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THE NATIONAL ARCHIVES

CERT. NO. 674 585-

PENSIONER: Mary E. W.

Widow

OF

VETERAN: James S. Thomas

CAN. NO. 546 86

BUNDLE NO. 22

mc  
563/50  
Boston

Increase INVALID PENSION.

Claimant, James S. Thomas

# 75 Main St. Amherst

County, Hampshire

State, Massachusetts

Rank, Private

Company, D.

Regiment, 11<sup>th</sup> Mass. Vol. Inf

Rate, \$ 50 per month, commencing February 8, 1905.

Pensioned for malarial poisoning, and dis. of gums & loss of teeth res. of scurvy

RECOGNIZED ATTORNEY.

Name, H. M. McCloud  
P. O., Amherst Mass.

Fee, \$ 2; Agent to pay.

Articles filed 1

APPROVALS.

Submitted for Ad. March 23, 1905, Harper L., Examiner.

Approved for Malarial poisoning, and disease of gums and loss of teeth res. of scurvy

Approved for Malarial Poisoning and disease of gums and loss of teeth result of scurvy  
\$50.00 from February 8 - 1905

Ther. S. Ingram  
Mar 25, 1905, E. D.  
Legal Reviewer.

Ingram, I. L. Lamo  
Medical Examiner. Medical Reviewer.  
March 31, 1905, Sam Houston  
Medical Referee.  
Rice

Enlisted June 13, 1864 Discharged June 29, 1865 Last paid to

Pensioned at \$ 30 per month for malarial poisoning and disease of gums and loss of teeth result of scurvy

PRESENT CLAIM.

Declaration filed Dec. 1, 1904 increase pensioned causes and disabled to such a degree as to require almost constant aid and attendance

Claimant does write.



[No. 3.]

# Declaration for the Increase of an Invalid Pension

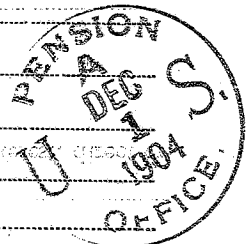
State of Massachusetts County of Hampshire, ss:

ON THIS 29th day of November A. D. one thousand eight hundred and four, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, James S. Thomas, aged 61 years, a resident of Amherst, County of Hampshire, State of Mass, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Boston Mass Pension Agency at the rate of 30 dollars per month, under Certificate No. 563156, by reason of disability from Malaria (Here name the disability of disabilities for which now pensioned.)  
poisoning and disease of gums, and loss of teeth  
result of service

incurred in the military (Military or Naval) service of the United States, while serving as a Private (Here state rank, company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)  
Co. D. 11th Regt Mass Vols

That he believes himself to be entitled to an increase of pension on account of being totally  
incapacitated for performing manual labor by reason  
of disease contracted in the service of the United States and  
in the line of duty, and is disabled to such a degree as  
to require almost constant personal aid and attendance  
of another person



and he hereby appoints, with full power of substitution and revocation,  
W M McElrand of Amherst Mass  
his true and lawful attorney, to prosecute this claim.  
His Post Office address is 75 Main Street, Amherst Mass

C. F. Branch James S. Thomas  
E. W. Thomas (Signature of Claimant.)  
(who write, sign here.)



Personally appeared C. F. Branch residing at Amherst Mass  
 and E. W. Thomas residing at Amherst Mass  
 persons whom I certify to be respectable and entitled to credit, and who  
 being by me duly sworn, depose and say that they were present and saw James S Thomas  
 the claimant sign his name to the foregoing declaration; that they have every reason to  
 believe from the appearance of said claimant and their acquaintance with him, that he is the identical person he repre-  
 sents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1 C. F. Branch  
 2 E. W. Thomas  
 (If either Affiant signs by mark, two persons who write, sign here.) (Signature of Affiants.)

Sworn to and subscribed before me this 29<sup>th</sup> day of Nov A. D. 1904;

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to  
 the applicant and witnesses before they made oath to the same, including the words  
 \_\_\_\_\_ erased, and the words  
 \_\_\_\_\_ added; and that I have no interest, direct or  
 indirect, in this claim, and am not concerned in its prosecution.

Record Division,  
 Certificate on file covering  
May 19 1900. May 19 1904

W. C. McCloud  
 (Official Signature.)  
Justice of the Peace.  
 (Official Character.)

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

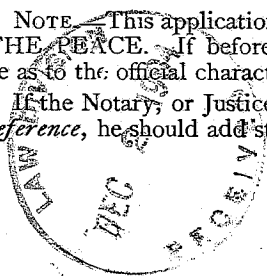
Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE: This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper.

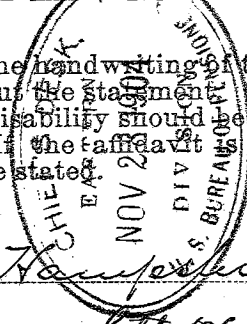
If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.



Certificate filed  
Mass

# PHYSICIAN'S AFFIDAVIT

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions 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 affidavit is prepared from memoranda in possession of the physician, that fact should be stated.



State of Massachusetts County of Hampshire #:

In the Pension Claim No. 67563150

of James S. Thomas, late Company "D" 11th Mass Vol Infantry  
(Rank, company and regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a Justice of the Peace in and for the  
aforesaid County and State Dr Charles F. Branch  
whose Post Office address is Amherst, Mass.

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing physician, and has been acquainted with the above-named soldier for about 9 years, and that He is personally acquainted with the  
(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

applicant and has been for about nine years last past  
Erasures or interlineations will not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.

and that he has been his family physician for about eight years last past he has been his patient constantly, that he has been a perpetual sufferer from scorbutic and chronic malarial poisoning which were acquired in the service, and as a prisoner of war eleven months in Andersonville prison.

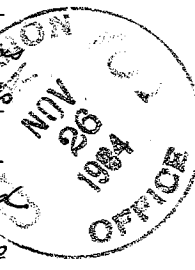
That his disabilities resulting therefrom have been progressive constantly diminishing his vitality until at present he is but little more than a skeleton wrapped within a pale dry skin - He is unable to get out of his bed without the aid of a nurse - and has scarcely been away from the sight of his house for more than a year - That on the fifth day of September last he was called to attend the applicant who was prostrated by chills and dysentery, who was in a condition of collapse -

Applicant had fetid involuntary stools almost every hour for several days - stools streaked with blood and mucus - Tympanitis and pain were prominent also tenesmus - His temperature was 105+ - Pulse varying from 120 to 130 - Very weak and thready - His tongue was hot and dry - swollen and very red and extremely sore and painful - which was about the condition of the mucous membrane the entire length of the alimentary canal - That this condition obtained for about four weeks

gradually becoming ameliorated, That his temperature has slowly receded until it has become sub normal, and his pulse corresponds therewith, being very weak and thready

That it is now about eleven weeks since this attack began, and that while there has been several exacerbations in the course of this attack - there has also complications appeared which are of a serious nature, There is paraplegia (cervical) leaving the R arm and hand practically useless - Borborygmi is and has been a prominent factor throughout the sickness, Great emaciation and weakness

(SIGN ON THE REVERSE SIDE.)



**NOTES.**  
The Physician's Affidavit must show the following facts:  
Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.  
If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.  
The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

are marked results, and a cachectic apthecia of the mouth and gums remain. He is still confined to his bed, and has been continuously for eleven weeks - subject to the constant care of an attendant and probably will be during the remainder of this life - That this very serious and distressing condition is all a result of his army and prison life, which he has suffered from since his discharge. viz - Malarial poisoning - Scurvy and disease of the gums - He is a living skeleton, suffering from the aforesaid disabilities in an aggravated form. Subject to the care of an attendant constantly - and that such disabilities with him are permanent and progressive.

He further declares that he has been a practitioner of medicine for 20 years, and that he has no interest, either direct or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

Charles F. Branch M.D.  
*(Signature)*

Sworn to and subscribed before me this 25th day of Nov A.D. 1904

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

[L. S.]

Filed to cover date.  
Jan. 13, 1905. Exr East. Div. C.F.G.

A. C. McCloud  
*(Official Signature.)*  
Justice of the Peace  
*(Official Character.)*

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 1 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

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.

DIVISION.

Pension.

No. \_\_\_\_\_  
CLAIM OF  
James S. Thomas  
Rev. D. W. Mason Pres

PHYSICIAN'S TESTIMONY.

FILED BY

H. M. McCloud,  
AMHERST, MASS.

Printed and for sale by John F. Sherry, Claim Blank Printer, 413-415 Ninth Street, N. W., Washington, D. C.

Artificiate filed



No. 72.

# Request for Special Action in Pension Claim.

NOTE.—To be filed with the Commissioner of Pensions, whereby special action is requested by reason of extreme age, threatened dissolution of claimant, dependence of claimant on charity, or other like special and urgent reasons which may apply to the case. These statements must be verified by the oath of physician if special action is requested on account of physical condition; or by affidavit of two neighbors, or friends, if on account of destitute condition.

Dated at Amherst Mass. November 29, 1904

To the Honorable Commissioner of Pensions:

I hereby, respectfully request that my application for Pension, No. 563150, be made special for the reasons given below:

I am unable to leave my room, and therefore request  
(State the reason why special action is requested, such as extreme age, threatened dissolution of claimant, dependence of the claimant on charity, or other like special and urgent reason which may apply to the case.)  
that some member of the Medical Examining Board  
be detailed to examine me at my home.

My Post-office address is 75 Main Street, Amherst Mass

A. C. McCloud

L. F. Branch  
(Two witnesses who write sign here.)

James, S. Thomas  
(Signature of claimant.)

THE ABOVE STATEMENT NEED NOT BE SWORN TO.

THIS AFFIDAVIT TO BE USED ONLY IN CASE REQUEST IS BASED ON PHYSICAL CONDITION OF CLAIMANT.

## PHYSICIAN'S AFFIDAVIT.

STATE OF Massachusetts, COUNTY OF Hampshire, ss:

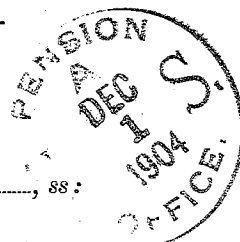
On this 29th day of November, A. D. 1904, personally came before me, a Justice of the Peace in and for the aforesaid County and State, Charles F. Branch M.D. a citizen of Amherst Mass whose post-office address is 13 Unity St. Amherst Mass well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said claimant for about eight years, and that he has been and is his attending physician during this time, and that the claimant's reason for special action are true  
(The physician should here state the facts known to him concerning the claimant's physical condition, or if he can fully corroborate the claimant he should so state.)  
and that his affidavit of November 1904 will explain very explicitly the exact present condition of the applicant.

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

Charles F. Branch M.D.  
Justice of the Peace

CIVIL OFFICER FILL OUT JURAT ON OTHER SIDE.



THIS AFFIDAVIT TO BE USED ONLY IN CASE REQUEST IS BASED ON DESTITUTE  
CONDITION OF CLAIMANT.

NEIGHBORS' AFFIDAVIT.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 190\_\_\_\_, personally appeared before  
me, a \_\_\_\_\_ in and for the aforesaid County, duly authorized to administer  
oaths, \_\_\_\_\_ aged \_\_\_\_\_ years, a resident of \_\_\_\_\_,  
in the County of \_\_\_\_\_, and State of \_\_\_\_\_,  
whose post-office address is \_\_\_\_\_, and  
\_\_\_\_\_ aged \_\_\_\_\_ years, a resident of \_\_\_\_\_,  
in the County of \_\_\_\_\_, and State of \_\_\_\_\_,  
whose post-office address is \_\_\_\_\_,  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the  
aforesaid case as follows:

That \_\_\_\_\_ have been well and personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ years, and \_\_\_\_\_ years, respectively, and that \_\_\_\_\_  
(Neighbors should state here their means for  
knowing the facts as to the claimant's destitute condition, and corroborate his statement to the best of their knowledge.)

\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not  
concerned in its prosecution.

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

(Signatures of affiants.)

CIVIL OFFICER FILL OUT JURAT BELOW.

JURAT.

Sworn to and subscribed before me, this 29th day of November, A. D. 1904, by  
the above-named Charles F. Branch M.D. and I certify that I read said affidavit to said  
(If physician, so state; or affiants.)  
affiant, including the words \_\_\_\_\_ erased, and the words  
\_\_\_\_\_ added, and  
acquainted him with its contents before he executed the same. I further certify that I  
am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is  
personally known to me and that he is a credible person

[L. S.]

A. C. McCloud  
(Official signature.)

Justice of the Peace  
(Official character.)

Certificate filed

DIVISION.

Request for Special Action

In the Claim of

James S. Thomas  
Co. D, 11th Reg't.

Mass Vols.

For Increase Pension.

No. 563150

FILED BY

H. M. McCloud,  
AMHERST, MASS.

Printed and for Sale by John F. Sherry, Claim Blank Printer,  
418-415 6th Street, N. W., Washington, D. C.

3-355.

Certificate No. 563/50

Increase INVALID PENSION.

Claimant, James O. Thomas

P. O., No 75 Main Street  
Amherst  
Massachusetts

Rank, Private  
 Company, D  
 Regiment, 11 Mass. Vol. Inf

Rate, \$ 30 per month, commencing July 7, 1904

Pensioned for malarial poisoning and dis. of gums loss of teeth  
res. of scurvy.

RECOGNIZED ATTORNEY.

Name, H. M. McCloud  
Amherst Mass.

Fee, \$ 2, Agent to pay.  
 Articles filed —, 1

APPROVALS.

Submitted for November 10, 1904

P. J. Davidson, Examiner.

Approved for malarial poisoning  
and disease of gums and  
loss of teeth result of  
scurvy.

Approved for malarial poisoning  
and disease of gums and  
loss of teeth result of scurvy.

2nd grade from July  
7, 1904

Nov 11, 1904  
Legal Reviewer.

Gilechrist, Randall  
Medical Examiner.

November 16, 1904  
Medical Reviewer.

Enlisted June 13, 1861 Discharged June 29, 1865 Last paid to Mason

Pensioned at \$ 17 per month for malarial poisoning and dis.  
of gums loss of teeth res. of Scurvy.

PRESENT CLAIM.

Declaration filed April 15, 1904 increase pensioned  
cause.

Claimant does — write 2

No, M. C.



[No. 3.]

# Declaration for the Increase of an Invalid Pension.

State of Massachusetts County of Hampshire, ss:

ON THIS 13<sup>th</sup> day of April A. D. one thousand ~~eight~~<sup>nine</sup> hundred  
and four, personally appeared before me, a Justice of the Peace within  
and for the County and State aforesaid, James S Thomas, aged 61 years,  
a resident of Amherst, County of Hampshire,  
of Mass, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Boston Mass Pension Agency at the rate of 17

dollars per month, under Certificate No. 563156, by reason of disability from Malarial

Prisoning and disease of gums and loss of teeth, results  
(Here name the disability  
or disabilities for which now pensioned.)  
of Scurvy

incurred in the military service of the United States, while serving as a Private  
(Military or Naval.) (Here state rank, company)

Co. D. 11<sup>th</sup> Mass Vols

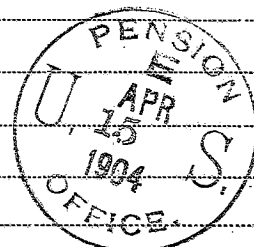
and regiment, if in the Army; or rating and name of vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of increase of disability  
for which pensioned, being obliged to have assistance in  
dressing and undressing

(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the

manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names

of the disease should be stated.)



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

J M McLane of Amherst Mass

his true and lawful attorney, to prosecute this claim.

His Post Office address is 75 Main Street, Amherst Mass

D W Palmer

John W. Bowler  
(who write, sign here.)

James S. Thomas  
(Signature of Claimant.)

ATTY FILED

personally appeared D M Palmer residing at Amherst Mass  
 and John W. Howland residing at Amherst Mass  
 persons whom I certify to be respectable and entitled to credit, and who  
 being by me duly sworn, depose and say that they were present and saw James S Thomas  
 the claimant sign his name 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 repre-  
 sents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1 D M Palmer  
 2 John W Howland  
 (If either Affiant signs by mark, two persons who write, sign here.) (Signature of Affiants.)

Sworn to and subscribed before me this 13<sup>th</sup> day of April A. D. 1904  
 and I hereby certify that the contents of the foregoing declaration were fully made known and explained to  
 the applicant and witnesses before they made oath to the same, including the words  
 \_\_\_\_\_ erased, and the words  
 \_\_\_\_\_ added; and that I have no interest, direct or  
 indirect, in this claim, and am not concerned in its prosecution.

Record Division,  
 Certificate covering A. C. McCloud  
 [L. S.] May 19 1904 Justice of the Peace.  
 (Official Signature.) (Official Character.)

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_

[L. S.] Clerk of the \_\_\_\_\_

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper.  
 If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

INVALID.

CLAIM FOR INCREASE.

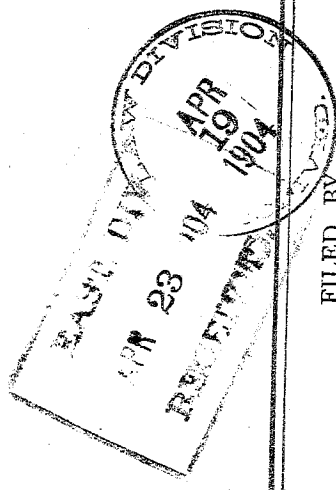
James S. Thomas

Co. D, 11<sup>th</sup> Reg't.

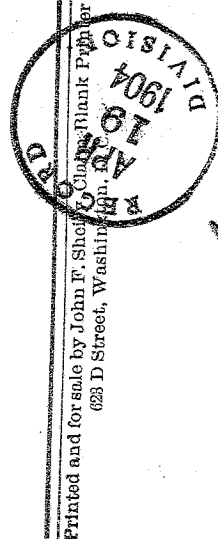
Mass Vol.

Pension Certificate No. 563156

af



H. M. McCLOUD,  
 AMHERST, MASS.



Printed and for sale by John F. Shaw, Clerk of Court,  
 623 D Street, Washington, D. C.

over

*Certificate filed*

*Mass*

# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions 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 affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Massachusetts County of Hampshire ss:

In the Pension Claim No. 563,150

of James S. Thomas, late  
ser. 10 - 11th Mass V Infantry  
(Rank, company and regiment if in the army; or vessel and rating if in the navy.)

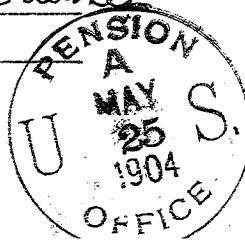
Personally came before me, a Justice of the Peace in and for the  
aforesaid County and State Dr C. F. Beach,  
whose Post Office address is Auburn Mass.

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing physician, and has been acquainted with the above-named soldier for about seven years, and that he is the family physician of the  
(Here embody all the facts known to the affiant in accordance with the marginal instructions. Excesses or interlineations will not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.)  
aforesaid James S. Thomas, and has been for about the  
length of time he has known the applicant.

I never knew said Thomas until since 1896 -  
that since I have known him he has been most of  
the time under treatment for Malaria, Rheumatism  
and a general scorbutic condition - or a condition  
following scurvy while a prisoner at Andersonville  
during the Civil War. That during the last year he  
has been constantly under treatment, and is now  
much of the time he is subject to the care and assistance  
of somebody - During the entire winter his wife has been  
obliged to do all the work pertaining to the house - even  
to caring for the furnace all winter - He is able to sit  
up part of the time - though frequently he is obliged to  
remain in bed several days at a time, and then cannot  
get up without help. He has no disposition to take nourish-  
ment - he cannot by reason of his stomach and bowels.  
He is terribly emaciated. Pulse feeble - Tongue very  
red and swollen - Abdomen flabby, at times largely  
distended with gas - at other times very flat, and always  
tender upon palpation, or to the touch - I consider him  
much worse than he was a year ago - He is weaker - poorer  
and has lost vitality. This condition is progressive - as  
I predicted some time ago - His disability is certainly  
more than equivalent to the loss of a hand or foot. We have  
an example here in town of a pensioner who is rated at \$4.00  
per month - with additional sum of \$5.00 - every three years - who is  
able to drive nail team to the trains night or day - and manage  
his team very well - The applicant Thomas could not get  
into a wagon if he tried - much less hitch and drive a horse  
or handle several well packed mail bags -

(SIGN ON THE REVERSE SIDE.)



NOTES.

The Physician's Affidavit must show the following facts:  
Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.  
If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.  
The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.



If the Department wish - I will send photographs of the condition of this man's body which will corroborate the foregoing statements -

That I have examined and treated many men who saw service from 1861 to 1865 but that I have not seen for years a more worthy case for a reasonable request for a fair rating than this one of James S. Thomas  
That I have no interest whatever in the prosecution of this claim, any farther than asking for a fair rating for the existing disabilities -

He further declares that he has been a practitioner of medicine for Twenty years, and that he has no interest, either direct or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

Charles F. Brandy  
(Affiant's Signature. Give rank and service, if applicable, as directed)

Sworn to and subscribed before me this 24th day of May A. D. 1904

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

A. C. McCloud  
(Official Signature.)

[L. S.]

Justice of the Peace  
(Official Character.)

O.K.  
E.C.R.

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 1 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

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.

DIVISION.

Pension.

No. \_\_\_\_\_  
CLAIM OF  
James S. Thomas  
Rev. D. 11th Regt  
Mass Vols

PHYSICIAN'S TESTIMONY.

CHIEF'S DESK  
EASTERN  
MAY 27 1904  
DIVISION  
U. S. BUREAU OF PENSIONS  
H. M. McCloud,  
AMHERST, MASS.

Printed and for sale by John F. Sherry, Claim Blank Printer, 413-415 Ninth Street, N. W., Washington, D. C.

Certificate filed

3-355.  
(Old No. 3-145.)

Certificate No. 563.150

# INVALID PENSION.

Claimant, James S Thomas

P. O. 75 Main St. Amherst

County New Hampshire

State Massachusetts

Rank, Private

Company, D.

Regiment, 11. Mass Vol. Inf.

Date, \$ 17 per month, commencing September 3, 1902.

Pensioned for Malarial poisoning & disease of gums & loss of teeth result of scurvy.

## RECOGNIZED ATTORNEY.

Name, Wm. H. McCloud & McCloud

Fee, \$ 2; Agent to pay.

P. O., Amherst Mass

Articles filed 1

## APPROVALS.

Submitted for Adm Feb 4., 1903

J. F. Allison, Examiner.

Approved for Malarial poisoning and disease of gums and loss of teeth result of scurvy.

Approved for malarial poisoning and disease of gums and loss of teeth result of scurvy 17 from September 3, 1902/8

Feb 5-, 1903, W. H. McCloud  
Legal Reviewer.

W. H. Holt, Burke  
Medical Examiner. Medical Reviewer.

March 18, 1903, Sam. Stanton  
Re-Reviewer. Medical Referee.

Enlisted June 13, 1861 Discharged June 29, 1865 Last paid to 1  
Pensioned at \$ 12, per month for Malarial poisoning and disease of gums and loss of teeth result of scurvy.

## PRESENT CLAIM.

Declaration filed June 23 1902 alleges increase pension cause

Claimant does ✓ write.

(3-145.)

Increase INVALID PENSION 6th Mo.

Claimant, James S. Thomas 563157

P.O., 75 Main Street Rank, Private  
County, Amherst Company, D.  
State, Massachusetts Regiment, 11th Mass. Vol. Inf.

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_

RECOGNIZED ATTORNEY:

REJECTED.  
SEP 20 1900

Name, H. M. McCloud Fee \$ 2, Agent \_\_\_\_\_ to pay.  
P.O., Amherst, Mass. Articles filed \_\_\_\_\_, 18 \_\_\_\_

APPROVALS:

Submitted for Admission, Aug 28, 1900. Samuel, Examiner.  
Approved for malarial poisoning and disease of gums and loss of teeth result of scurvy. ing and disease of gums and loss of teeth result of scurvy.  
Disease of liver, kidneys, stomach and bowels alleged results of malarial poisoning to Med Ref no increase in disease of liver, stomach and bowels other than that covered by approval and rate of pension not shown  
Sept. 8, 1900. J. Morrison, Legal Reviewer. Sept 10, 1900. [Signature] Medical Referee.

Enlisted June 13, 1861.  
Discharged June 29, 1865. Last paid to \_\_\_\_\_, at \$ 12  
Pensioned from November 7, 1887, at \$ 6, for malarial poisoning & disease of gums & loss of teeth result of scurvy  
Original declaration filed \_\_\_\_\_, 18 \_\_, alleged \_\_\_\_\_ at \$12 from Jan'y 28, 1899

Arrears allowed from \_\_\_\_\_, 18 \_\_, to \_\_\_\_\_, 18 \_\_, at \$ \_\_\_\_\_

PRESENT CLAIM.

Declaration filed July 28, 18 99 for increase & for disease of liver & kidneys stomach & bowels results of malarial poisoning.



# INVALID PENSION.

REISSUE TO ALLOW UNDER "GENERAL LAW."

*Call 563/50*  
 Pensioner, *James S. Thomas*, *67f. 563, 150.*  
 P. O., *Amherst*, Rank, *Pri.*  
 County, *Hampshire*, Company, *D.*  
 State, *Mass.*, Regiment, *11 Mass. Vol. Inf.*  
 Rate, \$ \_\_\_\_\_ per month, commencing *Nov. 7, 1888.*

*and \$12 " " from January 28, 1891*  
*In lieu of pay dated April 22, 1891.*  
 Deduct all payments under Act of June 27, 1890  
 except from July 11, 1890 to January 27, 1891 inclusive  
 for which period deduct at the rate of \$6 per month.  
 Pensioned for *Malarial poisoning and disease of gums and*  
*loss of teeth result of scurvy*

## RECOGNIZED ATTORNEY

Name, *H. M. McCloud*, Fee, \$ *10*, Agent to pay.  
 P. O., *Amherst, Mass.*, *Power of Atty.*  
*Articles filed (Nov. 7, 1888.*

## APPROVALS.

Approved for *malaria*, *Dec. 22*  
 Submitted for adm. *Oct. 6*, 1894, *Klinger*, Examiner.

Approved for *malarial poisoning & scurvy*, Approved for *malarial poisoning*  
*(Results of scurvy shown in evidence referred to Med. Ref.)* and *disease of gums and loss of*  
*teeth result of scurvy*  
*6/18 to Jan 28, 1891 and*  
*20/98 thereafter.*

*Rejection of chronic diarrhoea noted since*  
*filing subject to approval Med. Ref.*  
*Reason to allow under general law*  
*Deduct payments so that claimant shall receive*  
*the benefit of the rate under act of June 27, 1890 & also pay under*  
*act of July 11, 1890*  
 \_\_\_\_\_, Legal Reviewer. *Hauman*, Med. Ex'r, \_\_\_\_\_, Med. Reviewer.  
 \_\_\_\_\_, 18 \_\_\_\_\_, Re-Reviewer. *Feb. 5, 1895*, Med. Referee.

## HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted *June 13*, 1861. Last paid to \_\_\_\_\_, \$ \_\_\_\_\_  
 Discharged *June 29*, 1865.  
 Pensioned from *July 11*, 1890, at \$ *12*, under the Act of June 27, 1890,  
 for *nasal catarrh and malarial poisoning.*

In declaration filed *July 11*, 1890, under Act of June 27, 1890, alleged  
*malaria.*

Declaration filed \_\_\_\_\_, 18 \_\_\_\_\_; alleged \_\_\_\_\_

## PRESENT CLAIM.

Declaration filed *July 18*, 1889, under general law at *Bladenburg, Md.* Sept.  
*1861* was attacked with *typhoid fever*, & that he also contracted *scurvy*,  
*chronic diarrhoea*, & *malaria* while in the service. In Dec. filed  
*Nov. 7, 1888*, he alleged *typhoid fever*, *scurvy*, *malaria*, & *chronic*  
*diarrhoea.* M. C. \_\_\_\_\_ Claimant \_\_\_\_\_ writes.  
*No M. C.*

# A DECLARATION FOR ORIGINAL INVALID PENSION A

To be executed before a Court of Record or some Officer thereof having custody of the Seal.

State of Massachusetts  
County of Hampshire } ss.

On this 13th day of July, A.D. one thousand eight hundred and eighty nine  
personally appeared before me, Clerk of the Superior Court, a court  
of record within and for the County and State aforesaid James S. Thomas

aged 44 years, who, being duly sworn according to law, declares that he is the identical  
James S. Thomas who was ENROLLED on the 13th

day of June 1861, in Company D of the 11th Regiment,  
of Mass Infantry commanded by Captain Butler

and was honorably DISCHARGED at Annapolis, Md. on the 29th day  
of June, 1863; that his personal description is as follows: Age, 44 years; height,

5 feet 8 inches; complexion, light; hair, light; eyes, blue

That while a member of the organization aforesaid, in the service and in the line of his duty at Bladensburg,  
in the State of Maryland on or about the 10th day

of September, 1861, he was attacked with Typhoid  
Here state the name or nature of disease, or the location of wound or injury. If disabled by

fever, and was in the hospital at Bladensburg about  
disease, state fully its causes; if by wound or injury, the precise manner in which received.  
four months, and was then transferred to the hospital  
at Budd's Ferry, Md. where he remained till  
about the first of March, 1862. Was taken prisoner

at Mine Run, Va. Dec. 3, 1863, and taken to Belle  
Island, Richmond, Va. remaining there about three  
months. Was transferred to Andersonville, Georgia,

about the first of March, 1864. Was in the hospital  
at Andersonville from October, 1864, to April, 1865,  
suffering from Scoury and Chronic Diarrhea.

That he is now aged and has been for many years suffering from  
Malaria and Chronic Diarrhea, contracted in the line of duty  
and in the service of the United States.  
That he was treated in hospitals as follows:

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

of treatment.

That he has not been employed in the military or naval service otherwise than as stated above.

If in the service

prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.

That since leaving the service this applicant has resided in the town of Amherst  
in the State of Mass, and his occupation has been that of a Railroad Conductor

That prior to his entry into the service above named, he was a man of good, sound, physical health, being when  
enrolled a machinist. That he is now totally disabled from obtaining his subsist-  
ence by manual labor by reason of his 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, J. W. McCloud  
of Amherst Mass, his true and lawful attorney

to prosecute his claim. That he has not received nor applied for a pension. That his  
residence is No. Mar Street, Amherst, Mass

and that his Post-Office address is Amherst, Mass

ATTEST: L. E. Thayer

A. E. Olney

James S. Thomas  
Claimant's Signature

appeared *G. E. Thayer* residing at No. \_\_\_\_\_, in \_\_\_\_\_  
Street, in *Amherst Mass* and *Allan E. Olney* residing  
at No. \_\_\_\_\_, in \_\_\_\_\_ Street, in *Norhampton Mass*, persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
*James S. Thomas*, the 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, that he is the identical person he represents himself to be; and that they have no interest  
in the prosecution of this claim.

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

Signatures of Witnesses.

Sworn to and subscribed before me this *thirteenth* day of *July*  
A.D. 18*89*, and I hereby certify that the contents of the above decla-  
ration, etc., were fully made known and explained to the applicant and  
witnesses before swearing, including the words \_\_\_\_\_

[SEAL.]

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

Any erasures or inter-  
lineations in the foregoing  
declaration should be cer-  
tified by the Magistrate,  
in his jurat, as having been  
made before execution.

*W. H. Clapp*  
Clerk of the Superior Court for  
said county & State.  
Official Character.

#### NOTES.

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.  
Declarations of claimants for original pension must be made before a Court of Record, or before some officer thereof  
having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation  
relating to any pension or application therefor.

The claimant's identity must be proven by two witnesses, certified by the judicial officer to be respectable and credible,  
who are present and witness the signature of the declarant, and certify to his or her identity under oath of affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference  
to it will render it available in any subsequent claim.

The **post-office address** (naming street and number in all large cities) of the applicant, attorney, and witnesses, should  
be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties  
while communicating with the Pension Office or the pension agents should be stated.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible  
witnesses, unless other evidence is specified.

Testimony, in support of allegations made in a declaration, may be taken before any officer competent to administer oaths,  
whose authority and signature shall be duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution  
of the claim.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

CLAIM FOR PENSION.

ORIGINAL.

*James S. Thomas* Applicant,  
*1st Private Co. D, 11th Reg't,*  
*Mass Infantry* ✓ Vols.  
Enlisted *June 13th*, 18*61*.  
Discharged *June 29*, 18*65*.

FILED BY

*J. M. McLeod*  
*Amherst Mass.*

Sold by CHAS. K. DARLING & Co., Law Stationers, Boston.

## DECLARATION FOR ORIGINAL INVALID PENSION.

A

To be executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Massachusetts  
County of Hampshire } ss.

On this second day of October, A. D. one thousand eight hundred and eighty-eight  
personally appeared before me, clerk of the Superior Court, a court  
of record within and for the County and State aforesaid James S. Thomas  
aged 46 years, who, being duly sworn according to law, declares that he is the identical  
James S. Thomas who was ENROLLED on the 13<sup>th</sup>  
day of June 1861, in Company D of the 11<sup>th</sup> Regiment,  
of Mass Vols. commanded by Capt. J. W. Butters  
and was honorably DISCHARGED at Annapolis, Md. on the 29<sup>th</sup> day  
of June, 1865; that his personal description is as follows: Age, 46 years; height  
5 feet 8 inches; complexion, Light; hair, Light; eyes, Blue

That while a member of the organization aforesaid, in the service and in the line of his duty at  
Bladenburg, in the State of Maryland on or about the first day  
of September, 1861, he was taken sick with Typhoid  
Here state the name or nature of disease, or the location of wound or injury. If disabled by  
Typhoid and was treated in hospitals six months, and was unable  
to do any duty till March, 1862. He was taken prisoner  
Dec. 3d 1863, at Mine Run, Va. and was confined at Belle  
Island, Va. about three months. He was then transferred  
to Andersonville prison, Georgia, and was confined  
there till April 1st, 1865. While in Andersonville prison  
he was attacked with Scurvy and Chronic Diarrhea. He is  
now suffering from Malaria contracted while in the  
service of the United States and in the line of duty

That he was treated in hospitals as follows: St. Bladenburg Hospital about four months  
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates  
and was then transferred to hospital at Annapolis, Md.  
of treatment.

That he has not been employed in the military or naval service otherwise than as stated above  
If in the service  
prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.

That since leaving the service this applicant has resided in the town of Amherst  
in the State of Mass., and his occupation has been that of a Railroad Conductor

That prior to his entry into the service above named he was a man of good, sound, physical health, being when  
enrolled a machinist. That he is now totally disabled from obtaining his subsist-  
ence by manual labor by reason of his 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, J. W. McBlond  
of Amherst, Mass, his true and lawful attorney  
to prosecute his claim. That he has never received nor applied for a pension. That his  
residence is No. main Street, Amherst, Mass  
and that his Post-Office address is Amherst, Mass

ATTEST:

William M. Thayer  
Clk A. Thayer

James S. Thomas  
Claimant's Signature.

appeared Wm M. Thaxter residing at No.       , in Main  
 Street, in Amburst Mass and Fisk A. Thayer residing  
 at No.       , in High Street, in Amburst Mass, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
James S. Thomas, the 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, that he is the identical person he represents himself to be; and that they have no interest  
 in the prosecution of this claim.

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

William M. Thaxter  
Fisk A. Thayer  
 Signatures of Witnesses.

Sworn to and subscribed before me this second day of November

A. D. 1888, and I hereby certify that the contents of the above decla-  
 ration, &c., were fully made known and explained to the applicant and  
 witnesses before swearing, including the words certifier

[SEAL.]

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

{ Any erasures or inter-  
 lineations in the foregoing  
 declaration should be certi-  
 fied by the Magistrate, in  
 his jurat, as having been  
 made before execution. }

Wm H. Clapp  
 Signature.  
Clk of the Superior Court  
for said County attests  
 Official character.

#### NOTES.

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.  
 Declarations of claimants for original pension must be made before a Court of Record, or before some officer thereof having  
 custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any  
 pension or application therefor.  
 The claimant's identity must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are  
 present and witness the signature of the declarant, and certify to his or her identity under oath or affirmation.  
 Declarations and other papers should be as legible and as clear in statement as possible.  
 Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it  
 will render it available in any subsequent claim.  
 The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should  
 be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties while  
 communicating with the Pension Office or the pension agents should be stated.  
 All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses,  
 unless other evidence is specified.  
 Testimony, in support of allegations made in a declaration, may be taken before any officer competent to administer oaths, whose  
 authority and signature shall be duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.  
 To facilitate the adjudication of claims all the requisite evidence that is available should be forwarded with the application.

A  
 OFFICE  
 INVALID.

Claim for Pension.

ORIGINAL.

James S. Thomas Applicant,

Late Private Co. D, 11<sup>th</sup> Reg't,

Mass. Vols.

Enlisted June 13, 1861.

Discharged June 29, 1865.

FILED BY

Wm W. McElwain

Amburst,

Mass



[No. 3.]

# Declaration for the Increase of an Invalid Pension.

State of Massachusetts County of Hampshire, ss:

ON THIS 27<sup>th</sup> day of July A. D. one thousand eight hundred and ninety nine, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, James S Thomas, aged 56 years, a resident of Amherst, County of Hampshire, State of Mass, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Boston Mass Pension Agency at the rate of 12 dollars per month, under Certificate No. 563150, by reason of disability from Malarial (Here name the disability or disabilities for which now pensioned.)  
poisoning and disease of gums and loss of teeth.  
result of surgery.

incurred in the military (Military or Naval.) service of the United States, while serving as a Private (Here state rank, company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)  
Co. D 11<sup>th</sup> Regt Mass Vols

That he believes himself to be entitled to an increase of pension on account of disease of liver,  
kidney trouble and derangement of stomach and  
bowels, resulting from malarial poisoning.  
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the

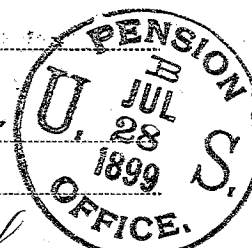
manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names of the disease should be stated.)

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

Jb M McLeod, Amherst Mass

his true and lawful attorney, to prosecute this claim.

His Post Office address is 75 Main Street, Amherst Mass



James S Thomas  
(Signature of Claimant.)

E. H. Crook  
M. J. Chapin  
(who write, sign here.)

ATTY FILED

ally appeared E. F. Book residing at Amherst Mass  
and W. V. Chapin residing at Amherst Mass

persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, depose and say that they were present and saw James S Thomas the claimant. Sign his name 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; that they have no interest in this claim, and are not concerned in its prosecution.

1 \_\_\_\_\_

1 E. F. Book

2 \_\_\_\_\_

2 W. V. Chapin

(If either Affiant signs by mark, two persons who write, sign here.)

(Signature of Affiants.)

Sworn to and subscribed before me this 27<sup>th</sup> day of July, A. D. 1897;

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added; and that I have no interest, direct or

indirect, in this claim, and am not concerned in its prosecution.

[L. S.] Certificate on file to cover date  
of execution. Record Division

E. L. D. Camp  
(Official Signature.)  
Justice of the Peace  
(Official Character.)

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_.

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper.

If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

[No. 3.]

# Declaration for the Increase of an Invalid Pension.

State of Massachusetts County of Hampshire, ss:

ON THIS 13<sup>th</sup> day of June A. D. one thousand ~~eight~~ <sup>nine</sup> hundred  
and two, personally appeared before me, a Justice of the Peace within  
and for the County and State aforesaid, James S Thomas, aged 59 years,  
a resident of Amherst, County of Hampshire,  
State of Mass, who, being duly sworn according to law, declares that he is a pensioner  
of the United States, enrolled at the Boston Mass Pension Agency at the rate of 12

dollars per month, under Certificate No. 563150, by reason of disability from Malarial  
Poisoning, disease of gums and loss of teeth, result  
of surgery  
(Here name the disability or disabilities for which now pensioned.)

incurred in the military service of the United States, while serving as a Private  
(Military or Naval.) (Here state rank, company)  
Co. D. 11<sup>th</sup> Regt Mass. Vol. Infantry  
and regiment, if in the Army; or rating and name of vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of increase of disability  
He is totally incapacitated for the performance of  
any kind of labor as the result of Malarial  
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the  
poisoning  
manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names  
of the disease should be stated.)

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

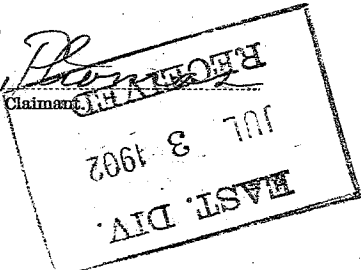
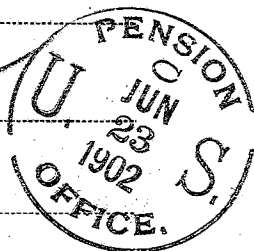
J. M. McEland Amherst Mass

his true and lawful attorney, to prosecute this claim.

His Post Office address is 75 Main St. Amherst Mass

1 W. T. Chappin  
2 W. T. Chappin  
(who write, sign here.)

James S. Thomas  
(Signature of Claimant)



ATTY FILED

Two duly appeared M. J. Chapin residing at Amherst Mass  
 and E. L. Cook residing at Amherst Mass  
 persons whom I certify to be respectable and entitled to credit, and who  
 being by me duly sworn, depose and say that they were present and saw James S Thomas  
 the claimant sign his name 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 repre-  
 sents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1 \_\_\_\_\_

1 M. J. Chapin

2 \_\_\_\_\_

2 E. L. Cook

(If either Affiant signs by mark, two persons who write, sign here.)

(Signature of Affiants.)

Sworn to and subscribed before me this 13<sup>th</sup> day of June A. D. 1902;

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to  
 the applicant and witnesses before they made oath to the same, including the words \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added; and that I have no interest, direct or

indirect, in this claim, and am not concerned in its prosecution.

[L. S.]

Record Division,  
 Certificate on file covering  
 May 19 1900 May 15 1907

A. C. M. Cloud  
 (Official Signature)  
Justice of the Peace  
 (Official Character.)

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper.

If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

INVALID.

CLAIM FOR INCREASE.

James S. Thomas

Co. D, 11<sup>th</sup> Reg't.

Mass. Inf Vols.

Pension Certificate No. 563150 079

RECEIVED  
 JUN 3 1902  
 EAST. DIV.

RECEIVED  
 JUN 24 1902  
 DIVISION  
 AMHERST, MASS.

Printed and for sale by John F. Sherry, Claim Blank Printer  
 623 D Street, Washington, D. C.  
 JUN 24 1902  
 DIVISION

# LIABILITY AFFIDAVIT.

TO BE EXECUTED ONLY BY THE CLAIMANT.

State of Massachusetts, County of Hampshire, ss:

In the matter of James S. Thomas Co. D 11<sup>th</sup> Regt Mass Infantry Pension Claim No. 91174  
of James S. Thomas

ON THIS 14<sup>th</sup> day of May, A. D. 1891,  
personally appeared before me a Justice of the Peace in and for the  
aforesaid County, duly authorized to administer oaths, James S. Thomas a  
resident of Amherst, in the County of Hampshire  
and State of Mass

whose Post Office address is Amherst Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in  
relation to aforesaid case, as follows: That he is unable to comply with the requirements of the  
Pension Office as to evidence of the Surgeon or Assistant  
Surgeon of his regiment

for reason that he was treated in the hospital at Bladenburg  
Md, Sept. 1861, and again in hospital at Frederick  
city, Md, July 1863. In both instances he was  
sent to the hospital as soon as taken sick, and  
was not under the care of any Surgeon of his regiment

That he is unable to prove his condition from date of discharge, up to the year  
by medical testimony, for the reason that

He respectfully requests that the testimony  
be accepted in lieu of

W. C. Nash James S. Thomas



STATE OF Massachusetts COUNTY OF Hampden 83:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise

interested in said case, nor am I concerned in its prosecution; and that said affiant is

personally known to me and that he is a credible person.

[L. S.]

Harry C. Nash  
(Official Signature.)

Justice of the Peace  
(Official Character.)

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_.

[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.



ADDITIONAL EVIDENCE.

Inability Affidavit.

CLAIM OF

James S. Thomas

Rev. D. 11th Regt

Mass. Infantry

Affidavit of Claimant.

No. 91174

FILED BY

H. M. McCLOUD,  
AMHERST, MASS.

Printed and for sale by John F. Shelby, Claim Book Printer,  
623 D Street, Washington, D. C.

## GENERAL AFFIDAVIT

State of Massachusetts, County of Hampshire, ss.

In the matter of the Pension claim letf No. 563150 of James S. Thomas, Co. D. 11th Regt Mass. Vols

ON THIS 25<sup>th</sup> day of October, A. D. 1894, personally appeared before me  
a Justice of the Peace in and for the aforesaid County duly authorized to administer  
oaths James S. Thomas aged 52 years, a resident of Amherst  
in the County of Hampshire and State of Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

In reply to call for history of claimants disability  
I hereby declare that I have resided in the town of Amherst, Mass.

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

continuously since Oct. 1865. I was in the employ of the New London  
Northern Railroad Co. from Oct. 1865 to April 1866, first as workman  
and afterwards as baggage master and conductor. During that time I  
was compelled to give up work sometimes for months at a time.  
In 1862 I was obliged to give up work entirely, since which time I have not  
been able to do a days work. I was first taken sick in Sept. 1861,  
at Bladensburg, Md. by Syphilis fever, and was in the hospital at Bladensburg  
and Budds Ferry, Md. about six months. In July 1863 I was again  
taken sick in Frederick City, Md. of Malaria and Effluvia diarrhea, and  
was in the hospital at Frederick City, Md. about three months. Dec. 3 &  
1863 I was taken prisoner at Mine Run, Va. and was confined on Belle  
Island, near Richmond, Va. till March 1st, 1864. I was then taken  
to Andersonville Prison, Georgia where I remained till April, 1865.  
While in Andersonville Prison I suffered from Malaria,  
chronic diarrhea and Scoury, losing many of my teeth while  
in Andersonville from Scoury. The Surgeons who attended me  
while in the service are all dead. Dr. J. H. Taylor of Amherst  
(deceased) was my family physician from 1865 till his death  
in 1890. Since that time I have employed Dr. D. B. Fitch,  
Dr. C. F. Bigelow, Dr. C. W. Hall (deceased) and Dr. Geo W. Rowen  
all of Amherst.

The above was written by J. M. McCloud of Amherst, from  
oral statements made by James S. Thomas, and in making  
this statement he was not aided or prompted by any person or  
by any written or printed recital.

H & Post-office address is Amherst, Mass

Further declare that no interest in said case and not concerned  
in its prosecution.

E. D. Raup

James S. Thomas  
(Signature of Affiant.)

STATE Massachusetts, COUNTY OF Hampshire, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested

in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

[L. S.]

E. L. Rump  
(Official Signature.)  
Justice of the Peace  
(Official Character.)

I \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_ 189 .

[L. S.]

Clerk of the \_\_\_\_\_

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

ADDITIONAL EVIDENCE.

CLAIM OF

James S. Thomas  
Rev. D. W. Rept  
Mass. Pals.

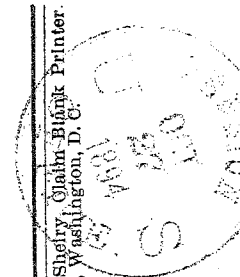
AFFIDAVIT OF

James S. Thomas  
Amherst  
Mass

FILED BY

H. M. McCLOUD,  
AMHERST, MASS.

Printed and for sale by J. F. Sherry, Glain-Blank Printer,  
223 D Street, N. W., Washington, D. C.



EASTERN

3-173.

EAST. DIV.

Ex'r.

Div.

No. 563.150

NOV 28 1899

Department of the Interior,

RECEIVED.

BUREAU OF PENSIONS.

James J. Thomas  
Co. 10, 11 Reg't Mass. Inf.

Washington, D. C., November 21, 1899

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. James J. Thomas  
Amherst,

Mass.



Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes Mary Ella. Willhelmina Merriek

No. 2. When, where, and by whom were you married? Answer: Hadly Mott

May 26-1867 by Rowland Ayers

No. 3. What record of marriage exists? Answer: Certificate

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Emma W. Thomas 1867

Blanche L " 1874

Ethel G " 1881

Date of reply, November 23, 1899.

James S. Thomas  
(Signature.)

(3-060.)

Eastern Div.

2nd.

Ex'r.

Department of the Interior,

No. 91,174

BUREAU OF PENSIONS,

James S. Thomas  
D. H. Mass. Vols

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of

James S. Thomas

, who, it is claimed, enlisted

June 13, 1861, and served as Private

in Co. D, 11 Reg't Mass Vols; also in Co.

and was discharged at Washington D.C., June 29, 1865

While serving in Co. D, 11 Reg't Mass Vols he was disabled by

hemoid of right groin, typhoid fever,  
scurvy, chronic diarrhoea & malaria,  
also

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Very respectfully,

Gen. B. R. ...  
John C. Black,  
Commissioner

The Adjutant General, U. S. Army.



Nov. 11/89

NOV 13

53333

JHS.

Eastern Division.

# FIRST CALL

On Adjutant General, U. S. A.

Claim No. 91,174

James S. Thomas  
S. 11. Mass. Vols.

War Department,

Record and Pension Division,

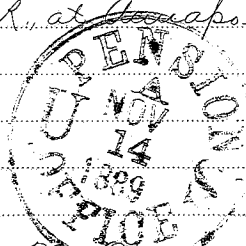
NOV 13 1889  
Washington, \_\_\_\_\_, 18

#91174

Respectfully returned to the

Commissioner of Pensions.

James S. Thomas  
Co. D, Reg't 11 Mass Tols  
was enrolled June 13, 1861,  
and M. C. June 29, 1861,  
on Ind M. O. R. at Annapolis Md.



From Enrollment, 1861, to M. O., 1861,  
he held the rank of priv.

and during that period the rolls show him present  
except as follows Oct 31, 61 Left sick at  
Bladensburg Md Oct 24, Dec 31  
61 Sick in Brig Hosp; Dec 31, 62 De-  
tached at Div Hdqrs; Aug 31, 63 Desert-  
ed near Gettysburg July 5 (returned  
to Co Oct 2, 63) Dec 31, 63 Deserted Nov  
28. Name not borne on subsequent rolls  
D. G. C. (over)

F. J. Ainsworth

Captain and Asst Surgeon, U. S. Army.

Per

(2806)

of Co. --- + + +. He was captured  
 at Savage Station Va June 29, 62,  
 confined at Richmond Va June  
 30, 62, paroled at Atkins Landing  
 Va Aug 5, 62, disposition not given.  
 He rejoined Co in Aug, 62 (date  
 not stated. Charge of desertion  
 of July 5, + + 63 is removed. He was  
 absent with leave from July 5 to  
 Sept 26, 63, when he arrived at Camp  
 Distribution Alexandria Va + + +.  
 Charge of desertion of Nov 28, 63 is  
 removed. He was captured on or  
 about Nov 27, 63, at Rapidan Va, con-  
 fined at Richmond Va Dec 5, 63, sent  
 to Andersonville Ga Feb 15, 64, admit-  
 ted to hospital there Oct 11, 64, with Scer-  
 butus, paroled at Vicksburg Miss  
 on or about Apr 6, 65, admitted to  
 hospital at Vicksburg Miss same day  
 with Scurvy, sent to genl. hospital  
 Apr 16, 65 on board of hosp'tl. str.,  
 S.S.C. (over)

BY AUTHORITY OF THE SECRETARY OF WAR:

*F. C. Anselmo*

Captain and Ass't Surgeon, U. S. Army.

Per *[Signature]*

sent to hospital Benton Barracks Mo. reported at Benton Barracks Mo. Apr. 24, 65, transferred to Camp Parole Md. Apr. 27, 65, where he arrived May 2, 65, and is reported sent to Camp

Distribution Va May 9, 65. + + + S.G.C. Other records furnish nothing additional bearing upon this case.

Th.

W. J.

BY AUTHORITY OF THE SECRETARY OF WAR:

*F. C. Ainsworth*

Captain and Ass't Surgeon, U. S. Army.

Per *[Signature]*

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.



11-2397  
Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C. December 6, 1894.

Respectfully returned to the  
Officer in Charge of the Record  
& Pension Div, War Dept,  
with the request that he state  
whether there were two soldiers  
in Co. D, 11 Mass. Vol. Inf. named  
either James or James S.  
Thomas. If so, please  
furnish the personal de-  
scription of both, and the  
military and medical history  
of the one not given in the rolls.

James S. Thomas,  
D. 11 Mass. Vol. Inf.  
O. F. 563/50.  
Wm. L. Brown

Commissioner.

Address, "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James Thomas

Co. D, 11 Reg't Mass Inf  
was enrolled Aug 14, 1863,

and the M O roll dated July 14, 1865,

reports him sent to hospital  
Nov 8/64. Ind m/o roll dated

July 27/65 reports him Present  
and M O that date as of 6. D to

which transfd. May or June 64  
From 6m, 186, to M O, 186,

he held the rank of Pvt & Corporal

Name not borne as James S  
Thomas

and during that period the rolls show him present  
except as follows Aug 31/63 Present

with remark joined for service  
Aug 24/63 - Oct 31/64 Present

sick - Dec 31/64 Absent sick  
and to June 30/65 same.

Personal description is as follows  
Born in England; age 25 yrs;

blue eyes; Brown hair; medium complexion; Height 5ft 4 1/2 in

The personal description of James P Thomas is recorded as follows - Age 19; height 5ft 6 in; Complexion light; Eyes blue; Hair light, brown; Charlestown Mass & Machinist

The medical records show him treated as follows:

James Thomas, Corp. Co. D. 11 Mass.

Oct. 26 to Nov. 3. 64. Malaria, pro-

longed Nov. 3. 64 for 12 days, re-

turned from proloph Dec. 7. 64, &

transf. Jan. 5. 65. Jan. 7. to

20. 65, Malaria (diagnosed also shown

on Anterior R. side), started Jan.

20. 65, re-admitted Feb. 1. 65, again

discharged May. 27. 65 & again

re-admitted June 2. 65, again

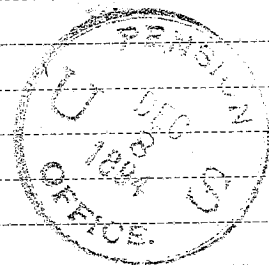
discharged June 22. 65, & re-admitted

June 27. 65 & died July 25. 65,

after shown as discharged from

service July 25. 65.

Nothing additional found



BY AUTHORITY OF THE SECRETARY OF WAR:

J. A. C. Warrant

Colonel, U. S. Army, Chief of Office.

Per

Washington, D. C., DEC 7 1894

(COMMISSIONER OF PENSIONS.)

## GENERAL AFFIDAVIT.

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

STATE OF Vermont }  
COUNTY OF Windham } ss.

In the matter of the claim for James S Thomas Pension  
of Residence James S Thomas  
late of Company D, 11<sup>th</sup> Regiment, Massachusetts Volunteers,  
Personally came before me, a Notary Public in and for aforesaid County  
and State, Job Leary, aged 50 years,  
a resident of Brattleboro, in the County of Windham, State of  
Vermont, who being duly sworn, declare in relation to aforesaid case, as follows:

I Was a Member of Co D 11 Mass Regiment  
and Wa intimately acquainted with  
James S Thomas till December 3<sup>d</sup> 1863.  
When he was Taken Prisoner. I remember  
Very Well that he Was Sick in Frederick City  
Md in July 1863 of Malaria and Chronic  
Diarrhea and Was in the hospital three  
Months. I also remember that he Was  
Taken Sick in September 1861 at Bladenburg,  
Ind of Typhoid Fever and Was in the hospital  
there and at Buck's Ferry Ind about six months

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

Attest when any affiant signs BY MARK 2 persons sign here.

Affiant's Signature, Job Leary

P. O. Address, Brattleboro Vt

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant, and acquainted *him* with its contents before *he* executed the same; that said affiant *is* personally known to me; that *he is* a credible person and so reputed in the community in which *he* resides. I further certify that the words *James S. Thomas Pension* were erased, and the words \_\_\_\_\_ were added before execution, and that I have no interest, direct or indirect, in the prosecution of this claim *and that my Notary Public Certificate is on file at the Pension Office*

Witness my hand and seal this *18<sup>th</sup>* day of *November* 18*89*

ADD SEAL HERE.

{ Any erasures or inter-  
lineations in the foregoing  
affidavit should be certi-  
fied by the Magistrate, in  
his jurat, as having been  
made before execution. }

*H. E. Taylor*  
Magistrate's Signature.  
*Notary Public*  
Official Character.

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

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

Witness my hand and the seal of said Court, this \_\_\_\_\_ day of \_\_\_\_\_ 18

\_\_\_\_\_  
Clerk.

[L.S.]

Nature of Claim. } *Original Pension*

No. *91174*

Claimant, *James S. Thomas*

Late *Russell Co., D*, 11<sup>th</sup> Reg't,

*Mass.* Vols.

AFFIDAVIT OF

*John Long*  
*Brattleboro, Vt*

FILED BY

*W. M. McLaughlin*

Sold by

CHARLES K. DARLING & CO., Law Stationers,  
15 Exchange Street, Boston.

*chr. clai. mad & typewrite  
Pension Service*



J. H. S.

(3-061.)

00053

Eastern Division.

Department of the Interior,

BUREAU OF PENSIONS,

Dec. 21, 1889.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
Sept. 1861, July, Aug & Sept, 1863,  
& Job Long,  
Put

& S. 11 Mass. Vols  
and the station, at that date, of the Co  
regt.

Claim No. 91,174

James S. Thomas  
& 11 Mass. Vols.  
Green B. Raim.

Commissioner.

War Department,

Record and Pension Division,

Washington, DEC 28 1889 18

Respectfully returned to the

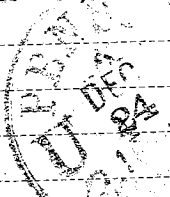
Commissioner of Pensions.

The rolls show that

*Job Long*

mentioned in the preceding endorsement ~~was~~ present during the period named in that endorsement ~~except~~ as follows:

*Return and other records (Sept 1861) not on file*



During the period named the station of the company and regiment was as follows: *Sept 30/61*

*Camp Union Bladenburg, Md.*

*July 31/63 near Washington, Va.*

*Aug 31/63 near Leesburg*

*Ford, Va. & Sept 30/63 near*

*Cueper, Va.*

*L.C.H.*

BY AUTHORITY OF THE SECRETARY OF WAR:

*H. A. Smith*

Captain and Ass't Surgeon, U. S. Army

Per *R*

# GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Massachusetts County of Hampshire, ss:

In the matter of the application for pension of

James S. Thomas  
ON THIS 14 day of May A. D. one thousand eight hundred and ninety-one, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Henry Adams aged 45 years, a resident of Amherst in the County of Hampshire and State of Mass. whose Post Office address is Amherst, Mass. and \_\_\_\_\_ aged \_\_\_\_\_ years, a resident of \_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_ whose Post Office address is \_\_\_\_\_

well known to me to be respectable and entitled to credit, and who being duly sworn declare in relation to the aforesaid case as follows: That I have been well and personally acquainted with James S. Thomas for 25 years, and \_\_\_\_\_ years respectively, and that \_\_\_\_\_

Instructions—read carefully.

The witnesses must state:  
1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able bodied man's work he was able to do—whether  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others, physically sound, and doing the same kind of work.

They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

I have lived within  $\frac{3}{4}$  mile of him for 15 years, and been intimate with him for the last 12 years; at times seeing him nearly every day, and on an average at least once a week during the 12 years. During this period I do not think he has at any time been able to do  $\frac{1}{4}$  a man's work, and a greater part of the time he has been totally unfit for any manual labor. I have been a druggist at this place for the last 15 years and know he has suffered from malarial during this time, having frequently sold him quinine and other medicines of a similar nature.



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

Henry Adams

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

(Signature of affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Massachusetts COUNTY OF Hampshire

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to the said affiant, including the words

erased, and the words added, and deacquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

Henry B. Nash Jr.

(Official Signature.)

[L. S.]

Justice of the Peace

(Official Character.)

I, 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 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 day of, 18

[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.

ADDITIONAL EVIDENCE.

CLAIM OF

James S. Thomas

Dec. 21<sup>st</sup> 1874

Mass. Superior

AFFIDAVIT OF

Henry Adams

Amherst

Mass

No 91174

FILED BY

H. M. McCLOUD,  
AMHERST, MASS.

Printed and For Sale by J. F. Sherry, Claim Blank Printer  
923 D Street, N. W., Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Mass.

County of Hampshire

SS.

In the Pension Claim No. 911743

of James S. Thomas

(Name of Claimant.)

Co D 11th Mass. Vol Infantry

(Company and regiment of service, in the army, or, name of vessel, if in the navy.)

Personally came before me, a Justice of the Peace & Notary Public

(Official character of magistrate.)

in and for the aforesaid County and State

D. B. N. Fish

(Name of affiant.)

a citizen of Amherst

, County of Hampshire

State of Mass.

, well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case, as follows:

That he is a practising physician, and that he has been acquainted with said soldier for about 19 years, and that I have been his family physician

(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

during the past year and have occasionally been in attendance since the Spring of 1885 at such times when

(No erasures or interlineations will be permitted unless the magistrate certifies in his Jurat that they were made before executing the paper.)

his former physician - the late Dr Israel H. Taylor was ill.

I have record of medical attendance upon said Soldier on the following dates: - March 15, 1886; May 14, 1886; Oct. 26 1890.

I have also prescribed for the said Thomas at other times of which I made no record as the service was done for Dr Taylor.

The disease for which I have treated the applicant has been malarial fever; in 1886 it was accompanied by a congestion at the base of the brain.

He complains that he had scurvy while a prisoner in Andersonville; the present condition of his teeth and gums would indicate that he had at some times a serious attack of the disease.

He has always since I have known him seemed disabled by illness which I have always understood him to claim and have always believed was contracted in the service of the United States.

NOTES.

The Physician's Affidavit should show the following facts:

1st. Whether or not he knew the Soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the Soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If the treated Soldier while in the service; either as his regimental surgeon or while Soldier was home on furlough, that fact should be stated. The Soldier's physical condition at such times should be clearly shown as well as the nature of his disability and dates of treatment.

3. If he has treated Soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. The extent to which Soldier has been able to perform manual labor since discharge; and in case of his death the date and cause should be fully stated.

He further declares that he has been a practitioner of medicine for 29  
years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

D. B. A. Fish  
(Affiant's Signature. Give rank and service if in the army.)  
Late Surgeon 27<sup>th</sup> Regt Mass Vol Inftry

Sworn to and subscribed before me this 15<sup>th</sup> day of May

[L.S.] A.D. 1891, and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words number "25" erased, and the words number "19" added: and that I have no interest, direct or indirect, in the prosecution of this claim.

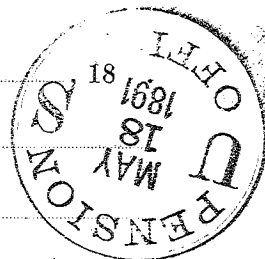
E. A. Thomas  
(Signature.)  
Notary Public  
(Official Character.)

IMPORTANT. — If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_

Clerk of the \_\_\_\_\_



[L.S.]

No. 911.74  
CLAIM FOR  
James S. Thomas  
Rev. D 11<sup>th</sup> Regt  
Mass. Infantry

MEDICAL EVIDENCE.

AFFIDAVIT OF

Dr. D. B. A. Fish  
Amherst  
Mass

FILED BY  
ADJUTANT GENERAL OF MASS  
STATE HOUSE  
BOSTON, MASS

H. M. McCLOUD,  
AMHERST, MASS.

467152

Division.

Department of the Interior,  
BUREAU OF PENSIONS,

*Sept 10*, 1891.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
*Sept 1861 & July*, 1863,  
of *Michael J Manning*

*Private*

of *Co D 11<sup>th</sup> Mass Vols*  
and the station, at that date, of the *Co*  
and *regiment*

Claim No. *of 563150*  
*James S Thomas*  
*5<sup>th</sup> 11<sup>th</sup> Mass Vols.*  
*Gen B Ramm*

Commissioner.

Address "The Officer in charge of the Record and Pension Division,  
War Department, Washington, D. C."

# War Department,

Record and Pension Division,

Washington, SEP 11 1891, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

*Michael T. Manning*

mentioned in the preceding endorsement ~~was~~ present  
during the period named in that endorsement except  
as follows:

*Return Sept 6/ not on  
file July 6/3 does  
not show him absent*

During the period named the station of the company  
and regiment was as follows: *Aug 3/61*

*Camp Union Me.*

*June 20/63 Faneuil Mass*

*July 3/63 Harbington Va S*

AUTHORITY OF THE SECRETARY OF WAR

*P. C. Amworth*

Major and Surgeon, U. S. Army.

Per *S.*

## GENERAL AFFIDAVIT.

State of Massachusetts, County of Essex, ss:

In the matter of the Pension claim No. 91174 of James S. Thomas, Co. D. 11th Mass. Infantry

ON THIS 12<sup>th</sup> day of May, A. D. 1891, personally appeared before me  
a Justice of the Peace Michael L. Manning in and for the aforesaid County duly authorized to administer  
oaths Michael L. Manning aged 50 years, a resident of Danvers  
in the County of Essex and State of Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

I was a member of Co. D. 11th Mass Regiment— and was intimately acquainted with James S. Thomas till Dec 8 or 1863 where he was taken prisoner. I remember very well that he was sick in Frederick City Md in July 1863 of Malaria and Chronic Spineache and that he was in the Hospital about three months. I also remember that he was taken sick in September 1861 at Bladensburg Md of Typhoid Fever and was in the Hospital at Bladensburg and Barracks Perry Md six months.

His Post-Office address is Danvers, Mass

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

Michael L. Manning





# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This Affidavit should, if possible, be in the handwriting of the Affiant; the marginal instructions should 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 Affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

In the matter of the Claim for Pension No. \_\_\_\_\_,

of James S. Thomas  
Claimant's name.

late of Company D, 11th Regiment, Mass. Volunteers,  
Company and regiment of service, if in the army; or name of vessel, if in the navy.

I, Israel H. Taylor a resident of Amherst  
Physician's name.

County of Hamphshire, State of Mass., on oath declare:—

That I am a practising physician: and that I have been acquainted with said soldier for about 24

years, and that I treated him for Intermittent Fever in  
Affiant should here embody all the facts known to him in accordance with the marginal instructions.

## NOTES.

The Physician's Affidavit should set forth:—

1st. If he knew the soldier prior to enlistment, he should state the length of time he knew him; how intimately; and what opportunities he had of observing his physical condition, whether as his family physician, or as a neighbor; how near he lived to him. If he knew that he was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated soldier while in the service, either as his regimental surgeon, or while soldier was home on furlough, he should so state, giving the nature of the disability, with the date, place, and duration of treatment.

3d. If he has treated soldier since discharge, he should state the date of first treatment; his physical condition at the time, with complete diagnosis of the disability; and the dates and duration of all subsequent treatment.

4th. The extent or degree to which soldier has been disabled for manual labor, during each year of the time he has been under treatment or observation, should be shown.

5th. If the soldier is dead, the date and cause of death should be fully stated.

October, 1865, which I believe was caused by his  
army service. During every year since 1865 I  
attended him many times for Malaria, and in 1881 he  
was confined to his bed more than three months  
from the same disease. Again in 1886 he was  
confined to his bed several weeks from the same cause.  
I have been his family physician ever since 1865,  
and know that he suffered from Malaria almost  
continuously, being unable to work more than  
half the time. When I first attended him  
in October, 1865, his condition was that of a man  
broken down with Malarial influence, from  
which he has never fully recovered. I have  
been a near neighbor of his during the whole  
time, have seen him often, and have been fully  
informed as to his physical condition.

I further declare that I have been a practitioner of medicine for 47 years, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My Post-office address is Amherst, Mass.

Dr Israel H Taylor  
Affiant's Signature.

State of Massachusetts

County of Hampshire

SS.

Give rank and service, if in army or navy.

On this Third day of August, 1889, personally appeared

before me the above-named Dr. Israel H. Taylor

to me well known as a reputable physician in good professional standing, and made oath that the foregoing statement by him subscribed is true.

I certify that the words

were erased, and the words

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

[L.S.]

{ Any erasures or inter-  
lineations in the foregoing  
affidavit should be certi-  
fied by the Magistrate, in  
his jurat, as having been  
made before execution. }

E. D. Bangs  
Magistrate's Signature.

Justice of the Peace  
Official character.

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

I, \_\_\_\_\_ Clerk of the \_\_\_\_\_ Court, in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq.,

who hath signed his name to foregoing affidavit, was, at the time of so doing, a \_\_\_\_\_

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

Witness my hand and the seal of said Court, this \_\_\_\_\_ day of \_\_\_\_\_ 1889.

\_\_\_\_\_  
Clerk.

[L.S.]

Nature of Claim, } Original Pension  
No. }  
Claimant } James S. Thomas  
Late Private, Co. D, 11th Reg't, Mass. Vols.

MEDICAL EVIDENCE.

AFFIDAVIT OF

Israel H Taylor, M. D.  
Amherst, Mass.

FILED BY

W. W. McAllister

Amherst

Mass.

SOLD BY  
C. K. DARLING & CO., Law Stationers, 15 Exchange Street, Boston.

Certificate on file

Recd.  
Med. Rec. 65

# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions 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 affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Massachusetts County of Hampshire #:

In the Pension Claim No. 67563156

of James S Thomas, Esq., late  
Private Co. D 11<sup>th</sup> Regt Mass Infantry  
(Rank, company and regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a Justice of the Peace in and for the  
aforesaid County and State Charles F Branch, M. D.  
whose Post Office address is Amherst Mass

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing physician, and has been acquainted with the above-named soldier for about six years, and that I never knew the applicant James S. Thomas

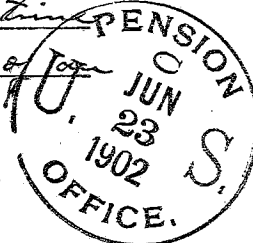
(Here embody all the facts known to the affiant in accordance with the marginal instructions.

until about six years ago. That soon after I began to know him as a  
Erasures or interlineations will not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.)

Comrade I became his family physician and am still making him  
professional visits. I live about forty rods from him - and only see  
him as I go to his house. I don't recollect meeting him on the street  
more than once or twice during the last year. When I first saw  
him I was called to treat him for chronic diarrhea, and some months  
which was scorbutic, resulting from being boarded at Andersonville  
for more than one year. For the last five or six years I have been  
his attending physician, and during all this time there has been  
scarcely a week but what he has called upon me for professional  
aid. For years he has been afflicted with chronic malaria or  
"dumb-ague" lasting from two weeks to a month or more at each  
attack. Chronic Diarrhea usually accompanies his convalescence  
together with intolerant attacks of Neuralgia and Rheumatism.

I have had great difficulty to relieve him from his Rheumatism  
which affects his back, hips and legs sufficiently to lay him up  
weeks at a time. I think this Rheumatism is of malarial origin  
or is aggravated largely from malarial poisoning. His liver is  
enlarged, skin icterine, tongue coated, with much of the time  
canker along its borders. Teeth are all gone, and not an  
ounce of adipose upon the entire body. He is - and to me  
has always seemed like a walking skeleton, for all there  
is to him is the usual amount of bones, wrapped up in skin.  
that was tanned and toughened from a four years service  
in field, prison and hospital. His last attack of sickness began  
March 12<sup>th</sup> 1901. I am still treating him, and have not seen him  
on the street since March. His illness began with Neuralgia and  
was soon followed by Rheumatism of back & legs. He has  
been a great sufferer from some months - followed by subacute  
gastritis. He is still under treatment - Much of the time  
during the spring of 1901 he was subject to the constant

(SIGN ON THE REVERSE SIDE)



3 1902  
DIV. 1

**NOTE.**  
The Physician's Affidavit must show the following facts:  
Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
If he has treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.  
If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him, should be stated, with dates as near as possible, of prescriptions, or visits.  
The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

attendant, and this year from March to May he was in such condition as to require help from an attendant every day, and many times during the night. As to his ability for manual labor he has not - nor does not even have a kitchen garden, for he is totally unfit for manual labor of any kind, and to my personal knowledge has been ever since I knew him. His disability is of a character that is progressive, and ever will be, I term it more than total disability as the law stands, for certainly it is of such a character that it amounts to more than the loss of a leg or an arm, I wish that the Medical Department of the Pension Office could see this applicant as he is and has been for 5 years.

He further declares that he has been a practitioner of medicine for 20 years, and that he has no interest, either direct or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

*C. F. Branch M.D.*  
*Notary's Signature. Give rank and service in the army or navy.*

Sworn to and subscribed before me this 19<sup>th</sup> day of June A.D. 1902, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

[L. S.]

Record Division.  
Affidavit on file covering  
May 1900 May 15 1907  
P.

*A. C. McCloud* 2061 & 7  
(Official Signature.)  
*Justice of the Peace*  
(Official Character.)

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 1902

[L. S.]

Clerk of the \_\_\_\_\_

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.

DIVISION.

Pension.

No.

CLAIM OF

*James S. Thomas*

*Dec. 11<sup>th</sup> Regt*

*Mass Vols*

PHYSICIAN'S TESTIMONY.

RECEIVED  
JUN 3 1902  
DIV. DIV.  
FILED BY

JUN 24 1902  
DIVISION

Printed and for sale by John F. ...  
418-415 Ninth Street, N.W., Washington, D. C.

*Certificate filed*

(3-145 a.)

ACT OF JUNE 27, 1890.

*O. O. Pond.*

# INVALID PENSION.

*563.150  
Boston*

Claimant, *James S. Thomas*  
 P. O., *Amherst* Rank, *Private*  
 County, *Hampshire* Company, *D.*  
 State, *Mass.* Regiment, *11 Mass Vol. Inf.*  
 Rate, \$ *12* - , per month, commencing *July 11, 1890*

Disabled by *Dis med Appd.*

## RECOGNIZED ATTORNEY.

Name, *H. M. McLeod* Fee, \$ *10* Agent to pay.  
 P. O., *Amherst, Mass.* Articles filed, \_\_\_\_\_, 189

## APPROVALS.

Submitted for *ad March 17, 1891*, *J. H. Davis*, Examiner.

Approved for *Admission* Approved for *nasal catarrh and malarial poisoning, \$1200*

*H. J. McCausland* Legal Reviewer. *Benice, A. M. E., The Surgeon* Medical Referee.  
*Mar 30, 1891.* *April 6, 1891.*

now pensioned under other laws. Last paid to \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_  
 Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted *June 13, 1861*, \_\_\_\_\_ honorably discharged *June 29, 1867*  
 Re-enlisted \_\_\_\_\_, 18\_\_\_\_ honorably discharged \_\_\_\_\_, 18\_\_\_\_  
 Declaration filed *July 11, 1890*, alleges permanent disability, not due to vicious habits, from *malaria*

*no m. a.*

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.

State of Massachusetts, County of Hampshire, ss.On this ninth day of July, A. D. one thousand eight hundred and ninety-                    , personally appeared before me, Jas. S. Cooper of Amherst insaid County a Notary PublicCourt, a court of record within and for the County and State aforesaid,James S Thomas, aged 47 years, a resident of the townof Amherst County of Hampshire, State ofMass, who, being duly sworn according to law, declares that he is the identicalJames S Thomas, who was ENROLLED on the 13<sup>th</sup> day ofJune, 1861, in Co D 11<sup>th</sup> Regt Mass Infantry  
(Here state rank, company and regiment in Military service, or vessel, if in the Navy)

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Annapolis, Md, on the 29<sup>th</sup> day of June, 1861. That heis                      unable to earn a support by reason of Malaria  
(Here name the disease or injuries from which disabled.)

vicious habits, and are to the

applied for pension under ap

(If a pensioner, the Certificate

*He has applied for a pension about  
a year ago, but does not know the  
no of application*

That he makes this declarati

the provisions of the Act of June 27, 1890.

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

J. M. McCloudof AmherstState of Mass, his true and lawful attorney to prosecute his claim. Thathis POST-OFFICE ADDRESS is Amherst, County ofHampshire, State of MassJames S. Thomas  
(Claimant's signature.)

Attest:

John W. HowlandFrank A. BorchardJas. S. Cooper

Also personally appeared John W. Howland, residing at Amherst  
Mrs. and Frank A. Bendall, residing at  
Saint Amherst, persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw James S.  
Thomas, the 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 for  
twenty years and two years respectively, that he is the identical person he repre-  
sents himself to be; and that they have no interest in the prosecution of this claim.

John W. Howland  
Frank A. Bendall  
(Signatures of Witnesses.)

Sworn to and subscribed before me this ninth day of July, A. D. 1890—

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 "ent  
a copy of record" erased, and the words  
added; and that I have  
no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

James S. Thomas  
(Signature.)  
Notary Public  
(Official character.)

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.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME

James S. Thomas

SERVICE.

Co D 11th Regt

Mass Infantry

ADDRESS.

Amherst, Mass

PENSION  
FILED  
JUL 11 1890  
46205

FILED BY

W M McCloud  
Amherst  
Mass

Date of Execution

July 9 1890

Printed and for sale by J. F. Shelly, Claim Blank Printer,  
628 D Street, N. W., Washington, D. C.



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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Original Army Pension Claim No. 91,174  
James S. Thomas, Rank, Private  
Company D, 11 Reg't Mass. Vols. Greenfield, Mass. State,  
Amherst Mass. (Post office address of the Board.)  
Nov. 27, 1889. (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 in the service, viz:

Cause of disability.

Form of right groin, Chronic Diarrhea, Malarial poisoning also Typhoid fever & Scoury & results.

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

and that he receives a pension of 10 dollars per month.

Pulse rate per minute, 82; respiration, 18; temperature, 98; height, 5 feet 8 inches; weight, 127 pounds; age, 47 years.

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

He makes the following statement upon which he bases his claim for † Original  
Had diarrhea & Typhoid fever Sept. 1864 and has had  
diarrhea more or less ever since (in 1864 in Hosp. 6 mos.  
Had Scoury while in prison 1863. Newbern Ga.  
Had Malaria (from tapu) following Typhoid  
fever & more or less ever since. Has attack  
of vertigo.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Upon examination we find the following objective conditions: *System fairly good*  
Skin normal, Facial Expression *sad* & *fairly healthy*,  
Lungs & Spleen normal. Rectum normal, No piles,  
Tongue clean, Heart normal, No hernia appears.  
This shows general aspect indicates dis-  
order of nervous system (brain) which is prob-  
ably of malarial origin, which may have  
been aggravated by prison life.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

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 prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 6/18

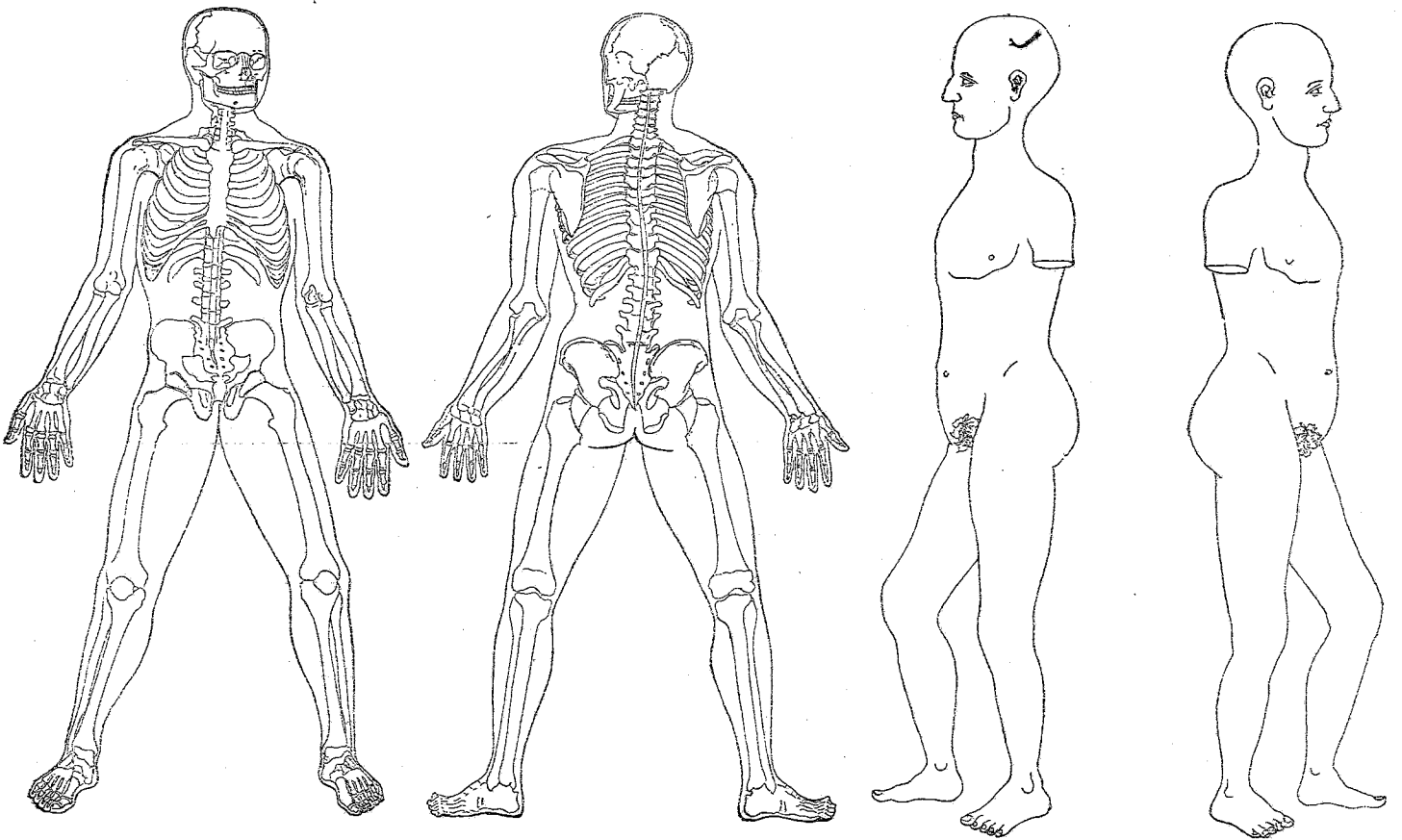
Rate for each cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

rating for the disability caused by Malarial poisoning *diarrhea* 0 for that caused by *typhoid* 0, and 0 caused by *Chronic diarrhea & Typhoid*  
*fever*, and 0 for *Scoury* *diarrhea*.

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

E. C. Boy, Pres. A. C. Walker, Sec'y. R. L. Fisk, Jr. Treas.

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," "Secty," "Jens," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

*James A. Thomas*  
Co. *D*, 11 Reg't *Mass. Vols.*

Applicant for *Discharge*

No. *91/174*

DATE OF EXAMINATION:

*November 27*, 188*9*.

*Eleaser, Pres,*  
*CCracken, Sec'y,* } BOARD.  
*Ed Smith, Treas,*

Post office, *Chambersburg*

County, *Franklin*

State, *Penn.*

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.]

*69*

(3-III.)

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. *814683*  
[State above whether for original, increase, or restoration.]  
Name and rank of claimant. *James S Thomas*, Rank, *private*  
Company *D, 16* Reg't *Mass Inf* *Northampton Mass* State, *Mass*  
Claimant's post-office address. *Amherst Mass* [Post-office address of the Board.] *Jan 28*, 189*6*.  
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: *Malarial poisoning & results.*  
*Chronic diarrhoea - Results of scurvy*

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*  
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. *In 1861 at Alexandria La contracted malarial - long in Blacksmiths Hospital six months ~~later~~ Has chills & fever now is very constipated - While in Andersonville prison contracted scurvy (was in prison 16 months) Is not able to do any hard work - Feels weak*

Upon examination we find the following objective conditions: Pulse rate, *96*; respiration, *24*; temperature, *98 1/2*; height, *5* feet *8* inches; weight, *120* pounds; age, *48* years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889. *General appearance not very robust - long nasal with greenish film skin dry and yellow color. Marked emaciation and nerve exhaustion Liver atrophied sore and tender - Spleen atrophied very sore and tender Bowels distended sore and sensitive Region of stomach sore - Rectal tissues normal*

*Find retraction of gums as result of scurvy and absence of seven teeth of lower jaw - Eight teeth on upper jaw absent with retracted gums - No other evidence of scurvy*

*Find chronic nasal catarrh - destruction of nasal septum as result of same. Tissues of throat and nasal inflamed with collection of catarrhal secretion. Heart, lungs, kidneys, eyes ears & Throat normal - Except as above no disability exists*

Rate for EACH cause of disability. He is, in our opinion, entitled to a *8/18* rating for the disability caused by *Malaria*, *4/18* for that caused by *results of scurvy*, and *4/18* for that caused by *chronic catarrh*

*L. B. Parkhurst*, Pres. *J. M. Fay*, Sec'y. *L. W. Smith*, Treas.

Continue record of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

*James S. Thomas*  
Co. D, 11 Reg't Mass Inf

*Applicant for Original*

No. *814683*

DATE OF EXAMINATION:

*Jan'y 28*, 1891.

*L. B. Fay*, Pres.,  
*J. M. Fay*, Sec'y,  
*Chas. C. Smith*, Treas.,

BOARD.

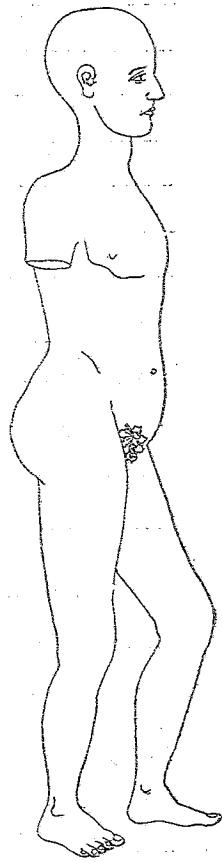
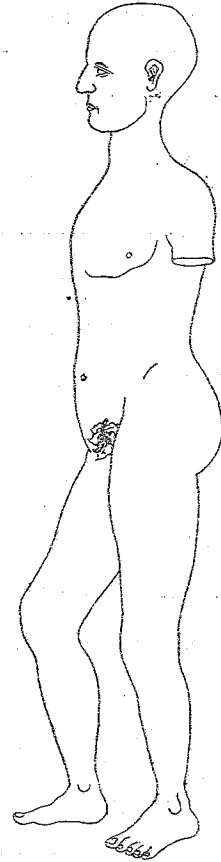
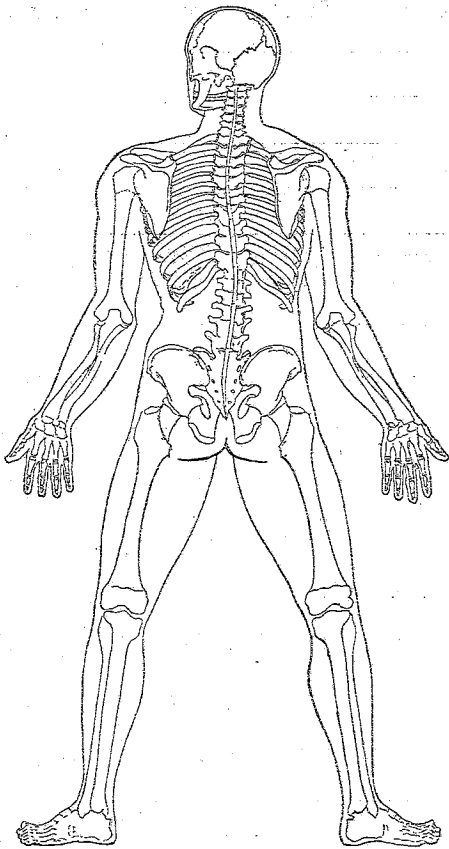
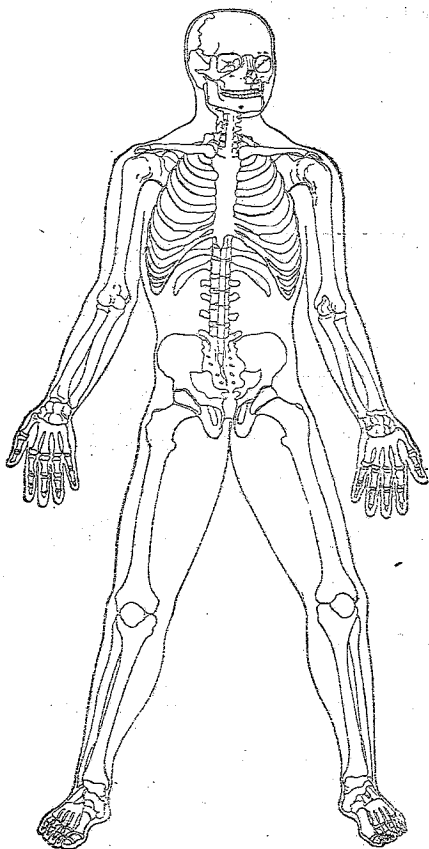
Post office, *Northampton*

County, *Hampshire*

State, *Mass*

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

*1113*



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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

8-732

DEAD

No. **674585**

Act of April 19, 1908

*Mary E. W.*

*Widow of*

*James S. Thomas*

Rank *Cri*

Company *D.*

Regiment *11 Mass. Vol. Inf.*

Rate per Month \$ *12.*

Commencing *Jan. 20, 1909*

Ending

*Boston*

Agency.

Issued *Feb. 4*, 190 *9*.

Mailed **FEB 5 1909**, 190 .

Fee, \$

Apr 14, 1923, H. H. Stannard  
that accrued pension is not  
asset of the pensioner's estate  
and can be disbursed only under  
act of March 2, 1895; a  
copy enclosed, V.M.T. - W.D.

(3-730)

INVALID. (Series \_\_\_\_\_)

Cert. No. 563150

Name, James S. Thomas

Rank, Pvt.; Service, Co B 11 Mass  
Vol. Inf.

Original Roll: Boston

Agency.

Transf'd 1, to  
"DEAD", 1, to

Issued Apr. 7, 1905

Mailed 13, 11

Rate and Period, \$ 50, from Feb. 8, 1905

Fee, \$

Deductions:

Malarial poisoning and

Disability:

disease of gums and  
loss of teeth result of scurvy

Issued \_\_\_\_\_, 1

Mailed \_\_\_\_\_, 1

Rate and Period, \$ \_\_\_\_\_, 1

Fee, \$

Accrued Pensions,  
NOT OF MARCH 2, 1905.  
Accrued Pension  
Order issued Feb. 4, 1909  
(Pen. Ctr. notified)  
Payable Feb. 5, 1909  
Mailed Feb. 5, 1909

Disability: \_\_\_\_\_



## INDORSEMENTS.

See Wild leaf # 674585

A  
H  
H

JAN 29 1900 190 AD.

Auditor and Pension Agent  
advised

**DROPPED**

190

(3-230.)

INVALID. (Series Act of June 27, 1890.Cert. No. 563150Name, James S. Thomas.Rank, Private; Service, Co. D. 11 Mass. V.Agency { Original Roll: Boston.

Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

" \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued April 22, 1891Mailed May 11, 1891Rate and Period, \$ 12, from July 11, 1891Deductions: ✓Disability: Nasal catarrh and  
malarial poisoning.Issued Feb 15, 1891Mailed Feb 21, 1891Rate and Period, \$ 6, from Nov. 7, 189012 to Jan. 28, 1891Deductions: all payments under Act June 27, 1890  
from July 11, 1890 to Jan. 27, 1891 and for which  
period deduct at the rate of \$6 per month.Disability Malarial poisoning.

Issued, *Mch. 24*, 18*03*  
 Mailed *28*, 18*03*  
 Rate and Period, \$ *17*, from *Sept. 3*, 18*02*

Deductions:  
*Mal. poisoning & disease of*  
 Disability *gums & loss of teeth*  
*result of scurvy.*

Issued *Nov. 19*, 18*04*  
 Mailed *26*, 18*04*  
 Rate and Period, \$ *30*, from *July 7*, 18*04*  
 C. E. S.

Deductions:  
 Disability: *Malarial poisoning &*  
*disease of gums & loss of teeth*  
*res. of scurvy.*

INDORSEMENTS.  
 SEP 20 1900 *Leave for Regt*  
*of Gen Law in to comd*  
*& Atty McLona*

*Feb 2*

*Dec 2*

[3-216]

*Davis*

Ex'r.

INVALID.

No. *814683*

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

*James S. Thomas*

P. O. *Amherst,*

*Mass.*

Service: *D. 11 Mass Inf.*

Enlisted: *June 13*, 1861.

Discharged: *June 29*, 1865.

Application filed: *Nov. 7*, 1868.

Alleges: *Typhoid fever, scurvy +*  
*chr. diar.*

Re-enlisted:

Attorney: *H. M. McCloud*

P. O. *Amherst,*

*Mass.*

March 18/90

Receipt for papers as  
as to orig in addition to  
stat of Long & for surg.  
also for cart of results  
of survey.

March 17/91

Et. brief this day  
Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

MARY E W THOMAS 3-1081  
 SPRINGFIELD MASS  
 674585 ACT APR  
 64 7TH ST  
 DROP REPORT—PENSIONER

..... Cert. No. ....  
 Pensioner .....  
 Soldier .....  
 Service .....  
 Class May Widows Group 3

**LAW DIVISION**

....., 192  
 In the above-described case a declaration filed  
 in this Division indicates that said pensioner died  
 ....., 19.....

Per ..... H. P. WILLEY,  
*Chief, Law Division.*

**DISBURSING DIVISION**

APR 6 1923, 192  
 Check No. 8577874 \$ 30  
 dated APR 4 - 1923, Section 8.  
 returned by postmaster with information that the  
 above-described pensioner died Apr 1  
 1923, has been canceled.

Per ER ..... E. E. MILLER,  
*Disbursing Clerk.*

**FINANCE DIVISION**

APR 16 1923, 192  
 The name of the above-described pensioner who  
 was last paid at the rate of \$ 30 per month  
 to MAR 4 1923, 19....., has this day  
 been dropped from the roll because of death  
Apr 1 1923

..... J. RANDALL  
*Chief, Finance Division.*

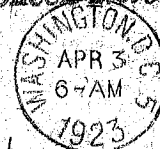
3-1661

**DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,  
OFFICE OF THE DISBURSING CLERK,  
WASHINGTON, D. C.  
RETURN IF NOT DELIVERED IN TEN DAYS.**

**TO THE POSTMASTER:**

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the pensioner has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.

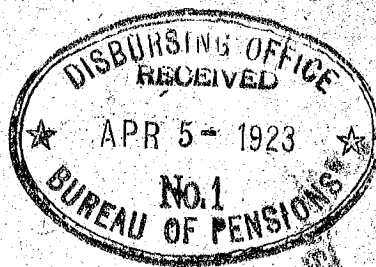
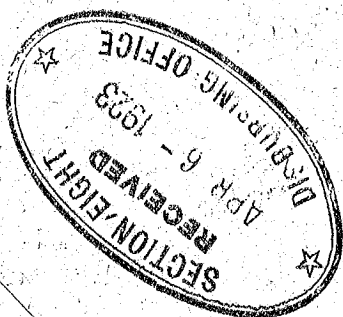
Check No. *857787*



*4-1-23  
Deceased  
M10*







Home

3-138.

Department of the Interior,

BUREAU OF PENSIONS,

JUN 24 1904

190

Nature of Claim

Inc. Gen. Law.

but. No. 563 / 50.

Soldier:

James S. Thomas

Service:

5 11 Mass. Vol. Infy.

It is desired in this case that the examination be made with special reference to—

Malarial poisoning  
Disease of gums and  
loss of teeth, result  
of scurvy

Doctor. Examine claimant  
at his home. Make it thorough and give a full  
and clear description of  
the existing condition from  
the above as well as  
any other disability you  
may find, rating each  
separately.

Comply with Pars. 13 to  
68 and 80, Book Instructions.  
State claimant was unable to  
appear before a full board.

J.M.

SAM HOUSTON,

Medical Referee.

[3-216 a.]

*Davis*

Ext.

No.

*814683*

Act of June 27, 1890.

*James S. Thomas*

P. O.

*Amherst*

*Hampshire Co.*

*Mass.*

Service:

*Co. D. 11<sup>th</sup> Mass. Inf.*

Enlisted:

*June 13*

, 1861.

Discharged:

*June 29*

, 1865.

Application filed:

*July 11*

, 1890.

Alleges:

Any other Claim filed:

*OK*

*1/2*

Numerical No.

*46205*

Attorney:

*N. Y. State*

P. O.

*Amherst*

*Mass.*

MAR 19 1891

Recognized.

Contract.

ed for  
18,000.

, 18

*Full*

Mr. Northampton Jan. 17/91

N. H.  
Jany 17-91

V.T.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No

*C. Davis* [3-216.]

~~*C. Davis*~~ Ex'r.

INVALID.

*Sup* No. *91.174*

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

*James W. Thomas*

P. O. *Amherst*

*Hampshire Co. Mass.*

Service: *Regt. 11 Mass Inf*

Enlisted: *June 13*, 18*61*.

Discharged: *June 29*, 18*63* -

Application filed *July 18*, 18*89*

Reasons of giving  
Alleges: ~~*of fever & dysentery. He*~~  
*died of Malaria*

Re-enlisted:

Attorney: *H. M. McCloud*

P. O. *Amherst*

*Mass.*

Nov. 11/89. 20 atty Mr. [unclear] &  
ME. Greenfield Mass. atty [unclear]

Dec. 11/89 34 with atty.

N. H. enclosed returned for  
[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]  
PM Cred of L

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

*J. H. Davis*  
[3-216]  
~~*J. H. Davis*~~  
**RE-OPENED**  
INVALID.

*Dup No. 91,174*

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

*James S. Thomas*  
P. O. *Amherst*  
*Hampshire Co. Mass*  
Service: *Pt. 10 11 Mass Inf*

Enlisted: *June 13*, 1861.

Discharged: *June 29*, 1865.

Application filed *Nov 7*, 1888.

Alleges *by Terr. Scurvy &*  
*Chr diarr. Malaria.*

Re-enlisted: \_\_\_\_\_

Attorney: *H M McCloud*  
P. O. *Amherst*  
*Mass.*

3-423.  
(Old No. 3-536.)

East

Division.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, June 20, 1904.

No. 563150  
Claimant, James S. ThomasSoldier, " " "  
Co. D, 11 Reg't Mass. Vol. Inf.Respectfully referred to the MEDICAL REFEREE  
with the request that he order soldier  
examined at his home  
as it appears that he is  
confined to the house.Pensioned for mal. poisoning  
and dis. of gums and loss of teeth,  
result of scurvy.His P. O. address: 75 Main St.,  
Amherst, Mass.Atty: A. M. McCloud,  
Amherst, Mass.

J. Garrison

Chief of East Division.

Co. D, 11 Reg't Mass. Vol. Inf.  
 Amherst, Mass.  
 June 20, 1904.  
 J. Garrison



HOME

HOF

3-173.  
(Old No. 3-556.)

No. 562,150.

Name, Jas. S. Thomas

Co. D, 11 Reg't Mass. Inf.

Chief Eastern Division:

Medical examination has been ordered by me  
in this case to-day. Please see indorsement on  
jacket.

SAM HOUSTON,  
Medical Referee.

JUN 24 1904  
\_\_\_\_\_, 190\_\_\_\_

*McL* 3-138. *Homer*  
**Department of the Interior,**  
**BUREAU OF PENSIONS,**  
*H.M.L.* JAN 18 1905, 190...

Nature of Claim *McGuire*  
 Ctg No. *3. 150*  
 Soldier: *James S. Thomas*  
 Service: *D. 11. Mass V. Day*

It is desired in this case that the examination be made with special reference to—

*Malarial poisoning  
 and disease of  
 gums and loss of  
 teeth result of scurvy  
 now pensioned at \$20.00  
 Claims aid and attendance*

*Exhibit this man at his  
 home and examine him  
 with care for the above  
 named disabilities and  
 report fully every aspect  
 of his condition & losses  
 due to the same, if he  
 requires aid and attendance  
 state how often and in  
 what way, and if due to pen-  
 sioned cause, state if comply with  
 paragraphs 66, 80, & instructions 1902.*

*B. J. R.* SAM HOUSTON,  
 Medical Referee.

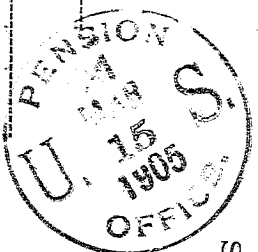
These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

SAM HOUSTON,

*Medical Referee.*

Dr. \_\_\_\_\_



[OVER.]

See accrued  
3-852 *JK*

Ex'r. ☒ DEPENDENT.  
No. 911936  
Act of Act of Apr 19, 1908  
2/176

Mary E. W. Thomas.  
75 Main Street, Amherst.  
Wid. Mass.  
James L. Thomas.

Service D 11 Mass. Inf.

Died Dec. 25, 1908,  
other claim.

L.C. 563, 150<sup>0-5</sup>

Jan. 25, 1909 MOR  
Clerk.

Application filed: Jan. 20, 1909.

Attorney: H. M. McCloud.

P. O. Amherst.

Mass.

Attorney Filed.

FIN. DE DIV. NOTIFIED OF DEATH

25

A. & N. S. O. E.

Notified

Jan 26, 1909  
mm

Widow Division  
W.C. 674,585  
James S. Thomas  
D-11 Mass. Inf.

November 14, 1923.

Mr. Henry H. Stannard,  
77 Woodlawn Street,  
Springfield, Mass.

Sir:

In reply to your letter I have to advise you that the pension accruing from the date to which last paid to the date of death of Mary E. W. Thomas, widow of the above named soldier, is not an asset of her estate and can be disbursed only under the provisions of the Act of March 2, 1895, a copy of which is enclosed.

The accrued pension is not payable to any one if the widow left assets sufficient to meet the expenses of her last sickness and burial.

Respectfully,

Commissioner.

VMT/ad

Finance Division

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTONOCT 24 1923 19

Henry A. Stannard,  
177 Woodlawn St.  
Springfield, Mass.

Your enclosed letter does not contain the data necessary to identify the case to which you refer. If you will return it to this Bureau, with this circular, filling in the blank lines below as far as your information will permit, it will receive prompt attention.

Certificate No. 674585, Name of  
pensioner Mary C. W. Thomas, widow of James S. Thomas  
*Private* Company, D, Regiment 11, State Massachusetts  
Army or Navy Volunteer Infantry Date of death March 31-1923

Respectfully,

Washington Gardner  
Commissioner.

Cannot identify.  
Please give name and  
certificate number as they  
appear in the certifi-  
cate.



Pension Commission

Springfield

Washington

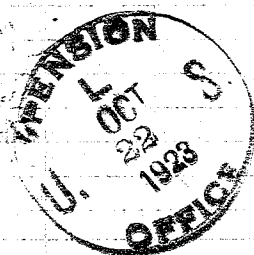
Dear Sir:-

Mrs. Ella M. Thomas,

64 Seventh St. this city, died,  
a pension due her for quarter end.  
home few days later, but of course  
undelivered. As administrator of the  
post master this city with proper  
consent to retain the pens  
matter up with your office.

There are two daughters who  
had the care of their mother during  
last pension due their mother shown  
therefore appeal to you in their  
two daughters on this matter.

Thanking you in advance for a  
remain Respect.



3-438.

*cal Boston*

# ACCRUED PENSION.

*Mr*

Act of March 2, 1895.

*✓* **EASTERN**

Division.

*✓* Certificate No. 563 150 Last issue April 7, 1905 *✓*

*✓* Pensioner, James S. Thomas Act General Law *✓*

*✓* Date of death, December 25, 1908 *✓*

*✓* Claimant, Mary E. W. Thomas, widow

*✓* 75 Main Street, Amherst.

*✓* Hampshire County

*✓* Massachusetts.

*✓* Certificate not filed

*✓* Attorney, H. M. McCloud Fee, 0 Agent to pay.

*✓* P. O., Amherst Mass. Articles filed —

*✓* Submitted Am. Febr 1, 1909, H. F. Atchison, Examiner. *✓*

## BOARD OF REVIEW.

*✓* Approved for Admission

Pay to Widow as above

B. L. Ford, Reviewer, Feby 2, 1909

J. B. Albright, Rereviewer, Feby 2, 1909

M. C., \_\_\_\_\_ Claimant \_\_\_\_\_ writes.

(3—III.)

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.

Additional

Pension Claim No. 543,150

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

Name and rank of claimant.

James S. Thomas

Rank, Private

Company

D, 11 Reg't Mass Vol Inf Northampton Mass

State,

Claimant's post-office address.

Amherst Mass

[Post-office address of the Board.]

Oct 31

1894.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: malarial fever, chronic diarrhoea, scurvy and nasal catarrh

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

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

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

Additional

[Original, increase, restoration, &c.]

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

Had malaria in the army and ever since has chills every few days followed with fever. Has no chronic diarrhoea now, but has extreme constipation since has a movement without taking laxatives. Had scurvy while in Andersonville prison suffer from the effects now. Has catarrh all the time has cough and discharge from throat and head. Has done no manual labor since 1882.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 18; temperature, 98 1/2; height, 5 feet 8 inches; weight, 112 pounds; age, 52 years.

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

General appearance indicates poor state of health. Tongue moist with yellow fur. Skin harsh and yellow.

Find atrophy of liver. Tissues sensitive. Stomach sensitive. Spleen normal in size but very sensitive. Well marked malarial cachexia as indicated by condition of skin, tongue and organs of liver, stomach and spleen.

No special evidence of chronic diarrhoea. Bowels at this time both sensitive and somewhat disturbed.

As result of scurvy find loss of all the teeth on upper and lower jaws. Gums atrophied, retracted and indurated remaining teeth decayed and loose.

Find throat and ears inflamed with collection of catarrhal secretion. no complications. Heart and lungs normal.

No vicious habits except as stated and disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by \_\_\_\_\_, \_\_\_\_\_ for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_.

G. Robinson, Pres. J. M. Fair, Secy. Andrew T. Reed, Treas.

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

ord of examina-  
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

*James S. Charles*  
Co. D, 11 Reg't Mass Col Inf

*Applicant for Additional*

No. *563/574*

DATE OF EXAMINATION:

*Oct 31*, 18*94*.

*G. Redman* Pres.,  
*J. M. Fay*, Sec'y,  
*Andrew F. Rept.*, Treas.,

BOARD.

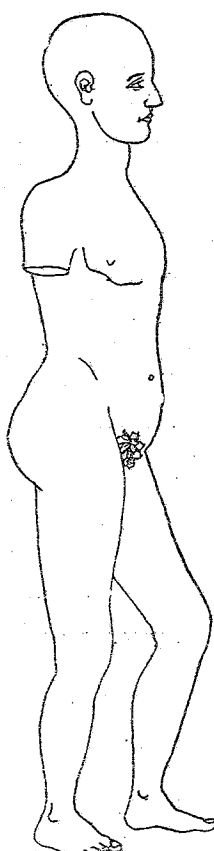
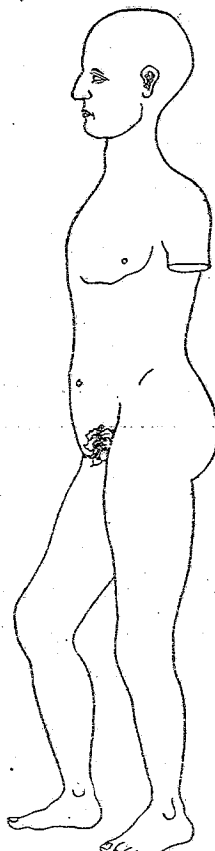
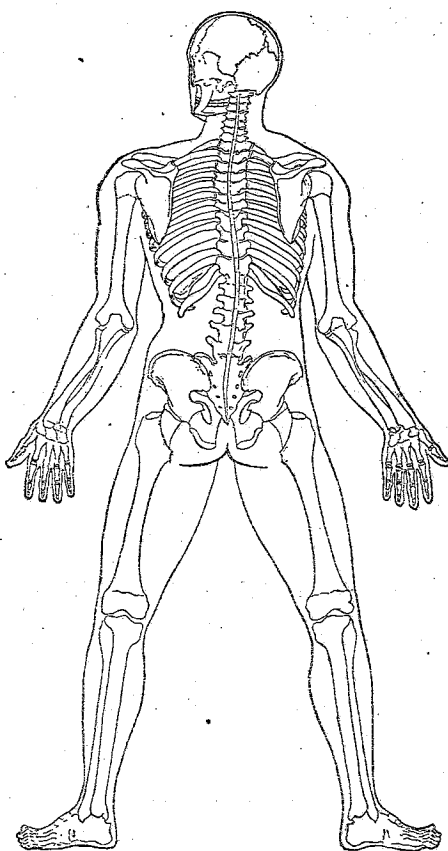
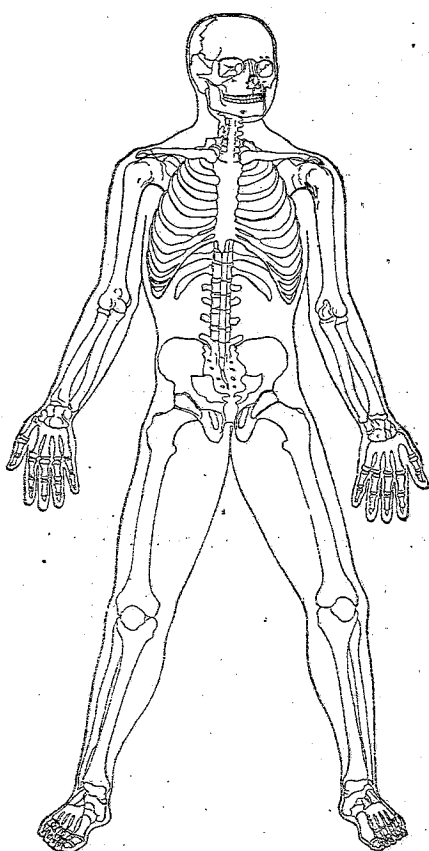
Post office, *Northampton*

County, *Hampden*

State, *Mass*

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

*R. M. L.*



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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

[Original, increase, restoration, etc.]

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

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

Pulse rate, 72 84 108, respiration, 18 18 18, temperature, 98 2/3  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 inches; actual weight, 112 pounds; age, 57 years.

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

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

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

Additional  
James S Thomas  
Reg't 11  
Amherst Mass  
Dec 20, 1899  
Disease of liver kidneys & stomach & blood much  
of malarial poisoning scurvy. Chronic diarrhoea  
and dropsy of feet and fine. He receives a pension of 12 dollars per month.  
He makes the following statement upon which he bases his claim for additional  
Had malarial infection, had it ever since. Has  
chills and fever two or three weeks. Has scurvy  
in Andromeda form. Lost all teeth but one  
Has red diarrhoea now. Works at light work  
General appearance indicates poor state of  
health. Tongue and skin normal. Jaws  
do not express toxic. Marked emaciation.  
Find well marked atrophy of liver. normal area  
of dullness diminished one fourth. perium  
deep pressure. tissues of stomach sore and tender.  
constant eructation of gas. stomach dilated. has  
history of attacks of vomiting. spleen enlarged.  
on deep inspiration under of spleen easily outlined  
tissues tender and sore. bowels normal. this  
atone condition is probably due to history of  
malaria although there is no pronounced malarial  
anchura or fever as skin and conjunctiva is  
normal. is entitled to six eight months  
Find old disease of kidneys. urine clear. color  
dark amber. sp gr 1.026 acid reaction. no  
albumen or sugar. no rating  
Scurvy. Find loss of all teeth except right  
central incisor lower jaw. gums retracted  
and clung fused so that all attempts to  
fit false teeth have failed. - no other symptoms  
of scurvy exists. is entitled to four eight months  
Find no special evidence of chronic diarrhoea  
claimant states at present time has no trouble  
with bowels. no rating. Find no pathological  
condition existing between history of hypertrophied  
and present condition and rating  
Find hypertrophy of heart. apex impulse two inches  
below and in line left nipple. also epigastric region  
both plainly evident to inspection. Cardiac dullness increased  
in upward and inward direction. Heats apex feeble. irregular  
no murmurs. secondly spent sleep and atrophy. no additional  
in evidence. is entitled to four eight months. no other disability

J. M. Fay, Pres. A. B. W. Neal, Sec'y Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

Examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

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

"I hereby certify that Dr. H. H. Smith, Dr. J. M. Fay, and Dr. A. B. Bethune, were personally present and actually participated in the examination of James S. Thomas, the claimant in this case, on 20 day of Dec, 18 99  
(Signature.) J. M. Fay

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

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

**SURGEON'S CERTIFICATE**

IN CASE OF

James S. Thomas  
Co. D, 11 Reg't Mass Inf

APPLICANT FOR Additional

No. 563150

DATE OF EXAMINATION:

Dec 20, 1899

BOARD.

J. M. Fay, Pres.,  
J. M. Fay, Sec'y,  
J. M. Fay, Treas.,

Post office,

Southampton

County,

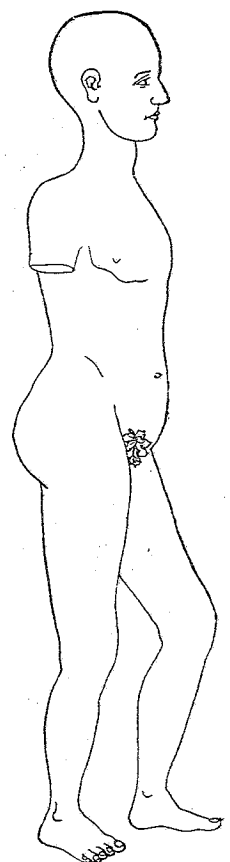
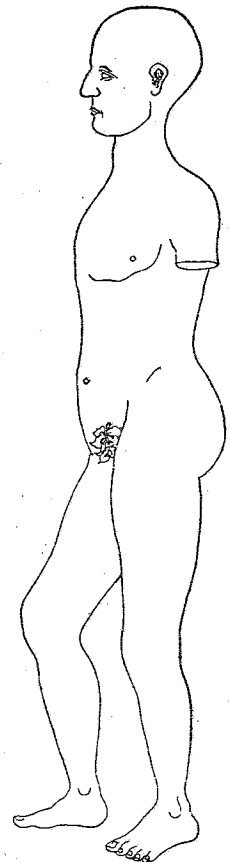
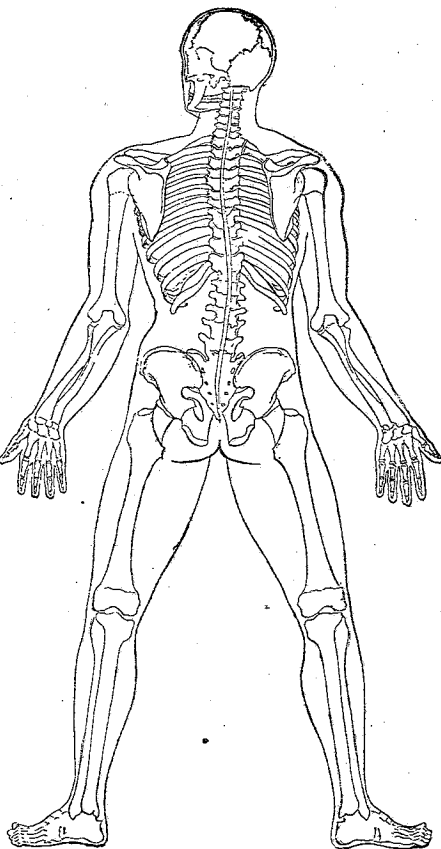
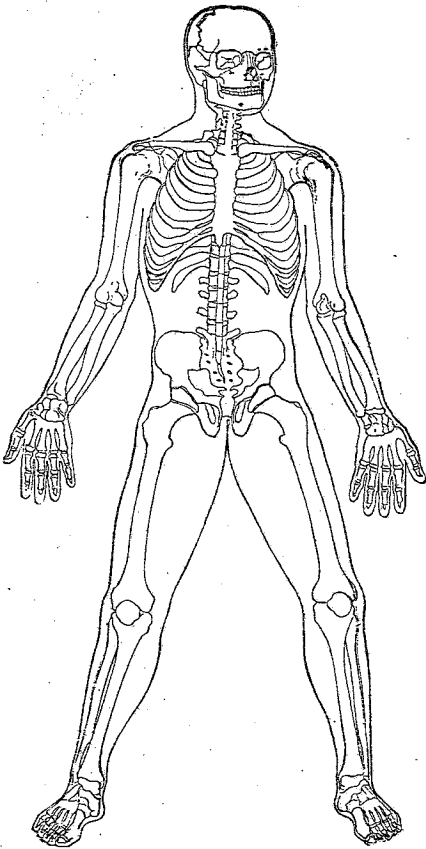
Hampshire

State,

Mass

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

Rec'd



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

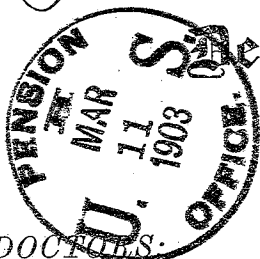
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

U. S. M. C.  
MEDICAL DIVISION.

3-151.  
(Old No. 3-516.)

*Byington*

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.



Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., *Feb. 10*, 190*3*

DOCTORS.

Please amend or complete the attached certificate, complying fully with the requests made below, and return without unnecessary delay.

SAM HOUSTON,

Medical Referee.

Please rate each disability separately and on the objective signs of disability. Medical testimony shows recent attack of rheumatism. Are there no traces of same now? Your statement that malarial poisoning and severe incapacitate for manual labor is not understood as it is not in harmony with the objective signs of disability so given by you. Please again review the case with a view of amending your rate of 2<sup>nd</sup> Grade. An evident March 4/1903 no evidence of Rheumatism found the doubt again described accounts for the Rheumatism alleged to be caused by malarial attacks sufficient proof of the time which is probable.

*S. J. Johnson*  
A. C. Walker  
A. P. Howard Treas.

6450b20m12-02

0-4

no other disabilities or diseases found

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

This claimant is to be added from Malarial poisoning & severe as to be incapacitated from performing any manual labor is entitled to \$30. of monthly

*A. C. Walker*, Pres. *S. J. Johnson*, Sec'y. *A. P. Howard*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-516 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

and number of claim. one Pension Claim No. 5651

Name of claimant. Jas S Thomas Address of Board. Greenfield P. O.

Company 1st Reg't Mass Amhurst. Mass State. Mass

Claimant's post-office address. Amhurst. Mass [Date of examination.] Sept 30, 1902

Cause of disability. \_\_\_\_\_

He receives a pension of 12 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Malarial poisoning 1861  
During Green + loss of teeth the  
result of scurvy and denture 1864

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

Birthplace, Mass; age, 59 years; height, 5 ft 8; weight, 90 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, Q. R.; permanent marks and scars other than those described below, x

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

Pulse rate, 92 100 110; respiration, 18 20 24; temperature, 98; [Sitting, standing, after exercise.]

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Malara alliges attacks of Dengue every  
night has chills + fever every night  
subnormal. sclerotic furrowed tongue red  
costal. skin pale + in chronic liver  
from 9 to 12 around the ribs + 3 1/2 of the  
live spleen x 2 x 3 whole abdomen + epig-  
astrie retracted + lymphatic and very tender  
Rectum normal. arating 1 1/8 is measured  
Green loss of teeth result of scurvy all  
gone but one tooth on lower jaw. Green  
retracted. a rising in the morning  
Heart apex beat 11 ribs not seen below  
supple base 3, 4 ribs above normal + distal  
rephus irregular skinery 3rd rib there is a parosis of  
hand + 1 sec. 5 y from excretion. in order  
lunges normal. a rating of 1 1/8 is measured  
kidney urine amber colour and of 1020  
no albumen or sugar. prostate gland 3 x 1 1/2  
inches

no other disabilities or vicious habits

This claimant is so disabled from Malara poisoning + scurvy as to be  
unable to perform any manual  
labor + is entitled to 30% of merit

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

R. Walker, Pres. A. J. Ingham, Sec'y. A. P. Howard, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (oid No. 3-155) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



amination 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. Mackler, Dr. Irving and Dr. Wood, were personally present and actually participated in the examination of Gas. S. Thomas, the claimant in this case, on Sept day of Sept, 1902

(Signature.) A. J. Irving

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

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

(Signature.)

RECEIVED  
SEP 26 1902  
EAST. DIV.

RECEIVED  
MAR 11 1903  
U. S. DEPT. OF PENSIONS

SURGEON'S CERTIFICATE

IN CASE OF

Gas. S. Thomas  
Co. A, 11 Reg't Ill

APPLICANT FOR Inc

No. 563137

DATE OF EXAMINATION:

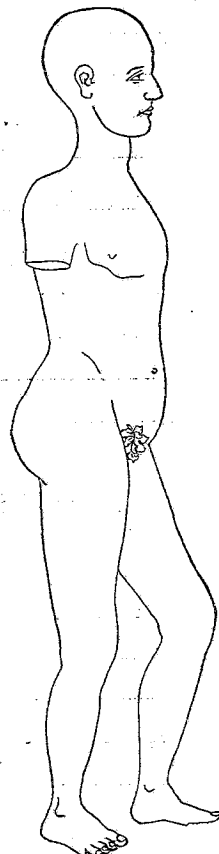
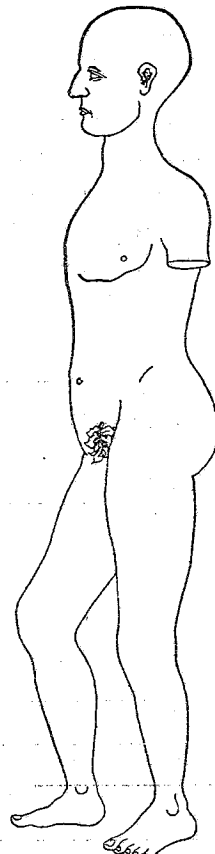
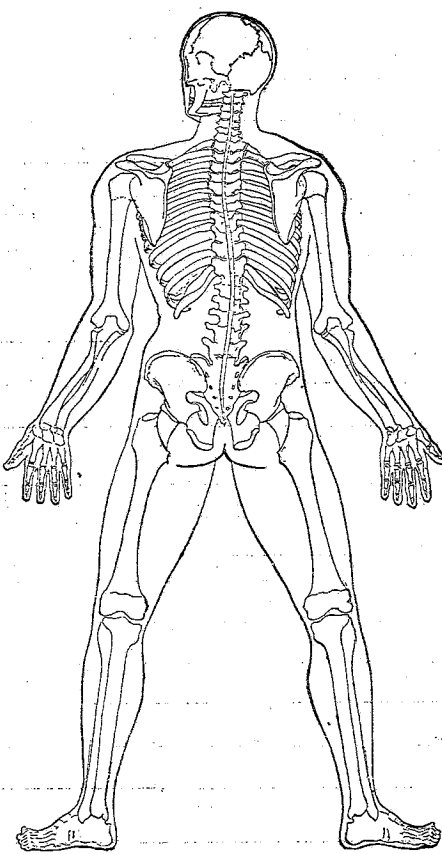
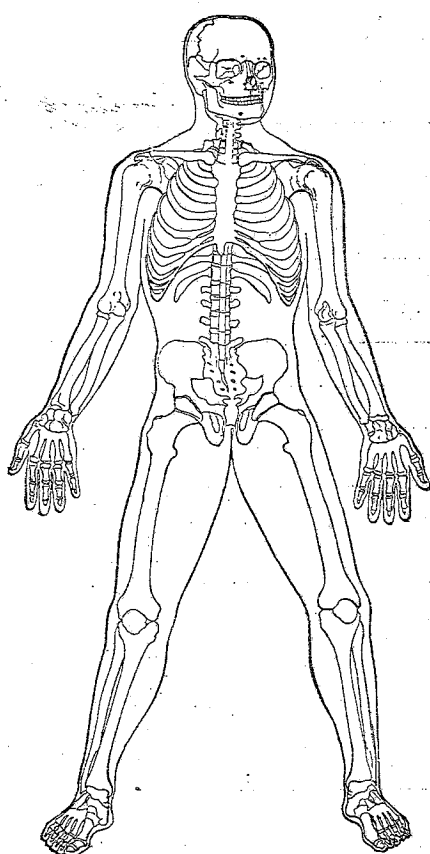
Sept 5, 1902

A. C. Mackler, Pres.,  
A. J. Irving, Sec.,  
A. B. Wood, Treas.,  
BOARD.

Post office, Sumner  
County, Franklin

State, Ill

P. S.—Write your Post-office address plainly and in full  
MAR 14 1903  
U. S. DEPT. OF PENSIONS  
Medical Division



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

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

Pension Claim No. 563150

Address of Board.

Northampton P. O. Mass State.

[Date of examination]

July 7, 1904

Malarial poisoning - disease of gums and loss of teeth results of scurvy  
He receives a pension of Seventeen dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: 1861. At Blandinsting from Sept until March was ill with typhoid fever. At Fort Oakes Va contracted malaria. Later was in prison in Andersonville thirteen months with scurvy. Lost all his teeth and has been a physical wreck since.

Birthplace, Warra Me; age, 41 years; height, 5-7 weight, 95 pounds; complexion, light; color of eyes, blue color of hair, gray; occupation, none since 1888 permanent marks and scars other than those described below, recalls none

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

Pulse rate, 88-100 Can't exceed him; respiration, 20-22; temperature, 98 3/5  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

General appearance is that of a prematurely old man. Walks about his room and attends the calls of nature only. Marked emaciation and anemia. Skin soft and bleached. Marked absence of strength. Tongue red and fissured.

Malarial poisoning. Find history of chills and fever from date of contracting up to present time every two or three months. Area of hepatic dullness slightly increased from 6 in to one half inch below lower border of last rib. Tissues very sensitive and sore. Area of gastric tenderness enlarged in downward and outward directions. Area of spleen very tender and sore and slightly enlarged so that by deep inspiration lower border can be determined. Bowels sluggish with a general soreness and laxness. Rectal tissues normal. There is well marked defects of innervation and disordered state of the digestive function. The form of malaria claimant is suffering from seems to be of the gastric-cerebral variety with the following subjective symptoms - nausea, vomiting, diarrhoea alternating with obstinate constipation, intense thirst, and a sense of epigastric oppression with some thoracic symptoms of dyspnoea and bronchial cough and expectoration. The above symptoms have existed with increasing severity for past two years and evidently progressing to a fatal issue from inanition caused by chronic malaria. This claimant is disabled from chronic malarial poisoning as to be incapacitated for performing any manual

Single surgeons will not sign this certificate changing "we" to read "I."

Marginal statement must never be made

Pres.

Secy

Treas

J W Fay

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. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_."

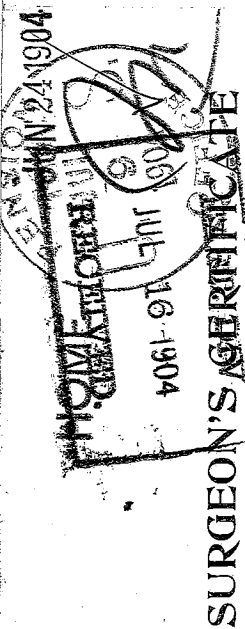
(Signature.) \_\_\_\_\_

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

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

Witnesses to mark. { \_\_\_\_\_

(Signature of Applicant.) \_\_\_\_\_



IN CASE OF

James L Thomas  
Co. D, 11 Reg't Mass. Inf.

APPLICANT FOR Increase

No. 563.150

DATE OF EXAMINATION:

July 7, 1904

Pres. \_\_\_\_\_  
Secy. \_\_\_\_\_  
Phys. \_\_\_\_\_

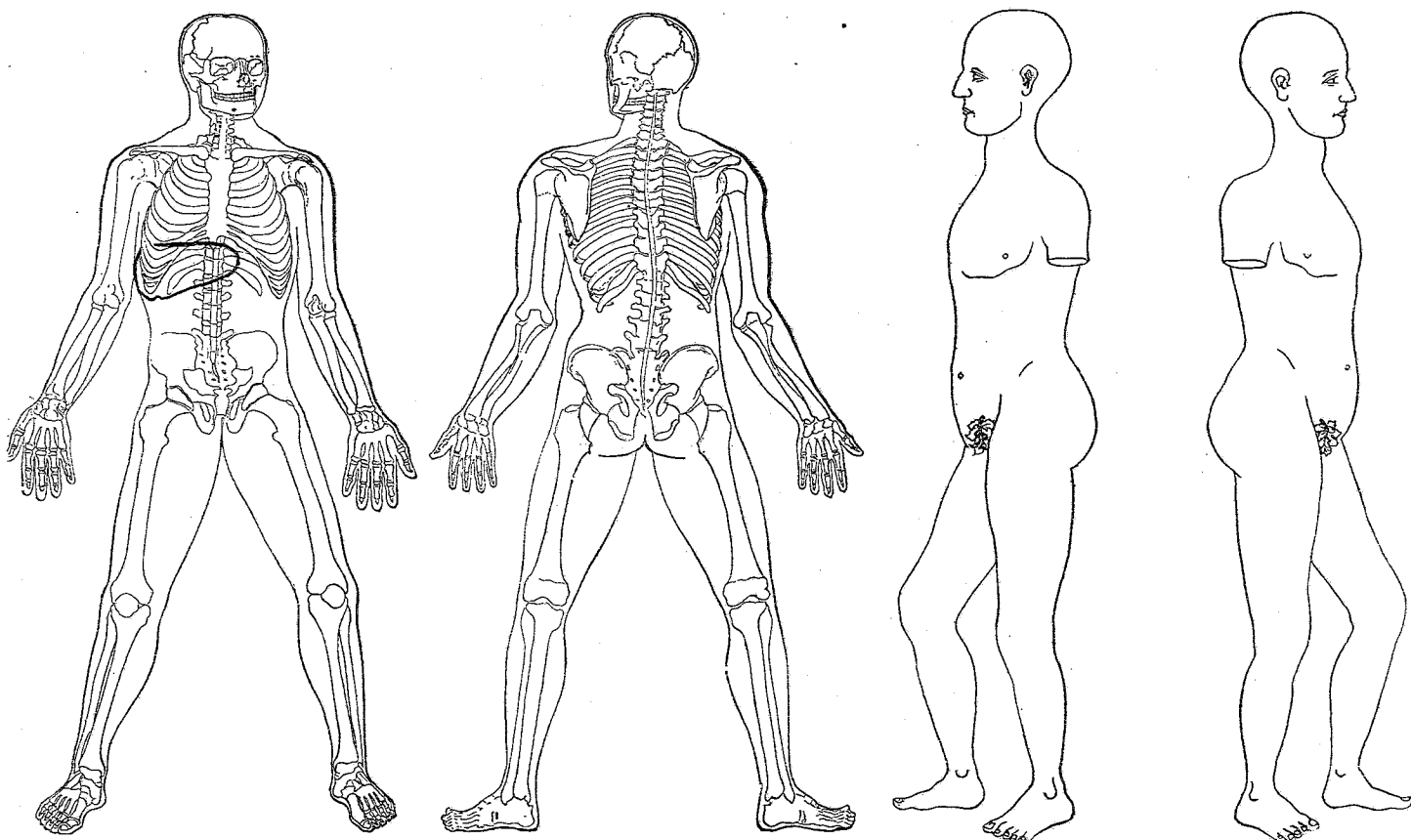
Post office, Northampton

County, Hampshire

State, Mass

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

J. M. Fay



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.

## SURGEON'S CERTIFICATE.

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

Pension Claim No. 563150  
 Name of claimant James S Thomas  
 , Company D 11, Regt Mass Vol Inf  
 Address of Board Bethampton Mass  
 [Date of examination, not of amendment.] July 7, 1904

## EXAMINATION—Continued.

If used for  
 amendment  
 place date of  
 the new mat-  
 ter at the be-  
 ginning of  
 same, follow-  
 ing the word  
 amended.

Later and is entitled to \$30 dollars  
a month.

Find loss of all teeth in both upper  
and lower jaws - gums are shrunken  
and show evidence of previous active  
disease from which he has recovered  
stable loss of teeth - wears a well fitting  
plate on both upper and lower jaw - no  
rotting

Find no evidence of rheumatism, all  
joint muscles and tendons so far as  
relates to rheumatism normal  
Heart - no hypertrophy or dilatation  
Action very feeble as result of extreme  
condition - no murmurs.

Chest measurements, rest 28 1/2, expiration  
28, inspiration 29 1/2 - Inspection,  
percussion and auscultation reveal  
no lung trouble except bronchial  
rhoeas as mentioned under head  
of maland poisoning - Examination  
of sputum negative -

Urine test sp gr 1.022. Slightly  
cloudy - acid reaction - no albumen  
or sugar -

No vicious habits

Excess as stated no other disability  
found to exist

Claimant is unable to appear before  
the board by reason of extreme  
exhaustion -

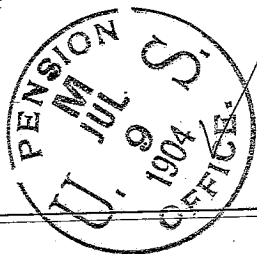
, Pres.

, Sec'y.

, Treas.

J M Long

Marginal entries must never be made.



## SURGEON'S CERTIFICATE

IN CASE OF

*James S Thomas*  
Co. *D*, *11* Reg't *Mass Col Inf*

Applicant for *increase*

No. *563.150*

DATE OF EXAMINATION:

*July 7*, 190*4*

\_\_\_\_\_, Pres.,  
\_\_\_\_\_, Sec'y, } ~~BOARD~~  
\_\_\_\_\_, Treas., }

Post-office, *Northampton*

County, *Hampshire*

State, *Mass*

Fill all blank spaces above.

7155b50m-2-03

*J. M. Fay*

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

Pension Claim No.

Address of Board.

[Date of examination.]

P. O. State.

Increase Pension Claim No. 563150  
Jarvis, B. Thomas  
 Company D Reg't 11th Maine Inf  
75 Main St - Amherst Mass  
Northampton P. O.  
Mass. State.  
February 8, 1905

Malarial poisoning and disease of gums and loss of teeth result of same. He receives a pension of 30 dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted malaria in the peninsular campaign in 1862. Has had attacks of it ever since has killed as often as once a month. Had doury while in Andersonville prison (16 months)

Birthplace, Vienna Maine; age, 62 years; height, 5 ft 7 1/2 inches weight, About 100 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, has had none since 1888; permanent marks and scars other than those described below, J. B. C. tattooed on inside of left arm

I do hereby certify that upon examination we find the following objective conditions:  
 Pulse rate, 78-90 118; respiration, 18-18 24; temperature, 98;  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

General appearance indicates a poor state of nourishment; he is emaciated and I could not judge weighs about 100 pounds. I could not get his exact weight as there was no convenience for ascertaining the same. Locomotor action feeble, steps short and shuffling, rises from sitting position with much difficulty, quit slow and halting. Tongue coated with a mass of white floss. When salivary, dry and harsh. Find evidence of malarial poisoning and gassed interdigital irritation.

Beirer about normal in size, extending from the lower border of the sixth rib, down to nearly the lower border of the tenth rib; slightly atrophied, and not unusually sensitive. Stomach very sensitive to palpation and percussion. Spleen enlarged, areas of dullness increased, very sensitive to percussion and palpation. Bowels regular, with tenderness in the region of the ascending and transverse colon, rectal tissues normal.

General appearance of the tissues of the mouth healthy, although the unusual absorption of the alveolar processes of both jaws, and the irregular margin of the gums, indicate that there has been serious and distinctive disease of the bony tissue of both upper and lower jaws. no decay in either jaw.

Find partial paralysis of the right arm and hand, motion impaired one half in degree by reason of said paralysis, can not raise the hand to the head, can not flex the fingers on the palm of hand, can not grasp or hold anything in the right hand, is unable to feed or dress himself. The forearm at the middle third, and just below the elbow joint

Pres. Sec'y. Treas.  
L. R. Smith

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

Marginal entries must never be made.

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

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_."

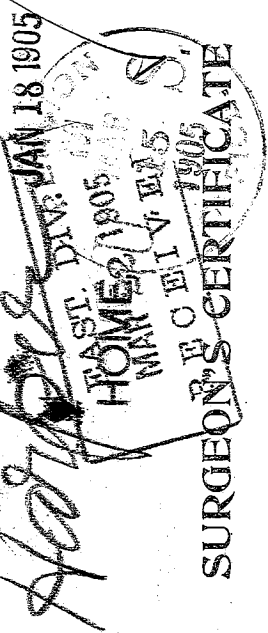
(Signature.) \_\_\_\_\_

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

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

Witnesses  
to mark. { \_\_\_\_\_

(Signature of  
Applicant.) \_\_\_\_\_



IN CASE OF

James S. Thomas  
Co. D, 11 Reg't Mass Inf.

APPLICANT FOR inc

No. 563-150

DATE OF EXAMINATION:

Feb 8, 1905

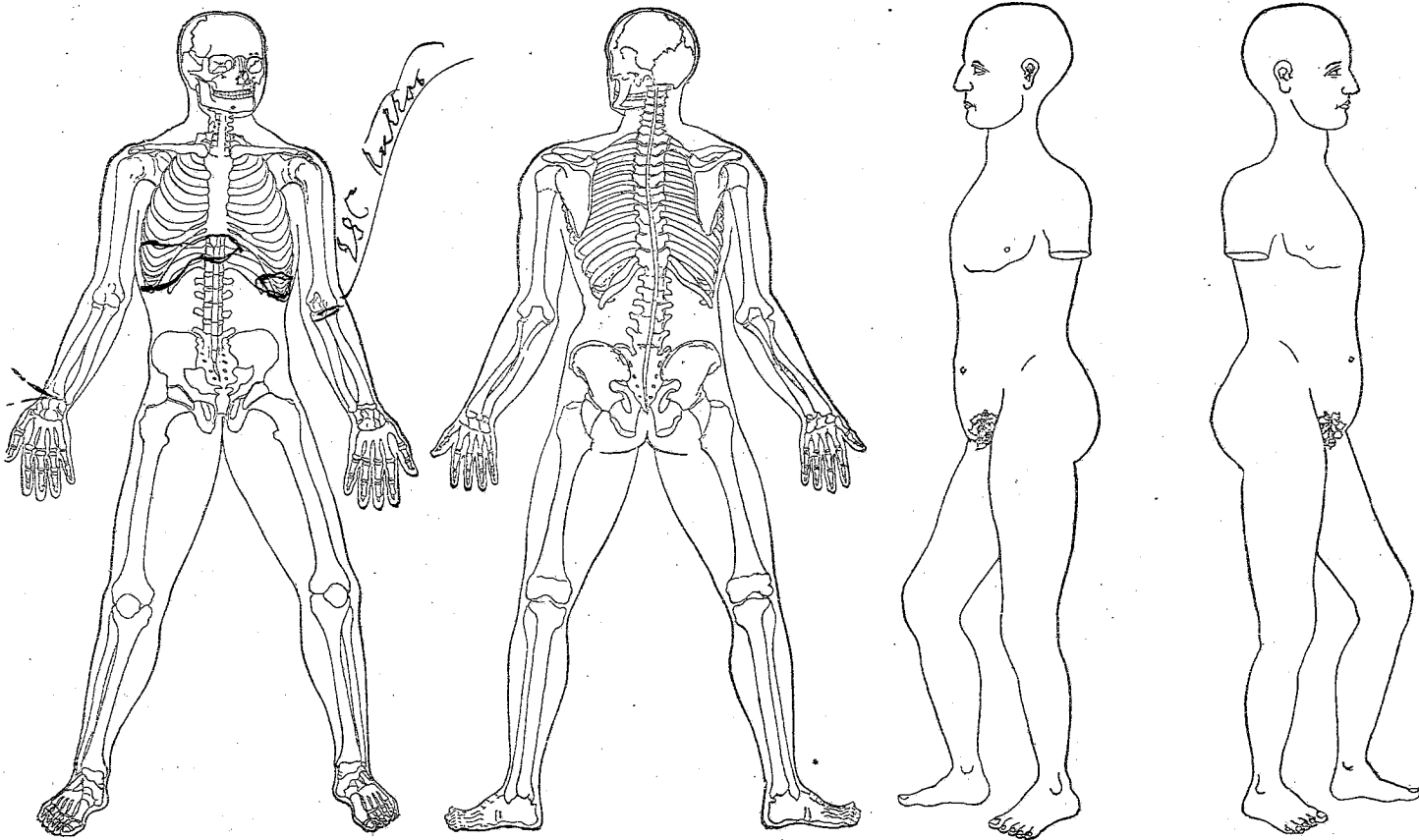
Dr. H. Smith Boyd  
Thos.

Post office, Southampton

County, Warrington

State, Mass

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



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.



## SURGEON'S CERTIFICATE.

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

Name of claimant.

Pension Claim No.

563150

James B Thomas

, Company 11, Reg't Trans &amp; Inf

Address of Board.

Barthampton.  
Hampshire Co  
Mass

Feb 8, 1905

[Date of examination, not of amendment.]

## EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

is one half inch less in circumference than the left. Circumference of right arm just below elbow joint.  $7\frac{3}{4}$  inches. Circumference of left arm just same point  $8\frac{1}{4}$  inches

Heart's action feeble, but sounds normal after impulse one and one half inches below and inside of left nipple, evident to palpation but not inspection, area of dullness not increased there are no murmurs.

Lungs normal. Chest measurements at rest 31 inches after expiration 31 inches after inspiration 32 inches.

He requires aid and attendance in dressing undressing and in preparing his food for eating and attending to the calls of nature

Urine test Specific gravity 1.016 clear colour light amber Reaction acid, no sugar or albumen

No evidence of vicious habits except as described in the certificate of examination the claimant is suffering from no disability

This claimant is so disabled from malarial poisoning, the results of sepsis, and partial paralysis of the right arm as to require the frequent and periodical though not regular and constant personal aid and attendance of another person and is entitled to \$50 a month

, Pres.

, Sec'y.

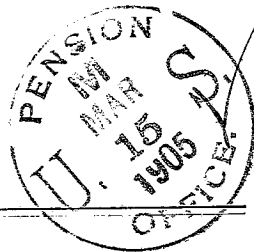
, Treas.

G. W. Smith

Marginal entries must never be made.



*Home*



# SURGEON'S CERTIFICATE

IN CASE OF

*James B Thomas*  
Co. *D*, *11* Reg't *Mass Inf*

Applicant for *Inc*

No. *563150*

DATE OF EXAMINATION:

*Feb 8*, 190*5*

*G. H. Smith*, *Secy*, } ~~BOARD~~  
\_\_\_\_\_, *Treas.*, }

Post-office, *Northampton*

County, *Hamphshire*

State, *Mass*

*Fill all blank spaces above.*

*D.P.R.*

ACT OF APRIL 19, 1908.

# WIDOW'S PENSION.

Claimant, *Mary E. W. Thomas*

P. O., *75 Main Street*

County, *Amherst*; State, *Massachusetts*

Rate, \$12 per month, commencing *January 20, 1909*, and \$2 additional for each child, as stated below:

All pension to terminate \_\_\_\_\_, 1\_\_\_\_\_, date of \_\_\_\_\_

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

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

## RECOGNIZED ATTORNEY.

Name, *H. M. McCloud*

P. O., *Amherst, Massachusetts*

Fee, \$ *10.*; Agent to pay.

## APPROVALS.

Submitted for *Admin: February 1, 1909*; *H. F. Atchison*, Examiner.

Approved for *Admission under Act of April 19, 1908*.

*Feb 2, 1909* *R. L. Ford*  
Reviewer.

*Feb 2, 1909* *J. B. Albright*  
Reviewer.

The soldier was \_\_\_\_\_ pensioned at \$ *50* per month for *under General Law*

Enlisted, *June 13, 1861*

\_\_\_\_\_ honorably disch'd, *June 29, 1865*

Reenlisted, \_\_\_\_\_, 1\_\_\_\_\_

\_\_\_\_\_ honorably disch'd, \_\_\_\_\_, 1\_\_\_\_\_

Died, *December 25, 1908*

Declaration filed, *January 20, 1909*

Claimant *does* write.

Soldier's application filed *November 7, 1888*

Cl't's app'n under other laws, *none*, 1\_\_\_\_\_

Former marriage of \_\_\_\_\_, 1\_\_\_\_\_

~~Death~~ } of former } *neither*, 1\_\_\_\_\_

Divorce } *neither*, 1\_\_\_\_\_

Cl't's marriage to soldier, *May 26, 1867*

Cl't *not* remarried, *nor divorced*, 1\_\_\_\_\_

*F. H. Gillett*

ACT OF APRIL 19, 1908.

# DECLARATION FOR WIDOW'S PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be 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.

State of Massachusetts, County of Hampshire, ss:

On this 16th day of January, A. D. one thousand nine hundred and nine, personally appeared before me, a Justice of the Peace, within and for the County and State aforesaid, Mary E. W. Thomas, (Notary, Justice, or Clerk of Court.) aged 55 years, a resident of Amherst County of Hampshire, State of Mass (Name of town or city.)

who, being duly sworn according to law, declares that she is the widow of James S. Thomas (Name of Soldier)

James S. Thomas (Name under which soldier enlisted.) on the 13th day of June, A. D. 1861, as a Private in Company D, in the 11th Regiment of Mass. Vols (Here state rank.) (Letter of Company.) (No. of Regiment.)

and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was HONORABLY DISCHARGED June 29, 1865 (Date of Discharge.)

and died December 25, 1908 That he was not employed in the military or naval service otherwise than as stated above. (Date of death; cause need not be stated.) (Here state what the service was, whether prior or subsequent to

that stated above, and the dates at which it began and ended.) That he was never employed in the military or naval service of the United States after the 29th day of June, 1865 (Date of soldier's last discharge.)

That she was married under the name of Mary E. W. Merriam to said James S. Thomas (Name of soldier.) on the 26th day of May, A. D. 1867, by Rev. Rowland Ayres at Hadley, Mass

there being no legal barrier to such marriage; that she had not been previously married, that her said husband had not been previously married. (4)

(If either had been previously married, so state, and give date of death or divorce of former spouse.)

That she has not remarried since the death of the said James S. Thomas (Name of soldier or sailor.)

That the names and dates of birth of all the children of the soldier, now living, and under sixteen years of age, are as follows:

born....., 18....., born....., 18.....  
born....., 18....., born....., 18.....  
born....., 18....., born....., 18.....

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance. That a prior application for pension has been filed by herself or the soldier..... (A or no.)

let No 563150 (If prior application has been filed, either by soldier or widow, so state giving number assigned to it.)

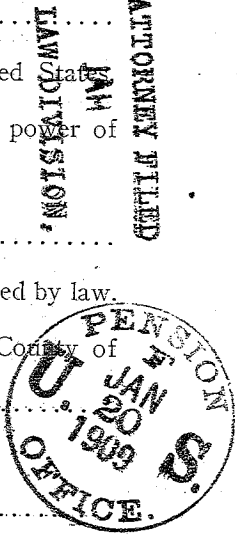
That she makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of April 19, 1908. She hereby appoints, with full power of substitution and revocation,

Jo M. McElane of Amherst Mass

her true and lawful attorney to prosecute her claim; the fee to be TEN DOLLARS, payable as prescribed by law.

That her POST-OFFICE ADDRESS is 75 Main Street Amherst (Name of post-office.) Hampshire County of Mass State of Mass

ATTEST:  
1 John M. Howland  
2 Daniel H. Bantlett (Two witnesses who write sign here.)  
Mary E. W. Thomas (Claimant's Signature—FULL name.)



Also personally appeared John W. Howland residing at Amherst Mass  
 (Name of one witness.) and Daniel H. Bartlett  
 (Name of other witness.)  
 residing at Amherst Mass, persons whom I certify to be respectable and  
 entitled to credit, and who, being by me duly sworn, say that they were present and saw.....  
 (Name of widow.)

Mary E. W. Thomas 40, claimant, sign her name (or make her mark) to the  
 foregoing declaration; that they have every reason to believe from the appearance of said claimant and their  
 acquaintance with her of 50 years and 50 years respectively, that she is the  
 identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

ATTEST:

1.....  
 2.....

John W. Howland  
Daniel H. Bartlett  
 (Signature of witnesses—FULL NAMES.)

born to and subscribed before me this 16th day of January, A. D. 1909

and do hereby certify that the contents of the foregoing declaration and affidavit were fully made known and  
 explained to the applicant and witness before swearing, including the words.....

.....erased, and the words  
 (Insert any words erased.)  
 .....added; and that  
 (Insert any words added.)

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

[L. S.]

Certificate filed to  
 cover date.

S. A. CUDDY,  
Chief, Law Division.

A. C. McClure  
Justice of the Peace  
 (Official Character.)

NOTE.—If claimant or identifying witnesses sign by mark (X) such signature must be attested by two persons who can  
 write, of whom the magistrate may be one.

ACT OF APRIL 19, 1908

To increase the pensions of widows, minor children, and so  
 forth, of deceased soldiers and sailors of the late civil war,  
 the war with Mexico, the various Indian wars, and so forth,  
 and to grant a pension to certain widows of the deceased  
 soldiers and sailors of the late civil war.

Be it enacted by the Senate and House of Representatives of  
 the United States of America in Congress assembled.

SECTION 1. That from and after the passage of this Act the  
 rate of pension for widows, minor children under the age of  
 sixteen years, and helpless minors, as defined by existing laws,  
 now on the roll or hereafter to be placed on the pension roll and  
 entitled to receive a less rate than hereinafter provided, shall be  
 twelve dollars per month; and nothing herein shall be construed  
 to affect the existing allowance of two dollars per month for each  
 child under the age of sixteen years and for each helpless child;  
 and all Acts or parts of Acts inconsistent with the provisions of  
 this Act are hereby repealed: *Provided, however,* That this Act  
 shall not be so construed as to reduce any pension under any  
 Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety  
 days or more in the Army or Navy of the United States during  
 the late civil war and who has been honorably discharged there-  
 from has died or shall hereafter die, leaving a widow, such  
 widow shall, upon due proof of her husband's death, without  
 proving his death to be the result of his army or navy service,  
 be placed on the pension roll from the date of the filing of her  
 application therefor under this Act at the rate of twelve dollars  
 per month during her widowhood, provided that said widow  
 shall have married said soldier or sailor prior to June twenty-  
 seventh, eighteen hundred and ninety; and the benefits of  
 this section shall include those widows whose husbands if living  
 would have a pensionable status under the joint resolutions of  
 February fifteenth, eighteen hundred and ninety-five, and of  
 July first, nineteen hundred and two, and June twenty-eighth,  
 nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized  
 in the adjudication of claims under the first section of this  
 Act, and that no agent, attorney, or other person engaged in  
 preparing, presenting, or prosecuting any claim under the pro-  
 visions of the second section of this Act shall, directly or in-  
 directly, contract for, demand, receive, or retain for such serv-  
 ices in preparing, presenting, or prosecuting such claim a sum  
 greater than ten dollars, which sum shall be payable only upon  
 the order of the Commissioner of Pensions by the pension agent  
 making payment of the pension allowed; and any person who  
 shall violate any of the provisions of this section or who shall  
 wrongfully withhold from the pensioner or claimant the whole  
 or any part of a pension or claim allowed or due such pensioner  
 or claimant under this Act shall be deemed guilty of a misde-  
 meanor, and upon conviction thereof shall, for each and every  
 offense, be fined not exceeding five hundred dollars or be im-  
 prisoned at hard labor not exceeding two years, or both, in the  
 discretion of the court.

APPROVED APRIL 19, 1908

Act of April 19, 1908.

WIDOW'S CLAIM

Claimant:

Mary E. W. Thomas, widow of

Soldier:

James S. Thomas

Service:

Co. D 11th Mass. Inf.

Address:

75 Mari Street

Amherst Mass

RECEIVED BY  
 LAW DIVISION  
 JAN 20 1909  
 RECEIVED  
 JAN 22 1909  
 AMHERST, MASS.

EAST. DIV.  
 The Wilkens-Sheely Printing Co.  
 JAN 27 1909 D.C.  
 RECEIVED

Certified true and correct

ICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces both in the caption and jurat.

# GENERAL AFFIDAVIT.

State of Massachusetts, County of Hampshire, ss:

In the matter of the claim for pension of Mary E. W. Thomas  
Widow of James S. Thomas, Co. D, 11th Mass Vols

ON THIS 16th day of January, A. D. 1909, personally appeared before me  
a Justice of the Peace in and for the aforesaid County, duly authorized to administer  
oaths Mary E. W. Thomas aged 53 years, a resident of Amherst  
in the County of Hampshire, and State of Mass  
whose Post-office address is 75 Main Street, Amherst Mass

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid

case as follows: I hereby certify that neither my husband,

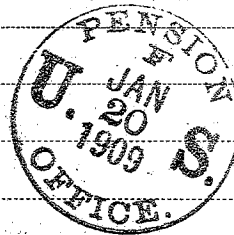
James S. Thomas, nor myself were previously married.

I lived with him as his wife till his death. I was

never divorced from him, and I have not remarried

since his death

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)



further declares that no interest in said case and not concerned in its prosecution.

Mary E. W. Thomas,  
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write sign here.)

C

STATE OF Massachusetts, COUNTY OF Hampshire, ss.

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted her

with its contents before she executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is personally

known to me and that she is a credible person.

A. C. McCLOUD  
(Official Signature.)

[L. S.]

Certificate filed to  
cover date

S. A. [unclear],  
Chief, Law Division.

Justice of the Peace  
(Official Character.)

*certificate filed*

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 the Pension Office, when such fact should be stated.

Division

Pension

No.

ADDITIONAL EVIDENCE.

CLAIM OF

Mary E. M. Thomas, Widow of

James S. Thomas

Rev. D. 11th Mass. Vols.

AFFIDAVIT OF

Mary E. M. Thomas

75 Main Street

Amherst - Mass

FILED BY

REC'D  
JAN 27 1909  
A. C. McCLOUD,  
AMHERST, MASS.

Printed and for sale by John F. Sherry, Claim Blank Printer,  
Washington, D. C.  
JAN 27 1909  
LAW DIVISION

## COMMONWEALTH OF MASSACHUSETTS

## RETURN OF A DEATH

Amherst  
(CITY OR TOWN.)

FULL NAME James S Thomas Registered No. 96  
 Place of Death\* Amherst Date of Death Dec 25 1908  
 Residence Amherst Age 66 years 3 months 17 days

## STATISTICAL DETAILS

|   |                    |   |
|---|--------------------|---|
| SEX<br><u>M</u>                               | COLOR<br><u>wh</u> | SINGLE, MARRIED,<br>WIDOWED, OR<br>DIVORCED<br><u>M</u> |
| MAIDEN NAME †                                 |                    |   |
| HUSBAND'S NAME †                              |                    |   |
| BIRTHPLACE ‡<br><u>Maine</u>                  |                    |   |
| NAME OF FATHER<br><u>Benny C Thomas</u>       |                    |   |
| BIRTHPLACE OF FATHER ‡<br><u>Maine</u>        |                    |   |
| MAIDEN NAME OF MOTHER<br><u>Milvina Ladd</u>  |                    |   |
| BIRTHPLACE OF MOTHER ‡<br><u>Mercer Maine</u> |                    |   |
| OCCUPATION<br><u>C.R. Conductor</u>           |                    |   |
| INFORMANTS<br><u>S. M. L.</u>                 |                    |   |
| PLACE OF BURIAL OR REMOVAL †                  | DATE OF BURIAL     |   |
| <u>Amherst</u>                                | <u>Dec 29 1908</u> |   |
| UNDERTAKER                                    | ADDRESS            |   |
| <u>E D Mash</u>                               | <u>Amherst</u>     |   |

## PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from..... 190..... to..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: .....

(DURATION)..... DAYS  
 Contributory: Exhaustion

(DURATION)..... DAYS  
 (Signed) N C Haskell M.D.  
Dec 28 1908 (Address) Amherst Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed Dec 28 1908 A H Edwards  
 Clerk

\* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

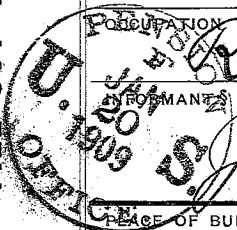
† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

MARGIN RESERVED FOR BINDING  
 ALL NAMES TO BE IN FULL  
 THIS IS A PERMANENT RECORD  
 FILL OUT WITH INK.



# Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

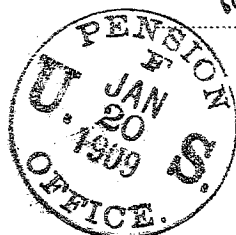
## CERTIFICATE OF MARRIAGE

FROM THE RECORDS OF MARRIAGES IN THE TOWN OF HADLEY,  
MASSACHUSETTS, U. S. A.

| GROOM.  | BRIDE.                          |
|---|---------------------------------|
| Name <u>James S. Thomas.</u>                                  | Name <u>Mary E. W. Merrick.</u> |
| Color—White   | Color—White                     |
| Residence <u>Palmer.</u>                                      | Residence <u>Amherst.</u>       |
| Age <u>23.</u> Years.   | Age <u>16.</u> Years.           |
| Occupation <u>Machinist.</u>                                  | Occupation                      |
| Place of Birth <u>Warren.</u>                                 | Place of Birth <u>Gill.</u>     |
| Name of Father <u>Henry.</u>                                  | Name of Father <u>Joseph.</u>   |
| Name of Mother <u>Melvina.</u>                                | Name of Mother <u>Mary. H.</u>  |
| No. of Marriage <u>First.</u>                                 | No. of Marriage <u>First.</u>   |
| Place and Date of Marriage <u>Hadley, Mass. May 26, 1867.</u> |                                 |
| By Whom Married <u>Rev. Rowland Ayers.</u>                    |                                 |

I, H. S. Shipman, depose and say,  
that I hold the office of Town Clerk of the Town of Hadley, County of Hampshire and Common-  
wealth of Massachusetts; that the records of Births, Marriages and Deaths in said Town are in my  
custody, and that the above is a true extract from the Records of Marriages in said Town, as  
certified by me.

WITNESS my hand and the Seal of said Town, on the sixteenth  
day of January, 1909



H. S. Shipman  
Town Clerk.



3-402.

Certificate No. 569150 Department of the Interior,  
Name, James S. Thomas BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. yes Mr. Ella W. Thomas. Maiden Name Mcernick

Second. When, where, and by whom were you married?

Answer May 26-1867 Hadley Mass By Rev Rowland Ayers

Third. What record of marriage exists?

Answer. Certificate of Marriage

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. M. Emma W. Thomas Sept 13-1867

Blanche Leadd Thomas Aug 29-1874

Ethel Grace Thomas Aug 20-1881

Date of reply, June 4, 1898

James S. Thomas  
(Signature.)

5301b750m1-98

NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

# GENERAL AFFIDAVIT.

State of Massachusetts, County of Hampshire, ss:

In the matter of the claim for pension of  
widow of James S Thomas Co. D. 11th Mass. Vols

ON THIS 16th day of January, A. D. 1919, personally  
appeared before me a Justice of the Peace in and for the afore-

said County, duly authorized to administer oaths E. D Bangs

aged 70 years, a resident of Amherst, in the County

of Hampshire, and State of Mass

whose Post-office address is 30 Pleasant St. Amherst Mass and

J. W Howland, aged 73 years, a resident of Amherst

, in the County of Hampshire,

and State of Mass, whose Post-office address is 15 North

Prospect St. Amherst Mass

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid

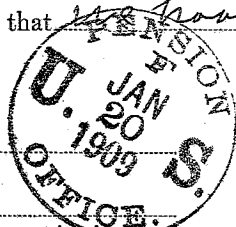
case as follows: We have known James S Thomas and Mary E

W Thomas, his wife, more than 50 years. We hereby testify

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

that neither of them were previously married, that they  
were never divorced, and lived together as husband and  
wife till his death, and that she has not remarried since  
his death

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



E D Bangs  
J W Howland  
(Signatures of Affiants.)

(If Affiants sign by mark two witnesses who can write sign here.)

4  
5  
6  
7

STATE OF Massachusetts, COUNTY OF Hampshire, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted them

with its contents before they executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant is are personally

known to me and that they are credible person S.

A. C. M. Cloud

(Official Signature.)

[L. S.]

Justice of the Peace  
Official Character.)

Certificate  
cover date. filed to

S. A. CURRY  
To be executed before a Clerk 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 the Pension Office, when such fact should be stated.

Certificate filed

Division

Pension

No.

ADDITIONAL EVIDENCE.

CLAIM OF

Mary E. McThomas, widow of

James S. Thomas

Gen. D. 111 Mass Vols

AFFIDAVIT OF

E. D. Bangs

J. W. Howland

FILED BY

H. M. McCLOUD,  
AMHERST, MASS.

JAN 22 1909

JAN 20 1909

Printed and for sale by John F. Sherry, Claim Blank Printer, Washington, D. C.

Mr. Washington

Springfield Mass. Oct. 24-1923

Barclay

Pension Commissioner,

Washington D.C.

Dear Sir-

Referring to attached papers, the name of pensioner should read Mary E. W. Thomas, address 64 South St. Springfield Mass. We have filled in form as requested.

I have in my possession as administrator of this widow's estate the original pension certificate no 674585. ✓

Respectfully,  
77 Woodlawn St. S. H. Stannard



# Widow's Application for Accrued Pension.

State of Massachusetts, County of Hampshire, ss:

On this 16th day of January, 1909, personally appeared Mary E. W. Thomas, who, being duly sworn, declares that she is the lawful widow of James S. Thomas, deceased; that he died on the 25th day of December, 1908; that he had been granted a pension by Certificate No. 563150 which is herewith returned (or if not, state why not)

; that he had been paid the pension by the Pension Agent at Boston Mass up to the 4th day of December, 1908 after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, except

she was married to the said James S. Thomas on the 26th day of May, 1867, at Hadley, in the State of Mass; that her name before said marriage was Mary E. W. Merrick; that she ~~had~~ (or had not) been previously married; that her husband ~~had~~ (or had not) been previously married; that she hereby makes application for the pension which has accrued on aforesaid certificate to the date of death.

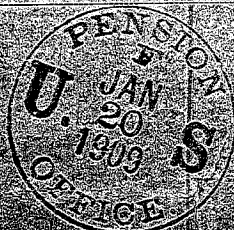
That she hereby appoints, with full power of substitution and revocation, Jo M. McElrond of Amherst Mass her true and lawful attorney to prosecute this claim, the fee to be \_\_\_\_\_ dollars, as prescribed by law.

That her residence is No. 75 Main street, City of Amherst, County of Hampshire, State of Mass and her post-office address is 75 Main Street, Amherst Mass

Mary E. W. Thomas.  
[Widow's Signature.]

Also personally appeared John W. Howland residing at Amherst Mass, and Daniel W. Bartlett residing at Amherst Mass who, being duly sworn, say that they were present and saw Mary E. W. Thomas sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of James S. Thomas, who died on the 25th day of December, 1908; and that their means of knowledge

that said parties were husband and wife, and that the husband died on the said date, are as follows:  
We have known James S. Thomas and his wife, Mary E. W. Thomas for 50 years. We know that they were husband and wife. We know that James S. Thomas died Dec. 25 1908, and we attended his funeral.



John W. Howland  
Daniel W. Bartlett  
[Signatures of Witnesses]

ATTORNEY FILED  
JAN 21 1909  
LAW DIVISION



Sworn to and subscribed before me, this 16th day of January, 1909  
 and I certify that affiants are reputable persons; that they know the contents of their depositions, and that their  
 statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in  
 the above claim.

A. C. M. - Cloud  
 [Signature.]

[L. S.]

Certificate filed to  
 cover date.

Justice of the Peace  
 [Official Character.]

S. A. CUDDY,  
 Chief, Law Division

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss:

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of the  
 County and State aforesaid, do hereby certify that

is \_\_\_\_\_, duly commissioned and qualified, that his commission  
 was dated on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and will expire on the \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_, and that his signature within written is genuine.

Given under my hand and seal of said Court this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_

[L. S.]

Clerk.

When the amount of accrued pension is large the following evidence of marriage should accompany every  
 application for accrued pension:

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye-witnesses of the ceremony.

If prior to the marriage of the widow and the pensioner, either of them had been married to another party  
 the death of said party, or divorce from the same, must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the Com-  
 missioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should be  
 witnessed.

WIDOW'S  
 APPLICATION FOR ACCRUED PENSION.

Certificate No. 563150

Pensioner James S. Thomas

FILED BY

JAN 20 1909

H. M. McCLOUD,

CLERK, LAW DIVISION

JAN 20 1909

Printed and sold by John F. Sherry, Claim Blank Printer, Washington, D. C.

Certificate filed