON THIS Mittell day of M	
ndred Thue, personally appeared before	e me, a Molau / Eule
thin and for the County and State aforesaid.	lliam H. Yond.
ed 63 years, a resident of 000	neved. County of
Middlesef State of	
ing duly sworn according to law, declares he is a p	
Coston Pension Agency at	t the rate of Gight dollars per
onth, Certificate No. 8 93, /37 ; by reason	on of disability from
Claimant is intololy dioa	bled from performing
Manuel subor on account	a of paysical area
messlul weakness and dr	ppipsice and C1/-
hat he was a OMGLOM in Co. U.S. [Here state rank, company and regiment, if in the army; vess	16. Reg't Mass. Sonfanlig Vols.
im is too low and not commensurate with extent of nat he be favored with another medical examination er month, the full rate allowed under the Act of June	with the view of determining his right to \$12
	*
,	
<b>*</b>	<u>*</u>
That said disabilities are not due to his vicious habi	ts, and are to the best of his knowledge and
	A
elief-permanent.  Ie hereby appoints, with full power of substitution an	
f Concord Mass.	, his true and lawful attorney , to prosecute
is claim and receive a fee of \$ 22 His p	post-office address is Concord
Mass.	
	William Ho Pond
40.100	(Signature of Claimant.)
Julianomity,	TU APARTICIPA
#	

Also personally a	appeared Juliu M. Smith residing at	
Council	Moss and Mynched Hatch , residing at	
Conund		**************************************
1	being by me duly sworn, say they were present and saw	
Mellain	the claimant, sign his name (make his mark) to	
the foregoing decla	aration; that they have every reason to believe from the appearance of said claim-	
ant and their acqua	aintance with him that he is the identical person he represents himself to be; and	
that they have no in	nterest in the prosecution of this claim.	
	11. 1201-	
[If affiants sign by m	nark, two persons who write sign here.]  [Signatures of affiants.]	
Company 40 and and	oscribed before me this thintuth day of Much A. D. 190 Y	
	y that the contents of the above declaration &c., were fully made known and ex-	
	the applicant and witnesses before swearing, including the words.	
paraect to	ersed and the words	
~	-added; and that I have no interest,	
direct or indirect, in	in the prosecution of this claim.	
	Wolan July	
	[Official Character.]	er er er j
	Clerk of the County Court in and for aforesaid	
4	do hereby certify that, Esq	
who has signed his	s name to the foregoing declaration and affidavit was, at the time of so doing a	
,.,	in and for said County and State, duly commis-	
sioned and sworn;	that all his official acts are entitled to full faith and credit, and that his signature	
thereunto is genuin WITNESS my h	ne.  nand and seal of office, thisday of, 190	
•		
[L. S.]	Clerk of the	•
	Secretary of the common frame of the contract	anagana ng rain i sandi milanan n
	with the solution of the solut	į.
Application FOR ENASE tof June 27, 1890.	Applicant,  Nols  137 Cf.  224.  224.	Û
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S S I C H	THE NO.	3
r ler,	Services of 1904	
To interest	S. S	В
Sol	So. S. Pension.	
Bl Z		

For Notice Street on which Evilliam H. Pond resider in .

Where are sort of the Mars, The houses are not numbered 
Very Respectfully:

Jor William H. Pond 
William H. William H. Pond 
William H. William H. William H. Pond 
William H.

3 28. 2 lfs.

# ACCRUED PENSION.

3000	E.	ASTERN	Division.	
Certificate No. 89	3137	$\sqrt{Last}\ issue$	august 1	0,1900
Pensione, Mull		1 / 1	Act Jame	•
, Elaimant, Disse		<i>/ / / / / / / / / /</i>	tember 3	, 190
			Arlingto	n, Bus
<u></u>	Mu	dellesex e	county,	
<u></u>		M	Jassachus	etts.
Certificate 1	filed -	***************************************		
Attorney,	/		Fee,	Agent to par
P. O.,			*	
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Approved for acc	lunsio	w		
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Chumalism and direct of Aggregate of disabilities shown, permanent in che Shirty formula alleger, and from May 4

Chaminalism made made made the 1904

Designat 1, 1904, We Shirth

Shirty Di Legal Reviewer.

Enlisted July 2

186/: honorably discharged July 2

PRESENT CLAIM, AGT OF JUNE 27, 1890.

Declaration filed April 4, 1904, alleges increase as pensioned hizi 

gun shot wound of night beg and general debility. And also 
physical and mental weakness and dyspepsio.

Claimant does write.
Certificate not filed.

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



1-6-1906. 3000.

# Commonwealth of Massachusetts.

# PENSION DEPARTMENT, STATE HOUSE, BOSTON.

#### AFFIDAVIT.

A.C.C.	LDAVII.
State of Massachusetts,	
County of Norfolk (ss.	
In the matter of the claim for	idow's Pension #855642
of Susan It, Pond	wida -
Otilliam He ()	Poul D
of Company 3, 16" Regiment	Mass. Vols.:
Personally came before me, a fusice	
aforesaid County and State, Eller Shay man	d rendert of Needham Norfolk founty and
Harriet a Orgova aged 6	Cyrs, resident of Semerville
in the County of Maddle sox	, State of Massashusetts , who being
duly sworn, declare in relation to aforesaid cla	aim, as follows:—
1	
	in, Henry Pond, since the
	d Snitt fine, one year after
his discharge from to	
sufferer from Catarr	hat stomach tourte.
	Spoore during the three
X	has herell been able to
	a person bendurance
$I \rightarrow I$	he part sixteen years he
has been under a	Physician's care a greater
part of the time and	I sinfat to do any knamual
labor	
	( 20 C)
	A VE A
	14T. 19
	OF.
	,
We further declare that WC	no interest in said claim, and Que not concerned
in its prosecution.	
<u> </u>	ENN ON
	Affiant's Signature, Eller of Roaymund
	P. O. Address, Needham Maso
Attest—when any affant signs BY MARK two persons sign here.	Affiant's Signature, Harriet A. O Squad
	P. O. Address / 6 Highland Ave Jomerick

subscribed before me this day by the above-named affiant 5 & Harriet W Osgood ; and I certify that I read , and acquainted com with its contents before they executed the same said affidavit to said affiants I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution. day of October third/ Witness my hand and official seal this... Trange Wisdalo Sign here

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

AFFIDAVIT OF



# Commonwealth of Massachusetts

## PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

#### PHYSICIAN'S AFFIDAVIT.

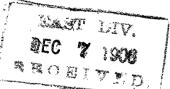
State of Massachusetts, County of Miller Assachusetts, Sss. Hidow's Pension # 855
County of Mis Issue
Sounty of file Say SS. Midows St. Susan & Pond, widow of In the matter of the claim for William V. Fand, force of of Vatick. Massachusetty
of Vatick. Wassachusetty
of Company O, , / 6 Regiment Massachusetts Vols.:
Personally came before me, a Justin of the Conce
in and for the aforesaid County and State
a citizen of Natick , County of Misselson
State of Delassaclaments, 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
years, and that
of social lives for different
ailenents: that dresing The latter
grand of said Roldier's maidances
in Valich - Le mous from talick
Do Causand Massachusetts several
Jeans ago - The suffered fram
intouria, kudrucy to melan
cholia, pour appetité, dippelsia
of sluers typs: his history served
to indicate an moderning office
Trealth be ease of The hordship
indured in asucylife,
/ B
AT ZEO CO.
He further declares that he has been a practitioner of medicine for History frans
years, and that he has no interest, either direct or indirect, in the prosecution of this claim.
Johns, and the first the first that the first that the first that it is the first that the first
(Affiant's Signature. Give rank and service if in the army;)

Sworn to and subscribed before me this day of portunts.

A.D. 1906, and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him 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.

[SEAL.]

[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.

OF TAN

b

# 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

JUSTICE OF THE PEACE for the said Commonwealth, duly commissioned and qualified; that to acts and attestations, as such, full faith and credit are and ought to be given, in and out of court; that I believe signature to be genuine; and that said Justice of the Peace 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.

DEC 7 1905

OLIAIM FOR Okidow's Pension Susan Ot. Gond Vidow of William He Gond leo. B 16" Mass Infl

MEDICAL EVIDENCE.

AFFIDAVIT OF

lehales H. book,

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 Vidou's Lension #855642
of Susan Ot Good widow of
William HO Gord
of Company , /6" Regiment Mass Vols.:
Personally came before me, a Cotary Cublic
in and for the aforesaid County and State lelhables a Semmett
a citizen of Alington, County of Middlesey
State of, 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
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 gastrie 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 good distressed him and formed much
Slatus- He was Constituted - Very much encaciated -
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 stornach, and
Thought carcinoma a contributing cause probably.
7 1
Sorraids The end of his life The park was as everk
I had to inject morphine to quilt it. The
emaciations tras extreme.
* C
He further declares that he has been a practitioner of medicine for the last 15 5
years, and that he has no interest, either direct or indirect, in the prosecution of this claim.
Charles ac Vennew,

	Sworn to and subscribed before me this	srunth day of Deci	mber
	A.D. 1906, and I hereby certify that the affian	nt is a practising physician in good profes	sional stand-
	ing; that the contents of the above declaration,	etc., were fully made known to him bef	ore swearing,
	including the words	erased, and the words	
and the same of th	added; and	that I have no interest, direct or ind	irect, in the
ATE	prosecution of this claim.	Frank J. Welling, (Signature.)	a line
gi Vi	prosecution of this ciaim.	(Signature.)	
The second second	The second secon	Official Character.	blic
	[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

AFFIDAVIT OF

MEDICAL EVIDENCE

STATE PENSION AGENT OF MASS. STATE HOUSE,

# Commonwealth of Massachusetts.

CERTIFICATE OF DEATH. Comson, hereby certify of Deaths in said Town and find recorded that I have examined the Record The record is in the following words and figures, Name & Surname of Deceased, Name & Surname of Husband, Disease or Cause of Death Place of Death, Place of Burial Occupation, Place of Birth, Name & Birthplace of Father, Name & Birthplace of Mother 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) Town Clerk.

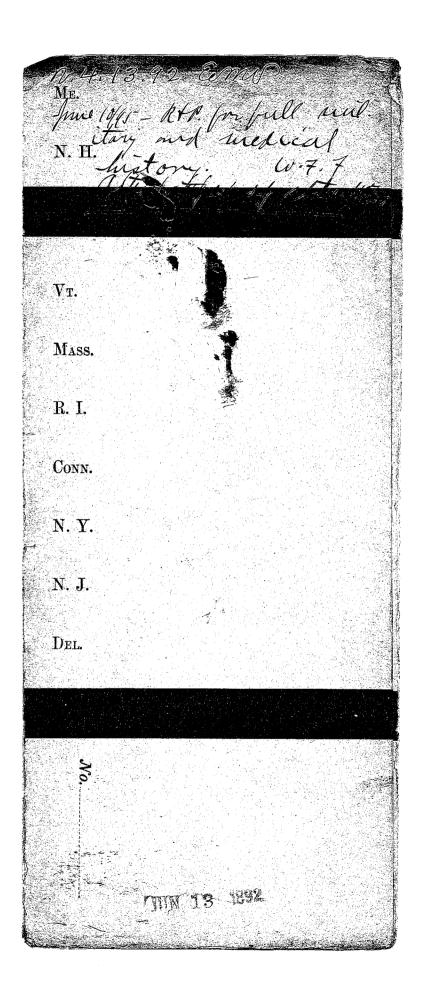
# Briefs. 3-360. No. 86 5 64 2, VIDOW'S PENSION.

Claimant, Susan M. (	Tond,	Soldier, William St. Vond,
almant, 2/10	0.0:1-	
0.0.31 Bartlett avenue	- wengin	
County, Middless	4	Company,
State, Massacle	usett.	Regiment, 16 Mars, Vol. Juf.
Rate, \$per month, command \$2 a month additional for each of		, and
and \$2 a month additional for outsi		
b (		Commencing ,
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	}	
	Sixteen,	·
	{	REJECTED
	(Sixteen,	•
Payments on all former certific	ates covering any po	ortion of same time to be deducted.
All pension to terminate		, 1, date of
REC	COGNIZEI	ATTORNEY.
REC F (1 Bin)	COGNIZEI	ATTORNEY.
REC Name J. A. Bica	COGNIZEI	Fee, \$to pay.
REC	COGNIZEI	ATTORNEY.
REC J. a. Bics	EOGNIZEI Enell, Mass.	Pee, \$ Agent to pay.  Articles filed , , 1
REC J. a. Bics	EOGNIZEI Enell, Mass.	Pee, \$ Agent to pay.  Articles filed , , 1
REC Name J. a. Bics D. O. Bustin,	EOGNIZEI Enell, Mass.	Pee, \$ to pay.  Articles filed, 1
RECONAME F. A. Bics P. O. Boslowy  Submitted for Adm. Dec	EOGNIZEI Enell, Mass. APPR 2,28,1906,	O ATTORNEY.  Fee, \$ Agent to pay.  Articles filed , 1
REC.  Name J. a. Bics  D. O. Boslow, Submitted for Adm. Dec.  Approved for refection on the	APPR 1906,	OVALS.  C. C. Calmer, Examiner.  Approved for from chronic gathilis manner.
REC. J. a. Bics of about of approved for repetion on the street of gunshot of guns	APPR 2,28,1906,	OVALS.  OVALS.  Colour gathilis was shown a proved for which the way be under the way be un
REC. J. a. Bics of about of approved for repetion on the street of gunshot of guns	APPR 2,28,1906,	OVALS. Coldinar Grant Examiner. Approved for which he ways wind death resulted  Mrouff for which he ways winder.
REC. J. a. Bics 2.0. Boston, and approved for rejection on the minutance of J gunshot and show hy record	APPR 2, 28, 1906,  wounds fright medication	ATTORNEY.  Fee, \$ Agent to pay.  Articles filed , 1
Approved for repetion on the small of a present of the small of the record of the swise due to his on	APPR 2,28,190.6,  wounds gry  initiary sur	Pee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. Calmer , Examiner.  Approved for which he was pensioned hor other downletent evidence to have been seen which has been legally accepted.  Seemedical action on forceding brush.
RECOMENTAL STATES Approved for reference of many substitution on the states of the substitution of the sub	APPR 2,28,1906,  upwingt theys wounds grig white your lettery sin	Pee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. Calmer , Examiner.  Approved for from chronic gathilis manner death resulted which from the left was pensioned, hor office doubleten violente to have been which has been legally accepted.  Seemedical action on forced in brief.  Medical Examiner.  Medical Examiner.
RECOMENTAL STATES Approved for reference of many substitution on the states of the substitution of the sub	APPR 2,28,1906,  wounds fry undactories  alitary sur  Ballger  Legh Eeviewer.	Pee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. Calmer , Examiner.  Approved for which he was pensioned more of the downletent evidence to have been seen which has been legally accepted.  Seemedical action on forced in print.
REC. Same J. a. Bica Do Boston, Submitted for Adm. Dec  Approved for reference with Sommance of J gunshot A show he record Therwise due to his on  Jan 10, 1907, Jany 10, 1907, Jenny 10, 1907	APPR 2,28,1906,  Lywingt Mala wounds gry litary sur Ellger Legh Eeviewer.	Pee, \$ Agent to pay.  Articles filed , 1  OVALS.  C. Calmer , Examiner.  Approved for frow chronic gathilis was not a feath resulted the way senso for the for which he way senso have been which has been legally accepted.  Seemedical action on forced in frage forces.  Medical Referee.
REC Name J. a. Bics P. O. Boston, Dec Submitted for adm. Dec Approved for reference with Sommulation of gunshot of No house by record Therwise due to his on Jan 10, 1907, JEM	APPR 2,28,1906,  Lywingt Mala wounds gry litary sur Ellger Legh Eeviewer.	Pee, \$ Agent to pay.  Articles filed , 1  OVALS.  C. Calmer , Examiner.  Approved for sow chronic gathilis was not a feath resulted with the way senso have been for which has been legally accepted.  Seemedical action on faccording bireformed.  Medical Examiner.  Medical Examiner.
RECONAME J. a. Bics  Submitted for Adm. Decorate  Approved for repetion on the  Solution of James for record  Therwise due to his on  Jan 10, 1907, Jeffer  I	APPR 2,28,1906,  Legning Sin and wounds fry  wounds fry  Legn Reviewer.  MPORTA	Pee, \$ Agent to pay.  Articles filed
REC.  Name  J. a. Bics  Do Doston,  Submitted for Adm. Dec.  Approved for rejection on the  Minimum of Jamshof  Mohows hy record  Therwise buf to his on  Jan 10, 1907,  Jann 10, 1907,  Enlisted  July	APPR 2, 28, 1906,  Legning Major  wounds fright and a record of re	Fee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. C. Calmer , Examiner.  Approved for which he waspensoned more of the work of the waspensoned for which he waspensoned for which has been legally accepted.  See medical examiner.   Medical Referee.  NT DATES.  Former marriage of soldier
REC.  Name  J. a. Bics  D. O. Baston,  Submitted for Adm. Dec.  Approved for rejection on the  Minimum of Jamshof  Mohow by record  Therwise due to his on  Jan 1907,  Jann 1907,  Jann 1907,  Enlisted  Mustered  Mustered	APPR 2,28,1906,  Lywingthala wounds gry Legh Reviewer.  MPORTA 2,186/	Fee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. C. Calmer , Examiner.  Approved for which he washensoned has bloomfetent evidence to have been legally accepted.  See which has been legally accepted.  See medical Examiner.  Medical Examiner.  190 , Medical Referee.  NT DATES.  Former marriage of soldier
REC.  J. A. Bica  Discontinuated for Adm. Alexander of Therwise due to his one  January 1907, Jeff  Enlisted July  Discharged July	APPR 2, 28, 1906,  Lywingthals  wounds fry  litary sin  Ellger  Re-Reviewer.  MPORTA  2, 186/  1, 186/	Fee, \$ Agent to pay.  Articles filed
REC.  Name  J. A. Bica  Submitted for adm. alex  Approved for refetion on the  Shirtmance of J. gunshot  A No hour he record  Therwise due to his on  Jan 10, 1907, Jeff  Enlisted  Mustered  Discharged  July	APPR 2,28,1906,  Lywingthala wounds gry Legh Reviewer.  MPORTA 2,186/	Fee, \$ Agent to pay.  Articles filed , 1
REC.  Name  J. a. Bics  P. O. Boston, Decord  Approved for refection on the  Entiremental of James for the record  Therwise decord his on  Jan 10, 1907, JEM  Enlisted  Mustered  Discharged  Died September	APPR 2, 28, 1906,  Lywingthals  wounds fry  litary sin  Ellger  Re-Reviewer.  MPORTA  2, 186/  1, 186/	Fee, \$ Agent to pay.  Articles filed
Name  S. A. Bics  P. O. Boston,  Submitted for Adm. Decord  Approved for refection on the  School by record  Therwise due to his on  Jan 1907,  Jany 1907,  Jany 1907,  Jany 1907,  Jensey  Bied September  Declaration filed Septem  Declaration filed Septem	APPR 2, 28, 190.6,  Lywing Mala  wounds grig  medaccepter  alilary sun  Re-Reviewer.  MPORTA  2, 186/  1, 1906  Les 21, 1906	Fee, \$ Agent to pay.  Articles filed , 1.  OVALS.  C. C. Calmer , Examiner.  Approved for sow chronic gathetis was of Approved for which his was senso ned nor that the was senso ned nor that the was senso ned nor that the which has been legally accepted.  See medical action of faces high field a Referee.  NT DATES.  Former marriage of soldier
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Order 51 observed,

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$\mathbf{W}\mathbf{I}$	Dow's	PEI	ISIO	IV.
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M. U	How Charles Q	unell	COlaiman	doeswrite.
	Urder 31	observe	el,	

TRANSFERRED TO LOWER NANVEY,  Low. C. No. 1043/166
Acts of July 14, 1862, and March 3, 1875. @
P. O. Watick
Service: 91-B 16" Mass. Sy \( C.9 V.R. lo.
Enlisted: , 18 ,  Discharged: , 18 ,
Application filed: Mar 16, 1897
Alleges:
Im 0-1043 166 J
Attorney: Jes., E. Lemon P. O. Louty
Recognized. Contract.
(17176–30,000.)



# GENERAL AFFIDAVIT.

	would write a letter, stating all the facts, c		
you can remember, according to the requirem you say to be true; whether from personal obse			
persons. State of Marsachus		•	
	>ss.		
COUNTY OF Wooddley	·		
In the matter of the claim for		***************************************	
O <sup>2</sup>			
late of Company	Regiment.		Volunteers.
Personally came before me, a	notary Cuble	in and for afore	said County
and State, Vanut	a. assould	egged 6 B	Tooma
and Ellen S, K	Parent &	- [ [	years,
resident of General Pla	in the County of	navy	, State of
Massachet	, who being duly sworn, declare in r	relation to aforesaid case,	as follows:
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We have known	Williams H. Te	nd for the	
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and thatno interest in	said case, andnot concerned	d in its prosecution.	0,304
	9		
	Affiant's Signature,	Carriet A. C.	Sgord
	P. O. Address 94	6 Glund St	Jamerille.
		1	Mass!
		Ellen I St	an mund
Attest—when any affiant signs BY MARK two persons s	Affiant's Signature, L	Concord	111
	P. O. Address	Worlord	Mass

Sworn to	aid affiant \$ , a		<u> </u>	Cen.	-	I the same; that said	
affiant 💋	personally	y known to me	; that They	credible person	and so reputed	I in the community in	1
which they	reside . I	further certify	that the words.				
were erased	, and the word	S				were added	1
before execu				irect, in the prosect	ution of this clain	m.	
	Wi	tness my hand	and seal this	hulletty day	of Muc	190 4	
	4_	•		15	A ST	1 - 1	
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		vit should Magistrate having bee	sures or interlinea- e foregoing affida- be certified by the , in his jurat, as n made before ex-	1	When 1	Elle	
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NOTE.	.—This may be sw	orn to before a o	CLERK OF COURT, and signature of suc	NOTARY PUBLIC, or July officer should be ver	ustice of the Pe. rified by certificate	ACE. If sworn before of the Clerk of Court. o	a) D12
the form which						0	
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I <sub>3</sub>				Clerk of the		Court, in and fo	or
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# Commonwealth of Massachusetts.

# PENSION DEPARTMENT, STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State of Massachusetts,  Country of Massachusetts,  In the matter of the claim for Massachuset Personally came before me, a later of the Country of Massachuset Personally came before me, a later of the Country of Massachuset Personally came before me, a later of the Country of Massachuset Personally came before me, a later of the Country of Massachuset Personal claim, as follows:    State of Massachuset White Personal Country of Massachuset Personal claim, as follows:   State of Massachuset Personal Country of Massachuset Personal Count	APP)	DAVII.
Country of Market of the claim for Midowia Rengion #855642  of Listan It Good window of Midowia Rengion #855642  of Company B. /6" Regiment Mass.  Personally came before me, a fact of Regiment of agricultural formation of aforesaid Country and State, resident of Google in the Country of Montana in relation to aforesaid claim, as follows:  Affinity of the country of the conference of the country of the countr	_ '	
of Susan De Cond widow of  Or Susan De Cond widow of  Of Company B. 1/2 Regiment  Personally came before me, a lim and for aforesaid County and State,  , resident of Japane  , resident of Japane  , resident of Japane  , who being duly sworn, declares in relation to aforesaid claim, as follows:  the said for the said to the said	County of Youth	
Otellians He Cond of Company D., 6" Regiment Mass.  Personally came before me, a in and for a foresaid County and State, resident of the processing of the county of Mass.  In the County of Mass.  State of M	In the matter of the claim for	low's Lengion #855642
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Letter declare that I have no interest in said claim, and am not concerned in its prosecution.  Affiant's Signature, Nacht May Bay May May.  (P. O. Address, Carryton Man.	· · · · · · · · · · · · · · · · · · ·	
Jest that I have no interest in said claim, and am not concerned in its prosecution.  Affiant's Signature, Nathan My Payson.  (Affiant's Signature, Ordaha, My Payson.)  Affiant's Caracter Mass. Caracter Mass.		· · · · · · · · · · · · · · · · · · ·
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P. O. Address, Cartan Mass.		Affiant's Signature. Notelin M. Pansky
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Attest—when any affiant signs BY MARK two persons sign here.  Affiant's Signature,		1. O. Address, Care
	Attest—when any affiant signs BY MARK two persons sign here.	Affiant's Signature,
P. O. Address,		P. O. Address,

his

DEC 7 1988 Sworn to and subscribed before me this day by the above-named affiant said affidavit to said affiant , and acquainted her with its contents before see 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 Seed day of October 1906. Sign here 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



## Commonwealth of Massachusetts.

Office of the Secretary, Boston, Och, 16. 1906.

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

Swe

saic

Edward P. Usher wa

DEC

OF THE PEACE for the said Commonwealth, duly commissioned that to acts and attestations, as such, full faith and and qualified; that to credit are and ought to be given, in and out of court; that I believe his nature to be genuine; and that said Justice of the Peace 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.

Secretary of the Commonwealth.

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33-2() (Old No. 3-354)
BUREAU OF PENSIONS
Board of Review.
1903 1903 1906 No. 893/37
Soldier, <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>
When Certificate is issued, return papers to
Div. for action on.
T. W. DALTON,
Chief Board of Review.

BUREAU OF PENSIONS
BOARD OF REVIEW.
Soldier, 1907 Soldier, 1907 Co. A. Le Reg't Man of When Certificate is issued, return papers to Eastern Div. for Action of O.C.
T. W. DALTON,  Chief Board of Review.  91

(3-464./ JUL 30 1892
O. Wand W. DANTERON- O'
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Department of the Anterior,
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BUREAU OF PENSIONS,
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Washington, D. E, July 20, 1892,
J. VI TH
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Chief of becord radiensin
Office War Department
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accigned by the concer
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enlisted and from which
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Organ, # 1043, 166,
U/UJ/W. 11 / 140, / 66,
William H. Pond,
encuam 10, o ona,
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P 20 1
yeen Braun
Commissioner.
(o 6059)

War Department, Washington, D. C." Becord and Bension Office, WAR DEPARTMENT,
JUL 21 1892
Washington, ...., 189 Respectfully returned to the BY AUTHORITY OF THE SECRETARY OF WAR: Colonel, U. S. Army, Chief of Office. (323)

OF Address: "Chief of the Record and Pension Office,

(3-060.)

A ( . 77)	
W.7.7 Ext Department of the Inte	AAA WAA <sup>6</sup>
	rior,
William H. Pond Bureau of Pensions,	
1	
The Cold 16" Mass Valle & Do Washington, D. C., June 10	, 1895
Silve	
It alleged that William W. Pond enlisted July 2	186/
and server a sergiant in Co. B, 16 Regit Mass V.	al. Inf.
also as in Co. C., 9" Reg't Vet Res	
	*
and was discharged at Mashington, D.C., July 2	, 18 6 4
It is also alleged that while on duty at on the Peninsula, Va	i į
on or about	and
that he received a rifle shat in the	nicht
leg inthe battle et Chancellowille, in May	,1863.
and was treated in hospitals of which the paper leading and detection and detection and detections are	
and was treated in hospitals of which the names, locations, and dates of treatment are as follows	5 \$
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 force	
together with full medical history. Please give the rank he held at the time he is claimed to	nave 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,	
mine 10 1	ø
and the second of the second o	<u> </u>
The Officer in Charge of the	Commissioner.
Record and Pension Division,	
War Department.	

0.2

5617 b—75 m

No.  No.  WAR DEPARTMENT,  RECORD AND PENSION DIVISION.  Respectfully returned to the Commissioner of Pensions.  Co. B., Res't/6 Mass. Int.  was enrolled July 2, 186/  and M.O. July 4, 1864  With Go, 6 9th Regt.  U.R. Swhich hariful  WAR DEPARTMENT,  and model of the formation of the formation of the first of the fi			
WAR DEPARTMENT,  RECORD AND PENSION DIVISION.  Respectfully returned to the Commissioner of Pensions.  OF Pensions.  ON Regrid Mars. Int.  One 2643, and I had, 30.63 and I have a server of Pensions.  Was enrolled July 2 1861  William B. Pand.  ON July 1 1864  William B. Pand.  ONE OF Regrid Mars. Int.  William B. Pand.  ONE OF Regrid Mars. Int.  William B. Pand.  ONE Coffe Cong. 26,63 from of the Commissioner of Pensions.  Was enrolled for many for the day.  William B. Pond.  Coffe Cong. 26,63 from of the Coffe	(8~060.1	BBB+++nonennoushgröenononnetitääkääattelääkattäknäæstyttäätäätäätää	An ana ahan he lantaba con ana alleus asay sa an mada a bha a sa an an an an an
WAR DEPARTMENT,  REODED AND PENSION DIVISION.  Respectfully returned to the Commissioner of Pensions.  Of Pensions.  Co. J. Regald Mars. Jahr.  Co. J. Regald Mars. Jahr.  Co. J. L.	Ma	gundherenedunidi. Stabermadnen erannan kungeraadaa akkaraahaan eran	both fleth wounds . The Jung
RECORD AND PENSION DIVISION.  Respectfully returned to the Commissioner of Pensions.  Respectfully returned to the Commissioner of Pensions.  Co. J., Regul & Marso. Date of Land.  Was enrolled July 2, 1861.  and Mr. O. July 2, 1864.  Colfo Cuy 2, 1864.  Colfo Cuy 30, 63. Trained of Leg. and recommended for Month & Co.  Regul & Marso.  The medical records show him broated as follows: Co. Marso. Dennel.  Rephibe 60:  The medical records show him broated as follows: Co. Marso. Dennel.  Record of Marso.  Record July 30, 63.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: Co.  The medical records show him broated as follows: July 30.63  Chausellemake, John July 4.  The medical records show him broated as follows: July 30.63  Co.  The medical records show him broated as follows: July 30.63  Co.  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as follows: July 30.63  The medical records show him broated as	NUo		a award Tall lodged under
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Co. G. Rog'old Mass Into.  Co. G. Rog'old Mass Into.  Was enrolled July 2, 1861.  and M.O. July 6, 1864.  With too, 6 9th Neg 1.  When the hour hours fel ley, and neonimularly both too, 6 9th Neg 1.  When the hold the rolls show him present except as follows fund and during that period the rolls show him present except as follows fund and during that period the rolls show him present except as follows fund 30 63  Who en wounded in the sold of the hold in the said of the sold in the			
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was enrolled July 2, 1861.  and Mr. O. July 2, 1864.  With 60, 6 9th Neg!  Wife, to which transfel  The medical records show him treated as blant & & partial Sept. 4.63.  From I wall 186 , to Mr. O. 186  The medical records show him treated as blant & & partial Sept. 4.63.  From I wall 186 , to Mr. O. 186  The medical records show him treated as blant & & plant & & plant & & & & & & & & & & & & & & & & & & &	,		Will duty long, 6,63: as
and M.O. July 2, 1864  Witt 60, 6 9th Regt.  URC, tribion trained of leg, and recommendant for MRC, tribion trained of leg, and recommendant for MRC, tribion trained of leg, and recommendant for MRC, tribion of Soft. 4.63, follows: Oo William N. Pond  From MWall 186, to Mr.O. 186  The medical records show him treated as Matter 2.C.; as Soft. 4.63, follows: Oo William N. Pond  Soft. Co. B. 16 Mars. wounded rothing additional forms  and during that period the rolls show him present except as follows: June 30 63  Chancellornelle, Smed lurice  Wine May 8.63. and  Soft and finght leg 6 mi  Follow philial show both  The fort June 2 frist 3/2  in below in condupte.  Per M. Date.			
With 60, 6 9th Reg t.  Who bowhich transfel I Batt 2. 2: as Sq. 4 6.  Dephilogica transfel I Batt 2. 2: as Sq. 4 6.  The medical records show him traveled as follows: Cas Welliam N. Pond When glay he held the rank of Pol reg t  and during that period the rolls show him present except as follows: fund 30 63  Choucellosinely, Smich turic and sold finght leg 6 in her call finght leg 6 in he held the aug 31.63.  North and serving that period the rolls show him and sunday may 3, 63, at a least of him follows: fund 30 63  Choucellosinely, Smich turic and the follows find the first fight leg 6 in helm for the falls entering inthing one half inch feach other.  The first first 3/2 first 3/2  My Date			
The medical records show him breated as by Batt & C : as Soft. 44 & C. I as Soft. 463.  The medical records show him breated as by Batt & S.C. heated Seft. 463.  From wall 180 to Philips and North and North and Soft & Soft. 463.  The held the rank of Collected as North and Soft colfing the leg of the batte of the rank of Collected as N. I Pond to June and during that period the rolls show him present except as follows: June 30 63 Chaucelloringly Shick turica above my wounded in the soll of gother leg 6 in Soft colfing the leg 6 in Soft balls entring in this one half with balls entring in this one half with June 1 for the fact of the soll of the s			//
From wolf 186 to Mic 186 at Lelow him breated as follows: Qo William N. Pond Wilcon of leg heated Sept. 4.63  From wolf 186 to Mic 186 and R. Seq at the backto g  The held the rank of Golf 189!  The held the rank of Golf 189!  The held the rank of Mic 189 and Leaving the Leg Thound and during that period the rolls show him present except as follows: June 30 63 Chancelloringly, Strick twice with a sold of right leg 6 mi  Din and 8.63. and below him the back of the balls entiring inthis one half met Jeach other the balls entiring inthis one half met Jeach other the Jan June 1893 INN	UNG towhich transfel		
From Wolf 186, to Proc. 186  he held the rank of Gol- Agt  and during that period the rolls show him  present except as follows: fune 30 63  Chancellorsulle. Struck turice  Who end wounded in The  prince May 8.69 and  both balls enlowing inthin  one half inich feach other.  The fint Jexil I first 3/2  Per M. Date  Par M. Date  Per M. Date	Defoh 26, 63.	The medical records show him treated as	Batt D.C. heated Seft. 4.63
he held the rank of Gol. & Sqt — May 2-3.63: heates  as N. — & Pond ve. Jun  shot colf night leg "Hound.  and during that period the rolls show him  present except as follows: June 30.63 Chancellorsulle, Shrick turice  Who en wounded in It.  Din en May 8.63. and  both balls enlining within  one half such flesh other  The first Jenet of history  My Date  Per My Date		follows i as William N. Pond	Man of ley
ne held the rank of GPL & Sq t  -, May 2-3.63; heatics  as W D. Pond ve. Jun  shot calf night leg "Hound  and during that period the rolls show him  present except as follows: fune 30 63 Chancellorsuscle, Shrick turice  Win cu May 8.68 and  Color phitial space toth  Dame to aug, 21, 63.  The first Jent 2 first 3/2  in below in 2 condyle.  Per M. Date  Per M. Date		. / ' ~ ^ ^	nothing additional forms
and during that period the rolls show him  and during that period the rolls show him  present except as follows: fune 30 63 Chancellorantle, Struck twice  Who eng wounded in Ht.  Since May 8.63. and  Color philited space toth  Some to Aug, 71.63  Chancellorantle space toth  The fout Jeach other.  The fout Jeach other.  The fout Jeach other.  The fout Jeach of pint 3/2  In Date  Per M., Date		/	
and during that period the rolls show him  present except as follows: fune 30 63 Chancellornille. Shrick turice  Wo end wounded in 4t. m' calf of night leg 6 mi  Since May 8.68. and below filted space toth  Dame to acq, 31.63. both balls entering inthis  one half wich peach other.  The four first 3/2 first 3/2  in below in 2 and yle  Per M. Date	he held the rank of 104-2091	/ / /	- GENS/A
and during that period the rolls show him  present except as follows: fune 30 63 Chancellornelle, Shrick Turce  Wound wounded in 114.  Dince May 8.68. and  lelow philited space toth  Dame to accept, 31, 63.  both balls entering inthin  one half such I each other  The fout Jexit I first 3/2  in below in condyle.  Per M., Date			IIIN
present except as follows: fune 30 63 Chancellorinelle. Strick tince  Aboen wounded in 144. in calf of right leg 6 in.  Din co May 8.69. and below political space toth  Dame to accept, 21.63. both balls entering inthin  one half with J each other.  The fout J exch of first 3/2  in below in a condule.  Per My Date		shot colfright leg Wound	14 0
About wounded in M. in calf of night leg 6 in.  Dince May 8.68 and Selow affitted space both.  Dame to accept 31, 63. both balls entering inthin By authority of the Secretary of War:  one half with Jeach other.  The first Jent J first 3/2  in, below in 2 condule.  Per M., Date			
Dince May 8.68. and below lefted space both  Dame to accept 71,63. both balls entering inthin By authority of the Secretary of War:  The fourt Jexis 7 first 3/2  in below in 2 condyle.  Per My Date	about wounded in It.	· D	FICE
Dame to ace, 31, 63. Coin balls enlining inthin By authority of the Secretary of War:  one half with Death other.  The fourt Jent of first 3/2  in below in 2 condyle.  Per Mr, Date			
one half with Jeach other.  The fout Jent J first 3/2  win below in 2 condyle.  Per Major and Surgeon, Un8 937			By authority of the Secretary of War:
Dit a condyle . M. Date	·	one half wich peach other.	A. C. Chinasouth
Dit a condyle . M. Date		The fruit of ext of first 3/2	Col. Major and Surgeon, U.S. Ammy
Vont of exit of second 31/2 (COMMISSIONER OF PENSIONS.)			7.00
		Vont of exit of second 3/2	(COMMISSIONER OF PENSIONS.)

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[Act of June 27, 1890]



## Commonwealth of Massachusetis

# 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 Sss.
On this 15 day of Sept., A.D. one thousand eight hundred and ninety
personally appeared before me, a Special Commissioner
within and for the county and State aforesaid, Sucan St. Cond
aged 59 years, a resident of the of Alington county
of Muddlesex, State of Mass, who, being duly sworn according
to law, declares that she is the widew of Villiam Ho Tond, who enlisted under the name
of Villians Ho Joud, at on the 2 day of July,
A.D. 186/, in
V
and served at least ninety days in the late war of the rebellion, who was honorably discharged July 2, 1864
and died Sefet. 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 Ut Mute to said
Otillian 36. Pond on the day of May A.D. 1866 by L. Jucker , 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 Alliam & ond [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
That she has not heretofore applied for pension and the number of her application is
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 is3
Buttell ave arlington, county of Middlesey,
State of Mass. Jusun J. Tond
ATTEST:

[Two witnesses to mark.]

Also personally appeared Edith Gond, residing at Almaton
and Myra L. Hemenny, 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 St. Jond, 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 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.
Edith Tond
[Two witnesses to mark.]  Myra Jourse Jemenno [Signatures of witnesses.]
[I wo witnesses to mark.]
Sworn to and subscribed before me this / day of Sefect., A.D./906; 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 Chief, Law Division. added, and that I have no interest,
direct or indirect, and he privile this claim.
Certificate on file covering
Dec 21 1905. Ale 211912 (Isignature.)
GERTIFICATE ON FILE FENSION DEPARTMENT,
Bosion 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.



## Commonwealth of Massachusetts.

# PENSION DEPARTMENT, STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State of Massachusetts,		F. S. , S. S.
County of Middless p	88.	Act of June 27th 1800.
In the matter of the claim for	Busion #85	3642
of Mrs Susan W. Pond	. widow of	
William H. Tond	4	
of Company 13, 16 Regiment	Mass.	Vols.:—
Personally came before me, a		
aforesaid County and State,		
	, resident of Wrlin	
in the County of Middlesex		hustte, who being
duly sworn, declare in relation to aforesaid		1 1-1-10
I am the wistow of 16 Righ-Mass Vol. Hi		
may 15 1866 and has		
that time until he	o death blehit	- Us 1906
nuther of us had be		
The Soldiers life is	as in ourse in	the Mulical Reserve
Life fire Co. for 7000	Some timago 7/0	was advanced /-
mr on assignment we	hich was resid for	or household Expenses
and preparity my daugh		
forfuniral & piness and		
I have no Bral or fire	/ Walter	West Constitution
"290 referred to above	and household f	
The 2go referred to will the latterpart of January		le if at-all until
110	hersonal Estate in	4/ 000 - 1 1/1
Cato Indian	or once yays w	me name of mo
Their is no firson bound	to support me a	nd the only means
	1 mil own Cal	or frame
	~	
	······	
further declare—that	no interest in said claim	, and not concerned
in its prosecution		
<b>)</b>	( A. G	90101
	Affiant's Signature, 104	Bother and
	P. O. Address,	ourley Hoo
Attest—when any affiant signs BY MARK two persons sign here-	( A C	X Minglim Mass
	Affiant's Signature,	
	P. O. Address,	
	Ţ	

TRAINORS DEC 14 1000

Sworn to and subscribed before me this day by the above-named affiant	(Here insert affiant's name or names.)
Jusan N. Tond	; and I certify that I read
said affidavit to said affiant, and acquainted him with its contents before	ore she executed the same
I further certify that I am in no wise interested in said claim, nor am I Witness my hand and official seal this 21 gldh day of	
Sign here Frank	1 1 00 -
	notand Tublec

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 Ma. 855642

AFFIDAVIT OF

ETATE HOUSE, BOSTON, 3-402.

Certificate No. Department of the Interior,
Name, filliant ( ) BUREAU OF PENSIONS,
Washington, D. C., January 15, 1898. Sir:
In forwarding to the pension agent the executed voucher for your next
quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.
$Very\ respectfully,$
HO hay Evan A.
Commissioner of Pensions.
First. Are you married? If so, please state your wife's full name and her maiden name.  Answer. MRMW RIVEL WILL
Second. When, where, and by whom were you married?  Answer To Mark Mark May 1 St. 1866 Rev. 1. Surkey
Third. What record of marriage exists?
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.
Fifth. Have you any children living? If so please state their names and the dates of their birth.  Answer. OMMA DOMAN DOMANNAM, (M.) 19 II, 1868  Winthyork Hoved Loved Vovember 2 md, 1879  Havence adult Loved Walliam H. Bond
Date of reply , 1898 (Signature.) 5301b750m1-95

[

### TOWN OF HOLLISTON, MASSACHUSETTS.

## COPY OF MARRIAGE RECORD.

From Records of Marriages in the Town of Holliston, Massachusetts.

GROOM.	BRIDE.
Name William Honry Cond	Name Lusie W. White
Color—White.	Color— White.
Residence Halliston	Residence Baston
Age 25 Years.	Age 18 Years.
Occupation Mechanic	Occupation
Place of Birth Franklin	Place of Birth Teroksbury
Name of Father Affred Pond	Name of Father Writhrop J. While
Name of Mother Louisa Fisher	Name of Mother Harriet "
First Marriage.	First Marriage.
By Jucker Minuter at Halliston Attest: Albert E.	On May 1 st 1866 Phipps:Town Clerk.
MIDDLESEX SS.  Then personally appe	Holliston, Mass., Arril 20 1905— ared Albert & Phipps and made oath that the above is a true copy of return.  Before Me John Batter dev  Justin the Peace  Journals.



## Commonwealth of Massachusetts.

PENSION DEPARTMENT, STATE HOUSE, BOSTON.

#### AFFIDAVIT.

	IDA VII.
State of Massachusetts,	
County of Middleses	<b>3.</b>
In the matter of the claim for Midors	3 peuseon # 855642
of Susan 11. Poud mide	ow of Miliam Newy Yould
Serfeaut	
of Company 3, /6 Regiment	
Personally came before me, a Totay	
aforesaid County and State John Mis Hatson & Gaze aged a	Solution of Halliton
	, State of Maslachusetts , who being
	laim, as follows: - he have Severally known
The Soldier William Henn	I fond for Fifty years or more
Knew how before Enlis	
Mean Manual Lator C	o bad habits and able to purjoin
Sufferring from the Eff	
	able to person only light noth:
The state of the s	Sewi in Rail Road Employ. Gut
Greedually growing med	The second of th
72	e has been unable to perform Manua
"lavor ab-all - metal tris	partle afferd, remarked af
Arlington Mass Sept	Sim 1906-
Arlington Mass sept	
A lington Mass sept Are also certify that we have Arm Menny Poud, and I Know that they heather And that they Lived toge Mutil the death of the Promite time of the to the time of the	Sin 1955.  Known both parties the Soldier  is mife Sussen In four and Manual  Soldier and that the Massian  id he have known both parties  when being Eighteen years of afe.  Soldiers death.
Arlington Mass sept	Sin 1955.  Known both parties the Soldier  is mife Sussen In four and Manual  Soldier and that the Massian  id he have known both parties  when being Eighteen years of afe.  Soldiers death.
A lington Mass sept Are also certify that we have Arm Menny Poud, and I Know that they heather And that they Lived toge Mutil the death of the Promite time of the to the time of the	Sin 1955.  Known both parties the Soldier  is mife Sussen In four and Manual  Soldier and that the Massian  id he have known both parties  when being Eighteen years of afe.  Soldiers death.
Arlington Mass sept  fre also certify that we have  mm Menny Poud, and is  know that they neither  and that they lived to get  mutil the death of the  from the trine of the  forther time of the	Sin 1955.  Known both parties the Soldier  is mife Sussen In four and Manual  Soldier and that the Massian  id he have known both parties  when being Eighteen years of afe.  Soldiers death.
Arlington Mass sept  fre also certify that we have  mm Menny Poud, and is  know that they neither  and that they lived to get  mutil the death of the  from the trine of the  forther time of the	Known both partner, the Soldier is mife Sushman of them of some the time of manual and that the sushman of the
A lington Mass sept  Are also certify that we have  Meany Poud, and a  Know that they heather  Qual that they lived toge  Mutil the death of the  John Spice Deplaces william  from the time of the  to the time of the  in its prosecution.	STO 1905- KNOWN botto partner the Soldier  wis wife Sussen In Pour and  of them were for evisously Mamer  Boldier and that the missions  when your and mife Susunt Pour  teir being sighteen years y afe  soldier death.  In interest in said claim, and are not concerned  Many Many Routed  Many Many Rout
Arlington Mass sept  fre also certify that we have  mm Menny Poud, and is  know that they neither  and that they lived to get  mutil the death of the  from the trine of the  forther time of the	Known both parties the Soldier is mifo Sus and proud and from the time I wanted the sus what the sus what we have known both Bastis willens Jeans gafe.  I soldier and and Mife Susan I found their being Eighteen years gafe.  Soldier death.  Affiant's Signature John Mass.  P. O. Address, Holliston Mass.

and still wit to said	affiants, and acquaint	ed They with its con-	11	certify that I researched the sar
	amanta, and acquaint	ed Man. With its con	lenus before vicey	executed the sall
T Turther certify	that I am in no wise in		nor am I concerned	in its prosecution
Witness my ha	nd and official seal th	is \ 22 us _	day of Celoo	eV 1906
and regulation and relative to the second	Sign here	1ans	fer tout	<u></u> ,
•		A Out	- Duck	( )
		()	7	
			•	

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.

e.	AGT OF JUNE 27,1890.
	Nº893. 137 SPASESS & Increase
	The state of the s
	-> Bureau of Pensions -<-
	It is hereby certified That in conformity with the laws of the United States, William Ho. Lond who was a Dergeant loo. 3 16 Regiment Massachusetts Volumeter Infantry's loo log Regt Veteran Reserve box so
	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.
<b>5.</b>	
-	Given at the Department of the Interior this
	Jenth day of August
	and of the Independence of the United Itales
	of America, the one hundred, and tresenty-ninth.
	The state of the s
	- Weynu
	Countersigned Co
de.	
	General of Gensions.

9061 77 635

That section forty-seven handred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby-amended to read as follows:

SEC. 4745.—Any pledge, mortgage, sale, assignment, or transfer of amy 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, daim, 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 momise, shall be guilty of a misdemeanor, and upon conniction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall relain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Bensions, 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.

PENSION CHRONICATE OF

MO. 893.137

PENSION CHRONICATE OF

MO. 893.137

J. 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 Maska whileth	
	County of Middlesy ss:	. •
as.	$\gamma_{1}$ , $\kappa$	
Jse	On this day of the A. D. one thousand eight hundred and	ji Thi
his	ninety personally appeared before me, fill on the personally appeared before me,	S
	in and for the County and State aforesaid,	lar
Ç	(Name of Claimant.) , aged years, a resident	<b>X</b>
ely	of 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 county of Coun	S
siv	State of, who, being duly sworn according to law, declares that he is house. If you reside in the country, state about how many miles from headest Postoffice.)	prep
clusi		par
exc	the identical (Name of Chaimpha), who entered service during the War of the	ed.
18	Rebellion under the name of Manual on or about the day of	by
and	my, 186, as in company of the regiment of	9
Œ	commanded by and was	8
O	Manae of company's commander. If upon any General's Staff, state that fact.)	RC
Ω	HONORABLY DISCHARGED at Minglin & , on or about the	Ħ
on,	day of fine 186/, by reason of Offmanou of Berne	ग्ग
ngton	; that his personal description is as follows: Age, they years	E
ashin	height/we feether/yinches; complexion, you ; hair, allum; eyes,	M
	That he is now suffering from (Here state the name and nature of any disease, wound or injury which in	Ñ
M J	any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)	of
0	by a cife ball in the South of Chancervillo, Many	<b>\leq</b>
S	1863, and hat I contracted the malarist on the	as
Ĭ	heninglas in June 1862 (State of are) of the last	hin
Щ	disease I am now suffering which I think	Sto Sto
μĪ	is the main cause of my general debilite	ņ
日田	and that the said disability is of a permanent character, and is not the result of vicious habits, and that	D.
ÓRG	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	i.
	roll, under the provisions of the Act of June 27, 1890. That he has the been employed in	ar
C S	the military or naval service otherwise than as stated above	ğ
k by	that stated above, and the dates at which it began and ended.)	S
prepared	That since theday of, A. D. 1867, he has not been employed in the	exclusively
ede	military or naval service of the United States.  He hereby appoints, with full power of substitution and revocation.	lusi
pre	he hereby appoints, with run power of substitution and revocation,	ive
<u>.s</u>	GEORGE E. LEMON.	
Blank	of Washington, D. C., his true and lawful Attorney, to prosecute his claim. That he has Merse (If previous appli-	for
Bla	cation has been made, give number of claim, if possible; if a pensioner state rate and number of certificate.)	his
This	That his Postoffice address is Which , County of Middleset,	$\Box$
T	State of Mass, With Tond	se.
e.	Two witnesses to claimant's signature sign here: (Claimant's Signature.)	
	(1) James Ht Wanus	
. *!	2 Hum 16 Howard	
	100pm	·

	Also personally app	eared	James,	McA	unus		, residing at
			, and	Hour		ward	, esiding
	at Oration	K			to be respecta	ble and entitl	ed to credit,
	and who, being by me de				laration; that t	Name of Claimant.) hev have eve	
	believe, from the appea	me or make his mark rance of said	z.) claimant and	their acquai	ntance with hir	n, that he is t	the identical
	person he represents him	nself to be; an	d that they h	ave no intere	st in the prosec	ution of this	elaim.
				interior de la companya de la compa La companya de la co	James M.	Manuel	
				642 444	Mount Signatures of witgess	16 1602	Manh.
	Two witnesses to signate here, when either	res of identify r of them signs	ing witnesse	sign	Signatures of values	03 10 1001100	
	(1)		The second secon	Compagnitude Control of the Section		of All Some	
	(2)	CO AND CI	IDECDIPI	ED before me	e this 24	lay of Au	la.
	SWORN	A D 189	and I hereby	certify that t	he contents of t	he above decl	aration, &c.,
5 84,81 1441	to the state of th	were fully m	ade known a	and explained	to the applic	ant and with	esses, before
<b>46</b>		swearing the	reto, includin	g the words_	Lany words have	been erased in the	application, enter
10.4.		them here.)					7.77
	[L. S.]					, erased, ar	nd the words
			(If any word	is have been added	in place of any erase	d, enter them here.	.) , added;
	en all anich			est, direct or	indirect, in thi	is claim, and	
. Le	led July 24/91 a now 19/45 to 2	cerned in its	prosecution.	<u>-                              </u>	Villa	mi	Yulf-
Jun	a nov. 14/45 to 1	(00. 17/96,	O.K.			Mary (	Public
	THE OFFICER BEFORE	WHOM THIS DECL	ARATION IS EXEC	UTED MUST BE SU	Officia JRE AND NOTE IN H	il character.)	L ERASTRES AND
ostera.	INTERLINEATIONS, AS I		the section of the se			kata maga kecamban dalam d	
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person Imens gentle throug	NGTON, D. NGTON, D. NGTON, D. NE B. LEMG  150 JOHN J. I. SBNATE G  desire to ef r business our clients interests. Interests. I. S. R. W. N. N. S. R. N. N. N. S. S. R. N. N. S. S. R. N. S. S. R. K. N. S. S. R. K. S. R. R. S. R.	desire his services in lidesire, his services in lidesire, C. Moody, U. G. Serakra, Hirgeros, D. C., Junel Ghider A. Priseca, Ph. B. Hirgerox, D. C., Junel Hirgerox, D. C., June J. E. Lanox, of this c. R. Lanox, of this for all his contineds.	S. R. COLLOR, S. R. COLLOR, SERINGTON, D. C., Jun Reab B. Lienon, of thi J. G. Carrielle, U. S. WATSON C. SQUIRE, H. M. TEILIBR, U. S.	E. Lerion, of this claims are on an indicate of the continuate on of the continuate	TINGTON, D. C., June TAGON, O. BURROWA, J. C. BURROWA, J. C. BURROWA, ARPHASENATATIVES RINGTON, D. C., June ELROWN, O. This city, ARE to carefully ob m. and barye never, resonally know of HERDERSON, 3d D18.	derresery derron, D. E. Lemon, Ent in 16 Donnell Jepresery Gron, D. ( E. Lemon	P, AJ (OHII) (OHII) (CH
war As and may read the hands or some persons unacquainteen 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 Unified	i, CONMITTEDE ON THE DISTRICT OF COLUMNIA,  WASHINGTON, D. C., JUHO 12, 1860.  10 to recommend GROHEN E. LENGON, of this City, to Chaid business, as a rehiable and responsible attoring the superior attainents.  10 S. Senate Grantess, U. S. S. TONE COLUMNIS, U. S. S. WASHINGTON, D. C. WASHINGTON, D. C. WASHINGTON, D. C. CHOCHO, TONE CARNESS OF A COLUMNISS GRANTES.  11 Concluded that gives to your clients a prompt, carefull cenatio of their previous a man, and I am glad of sure you of my light esteem a man, and I am glad of sure you of my light esteem.  11 Columnia Child Chi	as reliable and able attorney who is in every with the confidence of those who destructure. G. C. Mc Very truly,  G. C. Mc Washington,  Groner B. Lernor as one of the most thoroug attorneys in Washington,  Grinnery in Washington,  Grinnery A. M. Shraker,  U. S. Seraker,  U. Seraker,  U	Arspectury,  Discourage of the state of the	I take pleasure in recommending Gronger E. Lizhon, of this offy, as bilable attorney and worthy lawyer, to whom oldinants can enture in usiness with assurances that it will be well and honestly attended to usiness with assurances that it will be well and honestly attended to.  I. Arkinston, M. O., 1981 Par. District of the pleasure in recommending Gro. E. Lizhon, of this city as a real lable attorney. He has had many years of successful practice and care, by C. Lizhon, of this city, as a recity of confidence, and care, it is not the control of the confidence.  House of Ruccessful practice and care, it is not the confidence.	take pleasure in recommending Gro. E. Liemon, of this city as a reliable attorney, and worthy of all confidence. J. C. Burkows, at a reliable to the confidence of the service of this city, Mich. House of Expressaratorus of 1860. House of Expressaratorus of 1860. The commending Gro. E. Lienov, of this city, as a reliable to complaint from his citients, also personally cheeved at among of soldiers claims infrusted to him, and have never yet, how a complaint from his citients. I also personally know of his slight in acts of Endies for soldiers without change.	HOUSE OF REPRESENTATIVES,  WASHINGTON, D. C., JUINE 6, 1890, WASHINGTON, D. C., JUINE 6, 1890, WASHINGTON, T. O. C., JUINE 6, 1890, I of attorney, vigilant, active and diliqent in looking stier it JAMIS O'DONNEILS, 80 Dist., Mich. HOUSE OF BERRESENTATIVES, WASHINGTON, D. C., JUINE 7, 1890, take pleasure in recommending GRO, E. LEMON, of this city, as MCKENIEN, Jr., 18th Dist., O. H. J. SPOONER, 18t Dist., R. L.	EDWARD I E. H. DOARN I E. H. FUN E. H. KET I. H. KET I. NO. G. S. I. TOWN I. TOWN I. TOWN I. TOWN I. H. CA J. H. SWE J. H. SWE J. H. SWE G. A. HIL G. A. HIL G. A. HIL G. A. G. S. G. A. SWE J. H. SWE J. H. SWE J. H. SWE J. J. SWE J. SWE
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with t nials i and m	States:  U. S. SENATE, C.  It gives me pleasure to those having professions nery of high character an mey of high character an fight expredition of the high expredation of the they do in a degree of either was stream many excellent qualities the opportunity to assume the opportunity to assume the opportunity to assume the opportunity to assume the pleasure in reco	ton City, see the street his profess I regard competen I take	We to reliabily	I take reliable gusfness lustres I take liable s	I take ble att	I tal reliab olaims We reliab	egalija parka ka k
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	<del></del>	1890	Applicant,	Re-			LEMON, nsellor at Lav th St. N. W., washington, D.
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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 Massachuset County of Middlery ss.
On the date hereinafter mentioned, personally appeared before me, a) // / / / / / / / / / / / / / / / / /
within and for the County and State aforesaid aged aged
years a resident of County of Micheller
State of, who being duly sworn according to law, declares that he is the
identical / Mary / Comment of who served not less than NINETY DAYS
in (Name under which service was rendered.)
(Here state tank, 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 ap-
plied 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: Machine Culuy
who end of verineys general debility
and he has continued so disabled thereby
to the present time. That he is materially disabled by the following additional disabilities not hereto-
fore alleged, namely: Mully from age
(Name or rescribe 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 60 18 Profit Profit Control States,
(State other service, if any.)
Reconsideration, under the Act of March 6, 1896, of his said claim for pension under
the provisions of the Act of June 27, 1800. He hereby appoints as hereteless with a line
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
their successors or legal tepresentatives 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 there of the same of th
Char. H. Couant
arthur W.L. Melen (Signature of Claimant.)
(Two witnesses who can write, sign nere.)  0-29-98-5 M. (SEE OTHER SIDE 9)
Age of

(FROM OTHER SIDE.) Also personally appeared Charly & Conact residing at Concact Massonchurch , residing at May Mudfard Manaduel, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were , the claimant, sign his name (or make his present and saw/// 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. arthur U.L. If witnesses sign by mark, two persons who can write must sign here Sworn to and subscribed before me this Thin 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. OF JUNE 27, 1890. ACT

East Div. 3-173. *
Mr. H. Pond Department of the Interior,
Co. 15, 10 Reg t Prince
Washington, D. C., Levenber 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,
The William H. Pond.
tatick deling commissioner.
2
No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.  Answer: Ourie Withriber Gond, Maiden many Guni Withriber White
No. 2. When, where, and by whom were you married? Answer May 1st 1866
A Roston Wass by Per J. F. Hucker of Holleston Wass
No. 3. What record of marriage exists? Answer Ruand of Marriage scurts
ow Town Mooks at Holliston Mars.
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. 5. Have you any children living? If so, please state their names and the dates of their
birth. Answer: Cluma Louisa Pond-Barn Octo 19th 1868
Winthrop Offred Pond " Nov 2nd 1879
Morence Edith Oord " May 10 1886
Des 15th
Date of reply, The Total William Grung Pond
0-2 (Signature.)

### AFFIDAVIT TO ORIGIN OF DISABILITY

t the National Archives

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 c particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted MOSSachments State of ss: County of .... In the matter of the Pension claim of / 6 Reg t Vols., personally 2 the Instice in and for the aforesaid County and State, (Title of officer administering oath.) laud Nolliston Massach Middlesee State of... , who, being duly sworn, declares in relation to the aforesaid claim that his age is \_\_\_\_\_years; that he is the identical person Serfeant in Co. /3 who served as a \_ Wassaelusetts Vols., and knows the above soldier, who was a member of Co. ; that on or about Seeoud , 1863., while in the line of duty, and without fault or improper conduct on State the nature of the wound or in-jury received, and in what part of the body located; or the State of forfima Juo Cmushor monudo in partof 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 after its incurrence, or at any time while in the service.

State whether you saw him at the date of or immediately after its incurrence, or at any time while in the service.

State whether you saw him at the date of or immediat y previous to a.s charge; also when, where, and whether the soldier was in sound boddiry health and of incurring his 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 place and an eye witness to the facts related. If in company when the disability was incurred, so state. Desment mansferr Right Fine Consideration discharge from enteres and has wal ere Moras above 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: 10th Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark. (Name of one witness.) Pate 18th Serfeant Co B 16 Rest Mars (Name of other witness.) PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN

TRANSFER IT TO THIS BLANK, TO

	swo	rija i O							****	
	1892; and	I hereby	certify	that the	contents of the	foregoir	ıg affidavit	were fully	made kn	own and
	explained b	y me to	the affiar	at before	swearing there	to, includ	ling the wo	ords	· · · · · · · · · · · · · · · · · · ·	~~~~~
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貫	Peace.	-1				. ,	Inst	a CAHA	77 Ha	20)
15/						(Sta	ate whether Just	tice, Notary, Cle	rk, or Deputy	Clerk.)
	THE O	FFICER BEFO	RE WHOM	THIS AFFIDAV	TT IS EXECUTED ME				4	
	4			IN	TERLINEATIONS, AS	INDICATED A	BOVE.			
	When execute certifying that the Peace or	the original ed before a t the Justic Notary Pub	Justice of ce of the P	the Peace of eace or Nor d his comm	rument should be through the paper Notary Public, pary Public had a dission, or certified	per on whice a certificate athority to copy there	h the jurat is e from the Cl act as such, of, in the Offi	s made, if the erk of the Co except in case ce of the Com	at be a separ ourt must be es where the imissioner of	ate paper attached, Justice of Pensions.
	I certif	y that	John	I W	73 arche	lder	Coog	, befor	re whom the	he above
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	aths, and	that the a	above is	his signat	ure.		en e	•• • • • • • • • • • • • • • • • • • •		
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SUSAN W POND

NEEDHAN MASS 3-1081
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84 WARREN ST

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DROP REPO	PENSIONER
Cert. No	
Pensioner	
Soldier	
Service	·
Class	Group
	DIVISION
In the above-descri	bed case a declaration filed ates that said pensioner died
Per	H. P. WILLEY, Chief, Law Division.
The state of the s	
DISBURS	ING DIVISION
	, 192
	\$
dated	, Section
returned by postmaste	er with information that the
	oner died
19, has been cance	eled.
	E. E. MILLER,
Per	Disbursing Clerk.
FINANC	E DIVISION
	AUG 2 4 1928 , 192
The name of the abo	ove-described pensioner who
	te of \$ 30 per month
to July	, 1913, has this day
	e roll because of Death
//	-1923
0,97	Ransall 5
6-2249	Artief, Finance Division.

5---2249

Act of June 27, 1890.

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PENSIO TROPPED

## Uniled Slales Pension Agency,

Boston, amare Sept. 14, 1906. Certificate No. 8 9 3 1 3 The Commissioner of Pensions. SIR: I have the honor to report that the above-named pensioner who was last paid has been dropped because of Regita death Sept 5,1906.

Very respectfully, 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 then known.

Write nothing above this line.

(3-060 a.)

#### MILITARY SERVICE.

NAME OF SOLDIER:

William It Jones	
1/14. // // /A. I UZ. #TV	
William of Joule	
East Div.	
D CD	
The Property of	
Dec 16, 189/	,
1043164	
N 1 A A	
B 16 Mass Infy	
R:	
It is alleged that the above-named man enlisted freely.	
16, 1861, and served as a friendle	٠.
Co. B., 16 Reg't Mass Tuffy	
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July 2 , 186 4	
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of prior claims	
例 (投作) 事 ( マガス ) ( )	
The War Department will please furnish an official statement	
this case, showing date of enrollment and date and mode of	
Contract Con	
mination of service.	٠.
Green Ball	

THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

## War Department,

Record and Pension Division,

DEC	17	<b>7</b> 47 :	18	91
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****	DEC TA 1831
Respectfully returned to the	
COMMISSION	ER OF PENSIONS.
	Man H. Por
The rolls show that !/L	man Allor
A	dorsement, was enrolled
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J.	-V
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	16 000 3
	01,18
	WICE!
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Y AUTHORITY OF THE SECRETA	RY OF WAR:
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