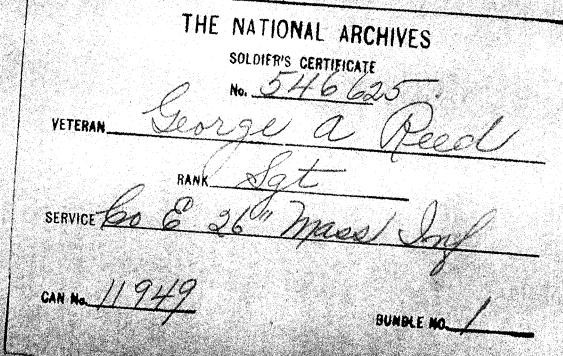
## **Dear Patron:**

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.



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(3-615.) Departmen of the Interior, BUREAU OF PERSIONS, Washington, D. C., Silk / 0, 189/ No 516608 Name, Korge A 8 2 C. Reg't Wels Со... Date of filing,... mul Date of rejection, ROG 10k CAUSE OF REJECTION rom-Sause alleged pilee date Q ABSTRACT OF TESTIMONY TO REOPEN. Æ at Morce ter Mars give Claimant asuling has Leor Ule caker, Examiner. X allite, Chief of Div. 827 b

(3-405.) Department of the Interior, PENSION OFFICE, Felman 2 1885. Nature of Claim Migical No. 57 6. 608 soldier: Genye Ur Reed service: Ce. E. 24 Than. W. It is desired in this case that the examination be made with special reference to-Munice Cumpelaguain all the physical begus of the alleged Cleanhow, The Appenie of his Freques, sceneticin of abelium, Ling Pacture, and Puti auning to the depen he is childred tunly for profining hund 164

C. J. C. Medical Referee.

€2 THE SURGEON WILL DETACH THIS SLIP FROM THE "ORDER" AND RETURN IT WITH THE CERTIFICATE OF THE EXAMINATION. These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

5 . . . . . 1ass. -----[1590—20 M

- Anna -

Medical Referce.

T. B. HOOD,

[OVER.]

12/20 oucester; [3--216 0 Cooperextr. ME and len 1000, No. -Act of June 27, 1890. 1 92 N. H.M. Jeh G mider 91 Jorge U teed Imp Amigh Hon Ina W Vr. Vayden Sadowille P. 0. Middlesex & May Mass. Service: 10 - 26 Mar Vola LEW DECLARATION Enlisted: Filed Ocr 3/ 248 CONN.7 Discharged: , 18 Application filed: ) W , 1890 N. Y. Alleges: **N.** J. Any other Claim filed: 5/6673/98 Del. 241639 Numerical No. Attorney No. P. O. B Contract. Recognized Cert. of Dis. Search 18 for  $(\lambda)$ 

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Per	H. P. WILLEY, Chief, Law Division.
	NG DIVISION JUN 7-1923
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Per	E. E. MILLER, Disbursing Clerk.
	<b>e division</b> JUN 1519 <b>23</b>
The name of the abo	ve-described pensioner who
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A	(). J. RANDALI
(	(). J. RANDALI Chief, Finance Division.
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950982 TO THE POSTMASTER: 3-1661 The Act of August 17, 1912, prohibits DEPARTMENT OF THE INTERIOR, the delivery of this letter to any person if the addressee has died or removed, or RE 8 S. C. BUREAU OF PENSIONS, being a widow, is believed to have re-Úħr married; and postal regulations prohibit its delivery if the ponsioner has reenlisted OFFICE OF THE DISBURSING CLERK, WASHINGTON, D. C. V۵ in the military or naval service of the **RETURN IF NOT DELIVERED IN TEN DAYS.** United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if REASON FOR on account of death, remarriage or re-NON-DELIVERY enlistment, the date thereof if known. CHECKED UNCLAIMED DECEASED X FOR SETTER ADDRESS NOVED LEFT NO ADJULINS REFUSE UNKNOWN NO SUCH POST OFFICE IN STATE NAMED REFUSED Fied May 11-1923

1 (3-230.) Issued,.... ....., 18 \_) 1 INVALID. (Series..... Mailed ....., 18 Cert. No. 546625 Rate and Period, \$....., from ..... ,18 Reed Name, c \_\_\_\_\_ Rank,  $\sqrt{g}$ ; Service, G.G. 26''Original Roll: Boston Deductions: Agency.< Transf'd....., 18....., to..... Disability : " Entered ....., 18....., to.... Mch. 20" Issued..... Mailed ..... Issued ..... .., 18 , from unl 26, 188 Rate and Period, \$ \_\_\_ Mailed ..... , 18 Jan, ....., from....., 18 . te c Deductions:  $\bigvee$ Deductions:Disability: Chr. diarshoea Y Entered res. disease of rectum Disability: man 2 Issued INDORSEMENTS. 11 3 Mailed ..... Rate and Period, \$ ... a3. TTE Deductions : ..... Disability :..... Entered and the second second

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3-730. NVALID. Cert. No. 546, 625 rae a. (Por Name, Rank, Seral, Service, Co: - Mass حم :26 De B Original Roll: (Doston) Agency: Transf'd ....., 1 , to . \$ 6 , to \_\_\_ 1/01.2 Issued .. 201 Mailed ..... Rate and period, 8 10, from Oct. 29 906 66' Class Issue. Deductions: \_  $\mathcal{O}$ Entered Disability : Issued ... Mailed Rate and period, 812., from Feb. 25,190 -ee. -tR Class C Issue. Deductions : 0 Entered Disability : A

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3-437.	

CLAIM NO.

I certify that the inclosed papers are of no value in determining the merits of this claim. required to keep the unimportant papers in this Examiner**PAPERS NOT** BRIEFED. Examiners wrapper. 6-2089 DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

1/224, 5/126: Act of Feb. 6, 1907. Cert. 546.625 Name, Geo A Reed - 25, 1907 Application filed Service, - 9 0-2  $\langle \mathbf{E} \rangle$ t+

(3--143.) Index Jo Original Claim No. 576608, ud Co. ENG, Reg & Mars Dals, Sia

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.;
4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.
IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

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4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.
IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

o 6-113 NAME AND P. O. ADDRESS. NO. DATE OF FILING. SUBJECT. man MAN May eatment since Nolliston Mass Ko Millus Meldhum Mais, 01 1889, atment since  $\lambda 3$ Ochitude Mars, 101887 10 struct ithey Die Coud Dince Taronaidee Miss 17,1884 A Jacouseur Cond pince Dec Malier Muss 10-1887 Malow 16 mas 1l k Apr 00/88 ashou 17, 1888 19 Jany 17, 1891  $\mathcal{N}$ Prestin (2833-50 M.)

 $(3-145 \ a.)$ ACT OF JUNE 27, 1890. PENSION. INVALID Claiman P. § Rank, \_\_\_\_ dix County Company, State Rate, \$ .... per month, commencing Disabled by .... ECOGNIZED ATTORNEY. 0 C Fee, \$. Name Agent to pay. Q1 Articles filed, ..., 189..... APPROVALS acken 189/... Examiner. mitted Approved for ..... on l gral Medical Referee. Legal Revie Det 20, 1891 ....., 189..... ....., for Pensioned from. ..., 18....., at \$..... SERVICE SHOWN BY RECORD. honorably discharged Hug 26, 186 aug Enlisted S Re-enlisted honorably discharged , 18  $\eta_{\sim}$ , 189 $arrho_{e}$ , alleges permanent disability, not due to vicious habits, Declaration fil Viauhoga hry from Sla C). 2445 b - 100 m

Cert. No. 5.46 620 3-357. +6625 5116. ACT JUNE 27, 1890. INVALID PENSION. are Reed 200 Claimant P.O. Daf ouville Rank County Middles Company State //LA Regiment Z Rate, \$. er month, commencing Pensioned for inability to earn a support by manual labor RECOGNIZED ATTORNEY. -0 Fee, \$... Name ma. Joston P. O. Agent to pay. APPROVALS RASTERS \$, 19067.7. Tarman ov. Submitted for Examiner. disease Approved for Approved d 0 ×  $\nabla$ art 2 new alleged 190 egate of disabilities shown, permanent in character:  $_{--}^{--}$ Agg en actolier 29, 1906 tro lov. 2 , 190. TAM <u>, 1906</u> Re-Reviewer. V 1864; honorably discharged. 186 🖌 Enlisted. Enlisted. 186----; honorably discharged... Pensioned at \$. Last paid to he alique & andense ACT OF JUNE 27, 1890. CLAIM, Declaration filed. Claimant does-----write. Certificate not filed. V Д...., М. С. Order 51 observed L.f.L.

EAL 625 Boston 3-356. Cert 546. 625 Act of June 27, 1890. Idditional INVALID PENSION. Le Claimant. Rank, Sergeant P. O. Saronville County, Middleser Company,... State, Massachusetts ass tal Int Regiment, 26% per month, commencing October 31, 1903 \$.... **Ra**te, Pensioned for..... inability to earn a support by manual labor. RECOGNIZED ATTORNEY. Fee, \$/0\_\_\_ un nut al sta Agent to pay. APPROVALS. STREAM 11, 1904, Submitted for 9. Examiner. Approved for diarrhoea, disease Approved for Ineurans disease of aletum a ectum, rheun atism and e of heart and kidneys. eneral ! Aggregate of disabilities shown, permanent in character:  $s \not Z$ l Referer nov Show vatally under from afflications: Warna Legal Reviewer. Medical Examiner Medical Reviewer noh 181904 190.4 March, 23, 1904 Re-Reviewe Now pensioned under other laws at \$ 6 - per month for chronic dias has and resulting descase of rectum Enlisted Step 5 Frin Dentice Opl. 16, 1861, honorably discharged ang 2, 1861 #31? Declaration filed Och 31, 1902, alleges permanent disability, not due to vicious habits, from the unation, disease of Kidneys chronic weak hear and 10 ...., M. C. / Claimant does write.

<u>OLAINANT</u> rfida OR AS TO INABILITY TO FURNISH husch STATE 88: COUNT In claim ustree of 1th Personally appeared before me, a ence \_in and for aforesaid County and State, Lerge  $\mathcal{U}$ Eu 26 Regiment 11141 Volunteers, late Company .... rank.) (Give now a resident of Saxonville duly sworn, declares, in relation to aforesaid case, as follows: That he is unable to comply with the requirements of the Pension Office Ke X ne ~ declare respectfully concern that the If claimant signs by (1) (Name of one witness to X mark.) (2).(Name of other witness to X mark.)

he affiant befo	ore swearing	thereto, including the	words	•••	
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A			u.s.	er Justice, Notary, Clerk	Pear
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READ.—It is	preferable that	this instrument should be	executed before a Clerk	of Court. The seal sh	hould be impressed
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5 L. (3-111.) Attention is invited to the outlines of the human skeleton and ngure 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. e absence of a member from a session of a board and the reason therefor, if known, and th name of the absentee, must be indorsed upon each certificate. 60 Insert character and number of claim. Pension Claim No. or restoration.] LO. Name and rank of claimant. 1 2 6 11 Unn. Con þ Reg't State. nanv 44  $\mathcal{T}$ Claimant's post-office address. in [Date of examination.] 189/. 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: Other If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \_ lars per month. He makes the following statement upon which he bases his claim for 1 Here give the claimant's statement as briefly and as compactly as possible. E ann 0 M Upon examination we find the following objective conditions: Julse rate, 00 *inches*; respiration, weight ıds; age. vea 0 Here give a full description of the disabili-ties, in accord-ance with pars. 5, 6, 51, 52, &c., of Book of In-structions for 1889 17 COL He is, in our opinion, entitled to a Rate for EACH cause of disa-bility. Chrome Cta Ward rating for the disability caused by\_ for that caused and for that caused by by Always forward a certificate of examination whether a disability is found to exist or not.  $A_{-556}$ mestreas. N. B. Alescont on leave (632 - )

Ţ Continue ord of exan tion here. P. S.-Write your Post-office address plainly and in full. [89 SURGEON'S CERTIFIC 5 CASE <u>6</u> Reg't No. V.K N icant to Post office, County, App State, ю́

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 certifi-cate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

2 3-155. Old No. 3-111. SURGEON'S CERTIFICATE. Insert character and number of claim. ditima Ŀ 546.625 Pension Claim No. lge ٤ ٤ P. O. of claim-Address of Board, 26 Reg't Mars. Vol. Suf. Company E. し State. ŏ Ð Claimant's post-office address. Sar re-190 **Z** ead [Date of examinat Dr He receives a pension of <u>hig</u> dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: <u>Disabilities are growing worse</u> <u>er that Jam unable to do manual letter</u>." Birthplace, Concord Mars. ; age, 61 \_\_\_\_\_ years; height, Sff. \_\_; color of eyes, Blue **۲**سر; fair weight, 2-00 surgeon  $\_$  pounds; complexion, ; occupation, R. R. Conductor ; permanent marks and color of hair, Gray scars other than those described below, We hereby certify that upon examination we find the following objective conditions: Pulse rate,  $\frac{gg-g_{6}-1/2}{[Sitting, standing, after exercise.]}$ ; respiration,  $\frac{19-20-2.6}{[Sitting, standing, after exercise.]}$ ; temperature,  $\frac{98.4}{2}$ ; Throw Dia mhore = è Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate para-graph for each disability. yed but Rectu L a (pol billied) a La peles en 9 and palpatt L diarr nf e co To sily w the his. su occupati conductor esper Facts within the knowledge of the Board, or any member thereof, rela-tive to the cause of any disability found should be stated. to this board as shly reliable a th e I Heart & K to de ation Rheur mes w hich el the R hi & they is stu difficy a \_cl lŀ r m an ţ٢, he finds diff icultyin tt. U 1 he u h lk tro L an as w sie th H the de 5th space it. at Vhenever a disa-bility 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 n ~ n hypertroph or de no dyst exc ter with a kidneys a ink rs healthy a Q the 5 Unalyzis ch ed othermise 10 he never cle en to such name this fact must be stated. Sp. Gr. 1020 - amber-- acid- no albumen or Suga I the ag N E kin ati y pipe a ront mal by જો ma Dianhora ot Rheum due LCh'n atos ronic rato of icious habits and war to a Eight dollars a month. When rates are recommended solely on sub-jective evi-dence the strongest rea-sons must be given therefor. and Laun , Pres. , Treas. ⊇, Sec'y alleert as

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions. (This certificate to be filled in and signed by the secretary when the full board is present.) I de - Dull "I hereby pertify that Dr. n 9(h , Dr. ne, and U-Dr. were personally present and actually participated in the examination of EERCS , the claimant in this case, on\_ 2 day 1903."  $\quad \text{of} \quad$ (Signature.)220 (This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.) "I, \_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr.\_\_\_ and Dr. \_\_\_, the examining surgeons here present (waiving examination by \_\_ day of \_\_\_\_\_ full board), on this \_\_\_\_ \_\_, 190 ." Witnesses  $(Signature \ of \ Applicant.)$ to mark. other -552 a BOARD purpose DATE OF EXAMINATION: tificates for any matter thereon. Sec'No. 54662 certificates CASE OI 6 Reg't Ł printed APPLICANT FOR **£**06 Do not use back than indicated by 8 Post office, 070 County, State, 5

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.

(Paste continuation sheet, if used, here.)

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8-364 Cert. No. 546625. ACT OF MAY 11, 1912. \* Claimant 00 Rank. JRM 20M Service Rațe, \$<u>30</u> / per month, commencing . tember, Increase Approved for 40 frog June 10, 1918 19 from ATTORNEY OR STATE REPRESENTATIVE. Act of June 10, 1918 (Order April 25, 1907.) Exi Name, Fee, Agent to pay use Boston Massachusetts. Articles fi ., 19 17 APPROVAL. ber 6, 1917, ... VLVL Submitted for Examiner. Rate \$ 30. Approved for MC 75 years.  $\dots$  per month; age  $\dots$ 3 months, 10 days. Length of pensionable service: ... 4 years, ... months, ..... days, on account of. Nov 12, 1917, J. R. Wally Legal Reviewer Re-Reviewer. 15, 186/; honorably discharged 10001861  $\mathbf{Enlisted}$ ber ., 186/; honorably discharged  $\mathcal{U}\mathcal{A}$ <u>em</u> LEnlisted DL 1865 Enlisted. ; honorably discharged .... 18 ...., 18 LDmonths, ... Length of pensionable service: days. years, Pensioned at \$. per month, under  $\Delta$ CN May \_) -PRESENT CLAIM, ACT OF MAY 11, 1912. 2/, 1917. tem Declaration filed ber tember years; date of birth alleged Age shown by evidence .... Claimant does ------write. <u>Ир., м. с.</u> 6-3317 /

ACT OF MAY 11, 1912. 3-014. DECLARATION FOR PENSION. THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION. 1 State of. thousand nine hundred and On this , personally and for the county and State aforesaid, appeared before me, according to law, declar years of age, and a resident of. CLA State of that he is 22 day on the 86 of 6 X Q D.  $\langle \rangle$ 0 0 the Army, or (Here st vessels if in the Navy.) in the service of the United States, in the war, and was HONORABLY DISCHARGED (State name of war, Civil or Mexican.) 180 at on the 2 0 aso 6 90 NI Ĺ That he also served CERTIFICATE NUMBER. That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet inches; complexion, ; color of description tro color of hair. : that his occupation eye that he m  $\infty$ was born at That his several places of residence since leaving the service have been as follows: GIVE (State date of each change, as nearly as possible.) He hereby appoints R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (without fee); 9 That he is a pensioner under certificate No. 546625 That he has ... applied for pension under original ...• \$25. No. That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of NOT the act of May 11, 1912. That his post-office address is mass State of ... Attest: (1) (2) 19 apation accessed as and sworn to before me this. day of.... , A. D. 191 /, and I hereby aim under the act certify that the contents of the above declaration were fully made known and explained to the applicant -3 11, 1912. before swearing, including the words Chief, Law Division erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this  $\tilde{Q}$ ZOJI SPÉCIAL COMMISSIONER, 4 PENSION DEPARTMENT.  $_{3} \sim C$  $(\mathcal{C})$ STATE HOUSE, BOSTON, MASS

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PENSIONER,

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pension. Declaration and testimony in support of same to be exe-cuted before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Certificate No. Service dureau of This form al, unless such certificate has Pensions for general reference. may be used for original pension ACT OF MAY 11, 1912. BOSTON, MASS 46 FOR INSTRUCTIONS. FILED BY -014でも HOUSE, PENSION or increase of

## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, tycars and served ninety days, fifteen dollars per month; its years and served ninety days, there dollars per month; its years and served ninety days, there dollars per month; it wo years, sixteen dollars per month; two and a half years, sixteen dollars per month; its years, and served ninety days, fifteen dollars per month; itwo years, seventeen dollars per month; two and a half years, cighteen dollars per month; six months, its months, fitnee dollars per month; two years, seventen dollars per month; two and a half years, cighteen dollars per month; six months, its months, is month, is an cached the age of seventy years and served ninety days, twenty-one dollars per month; one year, twenty-three dollars per month; one and a half years, twenty-four dollars per month; is no years or over, twenty-five dollars per month; is month, and a half years, twenty-four dollars per month; is no ead a half years, twenty-four dollars per month; is no ead a half years, twenty-four dollars per month; is no ead a half years, twenty-four dollars per month; is no one and a half years, twenty-four dollars per month; is no one and a half years, twenty-four dollars per month; is no one and a half years, twenty-four dollars per month; is no thas, meand hit years are That any person who served ninety days or more in the military or naval service of the United States during the late Civil

pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided*, *further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein, shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

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SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for originatorension by persons who have not heretofore received a pension.

orightat pension by persons who have not heretofore received a pension. SEC. 4957 Flat the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico and who is now or max hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety. February fitpenth, beckter hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and the twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventcenth, eighteen hundred and ninety-seven. SEC. 5. That if yell be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudi-cated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received thin, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the ferend so Splained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee thereforms is provided by law for certified copies of records in the executive departments.

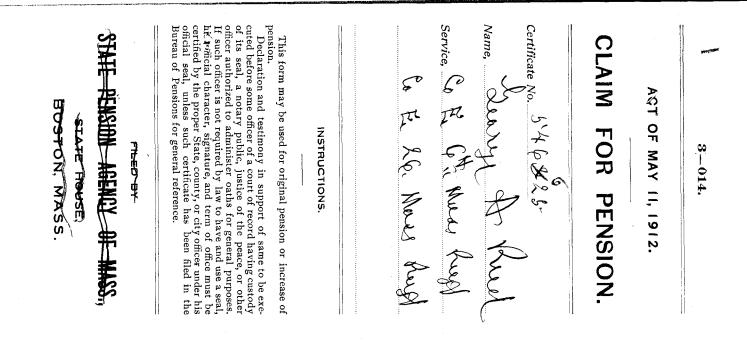
eissul ACT OF MAY 11, 1912. Cert Clain Rank. P. O., Serv County cetto Stat 1912. May 28 month, commencing Rate 14 estend ATTORNEY OR STATE REPRESENTATIVE. (Order April 25, 1907.) hort \$ -Fee, \$.....; Agent to pay. Name, P. O. Articles filed ....., 19 **APPROVAL.** Submitted for Ulu ....., 191**2,** Examiner. Approved for admission \_ per month; age \_\_\_\_\_ years, and rate \$25 per month; age 70 years; from September 14, 1912. Reissue from act of February 6, 1907. ..... months, .... days. years, ...... months, Deductions in service from any cause: Mone. ...... days, on account of ... Jan. 15, 1913, E. B. He suringway. Legal Reviewer. Janiy . 17, 1913, V. Tud Re-Reviewer. Enlisted Chril 15, 1861; honorably discharged Ulu ane .., 18 **6 /** eft. 5, 18 6/; honorably discharged Targuet 26,1865 Enlisted ... Enlisted  $\mathbf{18}$ ; honorably discharged days. Length of pensionable service: per month, under Pensioned at \$ /2 PRESENT CLAIM, ACT OF MAY 11, 1912. Declaration fil untres 10, 18 4 2 70 years; date of birth alleged Age shown by evidence 6 Claimant does ---- write. ...., M. C. 6-3317

ACT OF MAY 11. 1912. 3-014. DECLARATION FOR PENSION. THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION. , County of ....., A. D. one thousand nine hundred and Mass to State of... ., ss: ...day of .. Ma wetro On this 27 ...., personally 7 the Cea within and for the county and State aforesaid, appeared before me, a red who, being duly sworn according to law, declares that he is 69 years of age, and a resident of Safouville ddle ., county of ..... M e e l Ma ; and that he is the identical person who was ENROLLED at State of  $\mathcal{M}$ under the name of , 18 6 /, as a free on the day of . company and regiment in the Army, or vessels if in the Navy.) (Here state in the service of the United States, in the, war, and was HONORABLY DISCHARGED (State name of war, Civil or Mexican.) 2' W , on the day of . 186 at Here give a complete statement of all of Ko. E. Kegt. Sept 5t Sept That he also served Jan 1. Aug 26. 61 1864 Rean ted Dictor 1865 1864 -Same les Theqt. That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, find feet eight inches; complexion, Fair ...; color of eyes, quey ; color of hair, Light Browne; that his occupation was was born Left 10, 18.42, at 602 ...; that he Mars. That his several places of residence since leaving the service have been as follows: \_\_\_\_\_\_\_ Framingban + Safoure gban & Safonville date of each change, as nearly as possible.) appoints F. A. BICKNELL, Computssioner of State Alit and Pensions, State House this true and lawful attorney to prosecute his claim (without fee);-That he is a pensioner under certificate No. 546625 ..... That he has..... applied for pension under original No. That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912. ouville Middles That his post-office address is county of . Massa State of ..... Attest: (I) ant's signature in full.) (2).. SUBSCRIBED and sworn to before me this 212 ay 01 , A. D. 1912, and I hereby day of .... Law 81. CM certify that the contents of the above declaration were fully made shown and explained to the applicant before swearing, including the words... j the s.] S iA. added; erased, and the words .... . स र and that I have no interest, direct or indirect, in the prosecution of this claim 00 (Signature.) (Official character.) Ľ, Sec. 1965 Ű

PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

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## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; three years or over, sixteen dollars per month; In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; three years or over, sixteen dollars per month; two years, sixteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, eighteen dollars per month; three years or over, nineteen dollars per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years, sighteen dollars per month; two years, nineteen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; two years and fifty cents per month; two years, interee dollars per month; two years, interee dollars per month; two and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-one dollars per month; two years, twenty-one dollars per month; two and a half years, twenty-one dollars per month; two That any person who served ninety days or more in the military or naval service of the United States during the late Civil in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age. That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a mercine of thirty dollars ner month.

Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month. All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions berein receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

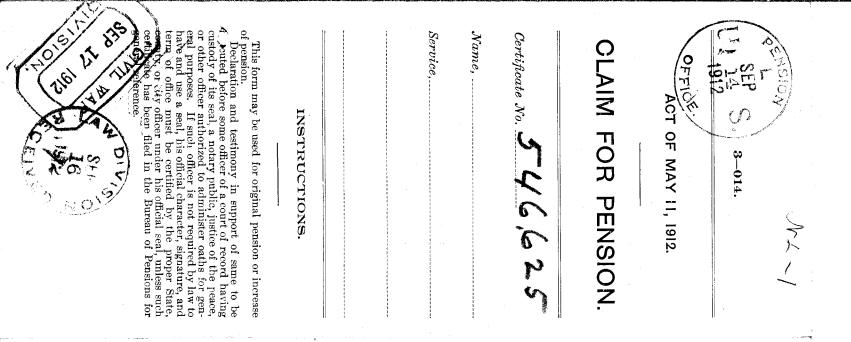
SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudi-cated, to eause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

DECLARATION FOR PENSION.	
THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.	
state of Massachusetts , county of Meiddlesex,	88 :
On this 12 th day of September, A. D. one thousand nine hundred and twelve	
appeared before me, a Justice of Place within and for the county and State	
years of age, and a resident of Schonulle First MINGHAM, county of Marches	,
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on the 15th day of Ahril, 1861, as a Crivate, in Co E.	<7 -7
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## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

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SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

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SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

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Declaration for Increase of Pension Under the Acts of June 27, 1890, and May 9, 1900. massachusitteounty of huddles State of ugust T ON THIS. day of. . D., one thousand nine hundred and... within and for the County and State personally appeared before me, a aforesaid resident of hud cle County of ... State of. who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the OS Lon Murgension Agency at the rate of ..... X .dollars per month, by reason of disability from. Certificate No. (Here name the disability for which pension was granted.) That he w in Co. ...Vols. 63 That he years of age, having been born on the. day of ., 18.42, and believes himself to be entitled to an increase of pension on ler the ground that the rate allowed him is too low and not commensurate with the extent of his present disability. He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, te allo 1900. That said disabilities are not due to his vicious habits and are to the best of his knowledge and belief permanent. He hereby appoints, with full power of substitution and revocation, EDWIN WINWARD, BOSTON, MASS., his true and lawful attorney to prosecute his claim. His Post-office address is. (Two witnesses who write sign

Also personally appeared Elmer C. Spaulding, residing at Saxounily, and ansen A. Rhrades

residing at Sayound, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw <u>Seven A. Resta</u> claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of <u>20</u> years and <u>30</u> years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Eliner E X (Signatures of Affants.)

(If affiants sign by mark, two persons who write sign here.)

Sworn to and subscribed before me this Tur, day of Curguet, A. D. 190.6, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased, and the words

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

Record Division, ertificate on file covering 16

(Official Signature.) The The Peace

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

> Declaration and power at altorney valid. S. A. Guddy. Chilef, Law Division.

10th L. 6. 8-20-06

the Acts of Jure 27, 1890, and May 9, 1900 Application Blan ension Attorn EDWIN WINWARD FOR INCREASE BOSTON, MASS Claim **34 School Street** Ż dier's fe and for sale by 'ensi ۵

• <u>)</u> Act of June 27, 1890. DECLARATION FOR INVALID 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 verified by his official seal, and in case he has noue, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk. Machuettoounty of Meddleer, 55; State of On this day A. D. one thousand nine hundred and 1/uslice Ø. personally appeared before me....... Ane. leace N hanc barm within and for the County and State aforesaid, ea, aged. 01 1/an ......years, a resident of the.... adl County of... lusi who, being duly sworn according to law, declares that he is State of. nnd e e C the identical. who was ENROLLED on the. day of L Het pany, and regiment in Military service, or vessel, if in Navy.) ant in the service of the United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at 20 day of Muque len US on the... 186/ been employed in the military or naval service otherwise than  $\beta$ That he has MEncles led stated Ces Ť above Massachusetts whether prior or subsequent to the Auch anged jun That he is unable to earn a support by manual labor by reason of (Here name the disea heima In a injuries hich disabled That said disabilities are not due to l Ò OCT vicious habits, and are to the best of his knowledge and belief permanent. That he has... 31 under Certificate N That he is a pensioner applied for pension under application No. רהו (If a pensioner, the Certificate number only need be given. If not, give the number of the mer application, if one was made.) That he makes this declaration for the purpose of being placed on the pension-roll of the United States under r <sup>t</sup> the provisions of the act of June 27, 1890, as amended by act of May 9, 1900. He hereby appoints with full power of substitution and revocation, EDWIN WINWARD BOSTON, MASS., Zf aim, the fee to be TEN DOLLARS, as prescribed by law. That his true and lawful attorney to prosecute this his POST-OFFICE ADDRESS ., County of nde uce State of 1 Oliver P. Q

2 ansen & Khides (Two witnesses who write sign here.)

Also personally appeared March Ordera residing at Sayonnille and residing at Saxonsille ..., persons whom I certify to be respectable and to credit, and who, being by me duly sworn, say that they were present and saw ... eoral et Reed ....., claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their ac-Ý 45 quaintance with him of. years and.... .years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim. Oliver P. Ondway. Ansen & Rheeles (3lge atures of witnesses.) day of Peter, A. D. Sworn to and subscribed before me this. ., A. D. 1903 and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words\_ .erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim, Record Division, 12 01: 12 Avering: 12 1902 - 140 - 121909 [L. S.Y

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).

2. A minimum service of ninety days.

3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)

4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.

5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.



Q **APPLICATIO** PENSION ATTORNE 000 Street EDWIN WINW of June 27, 1890 34 School Name: 540 DIER'S and for sale by Joh 18-415 Ninth Street, BOSTO is of Execution Acts

## 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 Mussachusette	
County of Midelleser	
	-
On this day of fundament, A. D. one thousand eight hundred and ninety, personally appeared before me, Leonge Allefter, a	his
fustice of the lace in and for the County and State aforesaid,	Bla .
(Name of Claimant.), aged Forty Duriny years, a resident	nk
of Datanully Humingham, County of Mutully . (Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of	ld si
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 hearest Postoffice.)	.epa
the identical (Name of Claimant.), who entered service during the War of the	Ired
Rebellion under the name of <u>Crayy</u> Willey on or about the <u>G</u> day of	by
(Give (ank.)) in company of the regiment of	GE
HONOPARLY DISCHARGED at Company's commander. (upon any General's Staff, state that fact.)	ORC
HONORABLY DISCHARGED at Sanarman La , on or about the 26 July of August, 1865, by reason of Circular No 30 - NO	н П
a & o & S. ; that his personal description is as follows: Age, turty Server years	
height, This feet & Lainches; complexion, Huis; hair, Jet Varnus; eyes,	EM
That he is now suffering from	, NO
any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)	of V
Crunic Diarher mit at tring here	Was
busn ablidged to give up much.	hing
and an new Sofficing flence the Sam	ston
and that the said disability is of a permanent character, and is not the result of vicious habits, and that	D.
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	С;
roll, under the provisions of the Act of June 27, 1890. That he has been employed in the military or payal service otherwise than as stated above in Name a membra of Core of the service otherwise than as stated above in the military or payal service otherwise than as stated above in the military of the service otherwise than as stated above in the military of the service otherwise than as stated above in the service otherwise than a stated above in the service otherwise than as stated above in the service otherwise than a stated above in the service otherwise that the service otherwise the service otherwise that the service otherwise that the service otherwise that the service otherwise the service otherwise that the service otherwise that the service otherwise the service otherwise the service otherwise that the service otherwise the se	anc
the military or naval service otherwise than as stated above I new a member of CECT muss hart menter the 15/5 (1) (Here state what the service was, whether prior or subsequent to muss must lead ast August 14, 18 p. Sugued with the Reyt in me	
	highing D &
that stated above, and the dates a which it began and ended.) And a Valling a Valling a very state of last discharge from the service.)	Č Č
	Č Č
That since the <u>5</u> , day of <u>1</u> , A. D. 1865, he has not been employed in the (Give date of last discharge from the service.)	A Sexclusively
That since the day of day of Give date of last discharge from the service.) (Give date of last discharge from the service.) military or naval service of the United States. He hereby appoints, with full power of substitution and revocation, <b>CEORGE E. LEMON</b> , of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has difference and the full power of the service of the service.)	Č Č
That since the day of day of (Give date of last disobarge from the service.) military or naval service of the United States. He hereby appoints, with full power of substitution and revocation, <b>CEORGEE E. LEMON</b> , of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has received applied for a pension. (If previous appli- cation has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)	Č Č
That since the day of day of (Give date of last discharge from the service.) (Give date of last discharge from the service.) military or naval service of the United States. He hereby appoints, with full power of substitution and revocation, <b>CEORCE E. LEMON</b> , of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has merceived applied for a pension.	exclusively for hi
That since the	exclusively for his Us
That since the <u>Give date of last discharge from the service.</u> , A. D. 1865, he has not been employed in the (Give date of last discharge from the service.) military or naval service of the United States. He hereby appoints, with full power of substitution and revocation, <b>GEORGEE E. LEMONN</b> , of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has received applied for a pension. (If previous appli- cation has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.) That his Postoffice address is SAXONYILLY FRAMINGMAN, County of <u>County of Maxwellung</u> , State of <u>Maxwellung</u> , <u>Cleardant's Signature</u> )	exclusively for his Us
That since the day of, A. D. 1865, he has not been employed in the Give date of last discharge from the service.) military or naval service of the United States. He hereby appoints, with full power of substitution and revocation, <b>CEORGEE E. LEMON</b> , or WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has receivedapplied for a pension cation has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.) That his Postoffice address is State of Two witnesses to claimant's signature sign here:	exclusively for his Us

J'a Also personally appeared .... ., residing at and Yoseful a ullawood, residing Man asmolle , persons whom I certify to be respectable and entitled to credit, Man at. and who, being by me duly sworn, say they were present and saw Kenge Q Ke the claimant A is his Merrice to the foregoing declaration; that they have every reason to (Sign his name or make his mark.) believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim. to identity of app Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark: (1)(2)SWORN TO AND SUBSCRIBED before me this // day of A. D. 1890..., and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words... (If any words have been erased in the application, enter them here.) , erased, and the words [L. S.] (If any words have been added in place of any erased, enter them here.) , added; and that I have no interest, direct or indirect, in this, claim, and am not concerned in its prosecution. THE OFFICER BEFORE WHOM THIS DEGLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INC\_\_\_\_\_\_ ABOVE. SENATE CHAMBER, WASHINGTON, D. C. MANDERSON, U. S. S. si P 3d Dist. OHN J. INGALLS, LEM U. S. 9 s, as a 1 attainn I take pleasure in recommending GEO. and widely ΠI. NO 'n SENATE, COMMITTEE each the append had and military distinction and ure iu v. He I take pleasure i liable attorney, aims of his clien regard GEORGE It gives me p those having j ney of high ch U. S. I take ple liable take I take reliable a take take WASHINGTON, D. C. Law Reg Offices 615 Fifteenth St. N. W <sup>++</sup>orney and Counsellor at PENSION GEORGE E. LEMON 18 R ВΥ FILED FOR Z P.O. DRAWER 325. Discharged E Enlisted

Chaimant, George & Clee d P. 0., Say omille Company, Histotlosuf State, Ill associeturitto Rank, Surginant, 26 Mars, Vol. 24. Returned, 25, 1907. Recognized attorney. Recognized attorney. Recognized attorney. Recognized attorney. Namo, P. 0., Recognized attorney. Namo, P. 0., Recognized attorney. Recognized attor		OF FEBRUARY 6, 1907.
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Declaration filed <u><i>Febry</i></u> 25., 1907. Date of birth alleged, <i>Sept. 10. 1842</i>	Reissen to allow ments and drop ma Jarne 29, 1907, I.M. C Enlisted april 15 Enlisted Sept 5 Enlisted	ge over 62. Rate 12. per month nder Act February 6, <sup>40%</sup> Deduct sub pay- me formrolls under Act June 27.1890. Clelland July 1, 1907, Kauss Re-Reviewer. 186/, honorably discharged lug 2, 186/ , 186/, honorably discharged luguet 26, 1865 , 18; honorably discharged
Date of birth alleged, <i>Sept. 10. 1842</i>	Reissents allow ments and drop nor Jerne 29, 1907, I.M.C. Enlisted April 15 Enlisted Sept 5 Enlisted Pensioned at \$ 10° per mon	ge our 62. Rate 12, per month I de Clet February 6 <sup>141</sup> Deduct sub pay- nu form rolls under act June 27, 1890. Cle Clance, July 1, 1907, Cause Logal Reviewer. 7, 186/; honorably discharged <u>lug 2</u> , 186/ , 186/; honorably discharged <u>luguet 26</u> , 1865 ., 18 ; honorably discharged 18 th, under <u>Cet June 27-1907</u> .
	Reissants allows ments and drop nor Jerne 29, 1907, I.M. Enlisted aprice +6 15 Enlisted Sept 5 Enlisted Pensioned at \$ 10 - per mon	ge over 62. Rate 12. per month nder Cet Sebruary 6, Deduct such pay- nu for mrollo mid a et Jarra 27. 1890. Clalland, July 1, 1907, Laure Re-Reviewer. 186/, honorably discharged <u>lug 2</u> , 186/ , 186/; honorably discharged <u>luguet 26</u> , 1865 , 18; honorably discharged <u>1865</u> , 18; honorably discharged <u>1907</u> .
Age shown by evidence 64 years.	Reissants allows ments and drop nor Jerne 29, 1907, I.M. Enlisted aprice +6 15 Enlisted Sept 5 Enlisted Pensioned at \$ 10 - per mon	ge over 62. Rate 12. per month nder Cet Sebruary 6, Deduct such pay- nu for mrollo mid a et Jarra 27. 1890. Clalland, July 1, 1907, Laure Re-Reviewer. 186/, honorably discharged <u>lug 2</u> , 186/ , 186/; honorably discharged <u>luguet 26</u> , 1865 , 18; honorably discharged <u>1865</u> , 18; honorably discharged <u>1907</u> .
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 $\mathcal{A}^{1}$ 

# Declaration for Pension.

Act of February 6, 1907.

137

The Pension Certificate should not be forwarded with the application.

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

will County of esade 0.C State of 66: ON THIS A.D. one thousand nine hundred and lec personally appeared before me, within and for the County and , who, being duly sworn according to law, State aforesaid, declares that h ... years of age, and a resident of middles County of. that he is State of OSAN the identical person who was ENROLLED under the name of the (0 an of the United States, in the War, and was HONORABLY DISCHARGED at in the service .....on the En a served Tha 6 Mæ nat he was not employed in the military or naval service of or naval service of the United States otherwise than as ugat 26 1865 J feet 6 personal description at enlistment was as follows: Height, inches of eves that his occupa )m that he was born Ue uller 10 18 That his several places of residence since leaving the service have been as follows: man a pensioner. That he has.... ...heretofore applied for pension That he is ...... 6625 10 ica )ech1 W CIN not, give the number of the former application, if number only need be given. If Ifa Ô What he makes this Declaration for the purpose of being placed on the Pension-Roll of the United States, under the proons of the Act of February 6, 1907. That he appoints, with full power of substitution and revocation, County of ... achuil , his true and lawful attorney , to prosecute his claim, State of and requests and directs that Slue abowed and paid, upon the issuance of a Certificate, or thereafter, such fee as may be hereafter provided by law, NOT EXCEEDING TEN DOLLARS. County of His post-office add State of. Claimant's signature Attest I ICE

ALSO personally appeared residing in 1 Us residing in persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw era INOI ., the claimant, sign his name, (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of.....years and....years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim. SUBSCRIBED and sworn to before me this and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the added : in the prosecution of this claim. I have no interest, direct and that [L. S.]  $\mathbf{AN}$  $\mathbf{ACT}$ 

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the Uniled States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the hete civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: Incase such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Acter and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension under this Act.

APPROVED: February 6, 1907.

Act of February 6, 1907.	LAIM FOR PENSION	Saure Russe a Reed mit ± 5 4 6 6 2 5 mice Lode 6 2 5 mars	to the second se	FILED BY FILED BY Control Collinger For sale by J. H. Soulé, Washington, D. C.
Acto	GLAIM	Service Lo		For sale

DECLARAT PENSION ORICINAL OR ION F UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF LABOR PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS. tele State of SSI County C., and is exclusively for his Use. On thi day D. one thousand eight hundred and เร ninety personally appeared before me Ξ in and for the County and State aforesaid, ğ nk aged years, a resident of Claimant. ຮ County of (Giv and number of Ö a epared State of who, being duly sworn according to law, declares that he is If you reside in the country who entered service during the War of the the identical Rebellion under the name of Š on or about the day of Ω of the regiment of in company (Give  $[\mathbf{I}]$ 0 ded by and was J (N ĜE HONORABLY DISCHARGED on or about the ρ Q LEMON, of Washington, bγ reason that his personal description is as follows: vears T complexion heigh \_inches: hair MON That he is now suffering from (Here state which in injury 0 any m 8 as Bul ľuo, ш prepared by **GEORGE** G and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to Ċ, earn a support, and that this declaration is made for the purpose of being placed upon the pension earn a support, and that this documents of June 27, 1890. That he has roll, under the provisions of the Act of June 27, 1890. That he has  $a_{\rm const}$ and been employed in 6 6 the the military or naval service otherwise than as stated above 18 e a gil 13 Here e Re lis. and ended.) And Der 6 thatstated aboyes and the dates at hich it b Give date of last discharge from the service.) That since the 25 A. D. 18 65, he has not been employed in the ŝ usively military or naval service of the United States. He hereby appoints, with full power of substitution and revocation Blank is tor 7 true and lawful Attorney, to prosecute his claim. OF WASHINGTON, D. C. That he has (If previous applihut  $\frac{has}{100}$  applied for a pension (576). Λ n received. his 60 cation has This 1 That his Postoffice Use, State of (Claimant's Signature.) Two witnesses to claimant's signature sign here: and is a 130 e er grisk (2)

12 Also personally appeared. residing at OW residing sense with persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw have a the claimant Arg h his Manue to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical Blank is prepared person he represents himself to be; and that they have no interest in the prosecution of this claim. OF H TRUEBLOOK 1). C., his time and hundul Attorney, to prove TRANG Tw of identify witness ÔŶ. 15 LOCOL here, when either of them signs by mark : OV&QĪ SUDAL PULLON drug. VILOU SPRID 2.5. as has not been employed to ⊖×⊖ 11 and the dates of whiten it become many 202 the militar SWORN TO AND SUBSCRIBED before methis .day of CEOHOE A, D. 189 $\mathcal{Q}$ , and I hereby certify that the contents of the above declaration, roll, andre the provision were fully made known and explained to the applicant and withesses, before or a subbat, and that this declaration is price for the hybose of pend blaced abor the based for four swearing thereto, including the words "Off have been classed in the application, enter an addie is of a house and them here.) [L. S.] erased, and the words MACH OF ME (If any words have been added in place of any erased, enter them here. and that I have no interest, direct or indirect, in this claim, and am not cerned in its prosecution. THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND THE WO INTERLINEATIONS, AS INDICATED ABOVE. rom gentlemen of political you my ulting a carefui TON, D. C. JOHN J. INGALLS, U. S. S. ERSON, U. S. S. **MAL U. S.** RLISHE, U. S. S. C. SQURE, U. S. S. FLLEE, U. S. S. the DN. 3d Dist of this pecimens of the Jack of the second seco and military distinction and widely known throughout I desire to ex U. S. SENATE OF oż. ໝໍ HOUSE OF RE GEORGE E. may reach the hands of some ARLES z E. LEMON as one of t mending GE0 able attorney ist., III. It gives me pleasure to recommend those having professional business as ney of high character and superior att ы Ν.Υ. U. S. SENATE, COMMITTEE 0. S. S. sure in recommend and worthy of all In recent and ent N, ESC., Before inr ind цщ this House, I take pleasu reliable attorne I regard Grou take ple ulals in my Ltakë 1 1 City, rusted I take ble attor take atto take lable inis o ble at treatm one co rith WASHINGTON, D. C. Vols. Attorney and Counsellor at Law 1890 0 CLAIM FOR PENSION Fifteenth St. N. W., GEORGE E. LEMON R FILED BY winds P. O. DRAWER 325. Offices 615 18:40 学習名 3 Discharged Enlisted

54-6.62 (3-125.)INVALID CLAIM. ØRIGINAL Soldier, VIOrC avonaill ralan Rank Mindustr Company, ... sachusetts, Regiment, C.C. ..... per month, commencing Pensioned for ZED ATTORNEY Fce, \$ 20 ., Agent..... Name, 🤜 . P.O., Mashington N Articles filed <u>S</u> nonie Dian 89 /; ..., Examiner diamhoea Probable Approved for Annu drinking and , oved for .. Jernething Desine of 42 chip a frectum 34 hown to exist on med to Jurin of 1891 and y Unin ist first ho other special results. Kes. A. puith, Legal Reviewer, Denne M. Med. Ex'r, MA. Cove, Med. Reviewer, Feb 20, 1891, , Re-Reviewer. Mich. H., 189 , Med. Referee. IMF epterum o , 1861 service from ...., 18 6. Mass Valo 10, 180 26,188 Not in service since Aug ame 0 ...., 1860° Declaration filed ... H. Chra nie A utracled ottam Va, about July 3- 186st, 77 march lordes 6---207

(3-125.) ORIGINAL, INVALID CLAIM. Vue Soldier, P. O., Saxon Sille Rank, & County, Middleper Ø. Company, State, Mass Regiment, 26 Mass, Vals, Rates, \$ per month, commencing Pensioned for. RECOGNIZED ATTORNEY: Fee \$ 25, Agent...... to pay. Vachington Articles filed August 28, 1887 APPROVALS 188 Submitted for , Examiner. Disabled by ... Approved for Agectio Approved for no disability from cause alleged since fre 26, 1884. C. J. Caldwell , Legal Reviewer. Opl. 29, 1885, Medical Reviewer. ..., 188 IMPORTANT DATES: 6 -th service from April 16 ....., 18*61*. Enlisted 21, 1861, in Mustered mais Vals 26 , 18**6 K \** Us &  $\mathcal{O}$ Discharged , 1884 Not in service since Muguet 26", 1860 26 Declaration filed . BASIS OF CLAIM is in Neclaration a June 26,1884 that he contracted chronic dearchord (14650-50 M.)

#### HISTORY OF ATTORNEYSHIPS:

1 ....

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1st appointment June 26, 1884	Name and P. O. Leo Exercise Mas hungton DC Recognized, or why not
By Clauncuch	Recognized, or why not
2d appointment	Name and P. O.
By	Recognized, or why not
3d appointment, 18 ,	Name and P. O.
By	Recognized, or why not.
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### AFFIDAVIT OF CLAIMANT

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AS TO INABILITY TO FURNISH

Casso Amiells STATE OF 88: Widdles COUNTY OF ... In the pension claim of\_ (Name of claimant.) Personally appeared before me, a. in and for aforesaid County and State, Regiment Volunteers, late , County of Middle now a resident of \_\_\_\_ -., State of Mars. 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 in me He therefore respectfully requests that the acceptor MUST witne March 1 sign If claimant (1) (Name of one witness to X mark.) (2) ..... (Name of other witness to X mark.)

SWORN TO AND BUBSCRIBED before me this 25th day of December 1884, and I hereky certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words (If any words have been erased in this affidavit, enter them here.) ..., erased, and the words (If any words have been added in place of any erased, enter them here.) added, that the affiant is to me well known and entitled to credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim. (L. S.) (State whether Justice, Notary, Clerk, or Deputy Clerk.) THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE. **READ.**—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions. OCT. before whom the above I certify that (Justice's name.) ......duly authorized to administer oaths affidavit was made, is a ..... (Justice of the Peace.) and that the above is his signature. IN WITNESS WHEREOF, I have hereunto set my hand and official seal this... **\_,** 188 lay of\_\_\_\_\_ 2 (L. S.) (Name of the Clerk or Deputy Clerk.) Clerk of the. (Name of what Court.) Altorney and Counsellor at Law WASHINGTON, D. C. **CLAIMAN** LEMON AS TO INABILITY TO FURNISH 615 Fifteenth Street Northwest, ВΥ Ħ OF FILED **GEORGE** P. O. LOCK BOX 325. FFIDAVIT

DECT ORIGINAL INVALID PENSI COURT OF RECORD, or some officer thereof having custody of its seal. Mass S.ate of MISOLL 88: COUNTY OF twentielleday of ) Will ......, A. D. one thousand eight hundred and oight for On this personally appeared before me LOLUME...., of the Via DULUME and eight mindred and eight model of the Start Dulume and eight model of the Start Dulume and State aforesaid. רצ' CL, aged \_\_\_\_\_ years, a resident of \_\_\_\_\_ ĊĽ MIMAK County of . ĽĆ e. If you re exclusively ..., who, being duly sworn according to law, declares that he is the State of. ar N identical .... te of claimant.) on or about the ..... Ø Na of the 20. 180 Le in company ... ようひひ Ċŗ hurace and commanded 1.00 unander. If upon any General's Staff, state that fact.) DISCHARGED at day of ..., 186 by reason of CHAUTC Len of DUTITCE that his personal description is as follows: Age, Henry ears; height, fall, feet ay Minches; complexion, Trey .; hair, In Munn eyes, That while a member of the organization aforesaid, in the service and in the line of his duty at \_\_\_\_\_ DOLONZA in the State of 100/00 of Washington, 5th day of The Cent-Chron Eel Tall  $\mathcal{O}$ Q.C which received.) he was treated in hospitals as follows:  $\mathcal{UL}_{\mathcal{L}}$  been employed in the military or naval service otherwise than as stated above  $\mathcal{UCe}/\mathcal{L}$ That he has Z ui Co 6 '6" mars & re-inclusted in Co 6 26 map That since the ... 23 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 or naval service of the United States. Sand of Oaxantlle, in the State of allefs prepared or City.) That prior to his entry into and his occupation has been that of m Malt occupation the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now have disabled from obtaining his subsistence by manual labor by reason of his (Wholly or in part.) (Wholly or in part.) injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints, with full power of substitution and revocation, GEORGE E. LEMON, This . OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has Included. applied for a pension. That his Post-office Address is Commutalle received\_ county of LLL CLL CLL AK, State of CML w (Claima) Two witnesses to Claimant's Signature sign here: 10 12 (1) $(2)_{-}$ Vainen. enn

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Also personally appeared ...., residing at arringhan in paid rancio D. Jerry , residing at Waltck I'm fraid Comily, persons whom I certify to be respectable and entitled 10 and who, being by me duly sworn, say they were present and saw IL en qu credit (Name of Olaimant.) every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim. (1)vancio (2)Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark: (1)..... \_\_\_\_\_<u>//</u>\_\_\_  $(2)_{-}$ SWORN TO AND SUBSCRIBED before me this 188 and I hereby certify that the contents of the above declaration, &c. were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words (If any words have been crased in the application, enter them [L. S.] erased, and the words monuled. Sing (If any words hav een added in place of any erased, enter them here.) added ; or indirect, in this claim, and am not conand that I have no interest, direct cerned in its prosecution. (Official character.) THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL PERASURES AND INTERLINEATIONS, AS INDICATED ABOVE. This application MUST be acknowledged by the claimant and identifying witnesses before a Judge, Clerk, or Dep-uty Clerk of a Court of Record under the seal of the Court; if not so acknowledged, it will be WORTHLESS. ONE EXCEPTION.—Where an applicant resides more than twenty-five miles from any place at which a court is holden, upon being notified of the fact I will endeavor to have a suitable person designated, under an authority given to the Commis-sioner of Pensions for that purpose, before whom the declaration may be made. As this may reach the hands of some A. V. RICE, Committee on Invalid Pensions, House Reps. W. F. SLEMONS, Member of Congress, Second Congressional District of Ark. persons unacquainted with this House, we append Any person desiring information as to I RÉQUEST POSTAL STAMPS FOR REPLIES AND FOR Return of Papers. and rs, and a knowledge of the his extensive business, and aling connected therewith W. P. LYNDE, Member of Congress, Fourth Congress, onal District of Wis hereto, as specimens of the testimonials in our R. W. TOWNSHEND, Member of Congress Nineteenth Congressional District of 111 possession, copies of letters from several gentle commending Captain GEORGE E. LENON to all persons who may have claims t prosecute before the Departments a P. SPRAGUE, Member of Congress, Fifteenth Congressional District of Ohi my standing and responsibility will, on request HOUSE OF REFRESENTATIVES, WASHINGTON, D. C., March 1, 1879. BELVIDERE, ILLINOIS, October 24, 1875. A. HURLBUT, Member of Congress, essional District, Illinois, Late Major-General U. S. Vols. M. BRAYMAN, Governor of Idako and late Maj.-Gen. Vols IDAHO TERRITORY, September 5, 1870 be furnished with a satisfactory reference his vicinity or Congressional District. JAS. D. STRAWBRIDGE, Member of Congres Thirteenth Congressional District of P HOUSE OF REFRESENTATIVES, WASHINGTON, D. C., men of political and military distinction aars' acquaintance with Captsin GROTGE E. serfully commend him as a gentleman of it real guardised to attend to the collection of against the Government. His experience perior advantages. widely know throughout the United States: to safer hand As a gallaut officer during inl practitioner, I recomme services. having an acquaintance with e past few years, and a knowled , may, ,re the Dep. 'Y qualified, <sup>+</sup> '≷ in all ' LERON, Attorney and Agent for t hington City, is a thorough, able, an of business, of high character, EXECUTIVE MANSION, BOISE CITY, he conducts his extended for the conducts of the contract of t r well-informed man of business, of high onsible. I can assure all having war cl t that their interests cannot be confided Antment r Antment r Jasion to f successful need his ser to pros for fair and hon end him to clair undersigned, h succ lesp Fourth Cong Chairman, GEORGE E. honorable and to all who ma bis reliability and the Captain zives We, GEORGE take ngly info and line сi Regt.ATTORNEY AND COUNSELOR AT LAW, Vols WASHINGTON, D. LEMON, Offices, No. 615 Fifteenth Street N. W., PENSION. V VALID NO SUB AGENT FILED BY GEORGE E. FOR RIG P. O. DRAWER 325, CLAIM Discharge Enlisted.  $\vec{r}$ 

Framingham, Mass., July 15, 1889. WALTER ADAMS, Chairman. GEO. A. REED, Clerk. James Ganner Cay Dear Comrade, & mente yero asking you to give your time a few manient to we disserving cumules heater MeDanswyh to B. 3" Ref Muse tring a ferer manuent & The H.A. whose Claim No 608,648 has been an fill some three years and he is anable to get any Satisfaction freme his tattamen & Malles) he is in fun health and mut able to do anything is a member lost 12h - and me have helped him all me can that I think this claims a just orme had have he may Sam hear fime it Satisfactation · ) constant clum is that of \$65 Days to K. 20 Muine Ruyt, a bis Conductor on the BAA Ref and a dear friend to see H tately) have datured with him for 28 years hul is condition, and many cluy is not able to Knint nut able to hun this on third curl of think ndilian and many elays is mus mus as his fault punche him be thad his cundition T Jum this No is 19/230 mellel Shundd recual My Ching is still an file Seo & Seman is my attarney I nich you mousely arder me byfule or Minght of Hutiek Muss for commation howening ellosed my teams in the degistator I am at north as (Conductors Black RK) but find it futy hure as I suffer from my alg compleant I futy house as I suffer from my alg compleant I more suffer not to a surprise of the Butter blad at a more suffer my had a very pleasant time (any)

Conversel to most get dislanged in the your and Muble most you are downing the paper hund a good deal to say but they cannot, haim a single huis of you head muy Soa bless you and muy your tipe he sopriled to show to the confirmat of the south that there is and mum habo the paper is not affind to do his duty and you hune the sorport of all Sayal men and all the ded coloneares & own plant of you and that the many you are temperating the office of Rentra's commissioner s. please remaindur me knelly & mus tatuch when you see her my beleine, me as ear and Controls gener frind mil communes Curred last all 14 9. 3A. Salmuille Muss.

1820Y. 3-402. Certificate N Department of the Interior, BUREAU OF PENSIONS, Name, January 15 Washington, D. C., \_\_\_, 189*8*. SIR: In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below. Very respectfully, Commissioner of First. Are you married? If so, please state your wife's full name and her maiden name. Elizabeth Jalmaam-Ku Answer. Yw. - Anne Second. When, where, and by whom were you married + Chuck Wit Wrudstock Ct. 9 Barrowd Pastor Q. Answer. of Brucklyn Conn Third. What record of marriage exists? ieate Gertif Answer. Multiange Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer. No Fifth. Have you any children living? If so, please state their names and the dates of their birth. Answer. William Edmary beth 99 Date of reply, , 189**. 4** i301b750**m1-98** 

3-389 DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS WASHINGTON, D. C., January 2, 1915. SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp. Very respectfully, GEORGE A.REED, SAXONVILLE, MASS. ommissioner. 546625 ACT MAY 16 DANFORTH ST 100 1842 Gancord Mass Sept No. 1. Date and place of birth? Answer. The name of organizations in which you served? Answer. Co E Olo G Co E 26 Mass Regt. Co E 26 Mass Ma95 11-14 Volls No. 2. What was your post office at enlistment? Answer. NNLY ONN No. 3. State your wife's full name and her maiden name. Answer. 18 5 No. 4. When, where, and by whom were you married? Answer. 101 Kev Sylvester GY BARKOWS AR No. 5. Is there any official or church record of your marriage? If so, where? Answer. No. 6. Were you previously married? If a the name of your former wife, the date of the marriage, No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your No answer include all former husbands. Answer. No. 8. Are you now living with your No. 9. State the names and dates of birth of all your children, living or dead. Nashua INGHAM Mass SAXONXI ાપ NING Ъ Be tÆ A NASH ΰN

OLD:

Date

(Signature)

WAR DEPARTMENT, SURGEON GENERAL Office, Oct. 15, 1884 Washington, D. C.,. Whe Adjutant General, U. S. Army. 8 Sir: I have the honor to return herewith the papers received from your office in pension claim No. 5/6.608 with such information as is furnished by records filed in this alle. The was adjutted Office, viz: that Vace Judician (Bermuda UM. flaby. Wanhaex: On and seturned D bullouch N 0<u>op</u> 1.20 aleman as Indred renem humich no cirdence vende of above names Required, nor a 3 months On By order of the Surgcon General:

No. 322.485

per IN

Assistant Surgeon, U. S. Army. (171)

War Department, # 5216.6.0ps Adjutant general's office Washington, ON-17, 1884. Respectfully returned to the Commissioner of Pensions. George a Keed, a privale of Company &, 6 Regiment Mass Wolunteers, was enrolled on the 16 day of april, 1861, at a cton for 3 mas and is reported: Mustered out with the Co aug 2/61 at Baston Mars. George a iked a Compl of Co E 76" Mass Vols Eurolled Sept 5/61 at actor for 3 yrs and is reported any Rolls of the Co. to Dec 31/62 presench Jany + Hi eby/6.3 Sengh presench lame report to Obec 31/63 Jany + Feby /64 present Reculisted as Wet Vol Jan 1/6 4 at Littletown same report to June 30/6 4 July + ang / est absench dick in Maspie Hashingtou w? any 2/64 Sept + Oct/64 present Same report to april 30/65 Way June /65 absent detailed as clock at Md Drs mid Weil Di Since Oct 27/64 Mustered out with the over - MANNANJ F V V Assistant Dijatayi Gover

C. angust 26 65 at Savamah Ga Regte Ret for July 16.4 does not report huin absent side or otherwise a Orature of sickness, not stated. and Co Ed regte books of 6th mass vols, and regte Horses of 6th mass vols, and regte Horses records of 26th mass Jim Tals, are not on file,

MILITARY SECRETARY" 3-050. WAR DEPARTMENT, Z I AGN The medical records show him treated as follows: Div. 7.7. M Ex'r. THE MILITARY SECRETARY'S OFFICE, neord -NOV 17 (N.H WASHINGTON, an iona ART.C.E. Department of the Interior, furniched Respectfully returned to the BUREAU OF PENSIONS, amount dated Oct. Commissioner of Pensions, the care the Washington. D. C. 200- 5. 1906 with the information that in the case of Reed Respectfully refer Reat Mars. 2 10 3mos a nent а tri ĽĽ and his 17 -Ola Reg. 3/ enclosund 25 0. 10 - report ou ંં EAST. DIV. NOV 19 1906 RECEIVET Antha Commissioner 0-4 (M.S.0.75)

DEPARTMENT OF THE INTERIOR. BUREAU OF PENSIONS

### Washington, D. C. QUT-30-1917

Respectfully referred to The Adjutant General,

War Department;

requesting a report of any additional military and medical history of the soldier, such as the records may now afford, including all absences without authority, arrests and confinements, with dates of beginning and ending of each; if courtmartialed, the findings, sentence and date of promulgation, and when restored to duty, personal description and all ages not shown in reports herewith returned. If soldier had other service, the same information relative thereto is desired.

3 Enclosures 1917 Received A.G.C. NGV 1

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON,

Respectfully returned to the

#### Commissioner of Pensions,

with the information that in the case of Mass Co.

in addition to the statement or statements herewith returned, the military records show the following: Age 1/2 beight  $5^{-1}$  foot  $8^{-1/2}$  inches

Age / /...., height \_\_\_\_\_\_ feet, & ??\_\_\_\_\_ inches complexion \_\_\_\_\_\_

eyes gery, hair 21 brown place of birth former Man

occupation former age at no enlas al (1. 210ps Deorge A Reed CO E & Mass Dy (80mos Coi) mone all of manthorized abacnes, arrest, Confine ment or court martial and nothing additional found.

\_\_\_\_\_

The medical records show him treated as follows: no record found in Statement dated herewith 84-WHSION NON -HP MAPLE The Adjutant General Per G. Form No. 75-1-A. ... Ed. May. 5-17-5,000. Form No. 75-1-A.G. O.

& Min H. Chapman of Everen Man on rath entity as follow - that I know George a. Reed, who sund In G. E- 26' Mass. When for years before he enlisted, that I got him to enlist by reason of his pling a carman robust man - that on puly 28- 1864 I had Captain + in command of said (0- + well remember that in a about said date he contracted of has taken down with Diaisherry to servely as to receive medical treatment + not recovering he was sent to tom General Hospital in Washington DC- woon after our arrival there early in august 1864 - he afternands returned to Fand 6-+ yas a disatted man by reason of raid disease - & Jestify from per-Tonal recollection of said Ried This said disability after my promotion to Lient - A. + Colof the Righ - Fran liss, of him, but having known him pive to survice I made a point to enquine about him & occasionally seethim - Ahase no intrust in this state ment of any wealt ofit. Mit Chapman Late Capit Co. E-+ Col- 26 Right Mars. MA-Thangchusetties. On this 7th day of Oct.

1844 before me came them H. Chapman + made oath to forgoing affidarit in which fam not interested \_ Apt black after here her ical bent

#### TO ORIGIN 0F AFFIDAVIT DISABILITY.

TO RE 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 Š. WHICH PENSION IS CLAIMED.

Before Filling in this Affidavit, the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

This State of Massachusetts SS. 3 norder County of ... an NY In the matter of the Pension claim of k 6 6 Semon Reg Nall Vols., personally Co. ភ maties Jz the eare came before me, a in and for the aforesaid County and State,  $\mathbb{U}$ (Title 6 administering oath. Silas lget lo County of Ū. of <u>a</u> Novfolk State of Massachuselts , who, being duly sworn, red declares in relation to the aforesaid claim that his age is 24 years; that he is the identical person who served 26% breulenan Reg't ncias Vols. 2 Q 26 aporesen Reg't and knows the above soldier, who was a member of Co th 2 1864, while in the line of duty, and Ω that on or about the. day of State the nature of the wound or inju-ry received, and in what part of the body located; or the name Ē ά without fault or improper conduct on his part, at or near. State of  $\bigcirc$ π said soldier incurred and many part of the body located; or the name and nature of the disease or disability in -റ Ø 28# and on day K [1] the at atth - we [T] State what State what sused the dis-bility, and pon what par-icular duty he soldier was G N on Quer Ц he soldier was mgaged at the ime it was in-urred. If on pecial duty, by whose order what nel cha water ausiel Uh in . pecial duty, by special duty, by whose order was he acting, ury was a rup-ure, be partic-dar to state its location, and whether you saw it at the ime of or im-nediately after ts incurrence r, at any time lare RJ ( Ž errhore na w N with 11 N a 5 r (5) in On Wa W wtime the o 0 ice. State Vou State State Whether you saw him at the date of or im-mediately pre-vaus to dis-enarge; also when, where, and whether the disability named then existed. State de N his unh 0 D his 6 7 lime Λ. his r h in Q existed. State soldier was in sound bodily health and es-pecially free from the disa-bilities upon 0 U and from the disa-bilities upon which claim for pension is based, at the timeheenlisted and immedi-ately preceding k Ane. to the 7 ap alali my on ິ they preceding he date of in-gurring his dis-abilities. State your source of d m Tuke Π Ø fa no nol xclusively State your source of information, whether pres-ent at time and place and an eye-witness to the facts rela-ted. If in com-pany when the disability was incurred, so state. to ber ch Stated Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the for above statement from personal knowledge 5 S Leiss Affiant's Post-Office address is as follows: Use wo persons who wite their name s MUST sign her esses to afflantis signature, if he signs by mark. 5 und aus ð ofon (Nam oth vitno 20 PREPARE YOUR STATEMENT ON A SEPARATE SWEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

it any le in

# SWORN TO AND SUBSCRIBED before me trus 1st day of Suplember

1884; and I hereby certif. that the contents of the foregoing affidavit were fully made known and explained by me to the affiant before swearing thereto, including the words \_\_\_\_\_\_

(If any	words have been crased in this affidavit, enter them here.)
(If a by wor	ds have been added in place of any erased, enter them here.)
	added
that the affiant is to me well known	n and entitled to credit; and I further certify that I have no interest.
direct or indirect, in the prosecution	Edania de de cura
[L. S.]	(Name of officer before whom executed.) (State whether Justice, Notary, Clerk, or Deputy Clerk.)
	A THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CER- ND INTERLINEATIONS, AS INDICATED ABOVE.
<b>READ.</b> —It is preferable that this in $\downarrow$ men (ither direct or through the paper on which the j Public, a certificate from the Clerk of the Court ma except in cases where the Justice of the Peace or M Pensions.	It should be executed before a Clerk of Court. The seal should be impressed on the original paper urat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary ist be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner o
I certify that	(Justice or Notary's name.)
ifidavit was made, is a	stice of the Feace or Notary Public.)
and that the above is his signature.	
IN WITNESS WHERE	EOF, I hare hereunto set my hand and official seal this
day of	
[ L. S. ]	
	(Name of the Clerk or Deputy Clerk.)
	Clerk of the(Name of what Court.)

WASHINGTON, D. C DIVISION. Attorney and Counsellor at Law, Additional Evidence. or Comrade. 615 FIFTEENTH STREET NORTHWEST, Cl GEORGE E. LEMON, No. 576, 60 8 Officer FILED BY (W) Affidavit of Commissioned Real. Regt. k Brx 325 0 0 2  $Late_{-}$ Late. 6 0

516.608. Mar Department, ADJUTANT GENERAL'S OFFICE, Washington, Decr. 214, 1884. Respectfully returned to the Commissioner of Pensions. Im: M. Chapman Gapt. M. Siley PR ad gett File 1; of Company "E, 26 Regiment Mass. Volunteers, was onrotted on the and is reported: On Regel Returny for July '64 "Id Aug: '64 for reut. Hatin Rogh July 31.'64 Barmuda Himdreds VG.. (109: 31. 64, in the field near Charleshown VG.. A.T. redu

GENERAL AFFIDAVIT.

Read

state of Massechuset county of Michelesers

In the matter of the Pension Claim of

ter and promber of elaire 1 (Full name and relationship of claim Fore me, a <u>Justice</u>, Not Personally came before me, a. in and for tuson A aforesaid County and State, Rhoad Ć of Saponville where Port Office ce husette 18 Sar persons of lawful age, who, being duly sworp, declare in relation to the aforesaid case as follows: Enorm Levre a Rice ming Dasmille eur 2 Small trong wees a line he was ma and knew him intronately hðs a in AD1861, and whe to the heard of his being a 1Enen sickly with him in hai Anne w U la in The hours en unt Seen hum w w Excepting The years 1872 an Mun 1873 cithe ye M. forthe no here Ħ inth C ha is the Clenow ond incling the ba request compleind me elie un and afterer duing the 6 monio Ø Jen Then Jonuch Brunn 1 three trues en the. ni the care for before twenty one mile 0 Closet again as while le The of hus wist ma as have had ling call on me le N while he was statet He has been Trubled dom m Train. that he has been compelled Truces Ante the train for to fix up times of especially during unners 2692) 1 6.7 Sec. 1 Trans of  $_{\mathrm{that}}\mathcal{I}$ Mare not further declare no interest in said case, and concerned in its prosecution. If either affiant sign by X mark Khoadis U anson Signature of

Affiant, or of each Afflant.

(Name of one witness to fenge L Leener (Name of other witness to X mark.)

		ere fully made known	_	
affiant before swearing thereto, in	g the words			
(If any wo	ls havo been erased in this affidavit,			
in line	, er	ased, and in line		
the words(If any words ha	ve been added in place of any orased	, enter them here.)	, added;	
that the affiant <u>for a sec</u> to me	_			
(15 or are.) I have no interest, direct or indirect				
	,			
				•
[L. S.]	Hern	al Sheetner		
ر میں اور	(Na.	the of officer before whom execute	ed.)	
	(Stats w	nother Justice, Notary, Olerk, or I	()egec Deputy Olerk.)	
The Officer before whom th	s Affidavit is executed n	nust be sure and note i	in his certificate all	
erasures and interlineations, as inc				
<b>READ.</b> —It is preferable that this ins the original paper, either direct or through before a Justice of the Peace or Notary Pub.	the paper on which the jurat	is made, if that be a separate	e paper. When executed	
before a Justice of the Peace or Notary Pub of the Peace or Notary Public had authori filed his commission, or certified copy there	y to act as such, except in cases	where the Justice of the Pe	eace or Notary Public has	
state of				
County of	<i>} ss:</i>			
, , ,			(	
	, urt.)			e e la seconda de la second
County and State, do certify that	(Justice of the Peace or No	tary Public.)	., who hath signed his	:
name to the foregoing jurat, was at	he time of so doing a	(Justice of the Peace or		
and for said County and State, duly		; that all his official ac	ts are entitled to full	
faith and credit, and that his signat	_	· · · · · · ·	•	
Witness my hand and	seal of office this	day of	188	
[L. S.]				
and the second sec		Clerk of the		:
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a de la companya de la compan	X X	$\langle \langle \rangle$	M	
5 8 Evidence or or	Ň N N	N L	EMC.	
a z z r	R 3		BY LJH <i>IEY</i> , - nth st.	ŝ
	L'a J'	i.	E B B RN	
nal u/u case	9 M2 12	FIDAVIT	ORGE E. ATTORNE) ATTORNE) Offices 615 Fifteenth	N
	of the second	AFF	B A B	1
Ct Ct Ct	1 1 3 N 1	を ニ ト		1
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Mon 16 Marian	under Con		EOR(	

IMPORTANT.-The affidavit of the Physician must conform to the instructions contained instructions, in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he The Affant bould state n h is own windtor it in g hese facts fol-owing: should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injurics. ving: Length of me he has on practicing even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his ther knew r be dment This conclusions. realistment. realistment. , For heavy , a period knew him, o intimatoly, l what his said in a said in side said his said Ŵ im 110 STATE OF ss : Blan COUNTY OF In the pension claim Þ  $\overline{\mathbf{n}}$  $\phi \phi$ D prepared UN Personally me, in and for case may be.) or Clerk of Court, as the Nø aforesaid County and State. -? VIA Physician o (Name of If he treat-the soldier ing his en-ment, either of the County of Micheller rannyhun of 1. 1 ach (City Village atment, either his regimen-l surgeon, or hile he may uve been at ome on fur-ugh. he will ate his physi-d condition at heb times, the who, being duly sworn, declares in relation to the aforesaid cas State of βQ follows: margin. If space he not sufficient, the Physici follow closely instructions in the this G E machen u FC F any, and dates of in 4. Wheth-er he has treated said soldier since y en the bush of mulla 10 a 1898 anga 1.0.0 wan his discharge. If he have, he should sulletuni al Mi no (1) At about what date he first treated him. no tunden cy to Mu an for which he della punsion What furlough may 186 11 all or bis physical
c on dition
was when he
dirst treated
im, giving
a full description or diagenosis of his
disability.
(3) Period
during which
he hastreated
him, giving
approximate
dates where
exact dates
cannot be
given, and if
dates of preseriptions or
be given, he
should state attach Mu en C C With rest & fru dranhou" in fur or six days yulded aso aso ð older returned a to-dul Lı ud m uolg Took with a rtt Compton & capacicu Chum C chow. he reported. lehr a 0 Ç dischorge from the arm afternis hril 1866 should state why. 5. Very important.— He will also state what has been THE DEGREE of claimant's inca pacity for manual labor, by rea-son of the disabilities on which his and A uni for In d as. intervols 0 b nove prisere 4200 L2L oold as a generat throughe er ucanou on which his claim is on which his claim is unsed, dur-ing cach month or year of the period of his treat-ment; in other words, what has been the av-erage loss of time from labor, per month or year, or about who the or year, or about who the has been able to perform, whether the sound able-bodied man's work he has y or live adu  $\triangleleft$ of fire years The alla V-UL for, uh. and of longer durete as his to ask for bacarow. mouth use. And he further declares that he has no interest in said case, and is not concerned in its prosecution (Signature of Physician of Surgeon. If ever in the Army, give rank and service.) THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BYT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM. se may

(2) his

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

Witness my hand and official seal this .1884\_ .day of . [L. S.] ar utter, Sign here Sign here (Justice, Notary, or Clerk of Court, as the case may be.) (Justice, Notary, or Clerk of Court, as the case may be.) THE OFFICEN SEFORE 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.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had, authority to act as such, excert in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy phereof, in the Office of the Courtmissioner of Pensions. Wrassarhiese STATE OF ss :: COUNTY OF Dic Not Court in and for : I,. (Name of Clerk of Court.) ertify that. Vanis County and State, do certify that Esq., who hath signed his priNotary Jublic. A. P. tari Multice **U**stice of the Perc name to the foregoing jurat, was at the time of so doing at A Jublio of the Peace or Notary Public.) and for said County and State, duly commissioned and swore ; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine. T Witness my hand and seal of office this Witheld day of pleubers ... \$1884 ĊL. S.j 14 6 Clerk of the DIVISION. Attorney and Counsellor at Aaw EVIDENCE. WASHINGTON, D. GEORGE E. LEMON Offices, No. 615 Fifteenth Street N. W. 5 S.C. No. 3/0-608 FILED BY CLAIM FOR ME BECCEL P. O. Lock Box 325 3 .u

we append hands of some the testimonials in our letters from several gentlemilitary distinction and Member of Congress, h Congressional District of Ohio. or the collection ile, and exceed-er, and entirely quiring adjust-hands. BUT, Member of Congress, District, Illinais, Late Major-General U. S. Polgi, years' acquaintance with Captain Gaonear E. Laxon heerting commend thin as a gendeman of integrith I well qualified to attend to the collection of boundy as against the Government. His experience in that responsibility will, on request 1875-Fifteenth Congressional District of Ohi JAS. D. STRAWBRIDGE, Member of Congress Thirteenth Congressional District of Pen TERRITORY, September 5, 1876. Maj.-Gen. Vols. Mer Any person desiring information as BELVIDERE, ILLINOIS, October 24, 187 States: y ac the satisfactory reference ROUSE OF REPRESENTATIVES, WASHINGTON, D. C., R. W. TOWNSHEND, Member of Cor Nineteenth Congressional District i Quart commending Captain GEORGE E. ATIVES, ioner, I recon LEMON, Attorney and Agent for th hington City, is a thorough, able, ion of business, of high character, inte all having war claims requi-tis cannot be confided to scifer har persons unagenainted with this Home throughout the United ho may e the D ualified. atring an scousing of a contract and a contract of the sector states and a k the scouse his extension of how ruble dealing contract of how ruble dealing contracts and a contract of the sector states and the sector states 5 M. BRAYMAN of Idaho and late M EXECUTIVE MANSION, BOISE CITY, my standing and responsibility will, be furnished with a satisfactory r his vicinity or Congressional District USE OF REPRESEN may reach the S. A. HURLBUT, Fourth Congressional Distric I have had occasion to emp soliciting of patents, and in ed, and successful. As a gal lorable and successful prace all who may need his service neither interests cannot be co W. P. SPRAGUE, N Fifteenth t cneerrally commend h nd well qualified to att ims against the Gover n superior advantages. hereto, as specimens of **IDAEO** and Governor copies of D. C., to ess to f him to f informed man of bility for fair a Sin As this take great pleasure in w of Washington. 1) ( of Was. ulls or other . Washington. I know a with the bawes and wi out of the late wyar, r out of the late wyar, r is of in the solich well informed, r and an honor eurongly to r "pontical Ohairman, GRORGE E. ] knotm. possession, , the r 5 Captain G f war clair Tull V widel men We, GEOR System of his ingly v respon ment t of t and line

FFIDAVIT. aso County Red ŧ, In the matter of Personally came before me, a in and for lears take aforesaid County and State, This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use. (He Zeollista unnurally. mitie A Ĵ of Masaduicett persons of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows: Ĝ Oprin S Charles. , a 9 Ľ e icon BENGE Dechycers R 15 0 26 А 06 ra al dali 110 por Coulra nei nent man the The Reus En 4 En or de an food A a C pe d ann e.c. g 80 The O O ndele Thi bowels Ance h dis Л arg the lect P ability half du Certanly one A & have no interest in said case, and \_\_\_\_\_ that further declare Orm not concerned in its prosecution. If either affiant sign by X mark, tw BITE THEIR Spring my D John E Signature of (Name of one witness to X mark.) Affiant, or of each Affiant, (Name of other witness to X mark.)

Ð SWORN TO AND SUBSCRIBER before me, this due ulceul 1889, and I hereby certify that the contents of the oregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words. (If any words have been erased in this affidavit, enter them here.) , erased, and in line , added; words he have been added in place of any them here.) to me well known and \_\_\_\_\_\_\_ respectable and worthy of full credit. and that the affiant e no interest, direct or indirect, in the prosecution of this claim. [L. S.] efore whom this Affidavit is executed must be sure and note in his certificate all eations, as indicated above. ble that this instrument should be executed before a Clerk of Court. The seal should be impressed on viect or through the paper on which the jurat is made, if that be a separate paper. When executed for Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice is had authority to act as such, except in cases where the Justice of the Peace or Notary Public has a d copy thereof, in the Office of the Commissioner of Pensions. ss.: Clerk of the County Court in and for aforesaid stk of Court.) Esq., who hath signed his ify that (Justice of the Peace or Notary Public.) Jurat, was at the time of so doing a.... \_in (Justice of the Peace or Notary Public.) aty and State, duly commissioned and sworn; that all his official acts are entitled to full Lit, and that his signature thereto is genuine. Witness my hand and seal of office this. day of 188 [L. S.] Clerk of the...

DIVISION. WASHINGTON, D. Evidence. Offices 615 Fifteenth St. N. W.. ATTORNEY, CASE OF FILED BY GEORGE E. SFIDAV 9. 0. Look Box 325. No.

中国教育 Commonwealth of Massachusetts. , 1889, and nined to the Secretary's Department, Boston, May 188 I hereby Certify, That at the date of the attestation hereto annexed Henry B. , added; lit, and that masa JUSTICE OF TH for the said Commonwealth, duly commissioned acts and attestations, as such, full april to be given, is and out of court; that I believe enuine; and that said Justice of the Peace Was acts and attestations, as such, ful and constituted the faith and W sigcredit are and De genuine : ha law nature depositions, administer oaths, and take acknowledgments of take authoriz throughout the Commonwealth. A. traments rtificate all In Testimony of which, I have hereunto affixed the be impressed on When executed that the Justice ary Public has SEAL OF THE COMMONWEALTH the date first above written. Clerk of the County Court in and for aforesaid (Name of Clerk of Court.) Esq., who hath signed his County and State, do certify that ... (Justice of the Peace or Notary Public.) name to the foregoing jurat, was at the time of so doing a.... in (Justice of the Peace or Notary Public.) and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full with and credit, and that his signature thereto is genuine. 188 Witness my hand and seal of office this..... .day of ..... [L. S.] Clerk of the.. DIVISION. GEORGE E. LEMON WASHINGTON Evidence Offices 615 Fifteenth St. N. W. ATTORNEY, FILED BY CASE OF P. O. Lock Box 32! 8

¢ PHYSICIAN'S AFFIDAVIT. TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affi-davit is prepared from memoranda in possession of the physician, that fact should be stated. ull, County of O State ak 99: In the Pension Claim No. late of (Company and re ent of service, if in the army; or vessel and rank if in the navy.) U in and for the aforesaid Personally came before me, a r. 2. Meedham mass Le a citizen of Ch County and State Needham mass whose Post Office address is...... 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 a Practicing Physician, and that he has been acquainted with said soldier for about 20......years, and that (Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper. de  $\mathcal{C}$ tare mocrite willy NOTES. The Physi-an's Affidavit ust show the llowing facts: low t. Whether or he knew the ier prior to stment; the th of time he known him initimately what oppor-ties he has had observing his sical condition, ether as his idal condition, ether as his il y physician or neighoor; and near he has i to him. • If rnew that the ier was asound a tenlistment, hould so state, ing, if true, that he been un-nd, he would e known it. I. If he treated mant was home furlough, that is solid be ted. The claim-by by sical dition at such es should be should be real should be to should be to should be should be the should be the should be the should be should be the should be and the should be the should be the should be the should be at the NATURE is a should be the shoul 2 Vou Ú in non 21 a m w t. If he has ated soldier ce discharge should so te, giving the ie of bis first atment; what physical con-ion was at the ysical con-was at the with com-disability; eriod dur-which he ted him dbestated, da to which to which has been perform abor dur The S. y€ arge

He further declares that he has been a practitioner of medicine for Music years, and that he has no interest, either direct or indirect, in the prosecution of this claim. rvice, if in the army.) May Ľ ....day of Sworn to and subscribed before me this... A. D. 1889 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., 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. 'n, Clerk of the County Court in and for aforesaid County and State, do certify that. ....., Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine. Witness my hand and seal of office, this [L. S.] Clerk of the NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper. EDICAL EVIDENCE Washington, Printed and for sale by J. H. SOULE,

POSTACE, The amount expended for postage in conducting the correspondence in original pension claims, and in increase claims where remains the solution of th

IMPORTANT.—The Physician will first state how long he has been engaged in the practice of Medicine and Surgery. He will next state the MANNER IN, and the EXACT EXTENT TO, which the disabilities, (naming them,) upon which the claim for Pension is based, incapacitate the claimant for the performance of manual labor; whether ONE-EIGHTH, ONE-FOURTH, ONE-THIRD, ONE-HALF, or as the case may be.

REFERENCE IS TO BE MADE TO ANY TREATMENT WHICH THE PHYSICIAN MAY HAVE ADMINISTERED.

Exclusively for his Use. State ss. County In the pension claim of (Company and H or other organization or department iment, or Ea sti Personally came before me, in and fo a of th lerk of Court may be.) eace, No n vde aforesaid County and State N a resident of Phy (Nan U d of , of the County of S. <u>.</u> (City Villae VN. as ~ who, being duly sworn, declares in relation to the aforesaid cas State of and Q follows ပ် D. 0 LEMON, of Washington. 0  $\boldsymbol{c}$ ( L r 1 t 01 aய் GEORGE (0) G an 2  $\boldsymbol{\alpha}$ prepared by  $\alpha$ wa <u>IS</u> 1 ð α 'n a Blank • 🕳 This And he further declares that he has no interest in said case, and is not concerned in its prosecution.

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

Witness my hand and official seal this.

a Sign here the Teacy (Justice at par in READ! It is preferable that this instrument should be executed before a Clerk of Court-The seal should be impre the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a JUSTICE OF THE PEACE OR NOTARY PUBLIC, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the office of the Commissioner of Pensions. Clerk of the County Court, in and for aforesaid (Name of Clerk of Court.) County and State, do certify that. Esq., who hath signed his (Justice of the Peace or Notary Public.) name to the foregoing affidavit, was at the time of so doing a .... (Justice of the Peace or Notary Public.) and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full a faith and credit, and that his signature thereto is genuine. Witness my hand and seal of office this... day of 188 Clerk of the WASHINGTON, D. C. ATTORNEY AND COUNSELLOR AT LA GEORGE E. LEMON Offices 615 Fifteenth St. N. W., MEDICAL EVIDENCE. FILED BY CLAIM Rejected P. O. Lock Box 225 gentleinformation as to l, on request, erence in his Mai-Gen. Vols Major-General U. S. Volunt er of Congress reference

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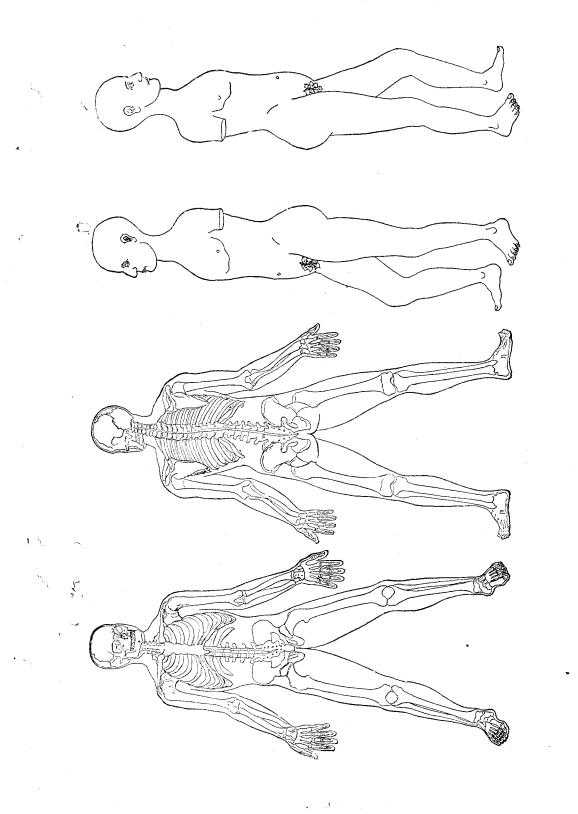
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(3-111.) Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate. Insert character and number of claim. ma Pension Claim No. 016 608 Rank Name and rank of claimant. Company ratio U State, Claimant's post office address. 1888. 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 in the service, viz: Ohmic Marshow Cause of disa bility. If a pensioner, fill in the amount; if not, erase the whole line. llars per month. Pulse rate per minute, 8 8 ; respiration, 2 2 ; temperature, 23. Cheight, 5 Anches; weight, 200 pounds; age, 40 years. feet. makes the following statement upon which he bases his claim for † W TINO Clia R hand m angilia 40 r c laimant statement briefly and compactly possible. dilla pon examination we find the following objective conditions anta musch Here give a full symptom pic-ture of the case, embracing = ?? to of ne case racing all obysical rational , but con-; it to the t con-U embr the p a n d in mitua a signs, i fining ~sent mores (Unu ł  $\alpha$ cond of th present tion ecti а Th Tu la t must be borne in mind that the duty of the Surgeon is to give an opinion as to the pro-portionate de-gree of disdil-ity, as 1, 3, total, the grades, without any re-gard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for in-telligent opin-ion and action ir rating. Zo\_ 0 From the existing condition and the history of this claimant, as stated by himself, it is, in our judg-not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a Rate for each cause of disa-bility. If prolonged by vicious habits, rating for the disability caused by\_\_\_\_\_ for that caused ...caused by the word not should be erased and the reason for the erasure given. by not be the the ------\* See the back restoration, or renewal, or for a re-rating. t Here st ate whether for original, increa 9 Pantin, Sec'y. M. Pres., Treas. Y kr 6 lilemon N. B.-Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "freey," "Treas.?" and "Board" where the words appear, and sign at the foot of the certificate, and also on the work of the same. SURGEON'S CERTI IN CASE OF Curge A. Ge Co. C. 26 Reg't Unart Applicant for Mynin No. 516.608 DATE OF EXAMINATION: Ful, 14th, Pres., Sec'y, BOARD. M. Facini Treas. Post office. County,. State, P. S. Write your Post-Office address plainly and in full.

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.]

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## GENERAL AFFIDAVIT.

state of Masserchmetts county of Middlesel Learge a. Reed In the matter of the Pension Claim of send Ju Personally came before me, a tue in and for Ni They Cycle aforesaid County and State, Ě e years. whose Post linte Saponville Mass, 9 persons of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows: Sceparille I have tenson George a Rece of Saponi ele intructel. humance and sist, That I asi eightien rocks of him, he thin hos proce ci Twee we being next each other whice server Israte teer The effet cluring the past ven years, and for real I liver u pritins trody Thereto itting Seven el village of a in The some house, and Vint knee Iknow him, 1 cet United States hos in 1861 andut nerf he Sound m en 221 free from China D Cur wes Sel ff. listment and of has ded char ge from wes A\$1865, and soon after ucha him Rece) travelling over relations in Rac e on same han anductat by mi befor I was to longeneter with Q Kun Mar in frequently complaining of his Timble Chronic and. lu his position Lann him to eldal, when on the way to has train for inutes a m I also Nes his hairy 1h 4h end he was be but mul clusing a Ceripelled Trice minthe D Al price ass me the u/r Dun Æ. Apea Read have been engaged and is Know Componentin in The canpla th 61 the Servi P berfronting, now late the bang that I am not a Wavedater R. Road, and any way related to Dairy Ginge a Ruce that I have no interest in said case, and ann further declare not concerned in its prosecution. If either affiant sign by X mark, two per WEITE THEIR NAMES MUST sign here

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Affiant, or of

each Afflant.

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

(Name of one witness to X mark.)

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IMPORTANT.—The Physician will first state how long he has been engaged in the practice of Medicine and Surgery. He will next state the MANNER IN, and the EXACT EXTENT TO, which the disabilities, (naming them,) upon which the claim for Pension is based, incapacitate the claimant for the performance of manual labor; whether ONE EICHTH, ONE-FOURTH, ONE-THIRD, ONE-HALF, or as the case may be.

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Exclusively for his Use. to State of 5.5 County of In the pension claim of Personally came before me, a .\_\_\_ in and fo. aforesaid County and State, a resident of of the County of or Village.) and is State of 2 as Mustify who, being duly sworn, declares in relation to the aforesaid case as follows (If space here be not sufficient, the Physician may execute an additional affidavit as to the facts not herein embraced.) с; Ū. 111 IN 1 er. Washington. Ľ in in of LEMON. 6 Ц Ý GEORGE 1A prepared by an aci 22 AЛ i W 1 1. S. S. S Blank nsin 100 ÷. 1 This I ľ 5 Sec. J. Spitz 1.1 t.  $\bigcirc$ declares that he has no interest in said case, and is not concerned in its prosecution. And Helfurthe L Gury land on (Signature geon. If

Sworn to and subscribed before me this day by the afore-named affiant; and I hereby certify that the affiant is a practicing physician of good professional standing, and that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and I further certify that I read said affidavit to waid affiant, and acquainted him with its contents before he executed the same.

Witness my hand and official seal this Sign here

READ! It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a JUSTICE OF THE PEACE OR NOTARY PUBLIC, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the office of the Commissioner of Pensions.

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

Clerk of the WASHINGTON, D. C. ATTORNEY AND COUNSELLOR AT LAN Offices 615 Fifteenth St. N. W., GEORGE E. LEMON Rejected Claim MEDICAL EVIDENCE. CLAIM, OF FILED BY 2. O. Lock Box 325 3 uest,  $h_{is}$ persons unacquainted with this House, we append hereto, as specimens of the testimonials in our and Ten Vols possession, copics of letters from several gentleas As this may reach the hands of some Se once in widely known throughout the United States: men of political and military distinction, of Congress n-General U. S. Voli information GO tor of Idaho essional Dist desiring responsibil V. F. SLED W. P. LYN R. W. TOV person JAS. D. STI 5 unity be vic ĺ

1. (3-108.) 1 EXAMINING SURGEONS CERTIFICATE IN THE CASE OF AN ORIGINAL APPLICANT. No.516.608 Name of claimant, <u>Louve</u> A. <u>Leuk</u> EXAMINING SUBGEON'S ADDRESS: Private Jowell Rank. Post office, <u>So .</u> County, Mikellerry, Company, Mapi Regiment, State, \_\_\_\_\_ Muh State. Date of examination, 1884. applicant, who claims that while in the service of the United States, at or near a place named been Britism on Jun aliver, Ver, and while in line of duty, Cause of disabil-ity and the de- on or about the \_\_\_\_\_ 28 day of \_\_\_\_\_ have \_\_\_\_, 1864, he incurred Damhou, with Hever and Ague, and that in consequence thereof he is manual labor. disabled for earning his subsistence by manual labor. Particular de-scription. He states that he is 1.85 pounds, and that he is \_\_\_\_\_ feet \_\_\_\_\_ inches in height. His pulse-rate per minute is \_\_\_\_\_n, his respiration 17his temperature 98 The examination reveals the following facts : ere grot ter a z. efind no ground 1 for rolnig From the condition and history of the claimant, it is feel, opinion the disability was \_\_\_\_\_\_\_ incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits. It find the disability as above described to entitle him to \_\_\_\_ Varthan Aller. rating. Examining Surgeon. ability is found to exist or not. Always forward a certificate of examination

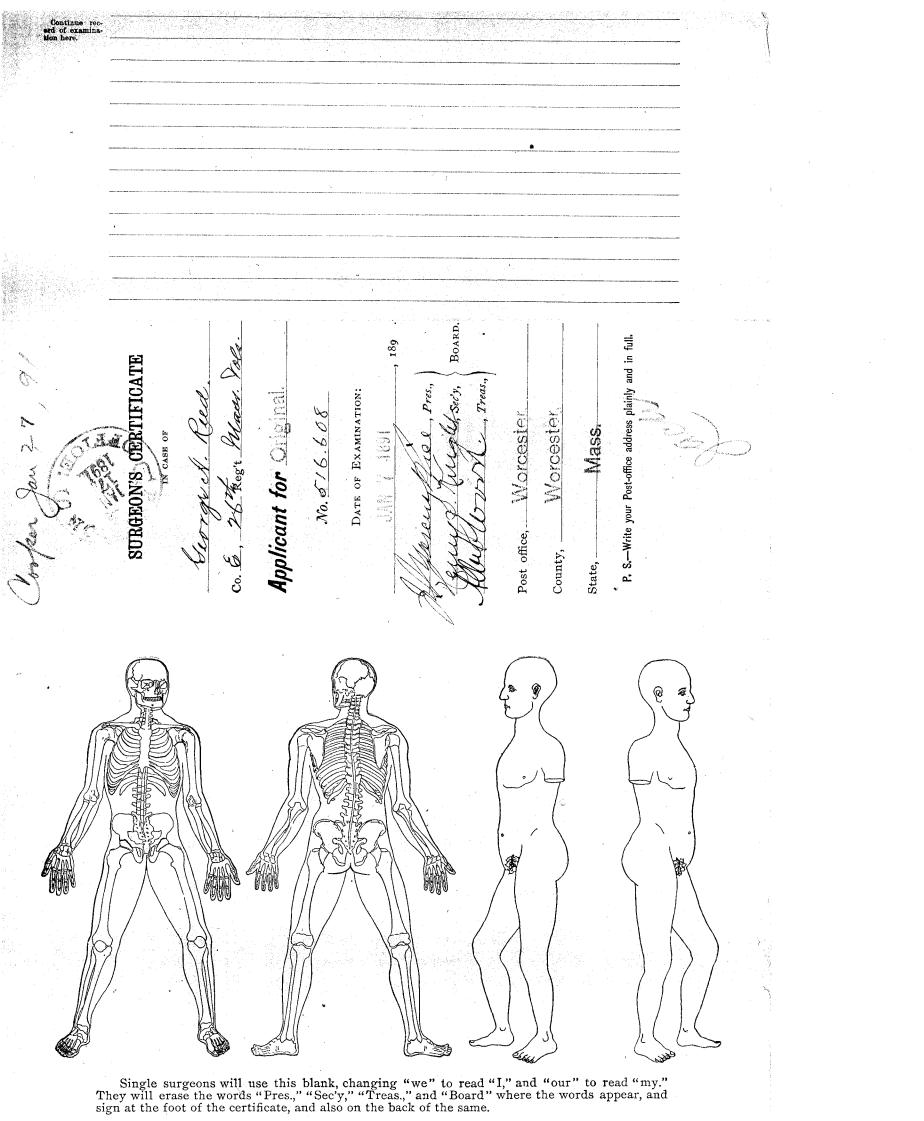
· \_ 1 1 SURGEON'S CERTIFICATE IN CASE OF Co. E., 26 Reg't Mars Application for Pension No.5-16608 Date of Examination : Jake 3. 1882 Then alle Hermon Examining Surgeon. Post Office, County State, (D P. S.-Write Post Office address plain and in full. (11155-200 M.) ELECTRO'S.

No. 1. -108.) No. 1 FOR A 516 608 No. Claim 0 Name of the claimant, ADDRESS OF THE BOARD : Doel Post office Rank, County, Company, hea State. Regiment, ..... 188/ 11 Date of examination, Post-office address, WE HEREBY CERTIFY that in compliance with the requirements of the law \* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Heek, (Vallon, ), and while in line of duty, on or about the ...... aug\_, 18/04, he incurred Ch. Granhora day Cause of disa-bility. and that in consequence thereof he is ...... disabled for earning his subsistence by manual labor Degree of disa-bility. His pulse-rate is <u>104</u> per minute; his respiration <u>24</u>; his temperature ; his height is \_\_\_\_\_\_ feet and  $\frac{8}{2}$  inches; he weighs \_\_\_\_\_\_ pounds, and states that he is 42 years of age. Touching the cause and degree of the disability for which he claims a pension, he makes the following Deep Sottom a. in 64 during forced march the statement: days & the duty a felo stor con Jo days furlough compact possible. Houp. ; aple Valley SUBJECTIVE SYMPTOMS V worse of heller dis cha tu: ar year Condu The examination reveals the following objective facts in support of his statements: an ~ aver, v rua ino athe hle OBJECTIVE SYMPTOMS co ongh they are gave horale with From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a Here give ra-ting for each cause of disa-bility, and state the ag-gregate. rating for the disability caused by Ch. Dianhora, for that caused ....., and ...... for that caused by..... by the sum of which aggregates ..... \* See the back. G. Janbree Pres., Mr. WW hittie , Sec'y, BOARD. Mr. R. Rue Treas.

SURGEON'S CERTIFICATE (for a board)	contain
IN CASE OF	cate
Lev. A. Reed	he certifi
Lev. Reed Co. E. 26 Reg't Maes	ng, and t
Application for Pension.	PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full
No. 516608	na dgno
Date of examination :	I be thor
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(3-FII.) Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate. Insert character and number of claim. Original \_ Pension Claim No. <u>516.608</u> riginal, increase, or restoration.] GEORGE U yell Name and rank of claimant Rank 26th Reg't Mass. Worcester, Mass Vala. Company\_ State. Post-office address of the Board.] Vaxourille, Mass 10 Office address. 189 [Date of examination.] We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred Cause of disa- in the service, viz: Chranic dearshoen piles If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of dollars per month. He makes the following statement upon which he bases his claim for Original n. &c.] neala an 11 e P1 10 01-Upon examination we find the following objective conditions: Pulse rate, 24.96.116; respiration, 18.74; temperature, 98.6; height, \_\_\_\_ \_ feet \_\_ 10 inches; weight, 195 pounds; age, <u>46</u> nel for red years. mel de relo feo face sabili JE. di 1 ac togethe neur verue He is, in our opinion, entitled to a Este for EACH cause of disawhora & piles rating for the disability caused by the d 10 \_\_\_\_ for that caused cause bility. and for that caused by Ъy Corro Pres. M.A. (night, Sec'y Treas. N. B.-Always forward a certificate of examination whether a disability is found to exist or not. (632-M.) 6--552



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.] 6---552

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SURGEON'S CERTIFICATE. Ľ Insert character and number of claim. 546625 Pension Claim No. \_ P a e a Chee Name of ant. Bosto ~ 0 \_P. O. Address · Company E 26 Reg't Moss, J of Board. Mass State. Getale 29 1, 1906, Olaimant's post- Salomille Mass sease of recto جم Names of disa-bilities. sm disease of Kidneys, dise ASI t, debilitige receives a pension of. dollars per month. agheo Here give the He makes the following statement in regard to the origin of his disabilities and date when first estatement (as discovered by him: Sam the new manual labor. Chronic ciaimant's statement (as briefly and as compactly as possible) in re-gard to the date of origin and cause of his dis-and the statement of the statement of the cause of his dis-cause of his dis-cause of his dis-and the statement of the statement of the cause of his dis-and the statement of the statement of the cause of his dis-and the statement of the statement of the cause of his dis-cause of his dis-and the statement of the cause of his dis-cause of his dis-and the statement of the statement of the cause of his dis-and the statement of the statement of the cause of his dis-and the statement of the cause of his dis-and the statement of the statement of the cause of his dis-and the statement of th mun 1san chinas y rec 1040 Thes 1884 Minhueys, 1844, cliniber of heard? 18dles dibility Birthplace, Goncord Mass; age, \_64 years; height 57 Drann; color of eyes, OSh weight, \_\_\_\_\_\_\_pounds; complexion, \_\_\_\_\_\_; occupation ; occupation R.R. Gonducto; permanent marks and scars other than those described below, We hereby certify that upon examination we find the following objective conditions; Pulse rate, Ty String, standing resourcise.]; respiration, <u>()</u>[Sitting, standing, after exercise.]; temperature, <u>78</u> 84 flin in y rectin C vir charpena, Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate para-graph for each disability. Vhul v. Um nder, L dischar hus Л sig , and nc u tunder f h Londer us. 4 tu eluth ling acts within the knowledge of the Board, or any member thereof, rela-tive to the cause of any disability found should be stated. cin 0 1 ٨ 1 ρ le tu fil. hv mon W R -CA Buchh stiply TA. alla Tich white In inp -him til in n · Can · u chaqqin ho all upthi walls u 7 mil È antis -channalin icting of the ~ all-Thur ન/ə r a die henever a disa-bility is shown or is believed to be due to or aggravated by vicious habits L  $\ell_{I}$ ra. uch 111 april Sh char, hi loca Dis 1 h h inte in up earchand chu G 1 11 V ma nifi 1 A abliele il () Ch I hiney LA AF s wich hav To will no and will but al eas u hur 1 C. LI ha 5 entri--12 1 Nec in LI lans hund an 5 l noh an nen de d Can ely on sub-ctive evi-nce the par ch ha strongest rea-t be ite hth' scurs an quitalach an gr ho entering tinchanas, interged Kinch. Ý \_, Pres. Edu MHandingSec'y. Jun mc mufly, Treas. Resarchinhous

3-155.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions. (This certificate to be filled in and signed by the secretary when the full board is present.) "I hereby certify that Dr. K.E.B. alm M.C. Murfehagd Dr. Edus M. Has were personally present and actually participated in the examination of Sea aras 29 1 , the claimant in this case, on\_ Costate L, 190 6" of. (Signature.) (This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.) "I,  $_-$ , the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. .... and \_\_, the examining surgeons here present (waiving examination by Dr. full board), on this day of ., 190 ." Witnesses to mark. (Signature of Applicant.) BOARD. EON'S CERTIFICATE 001 190 190 - 190 C Go. Z. L. Rog't Massh APPLICANT FOR FILENCE Runsen 9, Norward, Pres., DATE OF EXAMINATION: an M.Harding Sec'y, Treas.Do not use backs of certificates for any han indicated by printed matter thereon. Post office, County, State, The outlines of the human skeleton and figure of a swissile, an amputation, etc. of a disease **3-156.** (Old No. 3-111g.) SURGEON'S CERTIFICATE. For use when additional space is needed to complete strand uses

Y int SER 2 **3-156.** (Old No. 3-111 g.) SURGEON'S CERTIFICATE. For use when additional space is needed to complete or amend report of examination. 546625 roo Pension Claim No.\_ Name of claim-ant. Georg easy Address of Board. a Reg't K, Company€ 22 \$ 1906, ag 29 9 el [Date of ez EXAMINATION-Continued. UN 2 wordes, 5 1 al in ching w 4 3 V winnih and 410. made e entries Marginal Ruscuch Brann, Pres. Edna MD Harding Sec'y. Jhum Mc usinfly, Treas.

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EAST. NOV 12 70 180**8** NO1 a.D OFF ABO any purpose except as indicated SURGEON'S CERTIFICATE IN CASE OF George a. Reed co. E, ZG Reg't Mass. Juf, Applicant for Increase No. 546625. Do not use the back of this blank for DATE OF EXAMINATION: Getaber 29 4, 1906. Riscu, G. Braun, Pres., Edn. WHanding Sec'y, BOARD. John Mc mushles, Treas., See. 3 Post-office, Realt S County, State, Fill all blank spaces above.