

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.

546

Cent-389-506
Emma M. Hasty
former widow of
Joseph Smette-

18-

CLAIM FOR

State of Massachusetts County of Middlesex, ss.

ON THIS 9 day of January A. D. 1892, personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,
Joseph Truette aged 55 years, a resident of Acton
in the County of Middlesex and State of Massachusetts
whose postoffice address is East Acton Mass
and who, being duly sworn, declares as follows: that the application for a
Pension filed under act of June 27 1890
is his first & only one

The declarant hereby appoints, with full power of substitution and revocation,

PATRICK O'FARRELL, Attorney-at-Law, Washington, D. C.,

his attorney, and authorizes him to present and prosecute this claim, to receive and receipt for the certifi-
cates or money that may be issued or paid upon his foregoing application, and to do any and all acts neces-
sary to effect the purpose of said appointment.

W. K. Robbins
Era L. Clough
(Two witnesses who can write sign here.)

Joseph Truette
(Signature of Claimant.)

Also personally appeared H. H. Robbins, residing at South Acton
Mass, and Ora Leblough
residing at South Acton 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

Joseph Truette, the claimant, sign his name (make his mark) to the
foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
acquaintance with him, that he is the identical person he represents to be; and that they
have no interest in the prosecution of this claim.

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

H. H. Robbins
O. L. Clough
(Signatures of Affiants.)

Sworn to and subscribed before me this 9th day of January A. D. 1892
and I hereby certify that the contents of the above declaration, &c., were fully made known and explained
to the applicant and witnesses before swearing, including the words

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

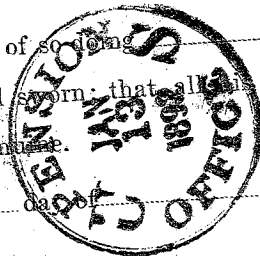
L. V. Left of the Peace
(Official Character.)

[L. S.]

STATE OF _____, COUNTY OF _____, ss:
I, _____, Clerk of the County Court in and for aforesaid County
and State, do certify that

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 _____, 1892



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.

CLAIM FOR

CLAIM OF
Joseph Truette
Box 10. 38. Mass.

FOR
Original Prov.
856 342

Act of June 27, 1890

FILED BY

PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW.

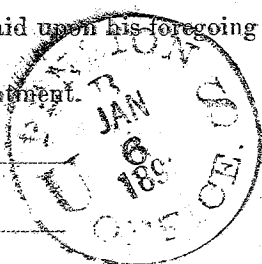
WASHINGTON, D. C.

PRINTED AND FOR SALE BY E. J. GRAY, 1924 PA. AVE. WASHINGTON, D. C.

CLAIM FOR

State of Massachusetts County of Middlesex, ss.ON THIS 2 day of January A. D. 1892, personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,aged 55 years, a resident of Acton
in the County of Middlesex and State of Massachusetts
whose postoffice address is Coast Acton Massand who, being duly sworn, declares as follows: that between December 8th
& 13th 1862 while on board of Steam Ship Baltic
going from Fortress Monroe Va. to Ship Island
Miss. he was ordered into the hold of the vessel
to get a box of hard bread & while coming up
with it on his shoulder he slipped & fell the
vessel was pitching quite heavy at the time & a
corner of the box struck him on the right
side & soon after a protuberance formed there
about the size of a large egg & it soon became
a running sore & it discharged at times
pieces of what the Surgeon said was rib bones.
It did not heal up for about two years & for
several years after his discharge it would at
times, reopen & discharge pieces of bone.

The declarant hereby appoints, with full power of substitution and revocation,

PATRICK O'FARRELL, Attorney-at-Law, Washington, D. C.,his attorney, and authorizes him to present and prosecute this claim, to receive and receipt for the certifi-
cates or money that may be issued or paid upon his foregoing application, and to do any and all acts neces-
sary to effect the purpose of said appointment.Lucius HissellCora A. Blough
(Two witnesses who can write sign here.)Joseph Truette
(Signature of Claimant.)

Also personally appeared Lucius A. Heston, residing at South Acton Mass
Cora A. Blough, and
 residing at South Acton, 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

the claimant, sign his name (make his mark) to the
 foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
 acquaintance with him, that he is the identical person he represents to be; and that they
 have no interest in the prosecution of this claim.

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

Lucius A. Heston
Cora A. Blough
 (Signatures of Claimants.)

Sworn to and subscribed before me this 2 day of January A. D. 1892
 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained
 to the applicant and witnesses before swearing, including the words
 erased, and the words
 added, and that I have no interest, direct or indirect, in the
 prosecution of this claim.

L. J. Delaney
 Justice of the Peace
 (Official Character.)

[L. S.]

STATE OF _____, COUNTY OF _____, ss:
 I, _____, Clerk of the County Court in and for aforesaid County
 and State, do certify that _____, 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



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.

Eastern Division

CLAIM FOR

CLAIM OF

Joseph Corneille
Alco. B. 35" Regt.
Mass. Hds.

FOR

Original Pension
856342

Claim No

856-342

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

PRINTED AND FOR SALE BY E. J. GRAY, 1924 PA. AVE. WASHINGTON, D. C.

CLAIM FOR

State of Massachusetts County of Middlesex, ss.

ON THIS 26 day of March A. D. 1891, personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,

Joseph Truette aged 56 years, a resident of East Acton

in the County of Middlesex and State of Massachusetts

whose postoffice address is East Acton Mass

and who, being duly sworn, declares as follows: that He has not been
employed in the Army or Navy of the
United States since the 30th day of June 1865.

The declarant hereby appoints, with full power of substitution and revocation,

PATRICK O'FARRELL, Attorney-at-Law, Washington, D. C.,

his attorney, and authorizes him to present and prosecute this claim, to receive and receipt for the certificates or money that may be issued or paid upon his foregoing application, and to do any and all acts necessary to effect the purpose of said appointment.

C. H. Sweet

Fred. H. Reed

(Two witnesses who can write sign here.)

Joseph Truette

(Signature of Claimant.)

Also personally appeared Ed. H. Sweet, residing at So Acton Mass,
 and Fred W Reed,
 residing at So Acton 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
Joseph Truette, the claimant, sign his name (make his mark) to the
 foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
 acquaintance with him that he is the identical person he represents to be; and that they
 have no interest in the prosecution of this claim.

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

Ed. H. Sweet
Fred W Reed
 (Signatures of affiants.)

Sworn to and subscribed before me this 26 day of March A. D. 1891
 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained
 to the applicant and witnesses before swearing, including the words

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

Le V. Coffey
 Justice of the Peace
 (Official Character.)

[L. S.]

STATE OF _____, COUNTY OF _____, ss:
 I, _____, Clerk of the County Court in and for aforesaid County

and State, do certify that _____, 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



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.

CLAIM FOR

CLAIM OF

Joseph Truette
Q-1387-Mass.

FOR

Original
Pro: 836, 342

FILED BY

PATRICK O'FARRELL,

ATTORNEY AND COUNSELOR-AT-LAW,

WASHINGTON, D. C.

PRINTED AND FOR SALE BY E. J. GRAY, 1924 PA. AVE., WASHINGTON, D. C.

AGT SEPTEMBER 8

3-732

Mⁱ

Cert. No.

389.506

Renewal

Emma M. Hasty
former widow of
Joseph Truette

Rank

Priv

DEAD

Company

C

Regiment

38th Mass. Inf.

Rate per Month \$

12

Commencing

Sept. 25th 1916

Ending

Agency
or
Group No.

Group 3

Issued

Sept. 24th 1917

See Dainbert 736.526

Nov. 11/25 - Act. Much 2/96-24 -
planned to House G. Tuttle
Avg Finance

2936553

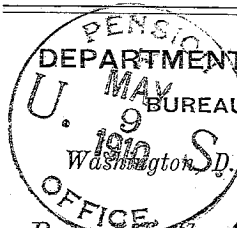
0101

WAR DEPARTMENT

3-050.

Easton

Div. *WAR* Ex'r.



DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Washington, D.C., *May 5*, 1910

Respectfully

Returned to
The Adjutant General
War Department
for a report showing
soldier's age at enlistment,
as certificate of disability now
on file apparently refers to
age at discharge only, and
age in spring of 1861 is desired.

2 enclosures

No other report on file,
Ins. ex. 70335,
Samuel H. Husky,
Co. G. 5th Me. Inf.

J. L. Waverport,

Commissioner.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,

MAY 7 1910

Respectfully returned to the

Commissioner of Pensions,

with the information that in the
case of Sewall H. Hasty
also found as Sewell
H. Hasty Co. G 5
Maine Inf age at
enlistment 26 years.

EAST. DIV.
MAY 9 1910
RECEIVED

Hartinsworth

Per

The Adjutant General.

26-29

934609
General DIVISION

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Nov 15¹⁸⁹³

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history

(Descriptive

of the soldier.

(list.)

Please examine all records likely to afford
any information as to diseases, wounds, or inju-
ries incurred by him while in the service.

Medical evidence on file

Claim No. 70,335

Name Sewell H. Hasty

Co. G 5th Regt. Me Vol Inf.

J. L. Lockman

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.

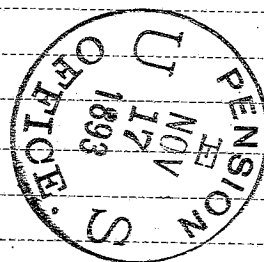
Sewell H. Hasty
G. 5th Reg't Me Vol Inf
was enrolled May 14, 1861,
and discharged Jan 16, 1862,

From *Enr*, 1861, to *disch'd*, 1862,
he held the rank of *Private*

and during that period the rolls show him present
except as follows

The medical records show him treated as follows

No record found.



BY AUTHORITY OF THE SECRETARY OF WAR:

P. C. Ainsworth

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

Per *K.*

Washington, D. C., NOV 16 1893

(COMMISSIONER OF PENSIONS.)

Adjutant General's Office,

Washington, D. C.,

July 20th, 1866.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 107141, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office, that Dwight H. Mast was enrolled on the _____ day of _____, 186____, at _____ in Co. _____,

_____ Regiment of _____ Volunteers, to serve _____ years, or during the war, and mustered into service as a private on the _____ day of _____ 186____, at _____, in Co. _____, _____ 5th.

Regiment of Maine Volunteers, to serve _____ years, or during the war. On the Muster Roll of Co. _____ of that Regiment, for the months of January & February 1862, he is reported "Discharged for disability July 10th 1862".

I am, Sir, very respectfully,

Your obedient servant,

Chas. P. Peck

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

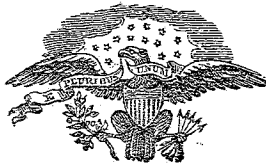
Memoranda.

Name of applicant _____

Address _____

H. H. X. see new report.

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Reval H. Haskins Private of Captain *Thos. J. Sawyer*
 Company, (*G*) of the *Fifth Maine* Regiment of United States
Infantry was enlisted by *Capt. Henry G. Thomas* of
 the *Fifth* Regiment of *Maine Volunteers* at *Portland Maine*
 on the *First* day of *June* 1861, to serve *three* years; he was born
 in *Limerick* in the State of *Maine* is *Twenty-six*
 years of age, *five* feet *7 1/2* inches high, *light* complexion, *blue* eyes,
Brown hair, and by occupation when enlisted a *farmer* During the last two
 months said soldier has been unfit for duty *60* days. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)
on account of severe indisposition

STATION: *Camp Franklin Va*

DATE: *December 14th 1861*

Albion P. Harris
 Lieut. Commanding Company.

I CERTIFY, that I have carefully examined the said *S H Haskins* of
 Captain *T. J. Sawyer* Company, and find him incapable of performing the duties of a soldier because
 of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)

Albion P. Harris

Wm. B. White, Surgeon.

DISCHARGED, this _____ day of _____ 186 , at _____

V. I. Jackson Commanding the *1st* Regt

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.

NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

Approved Jan 10 1862
 Great Barr
 Brigade Surgeon

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

Swall H. Hasty
a *Private* Co. *B*
5th Reg't of *Ill. Vol.*

HEAD QUARTERS
ARMY OF THE POTOMAC
Jan 16 1862
to be discharged
BY COMMAND OF
MAJOR GENERAL MC CLELLAN

J. M. Conrad
aad

Dep. for Com. Officer.
A. G. Office, 3
Nov. 4/62 *L. H. H. H.*
A. G. O.

Received (A. G. Office) _____, 186

State of Maine.

YORK, SS.

I, ABEL H. JELLESon, Judge of the Municipal Court of the City of Biddeford, in the County of York and State of Maine, said Court being a Court of Record, do hereby certify that

Ed W. Thompson Esquire

at the date of his certificate to the papers hereto annexed, was an acting Justice of the Peace within and for the County of York, as appears by the papers hereto annexed; that he is duly qualified to administer oaths and take acknowledgments of Deeds and other instruments in writing in the County aforesaid, and that the following signatures purporting to be his are genuine.

IN WITNESS WHEREOF, I have hereto set my hand and the seal of said Court,
this *twenty first* day of *April*
A. D. 186*6*

Abel H. Jelleson Judge.

Thos J Sawyer

*Late Capt. Co G
3rd Me. Reg.*

Portland, Cumberland Co. Maine
Subscriber and sworn before me this
seventeenth day of April, 1866.

Ed. W. Thompson
Justice of the Peace

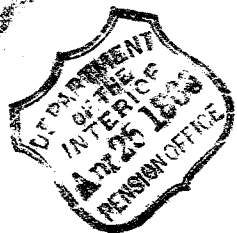
I hereby certify that Sewall M. Hasty late a private in Company "B." 5th Regiment of Maine Volunteers, while in the line of his duty in the service of the United States, was so injured by a blow from a lever struck by the wheel of a gun-carriage while guarding a heavy gun which we were removing from Fort Ellsworth to Fort Sisson on or about the eight day of September, A.D. 1866, as to be wholly disabled for active duty, and continuing so disabled, he was discharged from the service aforesaid by reason of Surgeon's certificate of disability February 10th A.D. 1867.

Thos J Sawyer

Late Capt. Co G
3rd Me Reg.

Portland, Cumberland Co. Maine
Subscribed and sworn before me this
seventeenth day of April, 1866.

Ed. W. Thompson
Justice of the Peace



State of Maine.

YORK, SS.

I, ABEL H. JELLESON, Judge of the Municipal Court of the City of Biddeford, in the County of York and State of Maine, said Court being a Court of Record, do hereby certify that

George A. Emory Esquire

at the date of his certificate to the papers hereto annexed, was an acting Justice of the Peace within and for the County of York, as appears by the papers hereto annexed; that he is duly qualified to administer oaths and take acknowledgments of Deeds and other instruments in writing in the County aforesaid, and that the following signatures purporting to be his are genuine.

IN WITNESS WHEREOF, I have hereto set my hand and the seal of said Court,
this *twenty first* day of *April*
A. D. 186*6*

Abel H. Jellison Judge.

*under Chronic Hepatitis at the time of discharge
resulting from the blow Francis G. Warren M.D.
late Surgeon U.S. Me Bols*

*State of Maine
County of York SS*

April 18 A.D. 1866-

*Then personally appeared the above named
Francis G. Warren and made oath to the truth
of the foregoing affidavit by him subscribed
before me. I certify that said affiant is a
physician in good practice and entitled
to credit. I have no interest in this claim*

*George A. Emory
Justice of the Peace*

I certify that private Sewall W. Hasty of company "G." 5th Regt. Me. Vols was severely injured in the right side by a blow from the end of a lever struck by the carriage wheel while guarding a heavy gun on the way from Fort Ellsworth to Fort Lyon, Va. and in the line of his duty in the service of the United States and was wholly disabled from further active duty. He was treated by me for the injury first in a private house for some seven or eight weeks, being too much hurt to move, and afterwards in quarters with his Regiment until his discharge February 10th 1862. He was laboring under Chronic Hepatitis at the time of discharge resulting from the blow Francis G. Warren M.D.
late Surgeon 5th Me Vols

State of Maine,
County of York S.S.

April 18 A.D. 1866-

Then personally appeared the above named Francis G. Warren and made oath to the truth of the foregoing affidavit by him subscribed before me. I certify that said affiant is a physician in good practice and entitled to credit. I have no interest in this claim.

George A. Emery
Justice of the Peace

Examining Surgeon's Certificate.

(Not Ordered) Given April 12th, 1866.

Applicant's
service.

I hereby Certify, That I have carefully examined
Sewall H. Hasty, late a Private in
Co. (G) 5th Regt. of Mich. Inf. Vols
in the service of the United States, who was discharged
at Camp Franklin Va., on the 16th day of February,
1862, and is an applicant for an invalid pension, by reason of
alleged disability resulting from injury of right side

Degree of
disability.

In my opinion the said Sewall H. Hasty
is one half incapacitated for obtaining his subsistence by
manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence
before me, it is my belief that the said disability was contracted
in the service aforesaid in the line of duty.

Probable
duration.

The disability is probably permanent

A more particular description of the applicant's condition
is subjoined:

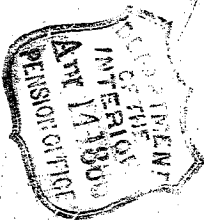
Particular
description.

Having very carefully examined applicant I find
that he is suffering from deformity of right side, depression
of lower ribs, attended with pain & soreness (indications
of disease of liver) resulting from a blow upon
side, general health apparently poor

John I. Allen

Examining Surgeon

Levell H. Hasty
95 Me. Vol.
Dis. Feb. 16, '62.



Levell H. Hasty

Examining Surgeon's Certificate.

July 9, 1865.

Applicant's
service.

I hereby certify, That I have carefully examined
Swann H. Hasty, late a Private C & G
5th Regt., 1st Me Revels

in the service of the United States, who was discharged at
Washington, on the 20 day of Feb,

1862, and is an applicant for an invalid pension, by reason of
 alleged disability resulting from Injury of Right Side

Degree of
disability.

In my opinion the said Applicant
 is Can Walk incapacitated for obtaining his subsistence by
 manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before
 me, it is my belief that the said disability Examination
 in the service aforesaid in the line of duty.

Probable
duration.

The disability is Probably Permanent

A more particular description of the applicant's condition is
 subjoined:

Particular
description.

Result of a blow in side
Probably Contusions of Internal
Organs in vicinity of injury. Depressure
and weakness of side. Probably to last
on opposite side without pain and disten
tion of heart action Normal

Examining Surgeon.

107141
S 26 Hasty



4

SURGEON'S CERTIFICATE

4

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Maine County: Penobscot

Post Office: Bangor Sept. 8, 1873

Pensioner's service.

We hereby certify, That we have carefully examined Servell H. Hasty, who was a P. Co. E. 5th Me. Vols. in the war 1861.

Be particular to give Certificate No.

Agency where to be paid.

and was granted an Invalid Pension under Certificate No. 70,335 to be paid now at the Agency in Bangor by reason of alleged disability resulting from Injury to right side, which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In our opinion the said Pensioner's disability, from the cause aforesaid, continues at $\frac{3}{8}$ or $\frac{3}{4}$ 3

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5-7 $\frac{1}{2}$; weight, 123; complexion, light; age, 37; respiration, 18; pulse, 80

If he works hard during the day he suffers from a prickly pain in right side. Twisting or straining the side causes pain lasting 3 or 4 days.

The pain is aggravated by a cold or food producing flatulence. There are no physical signs of disease of lungs.

James E. Weston

Ralph K. Jones

August Hanger Examining Surgeon.

4 SURGEON'S CERTIFICATE - 4

PERIODICAL EXAMINATION

IN CASE OF

Samuel H. Hasty, R.

Co. *G*, *5th* Reg't, *Me.* Vol.

No. *70.335-*

DATE OF EXAMINATION,

Sept. 8. 1873

Bangor Board Examining Surgeon.

4

DUPLICATE.

4

SURGEON'S CERTIFICATE

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Maine County: Pendecost
 Post Office: Bangor Sept 18, 1875.

Pensioner's
service.

We hereby certify, That W. E. have carefully examined
Swall H. Mast, who was a Pr. G. S. M.
 in the war 1861 and was

Be particular
to give Certifi-
cate No.Agency where
to be paid.

granted an Invalid Pension under Certificate No. 71.335, to be paid now
335 at the Agency in Bangor, by reason of alleged
 disability resulting from Injury of side
 which he states to have been received in the line of duty while he was in the military
 service of the United States.

State whether
disability con-
tinues; and, if
so, its present
degree.

In our opinion the said Pensioner's disability, from the cause aforesaid,
 continues at three eighths \$3.00

Particular des-
cription.

A more particular description of the Pensioner's condition is subjoined:
 Height, 5-7 1/2; weight, 123; complexion, lf.; age, 40;
 respiration, 20; pulse, 68.

Appears under depression
and blue hepatic veins. Digestion
impaired. Can eat only light food and
suffers much from pain in stomach after
meals & at night. Tongue coated.

Russell V. Lane

James L. Weston

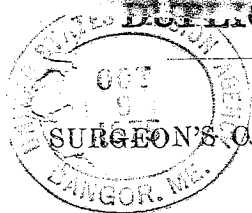
Eugene Plangier

Examining Surgeon.

4

DUPLICATE. ✓

4



SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Charles H. Bushy

Co. *F* Reg't, *Me Vols*

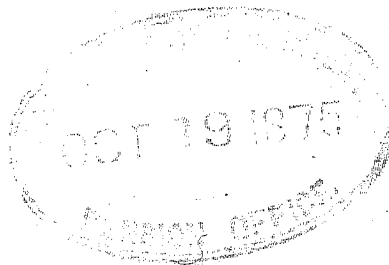
No. *70325*

DATE OF EXAMINATION,

Sept 18 1875

Bangor Board

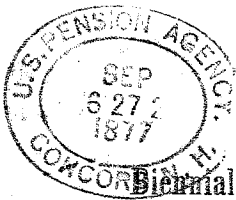
Examining Surgeon.



4

DUPLICATE.

4



SURGEON'S CERTIFICATE

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Maine County: Penobscot

Post Office: Bangor, Sept. 8, 1877.

Pensioner's service.

We hereby certify, That we have carefully examined Sewall W. Yasty, who was a private G. I. 5 Me. Vols in the war 1861 and was

Be particular to give Certificate No.

Agency where to be paid.

granted an Invalid Pension under Certificate No. 74,335, to be paid now at the Agency in Concord, N. H., by reason of alleged disability resulting from injury right side which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In our opinion the said Pensioner's disability, from the cause aforesaid, continues at three eighths

Particular description.

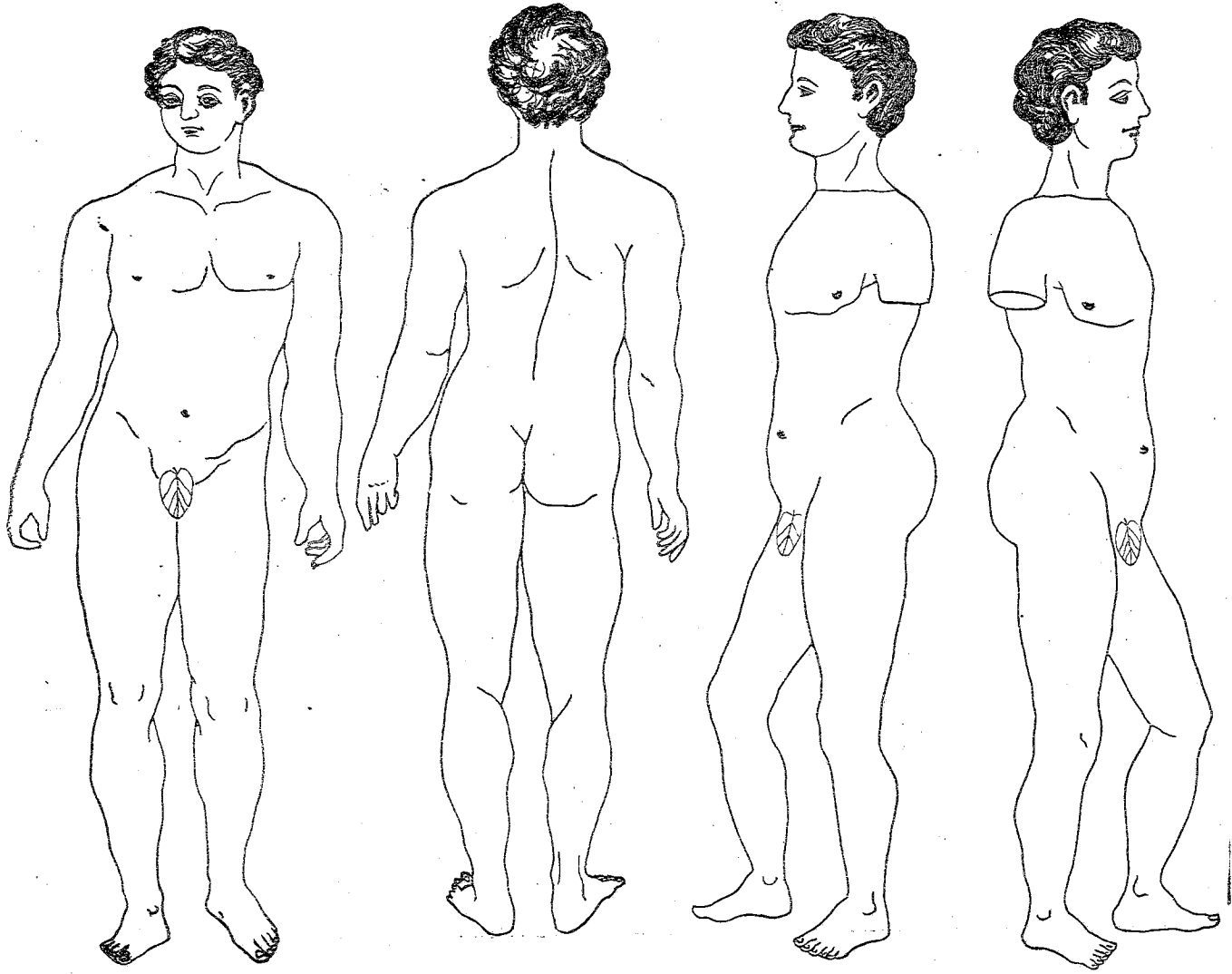
A more particular description of the Pensioner's condition is subjoined:
Height, 5, 7 1/2; weight, 128; complexion, light; age, 40; respiration, 16; pulse, 66.

Apparent tenderness in right
suprachordium. Tongue coated.
Digestion impaired. Cannot eat
hearty food, he says, & is often dis-
tressed at stomach, & has eructations
of gas & food from stomach.

Ralph A. Chas.
Auguste F. Lange

A. B. Morrison

Examining Surgeon.



4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Senall H. Party
Co. 5th Reg't, Me. Vol.

No. *74,335*

DATE OF EXAMINATION

Sept. 8, 1877

Board Examining Surgeon.

Post Office, *Bangor*

County, *Penobscot*

State, *Maine*

P. S.—Write Post Office address plain and in full.



3

EXAMINING SURGEON'S CERTIFICATE

3

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 70835

State: Maine County: Penobscot

Post Office: Bangor May 31, 1882.

It is hereby certified That Sewell H. Hasky
formerly a Private of Captain (B) Company,
in the 5th Regiment of the Inf, in the war of 1861
who is now paid at Augusta Agency at the rate
of 3 dollars per month, on account, as he states, of injury to
right side

while in the line of duty in the military service of the United States, on or about the
8 day of Aug, 1861, at a place called Fort Ellis
Mont, in the State or Territory of Va

Here specify the particular disease or injury.

is still suffering in consequence of said injury to right side

The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:

Height, 5' 7 1/2; weight, 128; complexion, light
age, 45; respiration, 17; pulse, 60

Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also, state whether the disability is permanent in its present degree, and whether it has been in any degree caused or protracted by vicious habits.

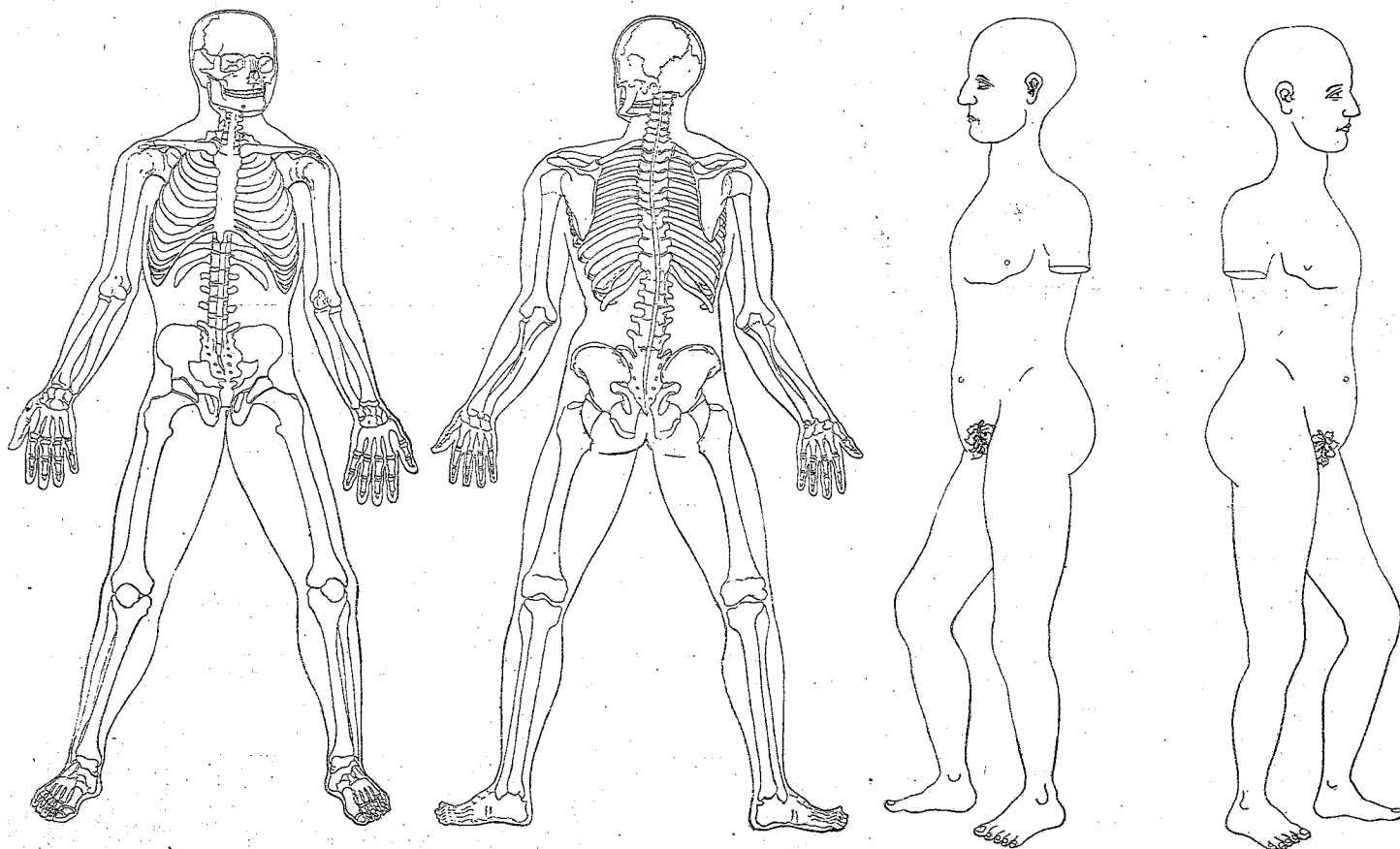
Limber of gun carriage striking right hypochondriac region Discharged April '63
Worked about hospital till July '63 Feels
weak Cant do lifting Hard work lays him
up Tender under ribs Seldom free from
pain

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as 1/4, 1/2, 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.

We find his disability, as described above, to be equal to, and entitling him to
1/2
Engene F. Bangor
Ralph K. Jones
A. B. Morrison

Examining Surgeon.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.



3 SURGEON'S CERTIFICATE 3

IN CASE OF

Sewell N. Hally
Co. G, 54 Reg't, New York

APPLICATION FOR INCREASE.

No. 70338

Date of Examination: *May*
31 1882

Boon Examining Surgeon.

Post Office, *Baugh*

County, *Proctor*

State, *New*

P. S.—Write your Post Office address plain and in full.

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.

Increase

Pension Claim No. 70-335

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

Name and rank of claimant.

Samuel H. Harty

Rank, Private

Company G, 5th Reg't Me. Vol. Inf.

Boston Mass

State,

Claimant's post-office address.

Carlisle

[Post-office address of the Board.]

June 8

, 1892

[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: Injury to right side

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

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

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

[Original, increase, restoration, &c.]

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

Has never again in hand, is very nervous. Life was ruined by a blow in the service. If he enters anything which hurts him it always goes to head of injury if he stops over much it seems to have like india rubber at injury

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 16; temperature, 98.4; height, 5 feet 6 1/2 inches; weight, 129 pounds; age, 58 years. Injury to Right Side. Claimant a very nervous, hypochondriacal individual full of complaints and subjective symptoms. He appears somewhat emaciated, tongue is rather dry to brownish coat, muscles are rather flabby, and hands show little evidence of labor. Claimant is not very well nourished. There is no evidence externally of any injury to side, but considerable tenderness is alleged in right hypochondrium. Percussion over liver and abdomen area is normal and except for the subjective symptom of tenderness & pain no evidence of injury can be found. No pain in his abdomen. Of pain & tenderness two eighths. Claimant seems to have also some indigestion as evidenced by condition of tongue, constipation & slight debility for which see Note Four eighths. There is no evidence of nervousism or of any other disability. Other organs normal.

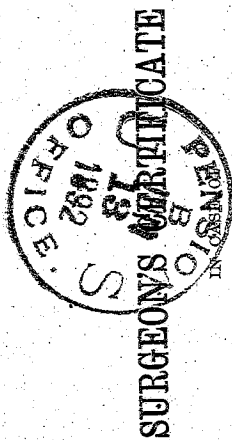
Rate for EACH cause of disability.

He is, in our opinion, entitled to a 2/18 rating for the disability caused by Injury of Side, 4/18 for that caused by Indigestion, and 0 for that caused by 0

W. C. Brown, Pres. C. C. Williams, Sec'y. B. B. Smith, Treas.

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

Continue record of examination here.



SURGEON'S CERTIFICATE

Dewall H. Hasty

Co. *5th* Reg't *Maize*

Applicant for Increase

No. *70.335-*

DATE OF EXAMINATION:

June 8, 1892

W. C. Swan, Pres.,
C. C. Wilkins, Sec'y,
S. E. L., Treas., BOARD.

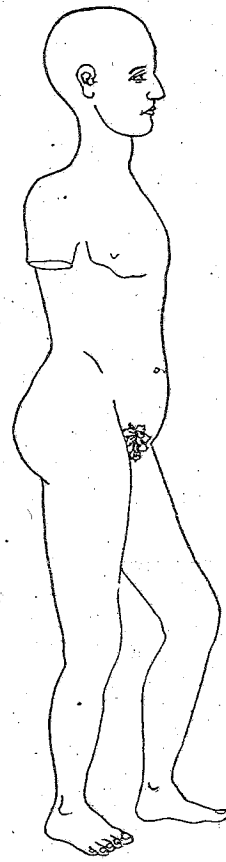
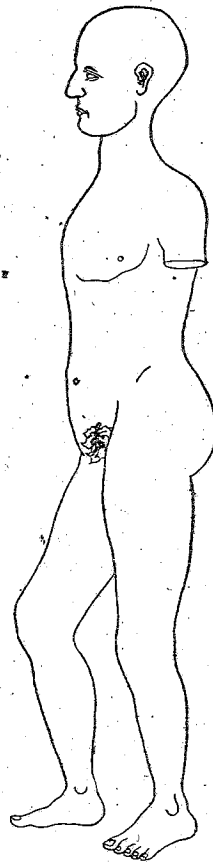
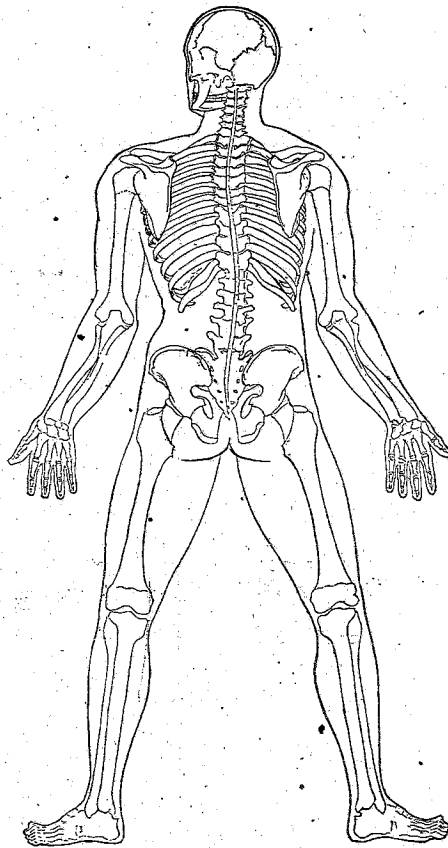
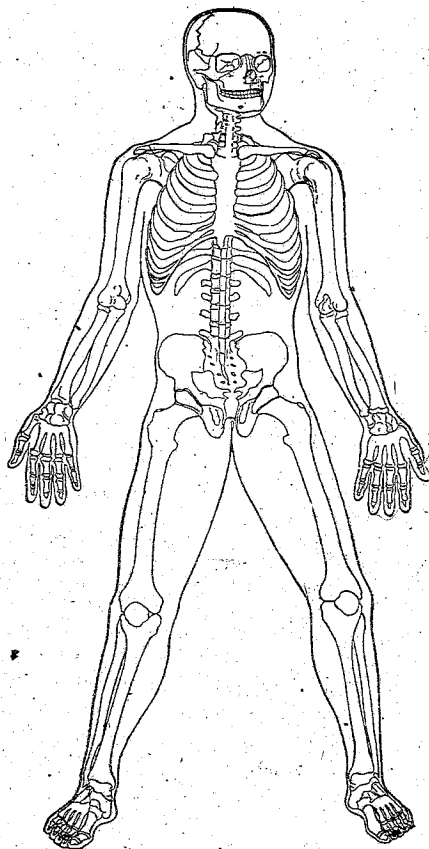
Post office, *BOSTON,*

County, *SUFFOLK,*

State, *MASS.*

2d BOARD, HOTEL PELHAM.

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



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

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

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 70 335
 Name of claimant. Senelle H. Hastig Address of Board. Nashua P. O. N. H. State. N. H.
 Company 5 Reg't Maine Infantry
 Claimant's post office address. East-Brury, N. H. Rockingham Co Date of examination. Aug 27, 1902
 Cause of disability. Rheumatism, Kidney trouble, Weak eyes, Wound right-side and nervous prostration
 He receives a pension of \$6 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: Rheumatism 15 yrs or more. Kidney trouble 8 yrs. Weak Eyes for years. Wound right-side in Service. Nervous prostration for years

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, Webster, Maine; age, 65 years; height, 5' 7"; weight, 120 pounds; complexion, Sandy; color of eyes, gray; color of hair, Brown; occupation, Farm & labor; permanent marks and scars other than those described below, None

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

Pulse rate, 68 73 88; respiration, 18 20 23; temperature, 98.3/5
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions.
Chest measured at rest - 32 Exp. 31 Insp. 33 1/2 inches.
Rheumatism: Alleged attacks of rheumatism more or less each year for 15 years.

Crepitus in both shoulder joints. Cannot lift either arm more than right-angle from the body.
Motion of shoulder joints are 1/2 gone.

Knee joints give crepitus but motion is full.
Phalanges: Many of them have rheumatic deposits, but motion is full in each joint.

Kidney trouble: No disease of kidney. Frequent urination and often dribbled away.

Prostate gland is enlarged and tender to touch.

Urine: Brown color, acid reaction Spec. Grav 1024 and contained no albumen or sugar.

Never had suppression or retention of urine.

Weak Eyes, near sighted:

Reads XX test-type right eye at 2 feet but not 3 feet;

" " " left " " 15 inches " 18 inches

Hears well. Uses glasses but gets little good from them.

Wound right-side: No evidence - Is tender over liver

Spleen dullness from (right) 6 to 10 rib. No disease of liver -

Splenic dullness 9 to 11 rib left apillary line. No disease.

Ureteral murmur in all 5 labors lungs no disease -

Heart: Apex beat 2 1/2 in. below left nipple and on the nipple line. No murmur. A little dilated -

Is short of breath in and after slight exertion.

Nervous prostration: Has paralysis agitans not marked -

Stomach is tender. Tongue coated and poor digestion

Beginning varicose veins - right - internal Saphenous -

No hernia, varicosis, hydrocele, piles or rectal disease.

We find that the approximate permanent disability for earning a support by manual labor is due to rheumatism, and enlarged prostate gland not due to vicious habits and warrants a rate of ten dollars a month.

Pres. 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 (Old No. 3-111) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

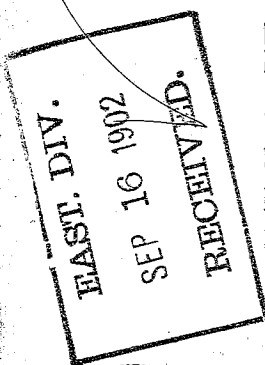
Certificate to be filled in and signed by the secretary when the full board is present.)
"I hereby certify that Dr. B. G. Morun, Dr. G. F. Wilbur, and
Dr. W. E. Learyden, were personally present and actually participated in the
examination of Sewall H. Hasty, the claimant in this case, on 27 day
of August 1902
(Signature.) G. F. Wilbur, Sec.

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

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

Witnesses
to mark.

(Signature of
Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

Sewall H Hasty
Co. A. 5 Reg't Main Inftry

APPLICANT FOR Increase

No. 70.335

DATE OF EXAMINATION;

August 27, 1902
B. G. Morun, Pres.,

G. F. Wilbur, Sec'y,

W. E. Learyden, Treas.,

BOARD.

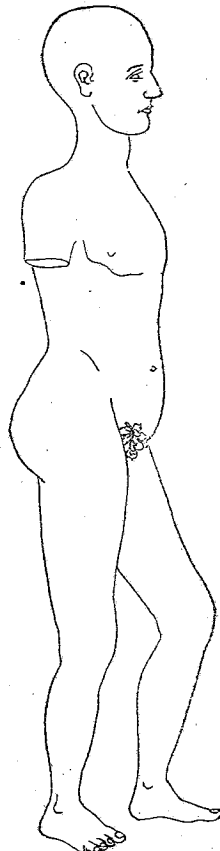
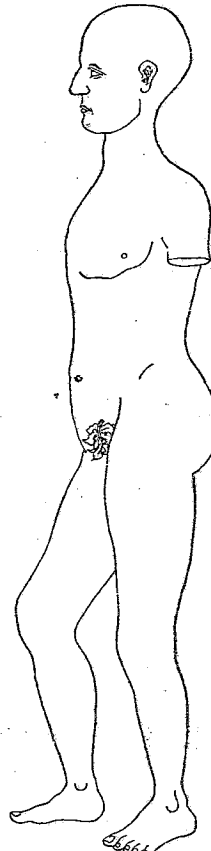
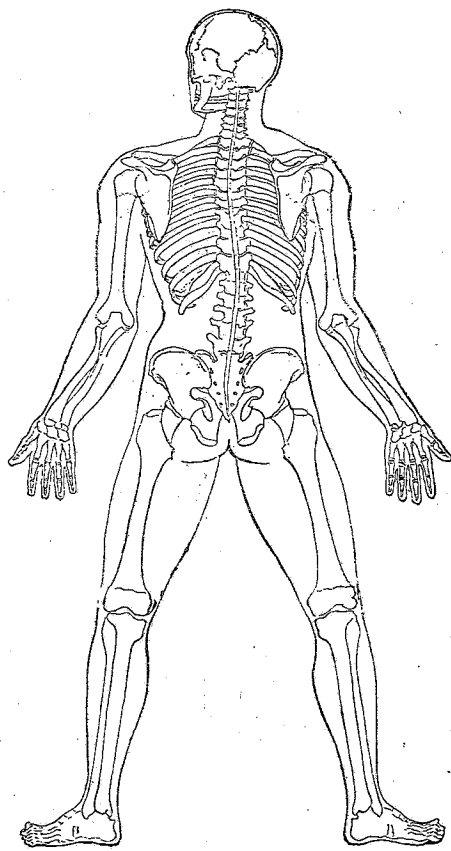
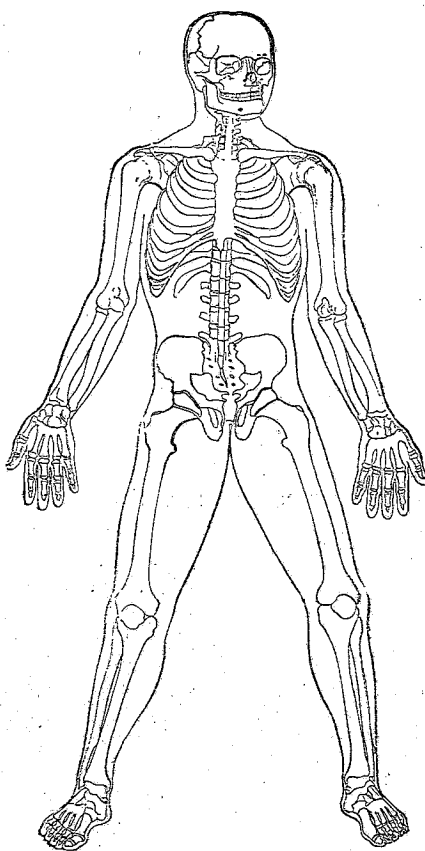
Post office, Nashua,

County, Hillsboro,

State, New Hampshire

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

DR



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

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1832.]

For an Increase of Invalid Pension.

Execute this before some officer having a seal

State of New Hampshire, County of Rockingham, ss:

On this 14th day of June, A. D. 1902, personally appeared before me, a Sewall H. Hasty within and for the County and State aforesaid,

aged 66 years, a resident of the County of Rockingham State of N. H. who, being duly sworn according to law, deposes as follows, to wit:

I am a pensioner of the United States under the Old Law, duly enrolled at the Boston, Mass pension agency, at the rate of 6 dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company E of the 5th Regiment of Inf Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for injury to right side

State here the disability or disabilities for which you are (or were) pensioned under the Old Law, just as they are (or were) written in your Pension Certificate. Which is permanent filed Rheumatism and Kidney complaint

That my disability has resulted in weak Eyes, Nervous debility &c
If your disability has resulted in any other disability, please write the same here.

That since I last applied for an increase of my pension my disability have increased, to lameness of Back, Knees and Shoulders Eye sight weak
[If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."]

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. ORALLE & CO., OF WASHINGTON, D. C., my true and lawful Attorneys to prosecute my claim. My Post office address is E. Derry County of Rockingham State of N. H. and the number of my certificate is 10335

Attest
two
witnesses.

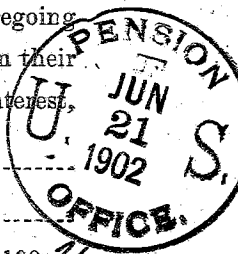
Henry W. May
William F. Neal

Sewall H. Hasty
[Claimant's Signature.]

Also personally appeared Henry W. May, residing at Derry N. H. and William F. Neal, residing at Derry N. H. persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw Sewall H. Hasty the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signatures of Witnesses.

Henry W. May
William F. Neal



Sworn to and subscribed before me this 14th day of June, A. D. 1902 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

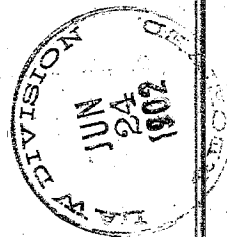
Ambrose B. Pillsbury
Official Signature.
Notary Public
Official Character.

INVALID CLAIM

FOR

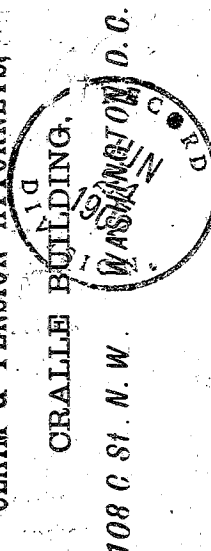
PENSION
INCREASE.

Small H. G. Hardy
Late *in Co. 5th Reg't.*
of *Me.* *5th Vols.*
Certificate No. *79,332.*



FILED BY

J. B. Cralle & Co.,
CLAIM & PENSION ATTORNEYS,



Resulting Disabilities.

EAST. DAY.

CHRONIC DIARRHOEA may result in disease of kidneys, rheumatism, disease of heart, disease of liver, piles, fistula in arm, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

RHEUMATISM may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

SUNSTROKE may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

MEASLES may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhoea.

MALARIAL POISONING may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

ASTHMA may result in disease of lungs, loss of voice, emphysema, dilatation of right side of heart and dropsy.

TYPHOID FEVER may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhoea and derangement of nervous system.

GUN-SHOT WOUNDS may result in various disabilities, the character of which depends upon the location of the wound, etc.

INJURY OF ABDOMEN may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

INTERMITTENT FEVER may result in disease of lungs, rheumatism, debility and heart disease.

DISEASE OF HEART may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.

TYPHOID-MALARIAL FEVER may result in affection of head, affection of stomach and debility.

FEVER may result in debility, chronic diarrhoea, rheumatism, ulcers of leg and deafness.

DEAFNESS may result in disease of brain and spinal irritation.

SMALL-POX may result in disease of leg and disease of eyes, suppurative otitis, deafness—partial or complete.

CATARRH may result in bronchitis, disease of stomach, disease of middle ear, deafness and cerebral abscess.

TYPHUS FEVER may result in dyspepsia and hepatitis.

MALARIAL FEVER may result in indigestion, debility, nervous prostration and chronic dysentery.

INJURY OF SPINE may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.

VACCINATION may result in loss of use of arm and blood poisoning.

DIPHTHERIA may result in paralysis and disease of throat.

N.B.—The paralysis of diphtheria is usually *transient*.

VARICOSE VEINS may result in ulcers.

SCURVY may result in varicose veins and ulcers.

SCIATICA may result in injury of back and hip.

DISEASE OF ABDOMINAL VISCERA may result in disease of rectum.

GUN-SHOT WOUND OF HEAD may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.

GUN-SHOT WOUND OF LEG may result in varicose veins, rheumatism and paralysis.

INJURY OF HEAD may result in deafness, epilepsy, paralysis and insanity.

DISEASE OF LIVER may result in rheumatism, jaundice; often results in pleurisy of right lung.

JAUNDICE may result in debility, disease of liver and dropsy.

FEVER AND AGUE may result in disease of spleen.

BRAIN FEVER may result in epilepsy.

CONCUSSION may result in deafness, disease of brain and spinal irritation.

TYPHOID-PNEUMONIA may result in disease of lungs and disease of throat.

ABSCESS may result in varicose veins.

INJURY TO BACK may result in curvature of spine, paralysis and disease of kidneys.

INJURY OF CHEST may result in disease of lungs.

PLEURISY may result in pleuritic adhesions, displacement of heart and phthisis.

MALARIA may result in intermittent fever.

LOSS OF ONE EYE may result in affection of the other.

DISEASE OF LUNGS may result in disease of heart.

B-110

Increase

INVALID PENSION.

Claimant, *Sewell H. Hasty*

Cff No 70335

P.O., *Carlisle* Rank, *Private*
County, *Middlesex* Company, *G.*
State, *Mass* Regiment, *3rd Me Vol Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY:

Name, *J. W. Morris* *J. B. Lealle* ⁹⁻²³⁻⁹⁴ Fee \$ *10*, Agent _____ to pay.
P.O., *Washington D. C.* Articles filed _____, 18 ____

APPROVALS:

Submitted for admission *December 12, 1883* *A. B. Hurlbut*, Examiner.
Approved for *injury to right side* Approved for *injury to right side*
side 14/18 No money.

12/15, 1873, *Fisher*, Legal Reviewer. *Oct 21, 1873*, _____, Medical Referee.

Enlisted *January 23^d* 1861
Discharged *Feb 10th*, 1862. Last paid to _____, at \$ *4*

Pensioned from *Feb 10th*, 1862, at \$ *4*, for *injury to right side*

and reduced to *53* on *breast* of '73. Increased to *44* April 25/66
for some disability. Original declaration filed *April 25*, 1866; alleged *injury to right side*

Sept 24th 1881 *Same*
Jan 27 1887 *Same*
Nov 1 1889 *Same*

Arrears allowed from _____, 18 ____, to _____, 18 ____, at \$ _____

PRESENT CLAIM.

Declaration filed *Nov 1*, 1889. *Injury to right sides.*

No M. b. *Claimant write*

See Instructions at Bottom.

FOR INCREASE OF INVALID PENSION,

STATE OF Maine
COUNTY OF Penobscot }
SN. }

On this 27th day of January A. D. 1886 personally appeared before me a Justice of the Peace the same being a Court of Record in the County and State aforesaid Sewall H. Hasty aged 48 years, a resident of the County of Penobscot State of Maine, who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Augusta pension Agency, at the rate of 4 dollars per month, by reason of disability incurred in the military service of the United States while a member of Company "G" 5 Reg't of Maine Vols., and my present physical condition is such that I believe I am entitled to receive an increase pension. I am now disabled in the following manner, to wit:

Injury to
right side.

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE, OF WASHINGTON, D. C., my true and lawful Attorney to prosecute my claim. My Post Office address is Bangor County of Penobscot State of Maine and the number of my certificate is 70,335.

Attest
two
witnesses.

Arthur L. Mace
F. H. Hanson [Claimant's Signature.]

Also personally appeared Arthur L. Mace residing at Bangor and F. H. Hanson residing at Bangor persons whom I certify to be respectable and entitled to credit, and who being duly sworn say they were present and saw Sewall H. Hasty the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature
of
witnesses.

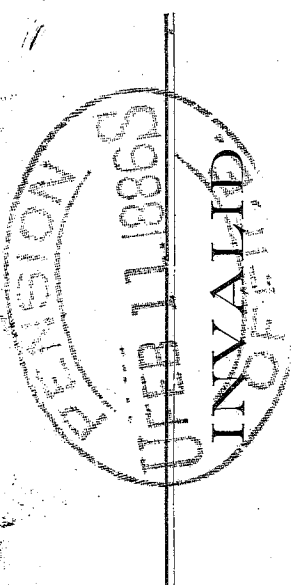
Arthur L. Mace
F. H. Hanson

NOTE.—This declaration may be made before a Notary or Justice, provided that the Certificate of Clerk of Court is attached, showing the official capacity of said Notary or Justice.

Sworn to and subscribed before me this... 27th day January... A. D. 188 6
and I hereby certify that the contents of the above declaration, &c., were fully made
known and explained to the applicant and witnesses before swearing, including the
[SEAL.] words.....erased, and the words.....
.....added; and that I have no interest, direct or
indirect, in the prosecution of this claim.

lost on file

..... Otis Gilmore.....
[Signature.]
..... Justice of the Peace.....
[Official Character]



CLAIM FOR PENSION

INCREASE.

..... Samuel B. Cralle.....
Applicant

..... Co. D. 54.....
Reg't.

..... me.....
Volunteers.

..... 76,325.....
Certificate No.

FILED BY

J. B. CRALLE,

Claimant's Attorney,

WASHINGTON, D. C.

I certify that.....before whom this declaration
was sworn to, was.....duly authorized to act in
said capacity at the time of administering said oaths, and I further certify that his signature is genuine.
I am not interested in this claim.

.....
[Clerk's Signature.]
.....
[Official Capacity.]

Declaration for the Increase of an Invalid Pension.

FAKE NOTICE.—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.

State of Maine, County of Piscataquis, ss.

ON THIS 15 day of January A. D. one thousand eight hundred and eighty seven personally appeared before me, a Justice of the Peace within and for the County and State

aforesaid, Samuel H. Hasty aged fifty years, a resident of Bangor County of Piscataquis State of Maine, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Augusta Pension Agency at the rate of 4

dollars per month, Certificate No. 70335, by reason of disability from injury to
(Here name the disability for which pension was granted.)

right side

incurred in the military service of the United States, while serving as a Pvt
(Military or Naval.) (Here state rank, company, and regiment, if in the army; vessel if in the Navy.)
Co 4 1st Me Regt Vols

That he believes himself to be entitled to an increase of pension on account of an increase
in the disability for which he now
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.)
draws pension. That he believes
If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place
his present rate is much lower
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment
than that of others suffering the same
should be given as nearly as possible.)

degree of disability and he believes
himself intitled to an increase

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

of

his true and lawful attorney, to prosecute his claim.

His Post Office address is Bangor Maine

J. A. Barstow
C. C. Speed

[Two witnesses who can write sign here]

Samuel H. Hasty
[Signature of Claimant.]

[Signature of Affiants.]

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

continued

Harry J Chapman
[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 _____, 188

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.

INVAALID.

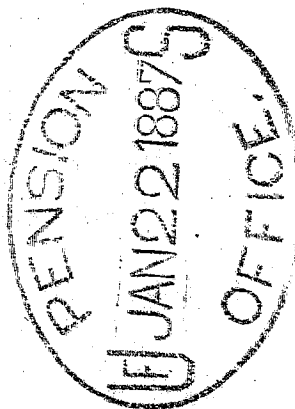
CLAIM FOR INCREASE.

Samuel H. Hasty, Applicant.

Co. G. B. Reg't.

Vol 3

Pension Certificate No. 70,335



Filed by

Sewall H. Hasty of Bangor Maine
 late Private Geo H 5th Regt Me Vols to whom
 was granted Pension Certificate No. 81789
 Having applied for arrears of pension
 under Act of July 27th 1868 on oath depose
 and say, that I was not employed in the
 civil or military service of the ^{United States} U.S. any
 portion of the time between March 3rd 1865 and
 June 6th 1866 nor since my discharge from
said Geo H Regt—and I hereby surrender
my Pension Certificate

Sewall H Hasty

State of Maine
 County of Penobscot ss

On this 19th day of October

STATE OF MAINE.

PENOBSCOT, ss.

I, EZRA C. BRETT, Clerk of all the Judicial Courts in said County, certify that

A. J. Chapman

Esquire, is, and was at the date of his Certificate an acting Justice of the Peace in and for said County, duly
 commissioned and qualified to act as such, and that the signature to the paper annexed, purporting to be his,
 is genuine, and that he is duly authorized and empowered, by the laws of said State, to administer Oaths, to
 take Depositions, Acknowledgement of Deeds, Assignments, and Powers of Attorney.

Given under my hand and the seal of said Court, this nineteenth day of

October

A. D. 1868

E. C. Brett

CLERK.

Sewall H. Hasty of Bangor Maine
 Late Private Geo H 5th Regt Me Vols to whom
 was granted Pension Certificate No. 81789
 Having applied for annuities of pension
 under Act of July 27th 1868 on oath depose
 and say, that I was not employed in the
 civil or military service of the ^{United States} U.S., and
 portion of the time between March 3rd 1865 and
 June 6th 1866 nor since my discharge from
said Geo H Regt—and I hereby surrender
my Pension Certificate

Sewall H Hasty

State of Maine
 County of Penobscot ss

On this 19th day of October
 A.D. 1868 before me personally came
 Sewall H Hasty to me well known
 I made oath to the truth of the foregoing
 statements by him signed. I am disinterested
 A. J. Chapman } Justice of the Peace

WAR OF 1861.

ACT JULY 14, 1862.

Post 70335

u11 Aug 2 1862
 Brief in case of Sewall H. Hasty, late pri
 of Company G, 5th Regiment Maine vols.

POST OFFICE ADDRESS OF APPLICANT:

Lewiston, Androscoggin county, Maine.
 Enlisted June 23, 1861, Discharged Feb. 10, 1862.

CLAIM FOR AN INVALID PENSION.

DECLARATION AND IDENTIFICATION IN DUE FORM.

PROOF EXHIBITED.

Discharged for chronic hepatitis.

The late surg. of reg't certifies that applicant was injured ~~by a blow~~ in the right side by a blow from a lever while guarding a heavy gun on the way from Fort Ellsworth to Fort Lyon, Va; he was laboring under chronic hepatitis at the time of discharge, resulting from the blow.

The late capt. certifies that applicant was injured in the manner above described, about the 8th Sept. 1861.

Dr. Garcelon, July 9, '66, rates disability at one-half from injury to right side; probably adhesions of internal surfaces in vicinity of injury; depression and weakness of side; inability to lie on opposite side without pain and disturbance of heart's action.

Annual Ex.

Admitted Aug 23, 1866, to a Pension of \$ 4 per month, commencing

April 25, 1866

Disability 1/2, probably permanent Disabled by injury of right side.

Moses Emery,

Saco, Maine.

Name and Residence of Agent.

Examining Clerk.

L. N. Hall.

Invalid Soldier's Application for Army Pension.

State of Maine York County, . . . ss:

On this twelfth day of April A. D. 1866 personally appeared before me Abel H. Jollison, Judge of the Municipal Court of the City of Biddeford in the said county & State Sewall H. Hasty a resident of Leicester in the County of Androscoggin and State of Maine aged thirty one years, who, being first duly sworn according to law, declares that he is the identical Sewall H. Hasty who enlisted in the service of the United States as a private in Company E commanded by Captain Henry S. Thomas in the Fifth Regiment of Maine Volunteers commanded by Colonel Mark H. Donnell, in the war of 1861. That he enlisted at Portland Me on the twenty third day of May June, 1861, for the term of three years, and was honorably discharged on the twelfth day of February in the year 1862, at Camp Franklin, in the County of Hairfax, State of Virginia; that while in the service aforesaid, and in the line of his duty, he ⁽³⁾ was struck by the end of a lever, which he threw before the wheel of a gun carriage to prevent its sinking. They were at the time moving a heavy gun from Fort Ellsworth to Fort Boyer, Va. This was about the eighth of September, 1861. The said blow started and drove in the ribs of his right side, and wholly disabled him for duty. He was unable to be carried to the regimental Hospital (but his name may be entered on the its books) and was put into a private house and treated there by Dr. Francis B. Warren, first surgeon, for about four weeks, then found his Regiment unable to do duty, was treated by said Warren until his discharge as above. He has never been able to do hard work since he was injured as above.

Since his discharge he has resided about 5 months at Leicester his native place & the rest of the time in Chilmark, Mass. at Leicester, Maine, and has been employed driving light work in a Cotton Mill.

And he hereby constitutes and appoints Moses Conery of Saco, Maine his Attorney, with full powers of substitution, to prosecute this claim, and procure a certificate. He further states that he has never aided or abetted the existing rebellion.

Sewall H. Hasty

Also personally appeared Joseph M. Gilman a resident of Biddeford and Alonzo Hasty a resident of Biddeford 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 Sewall H. Hasty sign his name to the foregoing declaration; and they further swear, that they have every reason to believe from the appearance of the applicant, and their acquaintance with him, that he is the identical person he represents himself to be, that since his discharge, he has resided and been employed as above stated; and that they are disinterested in this claim.

Joseph M. Gilman

Alonzo Hasty

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME, this twelfth day of April, A. D. 1866; I hereby certify that I have no interest in the foregoing claim. In testimony whereof my hand and official seal are hereunto annexed.

Abel H. Jollison Judge

State of _____ County, ss:
I, _____, Clerk of the _____ Court

do hereby certify that _____, Esq., before whom
the foregoing affidavits were made, and who has thereunto signed his name, was at the time of so doing a
_____ in and for the County and State above named, duly commissioned
and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

In Testimony Whereof, I have hereunto signed my name and affixed my official
Seal, this _____ day of _____, 186

INSTRUCTIONS.

- (1)—Judge or Clerk's name and title of the Court.
- (2)—Claimant's name; first name written in full.
- (3)—Here give a particular account of the cause and extent of disability, and where and how produced.

C. S. King, Pension Blank Printer, Junction Free and Middle Streets, Portland, Me.

INVALID SOLDIER'S CLAIM
FOR
ARMY PENSION.

Mr. Sewall H. Hasty
Company E, 5th Regiment
Maine Volunteers

ACT OF JULY 14, 1862.

Forwarded by _____ Moses Emery, Secy, Maine.

Attorney,
Present:

APPLICANT'S POST OFFICE ADDRESS.

Name, Sewall H. Hasty

Town, Lewiston

County, Androscoggin

State, Maine



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—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.

STATE OF Maine

COUNTY OF Pendecost } ss.

On this 20th day of September A. D. one thousand eight hundred and eighty one personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Jewell H. Hasty, aged 44 years, a resident of Bangor, County of Pendecost, State of Maine, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Conecord M. H. Pension Agency at the rate of 13 dollars per month, certificate No. _____, by reason of disability from an injury to his right side (Here name the disability for which pension was granted.)

incurred in the military service of the United States while in Co. H 5th Regt (Here state rank, company, and regiment, if in the Army; vessel if in the Navy.) Maine Volunteers

That he believes himself to be entitled to an increase of pension on account of being undersold that he originally drew \$4 per month but was (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.) cut down by the latest Western format diagnosed surgeons with whom claimant had some hard feelings—shot in consequence of his said lateral side he can do no hard labor and at times when he gets cold or over exerts himself he is totally disabled for several weeks—Cant lift much, suffers much pain at times—side continually weak, and there is an internal soreness in said side

that he hereby appoints with full power of substitution and revocation A. J. Chapman Esq. of Bangor Maine his true and lawful attorney, to prosecute his claim.

His Post Office address is Bangor Maine

Jewell H. Hasty
(Signature of Claimant.)

ly appeared Kimball Means, residing at Bangor,
and Aaron Ingalls, residing at Bangor,
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 Selem H. Herby, 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 Affiants sign by mark two persons who can write sign here.]

[Signatures of Affiants.]

Sworn to and subscribed before me this 20th day of September A. D. 1887

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained
to the applicant and witnesses before swearing, including the words
s.] _____ erased, and the words _____
_____, added; and that I have no interest, direct or indir et,
in the prosecution of this claim.

Otis Gilmore
[Signature.]

Justice of the Peace
[Official Character.]

I certify that _____ Esq., who hath signed his name to the foregoing
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 _____ 188

[L. S.]

Clerk of the

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.

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

CLAIM FOR INCREASE.

Selem H. Herby, Applicant.

"G", Reg't

Maine Inf, 1st

Pension Certificate No.

Filed by
A. J. Chapman
Bangor Me

Printed and for sale by J. H. SOULE, 639 F Street, oppo-
site the Patent Office, Washington, D. C.

U.S. PENSION
SEP 24 1881

OFFICIAL.

WAR OF 1861.

ACT JULY 14, 1862. 27, 1868. *Bangor*

Brief in the case of Sewall H. Hasty, late private of Company G, 5th Regiment Maine vols.

POST OFFICE ADDRESS OF APPLICANT:

*Bangor, Penobscot county, Maine.
Enlisted June 23, 1861, Discharged February 10, 1862.*

CLAIM FOR AN INVALID PENSION.

DECLARATION AND IDENTIFICATION IN DUE FORM.

PROOF EXHIBITED.

Originally pensioned at \$4 per month, commencing April 25, 1866.

Not in civil service.

(Transfer Agency.)

Admitted *Nov. 5*, 1868, to a Pension of \$ *4* per month, commencing *Feb. 10*, 1862, and ending *April 24*, 1866.
Disability *1/2*. Disabled by *injury of right side.*

*G. P. Brown,
Bangor, Maine.*
Name and Residence of Agent.

Examining Clerk.

G. W. Hall.

~~Personnel~~ does not
request transfer.

[Form M.]

Declaration for Arrears of Pension.

[Under Section 6 and 10, Act of July 27, 1868.]

State of Maine, County of Penobscot, ss.

On this 2^d day of September A. D. one thousand eight hundred and sixty eight -, personally appeared before me, E. LeBrett Clerk of the Supreme Court within and for the County and State aforesaid, Swall H. Hasty aged 32 years, a resident of Bangor in the State of MAINE, who being duly sworn according to law, declares that he is the identical Swall H. Hasty to whom was granted pension certificate No. 70,335 payable at the agency at Portland Me and dated September 1st 1866 ; that under the limitations of the act of July 14th 1862 & subsequent Acts he was denied a pension from the date of the his ~~death or discharge of~~ his Feb. 10th 1862 ; and believing himself entitled to the same, under the sixth section of the act of July 27, 1868, he makes this declaration in order to secure the arrears accrued thereunder. or any other

He is Post Office address is as follows: Bangor Maine
And I hereby constitute and appoint E. P. Brown Esq. of Bangor Maine my lawful Attorney to present and prosecute this claim for arrears of pension, and to receive the certificate or voucher, for its payment, or any receipt check or draft that may be issued for the same to me or my order & to do any other act or thing necessary or that I might do if present
Swall H. Hasty

Also, personally appeared A. J. Chapman of Bangor and John W. Hanson residents of Bangor 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 Swall H. Hasty sign his name, or make mark to the foregoing declaration; and they further swear that they have every reason to believe, from the appearance of the applicant, and their acquaintance with him that he is the identical person he represents him self to be; and they further state that they have no interest in the prosecution of this claim.

A. J. Chapman
John W. Hanson

Sworn to and subscribed before me this 2^d day of September A. D. 1868; and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.

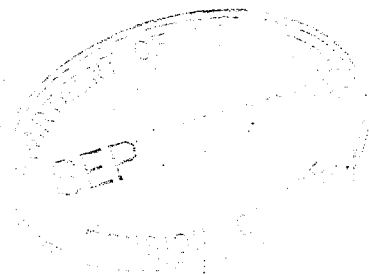
And I further certify, that the foregoing affidavits were read over and fully explained to affiants before signing.

E. LeBrett Clerk
S. J. Carver

APPLICATION FOR ARREARS OF PENSIONS.

(Under Act of July 27, 1868.)

Due Sewall A. Hasty
Late Pri. Co. 4th 8th
Regt Me Vols



Filed by
C. P. Brown
Bangor
Maine

Application for Re-rating, Arrears and Increase of Pension.

State of Maine, County of York, ss:

ON THIS 20th day of September A. D. one thousand eight hundred and eighty nine personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Sewall H. Hasty
Claimant's name.
 aged 54 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 4 dollars per month, under Pension Certificate No. 70335 by reason of disability resulting from "Injury of right side."
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a Private in Company G of the Fifth Regiment of Maine Volunteers.
 That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

As he thinks the rates allowed have been unreasonably low and disproportionate to the rates granted others for similar or equivalent disabilities, he asks that his pension be re-rated and more allowed from the beginning and further increased for future time to correspond with the degree of disability.

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

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Saco County of York,

State of Maine

George J. Emery

Sewall H. Hasty
Signature of claimant.

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

Also personally appeared A. G. Peetis - residing at Saco, Maine, and Horace Smith, residing at _____, persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Sewall H. Hasty, 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.

George J. Emery

A. G. Peetis
Horace Smith
Signatures of witnesses.

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

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____

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

George J. Emery
Signature.

[L. S.]

Recorder of the Municipal Court of the City of Saco a Court of Record
Official character.

NOTE.—If increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be Executed before an Officer of a Court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to administer oaths for general purposes.

Certificate No. 70335

INVALID.

RE-RATING AND INCREASE

APPLICATION FOR PENSION.

Sewall H. Hasty

9 5 Regt.
Co. _____

Me. Vols.

Wants to be examined at
Buddington, Me.

SEP 25 1915
FILED BY

J. W. MORRIS,
(Late Principal Examiner U. S. Pension Office.)
Attorney at Law,
WASHINGTON, D. C.

Declaration for the Increase of an Invalid Pension.

State of Maine, County of York, ss:

ON THIS 19 day of October A. D. one thousand eight hundred and eighty nine personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Jewell H. Hasty
Claimant's name.
 aged 54 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of Four dollars per month, under Pension Certificate No. 70.335 by reason of disability resulting from Injury to right side
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a private in Company G of the 70th Regiment of Maine Volunteers. That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

On account of an increased disability and his rate, above named, being unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated

That he hereby appoints, with full power of substitution and revocation, J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Saco County of York,

State of Me.

Alfred G. Remus
Horace Smith

Jewell H. Hasty
Signature of claimant.

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

Also personally appeared Alfred G. Prentiss residing at Saco, and Horace Smith, residing at Saco, persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Sewell H. Hasty, 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.

Alfred G. Prentiss
Horace Smith
Signatures of witnesses.

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

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

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

George A. Emery
Notary Public.
Official character.

[L. S.]

NOTE.—If increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be Executed before an Officer of a Court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to administer oaths for general purposes.

Certificate No. 70,335

INVAID.

APPLICATION FOR

INCREASE OF PENSION.

Sewell H. Hasty

on 5 Reg't.

Maime Vols.

Inspector examining at Saco Maine

PENSION

FILED BY

J. W. MORRIS,
(Late Principal Examiner U. S. Pension Office.)
Attorney at Law,
WASHINGTON, D. C.

GENERAL AFFIDAVIT.

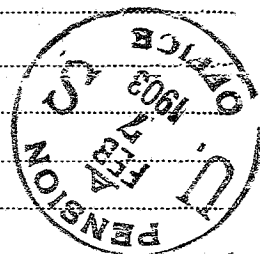
NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state *how* you know what you say to be true; whether from personal observation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

STATE OF New Hampshire }
COUNTY OF Rockingham } ss.

In the matter of the claim for Samuel H. Husky
of East Derry N.H.
late of Company G, 1st Regiment, Maine Volunteers.

Personally came before me, a Notary Public in and for aforesaid County
and State, Charles M. Heath, aged 64 years,
and Henry W. May, aged 49 years,
resident of Derry, in the County of Rockingham State of

New Hampshire, who being duly sworn, declare in relation to aforesaid case, as follows:
We are well acquainted with the claimant
in this case and know that he is a
man of good habits and a man of integrity
We can testify from our acquaintance
with him of being neighbors of his,
that none of his disabilities are the
result of vicious habits.



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

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

Affiant's Signature, Charles M. Heath
P. O. Address, East Derry N.H.
Affiant's Signature, Henry W. May
P. O. Address, West Derry N.H.

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

Witness my hand and seal this *2nd* day of *February* 190 *3*

ADD SEAL HERE.

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

Leicester H. Pillsbury
Magistrate's Signature.
John B. Curtis
Official Character.

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

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

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

..... Clerk.

[L. S.]

W
Seal
27
EAST DIV
FEB 9 1903
RECEIVED.
27
No. *70365*
Claimant, *Sawyer & Hasty*
Late *Co., 5* Reg't, *me* Vols.
AFFIDAVIT OF
FILED BY
John B. Curtis
Wash
SOLD BY
T. H. BALL, LAW STATIONER,
24 TREMONT STREET,
BOSTON.
No. 663.

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

Certificate No. 70.335

In

INVALID PENSION.

Claimant,

Sewall H. Hasty

P. O.,

East Derry

County,

Rockingham

State,

New Hampshire

Rank,

Private

Company,

2

Regiment,

5 Me. Vol. Inf.

Rate, \$

per month, commencing

Pensioned for

REJECTED
Dec 1/03
78H

RECOGNIZED ATTORNEY.

Name,

J. B. Cralle Co.

P. O.,

Washington, D.C.

Fee, \$ 2; Agent to pay.

Articles filed 1

APPROVALS.

Submitted for

ad. Oct. 28, 1903

F. L. Hampton

Examiner.

Approved for

Injury to right side,

Approved for

injury to right side

4/18; no increase

Entitled to benefit of act
of March 2, 1895,

Entitled to benefit of Act
March 2, 1895

Alleged resulting
weak eyes and nervous debility
referred to Med. Referee

Alleged weak eyes and
nervous debility not accepted
as wounds

Nov. 2, 1903

B. W. Lison

Legal Reviewer.

W. H. Wainman

Medical Examiner.

J. H. Wainman

Medical Reviewer.

Nov. 4, 1903

W. B. Johnson

Re-Reviewer.

W. B. Johnson

1903

Medical Referee.

Enlisted

May 4

1861

Discharged

Jan. 16

1862

Last paid to

1

Pensioned at \$

6

per month for

Injury of right side

PRESENT CLAIM.

Declaration filed

June 21, 1902

Increase pensioned cause
Rheum. Kidney complaint. Weak eyes,
nervous debility, lameness of back & knees &
shoulders.

Claimant does — write.

To, M. C.

3-014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of New Hampshire,
County of Rockingham, } ss.

On this 5th day of March, A. D. one thousand nine hundred and seven, personally appeared before me, a United States Commissioner, within and for the county and State aforesaid, Sewall H. Hasty, who, being duly sworn according to law, declares that he is 72 years of age, and a resident of Derry, N.H. county of Rockingham, State of New Hampshire,; and that he is the identical person who was ENROLLED at Portland, Maine, under the name of Sewall H. Hasty, on the _____ day of June, 18 61. as a private, in Co. G, 5th Regiment Maine Vol. Inf'y.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
as a private, and discharged as a private, in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at at Camp Franklin Va. on the _____ day of February, 18 62. That he also served in no other command.
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 1/2 inches; complexion, fair; color of eyes, brown,; color of hair, brown,; that his occupation was farmer; that he was born XXXXXXXXXX March 9th, 18 34, at Lisbon, Maine,

That his several places of residence since leaving the service have been as follows: _____

In Limrick, Bangor Maine, In Acton, Mass. and at Derry, N.H.
(State date of each change, as nearly as possible.)

That he is _____ a pensioner. That he has _____ heretofore applied for pension _____
Certificate No. 70335.
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is R. F. D. Derry, county of Rockingham, State of New Hampshire.

Attest: (1) Benj. F. Low
(2) Fred L. George

Sewall H. Hasty
(Claimant's signature in full.)

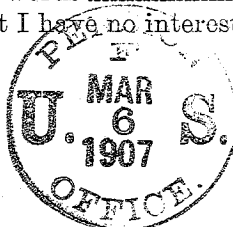
Also personally appeared Benj. F. Low, residing in Derry N.H. and Fred L. George, residing in Derry, N.H. persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Sewall H. Hasty, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 6 years and 2 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted
S. A. Cuddy,
Chief, Law Division.

Benj. F. Low
Fred L. George
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 5th day of March, A. D. 190 7, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



John G. Braunford
(Signature.)

United States Commissioner.
(Official character.)
District of New Hampshire.

3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 70,335.

Name, Samuel H. Hasty,

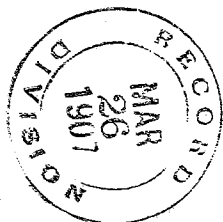
Service, Private, Co. G 5th. Reg't.

Maine Volunteer Infantry,

INSTRUCTIONS.

EAST. DIV.
MAY 20 1907
RECEIVED.

This form may be used for original pension or increase of pension. It must be supported by the testimony of some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to use a seal, his official character, signature, and name of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for reference.



AN ACT

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

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

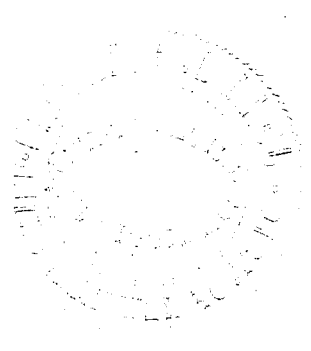
That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such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

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

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

APPROVED: February 6, 1907.

6-803



3-357.

Cert. No. 70335

ACT JUNE 27, 1890.

mem-
70335
Boston

Increase

INVALID PENSION.

Claimant, Sewall Hasty

P. O. Derry

County Rockingham

State New Hampshire

Rate, \$12 per month, commencing June 10, 1904,

Rank Private

Company G

Regiment 5th Me. Vol. Inf.

Pensioned for Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. B. Lralle & Co.
P. O. Washington D.C.

Fee, \$2.00
Agent to pay.

APPROVALS.

Submitted for Admission, Jan. 3rd, 1905, F. E. McLaughlin, Examiner.

Approved for *inability to earn a support by manual labor*
Age 70 years.
Rate \$12 per month.

Approved for

Medical action not required.

Aggregate of disabilities shown, permanent in character: \$

Jan 7 - 1905, 1905

Legal Reviewer: M. E. Papp
Re-Reviewer: J. M. Hunter

Medical Examiner.

Medical Reviewer.

, 190

Medical Referee.

Enlisted May 4th, 1861; honorably discharged Jan. 16th, 1862

Enlisted, 186; honorably discharged, 186

Pensioned at \$8.00 per month. Last paid to rheumatism, enlarged prostate gland, & senile debility.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed June 10th, 1904, alleges age-70 years.

Claimant does write.
Certificate not filed.

W. M. C.

ST., ME.

3-402.

Certificate No. 70,335Name, Sewall H. Hasty.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. My Wife Mary C. Kimball. Hasty died Jan 31st 1898. Third Wife

Second. When, where, and by whom were you married?

Answer. None

Third. What record of marriage exists?

Answer. Certificate

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. Julia Durgan. Mar 6th 1858 died Aug 14th 1860 Limerick Maine
2nd Wife Olive M. Porter, died September 1882 Bangor Maine

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Lusie E. Safford, born Dec 31st 1867

Edith J. Hasty " Nov 1869

Date of reply, June 6th, 1898

Sewall H. Hasty

(Signature.)

Declaration for Increase of Pension.

Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

Execute this before some officer having a seal.

State of New Hampshire, County of Rockingham, ss:

On this 28 day of May A. D. 1904, personally appeared before me, a Notary Public within and for the County and State aforesaid, Sewall H. Hasty

Claimant's name should be written here.

aged 70 years, a resident of Derry County of Rockingham

Age here.

Place of residence here.

Name of County here.

State of New Hampshire, who, being duly sworn according to law, declares that he is the identical

Name of State here.

Sewall H. Hasty who was enrolled on the _____ day

Name of Claimant.

of April, 1861, in 5th Regiment Main Vol. Inf. Co. G. as a private

Month.

Year.

Here state rank, Co. and Reg't. if 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 CAMP Franklin Va. on the 8th day of February, 1863.

Place where discharged.

Month.

Year.

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except _____

That he is wholly unable to earn a support by manual labor. That he is a pensioner under Certificate No. 70335 at eight dollars per month.

Partially or wholly.

That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely Rheumatism, general debility, injury to right side.

Also on account of disability arising from old age, being now past the age of 70 years, having been born on the 9th of March A. D. 1834, in the Town of Webster, in the State of Maine. **ALSO CLAIMS THE BENEFIT OF ORDER 78.**

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the Act of June 27, 1890, as amended by Acts of May 9, 1900 and July 1, 1902.

He hereby appoints

J. B. CRALLE & CO.,
CLAIM ATTORNEYS, CRALLE BUILDING 108 C ST. N. W., WASHINGTON, D. C.,

his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Two Dollars when his increase is allowed. That his Post Office address is Derry

Claimant's P. O. address here.

County of Rockingham State of New Hampshire

Name of County here.

Name of State here.

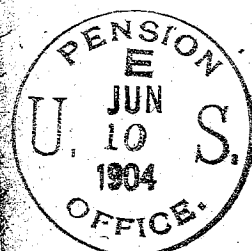
Attest
two
witnesses.

Henry W. May
William F. Neal

Sewall H. Hasty
[Claimant's Signature.]

ATTY FILED

5.



Also personally appeared Henry W. May, residing
Name of first Witness here.

at Derry N.H., and William F. Neal,
Name of second Witness here.

residing at Derry N.H., persons whom I certify to be respectable and entitled
to credit, and who, being by me duly sworn, say they were present and saw Sewall H. Hasty
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.

Henry W. May

William F. Neal

Signatures of two witnesses who write their names.

Sworn to and subscribed before me this 28th day of May, A. D. 1904,
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained
to the applicant and witnesses before swearing, including the words

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

Executing Officer's

[L. S.]

Seal here.

John G. Brainerd

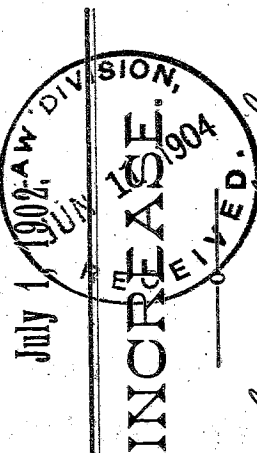
Official Signature.

Notary Public.

Official Character.

FILED UNDER ORDER NO. 78.
DECLARATION FOR INVALID PENSION.

Under Act of June 27, 1890 as amended
by Acts of May 9, 1900 and



Name Sewall H. Hasty

Rank Int. Co. G. - 5th Regt.

One Vols.

Certificate No. 702335



FILED BY

J. B. Cralle & Co.,

CLAIM & PENSION ATTORNEYS,

CRALLE BUILDING,

WASHINGTON, D. C.

Mon

B-110

CLAIMANT'S AFFIDAVIT.

State of _____ County of _____ SS:

In the matter of Sewall H. Hasty

late a _____ in Co. Y of the 5
Reg't of Maine Infantry Vols., for _____

On this 14th day of October, A. D. 1904, personally appeared before me, a Notary Public _____ in and for the aforesaid County, duly authorized to administer oaths, Sewall H. Hasty, aged 70 years, a resident of Derry in the County of Rockingham and State of New Hampshire whose Post office address is R.F.D. No. 1 Derry N.H. and well known to me to be reputable and entitled to credit, and who, being duly sworn, declares as follows:

That I am the identical Sewall H. Hasty is the claimant in the above-mentioned cause, and that I was seventy years of age on the ninth day of March, 1904. I was born in Lisbon or Webster State of Maine. My father and mother are both dead. I have one brother older than myself Mark M. Hasty who resides in Limerick State of Maine. I have always understood and it was generally known that I was born at the time mentioned above. I attended the District School in the year 1839, and was supposed to be at that time about 5 years of age. There does not appear to be any public record of my birth in the town where I was reputed to have been born, and I can only tell my true age by the recollections of my boyhood days when I was with my elder brother, Mark M. Hasty. I enlisted in 1861, and at that time it was generally understood by myself and by those who knew me in my boyhood days, that I was at that time 27 years of age. I am unable to furnish any evidence of the date of my birth except the affidavit of my said elder brother, who knew me from his earliest recollections being as it was understood two years older than myself.

Sewall H. Hasty



If Claimant signs by mark, two persons who write sign here.

Signature of Claimant.

DEC 23 1904
PENSION DIV
U.S. OFFICE

State of New Hampshire County of Rockingham, ss:

Sworn to and subscribed before me this 14 day of October, A. D. 1907.
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all 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.

John G. Crawford
Official Signature.

(L. S.)

Notary Public.
Official Character.

Commission expires Dec. 2nd, 1907.

I,..... clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.,
who hath 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..... 1907.

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Small Pox

Oct. 14 in Co. 5 Reg't
of Me. Inf. Vols

Character of Claim.

Small Pox
New Hampshire
Sept. 10 1865

CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. Cralle & Co.,

CLAIM & PENSION ATTORNEYS,

CRALLE BUILDING,

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

This blank can be used for affidavit of **ONE WITNESS**, or for **TWO WITNESSES** having knowledge of the same facts.

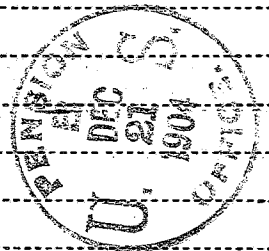
State of Maine County of York

In the matter of Sewall H. Hasty

late a private in Co. H of the 5th
Reg't of Maine Inf Vols., for

On this third day of December, A. D. 1904, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Alonso Hasty, aged 66 years, a resident of Saco in the County of York and State of Maine whose Post office address is Box 741, Saco, Maine and Charles F. Hasty aged 63 years a resident of Saco in the County of York and State of Maine, whose Post office address is Saco, Maine and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That we have been well and personally acquainted with Sewall H. Hasty for over 63 years, and over 60 years, respectively and that said Sewall H. Hasty was born March 9, 1834, in the town of Lisbon, Maine, we know this by being told so by our parents. We are his brothers. There is no public or private record that we know of. The Bible containing the records of his and our births was destroyed by fire some years ago but we both remember the date in this Bible.



Alonzo Hasty
Charles F. Hasty
Signatures of Affiants.

State of Maine County of York, ss:

Sworn to and subscribed before me this Third day of December, A. D. 1904.

by the above-named affiants, and I certify that I read said affidavit to said affiants including all the words

and all the words.....added, and acquainted.....*them*
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 *S*.....*are* personally known to me
and that.....*are*.....credible persons

George B. Emery
Official Signature.
Notary Public
Official Character.

(L. S.)

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

☞ Affiants should state their means of knowledge of the facts to which they testify, and should draw their pen through all the unused lines on this blank.

ADDITIONAL EVIDENCE.

CLAIM OF

CLAIM OF
Sennell H. Easty

Late *Int.* in Co. *2* - *5* Reg't
 of *Me. Inf.* Vols

Character of Claim.

Increase Pension
 of Penn. Law.
 Cert. No. 70335

100

33

FILED BY

J. B. Cralle & Co.,

CLAIM & PENSION ATTORNEYS,

CRALLE BUILDING,

WASHINGTON, D. C.

2 Briefs

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

Act of June 27, 1890.

INVALID PENSION.

Claimant, Sewall H. Hasty

P. O., East Derry

County, Rockingham

State, New Hampshire

Rank, Private

Company, 9

Regiment, 5 Me. Vol. Inf.

Rate, \$ 8 per month, commencing

May 31, 1902

Deduct sub. payments under general law.

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

RECOGNIZED ATTORNEY.

Name, J. B. Crallé Co.

P. O., Washington, D.C.

Fee, \$ 10 -

Agent to pay.

APPROVALS.

Submitted for Ad. Oct 28, 1903

F. L. Hampton Examiner.

Approved for Injury to right side, and
rheumatism, disease of heart, kidneys,
prostate gland, and malaria, and
senility, and weak eyes,

Approved for rheumatism
enlarged prostate gland
and senile debility

Aggregate of disabilities shown, permanent in character: \$ 8

Nov. 2, 1903 B. M. Sisson
Legal Reviewer.

W. H. Wainwright
Medical Examiner.

Nov. 4, 1903 W. B. Johnson
Re-Reviewer.

Nov 6, 1903 W. H. Wainwright
Medical Reviewer.

Now pensioned under other laws at \$ 6 per month for injury to right
side from March 2, 1895

Enlisted May 4, 1861, honorably discharged Jan. 16, 1862

Reenlisted 18, honorably discharged 18

Declaration filed May 31, 1902, alleges permanent disability, not due to
vicious habits, from rheum. in knees & shoulders,
Kidney complaint, weak eyes, injury to
right side Affidavit filed Mar. 6, 1903,
alleges overheated affecting right side &
arm, dis. of heart, malaria,
enlarged prostate gland,

To, M. C.

Claimant does — write.

Act of June 27, 1890.

INVALID PENSION

2 Bfs
Ct. No 70335

Claimant, Sewall H. Hasty
P.O., Barbours Rank, Private
County, Middlesex Company, G
State, Mass Regiment, 5th Me. Vol Inf
Rate, \$ _____, per month, commencing _____

Disabled by _____

REJECTED.

RECOGNIZED ATTORNEY.

Name, J. B. Bralle & Co Fee, \$ 10 Agent to pay.
P.O., Washington D.C. Articles filed, _____, 189 .

APPROVALS.

Submitted for rejection, Dec. 12th, 1893, A. B. Bennett, Examiner.
Approved for rejection, subject to approval of Med. Referee. No ratable disability under Act of June 27, 1890 from injury to right side - nervous prostration.
Fisher Legal Reviewer.
12/18, 1893
Approved for rejection; no disability shown in a degree ratable under the Act of June 27, 1890.
Haynes Medical Referee.
Dec 21, 1893.

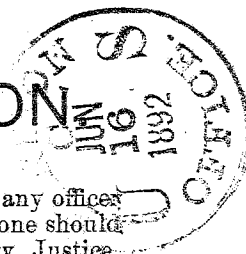
Is now pensioned under other laws. Last paid to _____, 189 , at \$ 4
Pensioned from February 10, 1862, at \$ 4, for injury to right side and ending April 24th 1866. arrears at \$4 from reduced to \$3 on biannual of '73 Increased to \$4 from April 25/66 for same

SERVICE SHOWN BY RECORD.

Enlisted Jan 23rd, 1861, _____ honorably discharged Febr 10th, 1862
Re-enlisted _____, 18____, _____ honorably discharged _____, 18____
Declaration filed June 16th, 1890, alleges permanent disability, not due to vicious habits, from injury to right side, nervous prostration

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION



Under Act of September 1, 1890, all applications for pensions may be executed before any officer authorized to administer oaths. It is *not necessary now* that the officer should have a seal, or that one should be attached showing his official capacity. You may, therefore, execute this paper before any Notary, Justice, or other officer who is most convenient to you.

STATE OF Massachusetts
COUNTY OF Middlesex } ss

On this 13 day of June, A. D. one thousand eight hundred and ninety-two personally appeared before me, George F. Duran, Justice of the Peace within and for the county and State aforesaid Sewall H. Hasty (Claimant's name here.) aged 57 years, a resident of Carlisle (Place of residence here.), County of Middlesex (Name of County here.)

State of Mass. (Name of State here.) who, being duly sworn according to law, declares that he is the identical Sewall H. Hasty (Claimant's name here.) who was enrolled on the 1st day of June (Month.), 1861 (Year.), in Co. G. 5th Me. Regiment (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 Camp Franklin Virginia (State place where discharged.) on the 11th day of February (Month.), 1862 (Year.)

That he is partially (Partially or wholly.) unable to earn a support by reason of the following disabilities: Injury to right side nervous prostration (Here name all the wounds, injuries or diseases from which you now suffer.) incurred at Near Ft. Lyon Virginia (Here state at or near what place each disability was incurred.)

on or about 5th day August 1861 (Here state as near as you can when each disability was incurred and give circumstances of incurrence.)

That he has not been in the Military or Naval service otherwise than as above set forth ✓

(If you have rendered other service state dates of enlistment and discharge and give company and regiment, or if in the Navy state the name of the vessel.)

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. That he has applied for pension under application No. 70,335 That he is applied a pensioner (Has or has not.) (If you have applied for pension state No. of claim here.) (Or is not.) under Certificate No. 70,335 (If a pensioner the Certificate number only need be given.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the ACT OF JUNE 27, 1890. He hereby appoints

J. B. CRALLE & CO.,

U. S. Pension Attorneys, Cralle Building, 108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Postoffice address is Carlisle (Claimant's P. O. address here.), County of Middlesex (Name of County here.)

State of Mass. (Name of State here.)

Attest George F. Duran (First witness sign here.) Sewall H. Hasty (Claimant's signature.)
Mary J. Melvin (Second witness sign here.)

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

Also personally appeared George R Duran residing at Carlisle
(Name of first witness.)
 and Mary F Melvin, residing at Carlisle
(Name of second witness.)

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and saw Sewall H. Hasty, 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 years and years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

George R Duran
Mary F. Melvin
(Signatures of witnesses.)

Sworn to and subscribed before me this 13 day of June, A. D. 1892, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words.....

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

George F. Duran
(Signature.)
Justice of The Peace
(Official Character.)

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

Name Sewall H. Hasty
 Rank Private Co. G Regt. 5
5 Regt. Maine Volts.

FILED BY

J. B. Cralle & Co.,

U. S. PENSION ATTORNEYS,

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The act of June 27, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for).

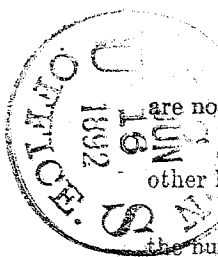
A service of not less than ninety days.

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

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.

A pensioner under existing 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.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.



Act of June 27, 1890.
AS AMENDED BY ACT OF MAY 9, 1900.

DECLARATION FOR INVALID PENSION.

NOTE.—This paper can be sworn to before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached. If certificate is on file in Pension Office, THAT WILL ANSWER.

STATE OF New Hampshire
COUNTY OF Rockingham } SS:

On this 29 day of May, A. D. 190 2, personally appeared before me,
Sewall H. Hasty within and for the County and State aforesaid
Claimant's Name here. aged 66 years, a resident of

Place of Residence here. Rockingham County of New Hamp State of New Hamp
Name of County here. Name of State here.

who, being duly sworn according to law, declares that he is the identical Sewall H. Hasty
who was enrolled on the _____ day of _____,
Claimant's Name here. Month.

1861, in Co. G. 5th Maine Ios in the
Year. Here state Rank, Company and Regiment if in Military service, or Vessel if in the Navy.

War of the Rebellion and served at least ninety days, and was Honorably Discharged at
Camp Franklin Va on the Feb day of 1862
State place where discharged. Month. Year.

That he is _____ unable to earn a support by reason of the following disabilities:
Partially or wholly.

Rheumatism in knees & shoulders. Kidney complaint & weak eyes
Here name all the wounds, injuries or diseases from which you now suffer.
incurred at was hurt in right side near Fort Lyon Va
Here state at or near what place each disability was incurred.
on Eighth day of August, 1861 was at time assisting the
on or about the artillery and was struck by a fever on right side
Here state as near as you can when each disability was incurred and give circumstances of incurrence.

That he has not been in the Military or Naval service otherwise than as above set forth _____

If you have rendered other service state dates of enlistment and discharge, and give company and regiment, or if in the Navy
state the name of vessel.

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent
That he has _____ applied for pension under application No. _____. That he is _____ a pensioner
Has or has not. If you have applied for pension state No. of claim here. Or is not.

under Certificate No. 70335
If a pensioner the Certificate number only need be given.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under
the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. He hereby appoints

J. B. CRALLE & CO.,

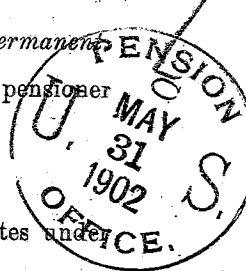
CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,
108 C N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he
hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his

Post Office address is East Derry County of Rockingham
Claimant's P. O. address here. Name of County here.

State of New Hampshire
Name of State here.

Attest: Leonard H. Pillsbury Sewall H. Hasty
First witness sign here. Claimant's Signature.

Chas E. McAlman
Second witness sign here.



All written in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

Also personally appeared Henry W. May, residing at
West Derry, N.H., and William F. Neal,
Name of first Witness here. Name of second Witness here.
residing at West Derry, N.H., persons whom I certify to be respectable and
entitled to credit, and who, being by me duly sworn, say they were present and saw
Sewall H. Hasty, claimant, sign his name (or make his mark) to the
foregoing declaration; that they have every reason to believe from the appearance of said claimant and their ac-
quaintance with him of one years, and one years respectively, that he is the
identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

Henry W. May
William F. Neal
Signatures of witnesses.

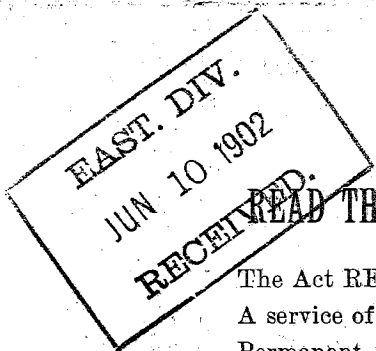
Sworn to and subscribed before me this 29th day of May, A. D., 1902,
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained
to the applicant and witnesses before swearing, including the words
erased, and the words
added; and that
I have no interest, direct or indirect, in the prosecution of this claim.

Executing Officer's

[L. S.]

Seal here.

Leonard H. Pillsbury
Signature.
Natany Public
Official Character.



READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The Act **REQUIRES:** An honorable discharge (but the certificate need not be filed unless called for.)
A service of not less than ninety days.
Permanent physical or mental disability or disabilities not due to vicious habits. (It need not have
originated in the service.)
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.
A pensioner under existing 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.
Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner,
and if not, the number of your application if you have made application.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

AS AMENDED

BY ACT OF MAY 9, 1900.

Name Sewall H. Hasty Regt.
Rank Private Co. B
Fifth Maine Vol.
Inf.

I can go before the examining
Board at Washua N.H. more
conveniently than any other
place.

cert No. 71395.

A. & N. S. O. K.
JUN 10 1902
FILED BY RECEIVED
May, June 9, 1902. Pagan,

J. B. Cralle & Co.,
PENSION ATTORNEYS,

CRALLE BUILDING
108 C ST. N. W.
WASHINGTON, D. C.
B-110

CLAIMANT'S AFFIDAVIT.

TO EMBRACE ADDITIONAL DISABILITIES IN HIS CLAIM UNDER
THE NEW LAWS.

STATE OF _____ COUNTY OF _____ SS:

In the matter of

Sewall H. Hasty

late a

in Co.

"G" of the

8"

Reg't of

Me

Vols., for

Original new law pension

On this

22nd

day of *February*

, A. D. 190

8

personally appeared

before me, a

Notary Public

in and for the aforesaid County, duly authorized to administer

oaths,

Sewall H. Hasty

, aged

66

years, a resident of

Derry

in the County of

Rockingham

and State of

New Hampshire

whose

Post office address is

East Derry, N. H.

and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares as follows:

That he is the claimant in the above-mentioned cause, and that, in addition to the disabilities alleged in

his last application under the New Laws, he desires to embrace the following disabilities in his claim:

While employed at Reformatory as relief officer

At

Bourne

State of

Massachusetts

, on or about

August 7

18

73, I contracted

I was overcome with the

under the following circumstances:

heat, and it affected my right side and right arm, from which I have never fully recovered that has caused the heart disease. That the Surgeon report on examination.

At

State of

, on or about

18

, I contracted

under the following circumstances:



At

Bourne, Reformatory

State of

Massachusetts

, on or about

during 1893 & 94

18

, I contracted

Malaria which was fatal

under the following circumstances:

and prevented me very much during the summer months. so much so that I was forced to resign my position at the institution. I am not able to state whether the above

At

produced the

18

malary prostration and

under the following circumstances:

heart disease found by the Examining Surgeon, only from what they report.

At

State of

, on or about

18

, I contracted

under the following circumstances:

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.

(If Claimant signs by mark, two persons who can write sign here.)

Sewall H. Hasty

(Signature of Claimant.)

State of New Hampshire County of Rockingham, ss:
Sworn to and subscribed before me this 22 day of February, A. D. 1908.
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words
..... erased,
and all the words..... added, and acquainted him
with its contents before me 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.)

John G. Greenough
Official Signature.
Notary Public
Official Character.
Commission Expires Dec 2-1907

I, clerk of the County Court in and for
aforesaid County and State, do certify that..... Esq.,
who hath 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..... 1908.

[L. S.]

Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Deputy H. Lasky

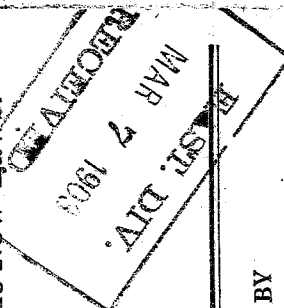
Late 5th Reg't.
of Me Vols.

Character of Claim

Original Deed
New Law
Exp. No. 70.335

CLAIMANT'S AFFIDAVIT.

To embrace additional disabilities in
his claim under the New Laws.

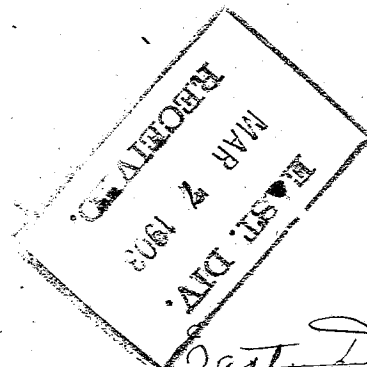


FILED BY

J. B. Cralle & Co.,
PENSION ATTORNEYS,

ORALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.



108

East. Dec. 11, 1903

To Gentlemen

Yours of Feb 7, was received in due time, and the delay in answering the same, is due to my being unable to leave home on account of my health, which has kept me at home this winter.

I now send a statement of all the facts in the case, and all that I can freely take oath to.

I was employed for about seven years in the Mass. State Reformatory at Concord, Mass. I entered the service there, in April Eighteen hundred ninety three and resigned, in Eighteen hundred ninety nine, on account of my failing health.

While there in August Eighteen hundred ninety three, while on duty, I was overcome by heat, and partly prostrated. I was able however, in a few days, to resume my duties, in the "Prison", but it effected my right side (same side) to such a degree, that I have ^{not} been able since to write with my right hand, with freedom ~~since~~. This will account for the heart trouble - while employed there I contracted Malaria which weakened me very much, so much so -

That I was obliged to ask for leave of absence, and go to
The Sea Shore for thirty days, but my health not being restored
I resigned. The above may account for the heart trouble
and enlarged prostate gland which I did not know existed
untill the report of the Board of Surgeons so reported.

Respectfully Yours

Sewall H. Hasty

Rockingham ss May 22 - 1903

Subscribed and sworn to

Before me, the a Notary Public, that the
above is written by him, and that he
has no assistance in the same, and that the same is
true.

John H. Hasty



Filed by
J. H. Hasty
Notary

Increase Weylan
Original Notary

Sewall H. Hasty
Box 5 -
Me. Vale
Office No. 3335 -

3-364.

Original No. _____

Certificate No. 70,335

Reissue

ACT OF FEBRUARY 6, 1907.

Claimant, Sewall H. Hasty

P. O., R. D. Derry

County, Rockingham

State, New Hampshire

Rate, \$ 15 per month, commencing March, 6, 1907

Rank, Private

Company, G

Regiment, 5th Me. Vol. Inf.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____

P. O., _____

APPROVAL.

Submitted for Adm. Oct. 7, 1907, J. H. Simpson, Examiner.

Approved for Admission

Age over 70.

Rate, \$15. per month.

Reissue to allow under Act February 6, 1907. Deduct
subpayments, and drop name from rolls under Act June 27, 1890.

Oct. 12, 1907, W. E. Hartzell Oct. 14, 1907, O. H. J. Kis

Legal Reviewer.

Re-Reviewer.

Enlisted May 4, 1866; honorably discharged Jan. 16, 1862

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Pensioned at \$ 12.00 per month, under act June 27, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 6, 1907

Date of birth alleged, March 9, 1834

Age shown by evidence 72 1/2 years.

Claimant does not write.

C. A. Sulloway, M. C.
cev

3-364.

Original No. _____

Certificate No. 70335

ACT OF FEBRUARY 6, 1907.

✓ Claimant, Sewall H. Hasty

✓ P. O., R. D. #3 Derry

County, Rockingham

State, New Hampshire

Rank, Private

Company, G

Regiment, 5 Me. Vol. Inf.

Rate, \$ _____ per month, commencing _____

STATE REPRESENTATIVE.

(Order April 25, 1907.)

APR 10 1907

Name, _____

April 5/09

P. O., _____

D

APPROVAL.

Submitted for Rejection Mar 29, 1909, T. F. Morahan, Examiner.

Approved for rejection on the ground that the evidence does not show, and claimant has declared his inability to furnish proof that he was 25 years of age at date of execution of his pending claim under Act of February 6, 1907, hence he is not entitled to pension in excess of his present rate of \$15 per month

March 31, 1909, F. M. Culland
Legal Reviewer.

March 31, 1909, O. W. Jenkins
Re-Reviewer.

Enlisted May 4, 1861; honorably discharged Jan. 16, 1863

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

✓ Pensioned at \$ 15 per month, under Act of Feb 6 1907

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 15, 1909

Date of birth alleged, March 9, 1834

Age shown by evidence 74 years.

Claimant does _____ write.

EASTERN

3-014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of New Hampshire
County of Rockingham } ss.

On this 13th day of March, A. D. one thousand nine hundred and nine personally appeared before me, a United States Commissioner within and for the county and State aforesaid, Sewall H. Hasty, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Derry, county of Rockingham, State of New Hampshire; and that he is the identical person who was ENROLLED at Portland Maine under the name of Sewall H. Hasty, on the --- day of April, 1861, as a Private, in Company "G" 5th Regiment Maine Volunteer
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
Infantry

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Camp Franklin Va., on the 10th day of February, 20th, 1862.
That he also served
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 1/2 inches; complexion, Sandy; color of eyes, blue; color of hair, brown; that his occupation was farmer; that he was born March 9th, 1834, at W Lisborn State of Maine, now named Webster.

That his several places of residence since leaving the service have been as follows:

(State date of each change, as nearly as possible.)

That he is --- a pensioner. That he has --- heretofore applied for pension and has been receiving a pension on account of old age under certificate No 70,335
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907. at twenty dollars a month.

That his post-office address is Derry Village Station, county of Rockingham, State of New Hampshire, R.F.D.#3.

Attest: (1) Everett E. Griffin
(2) Emma C. Lane

Sewall H. Hasty
(Claimant's signature in full.)

Also personally appeared Everett E. Griffin, residing in Derry and Emma C. Lane, residing in Derry, 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 Sewall H. Hasty, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 4 years and 9 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Everett E. Griffin
Emma C. Lane
United States Commissioner.
(Signatures of witnesses.)

VALID - UP LAY
SUBSCRIBED and sworn to before me this 13th day of March, A. D. 1909.
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words ---, erased, and the words ---, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



John H. Crawford
(Signature.)

United States Commissioner
District of New Hampshire,

3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 70335

Name, *Severall M. Hardy*

Service, *E-5 U.S. Army*

RECEIVED.

6061 02 WYM

ADJUTANT GENERAL'S OFFICE.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. A notary public is not required by law to use a seal, his official character, signature, and office must be certified by the proper State, or city or other authority, his official seal, unless such certificate has been filed in the Bureau of Pensions for reference.



AN ACT

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

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

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

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

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

APPROVED: February 6, 1907.

6-503

3-364.

Original No.

Certificate No.

70335

INCREASE

ACT OF FEBRUARY 6, 1907.

Claimant,

P. O.,

County,

State,

Rate, \$

per month, commencing

Rank,

Company,

Regiment,

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

APPROVAL.

Submitted for

Approved for

Age, over 75.

Rate, \$20 per month.

Sept 28, 1910,

Legal Reviewer.

Sept 28, 1910, R.D. Rush

Re Reviewer.

Enlisted

18

honorably discharged

18

Enlisted

18

; honorably discharged

18

Enlisted

18

; honorably discharged

18

Pensioned at \$

15

per month, under

Act Sept 27, 1907

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

1910.

Date of birth alleged,

Age shown by evidence

years.

Claimant does write.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of New Hampshire,
County of Rockingham } ss.

On this 2nd. day of September, A. D. one thousand nine hundred and ten, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Sewell H. Hasty, who, being duly sworn according to law, declares that he is 76 years of age, and a resident of Derry county of Rockingham, State of New Hampshire; and that he is the identical person who was ENROLLED at Portland Maine, under the name of Sewell H. Hasty, on the day of May June, 1861, as a Private, in Co. G, 5th Regiment Maine Vol Infantry.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Washington, Camp Franklin, on the day of February, 1862. That he also served .
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 1/2 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was farmer; that he was born March 18th, 181834 at Lisbon, Maine.

That his several places of residence since leaving the service have been as follows: Limerick, Me. Lewiston, Me. Bangor Me. in 1866, Saco Me. Carlisle Mass. Concord, Mass
(State date of each change, as nearly as possible.)
from Concord came to Derry, Rockingham Co, N.H. lived in Derry since.
That he is a pensioner. That he has heretofore applied for pension Certificate No. 70,335.
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907. at \$20.00 a month,

That his post-office address is Derry Vil. Station R.F.D. 3 county of Rockingham, State of New Hampshire.

Attest: (1) William T. Morse
(2) Nathaniel J. George

Sewell H. Hasty
(Claimant's signature in full.)

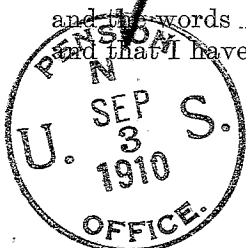
Also personally appeared William T. Morse, residing in Derry, N.H. and Nathaniel J. George, residing in Derry, N.H., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Sewell H. Hasty, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 12 years and 2 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted
as to execution
S. A. Cuddy,
Chief. Law Division:

William T. Morse
Nathaniel J. George
(Signatures of witnesses.)

per S W M SUBSCRIBED and sworn to before me this 2nd. day of September, A. D. 1910, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words , erased, and the words , added; and that I have no interest, direct or indirect, in the prosecution of this claim.

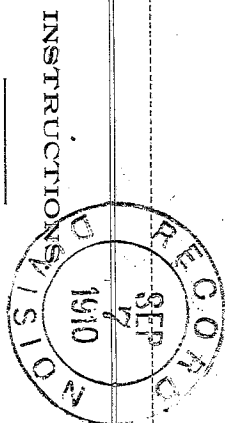
[L. S.]



John H. Crawford
(Signature.)
Notary Public.
(Official character.)



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



Certificate No. 70,335-052
 Name, *Samuel M. Hoats*
 Service, *45-100 days*

CLAIM FOR PENSION.

ACT OF FEBRUARY 6, 1907.

3-014.

Memo

AN ACT

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

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

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

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

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

APPROVED: February 6, 1907.

BRIEF FOR REOPENING.

Claimant

U.B.3

P. O.

Count

State

Soldier

Rank

Company

Regiment

Attorney

P. O.

Claim under act of Feb'y. 6. 1907 filed March 15. 1909; rejected April 5. 1909
on the ground of claimant's inability to prove, by satisfactory evidence
that he had attained the age of 75 yrs. at date of execution of his then pending
claim for increase of pension not entitled to a rate in excess of the \$15-
per month. He took then necessary steps said act.

Evidence indicated below, filed since above rejection, is not deemed sufficient to warrant reopening of claim, as it presents no new and material proof of soldier's exact age and fails to show that he had attained twenty-five years of age in 1909, when his claim for increase was created. The War Dept. report and Gibson out of promotion papers showing soldier's age, on file in his claim under the General Law of June 27, 1900 indicate that he had not attained the age of twenty-five years when his claim for increase was created.

May 9, 1910 W. J. Andrews | May 9, 1910 J. A. Scott

Respectfully referred to the Medical Referee for an opinion as to whether the evidence indicated below, considered in connection with that previously filed, warrants reopening.

The evidence does _____ warrant

190

Examiner.

190

Chief of Division.

Medical Examiner.

Medical Reviewer.

get your own copy right away! www.mca.com 190

-, 190.

Medical Referee.

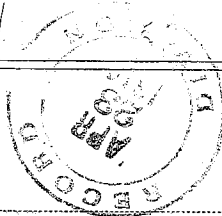
EVIDENCE FILED WITH A VIEW TO REOPENING CLAIM.

April 22, 1901 Testimony of *Letter of U.S. Commissioner, Geo. H. Crawford*
 120, 1901 Testimony of *Clarence Ward*
 1901 Testimony of *(See War Dept. report)*
 1901 Testimony of _____
 _____ Testimony of _____

70335 OK

Printed and for sale by LUCIEN COVER, Quincy, Illinois.

GENERAL AFFIDAVIT.



State of Maine County of York, ss:

In the Matter of Sewall H. Hasty, late Private Co. G.
5th Regt Maine Infy War 1890

ON THIS 14th day of April, A. D. one thousand nine hundred
 and 1910, personally appeared before me, a **NOTARY PUBLIC.**

Alonzo Hasty within and for the County and State aforesaid, duly authorized to administer
 oaths, Alonzo Hasty, aged 71 years,

a resident of No. 61 Harrison Ave. Street, Saco

County of York, State of Maine, well known by me to

be reputable and entitled to credit, and who, being duly sworn according to law, declares, in relation to the

aforesaid case as follows: That Sewall H. Hasty was born in the

town of Webster Maine on the 9th day of March 1832

He knows from the fact that there is fact of

the brothers now living, of which he is one

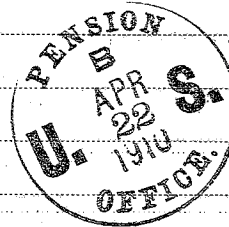
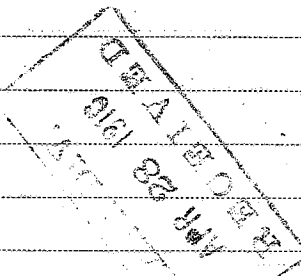
viz: Mary M. Hasty, 77 last July, Sewall H.

Hasty 76 last March, the applicant Alonzo Hasty,

71 last November, Charles F. Hasty 68 last Nov.

These are the ages given us by our parents and

they have never been doubted.



I certify that I am not interested in the prosecution of this case.

My post office address is 61 Harrison Avenue, Saco, Maine

Alonzo Hasty

State of Maine County of Hancock, ss:

Subscribed and Sworn to before me, this 13 day of April, 1910,

and I hereby certify that I read the contents of the foregoing affidavit, to said affiant, including the words

erased,

and the words

added, and thoroughly acquainted him

with its contents before the same was executed. I further certify that I am

in nowise interested in the claim nor concerned in its prosecution, and that

said affiant is personally known to me and

that he is a credible person

Wm. J. Gray
(Official Signature) **NOTARY PUBLIC.**
NOTARY PUBLIC,
SACO,
(Official Character) **STATE OF MAINE.**

LUCIEN COVER, PRINTER, QUINCY, ILL

ADDITIONAL EVIDENCE.

Division,

No.

CLAIM OF

James H. Haskins

CO.

REG'T

VOLS.

ACT OF

FOR

PENSION

AFFIDAVIT OF

James Haskins

FILLED BY

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

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

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

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

Pension Claim No.

736-526

, Rank, Private

Company C, 38th Reg't Mass. Inf.

Boston Mass. State,

[Post-office address of the Board.]

East Acton Mass.

Nov. 16

[Date of examination.]

, 1892.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Malaria - dyspepsia - rheumatism

Cause of disability.

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

defective eyesight - nervous prostration - fracture right side & general debility
and that he receives a pension of six dollars per month.

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

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

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

I am a chile every few weeks. Has dyspepsia all the time. Has ulceration of stomach & constipation. Feet & hands are numb. Has pains & cracking in joints - when he gets up in morning, has to wear glasses all the time. Fractured rib by a fall in the service. Does only light work.

Upon examination we find the following objective conditions: Pulse rate, 75; respiration, 16; temperature, 98.4; height, 5 feet 4 1/2 inches; weight, 121 pounds; age, 57 years. Malaria color good, skin nor-

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

mal. angustation normal. Liver dulcens begins at upper border of 7th rib and extends to lower border. Spleen normal. No enlargement of innervation. No evidence. No rate. Rheumatism, No enlargement, tenderness or limitation of motion in any joint, no atrophy or contraction of any muscle is tender. Heart normal. No evidence as rate. Dyspepsia has no doubt with in upper part, has only 3-4 teeth in all in lower. Channist is a thin rather poorly nourished man, muscles are small but fairly firm, hands show evidence of light work. General appearance is that of a man somewhat older than age. Tongue is pale, rather flabby, coated. Considerable tenderness all over stomach & abdomen. Rectum is pale & lax. No credit claimant's statement of dyspepsia & rate. Eyesight English. Fractured rib right side, over 5th costal cartilage.

He is, in our opinion, entitled to a

5/18

Rate for EACH cause of disability.

rating for the disability caused by Dyspepsia & Rheumatism for that caused by _____, and _____ for that caused by _____

McLellan, Pres. C. C. Williams, Sec'y. B. B. Lewis, Treas.

tion here.

eye is a cicatrix about 1" by 1/2," beneath
adherent to cartilage beneath. The
cartilage beneath seems somewhat slightly
inflamed, but on gratulation has resulted
in pain. Nervous Prostration & General Debility.
For further description see Synopsis to which
provision is alluded and see. Examination is and
a very rapid looking man. There are no
nervous symptoms. Reflexes, pupillary reaction
etc. are normal. Patient above the state.
Defective Eye sight Vision 20/200 to rather eye. Corrected
by his own glasses to 20/40. Claims not to read 5 lines
e.glasses reads no 25m. at 16". Vision can be corrected
by glasses. On Rule. No other Sensitivity found



SURGEON'S CERTIFICATE

IN CASE OF

Joseph T. T. T.
No. 638 Reg't Mass.

Applicant for Additional

No. 736, 526

DATE OF EXAMINATION:

Nov. 16

1892

W. C. C. C., Pres.,

C. C. C. C., Sec'y,

S. S. C. C., Treas.,

BOARD.

Post office, BOSTON,

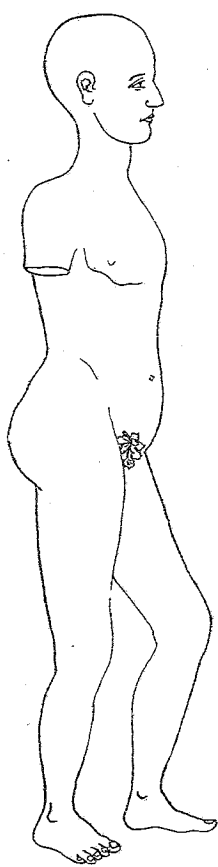
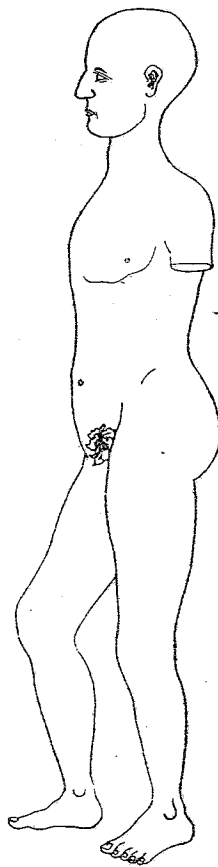
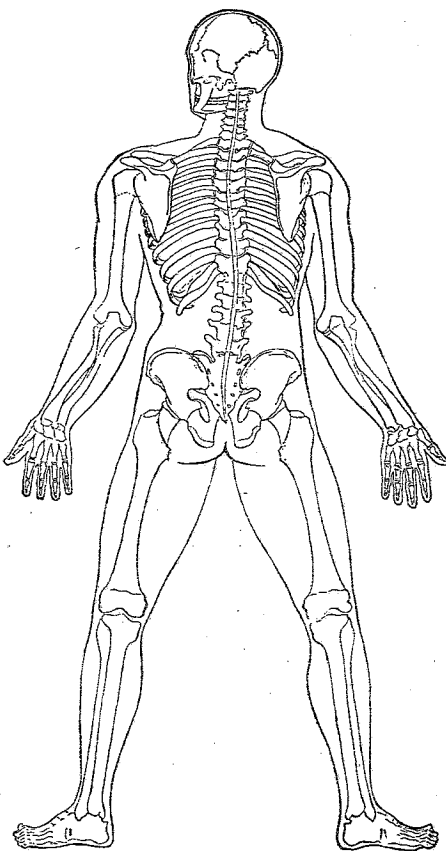
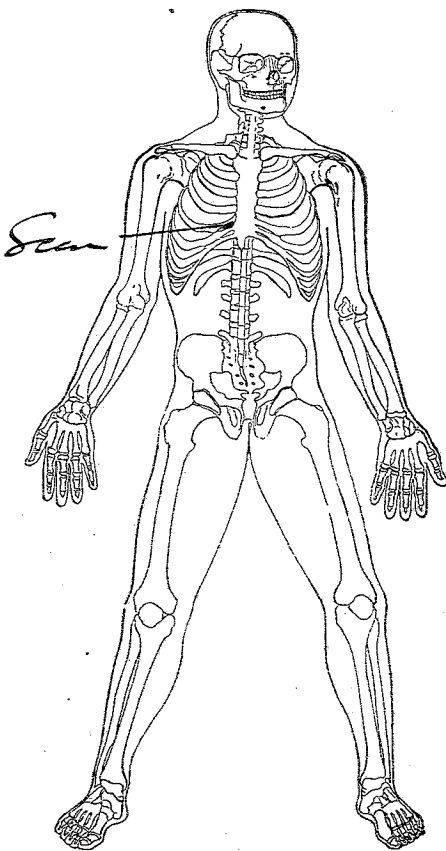
County, SUFFOLK,

MASS.

State, 2d BOARD, HOTEL PELHAM.

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

Barling



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

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

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &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. ** 856,342*

Name and rank of claimant.

Joseph Truette

, Rank, *prt*

Company *6*, *38* Reg't *Mass*

Lowell Mass

State,

Claimant's post-office address.

E. Ston, Mass

[Post-office address of the Board.]

March 25

, 189*1*

[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: *Malania, Dyspepsia, Liver Disease, Fractured rib left side, (right)*

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

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

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

[Original, increase, restoration, &c.]

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

Has no chills at present, and never had. Real trouble is the Dyspepsia, distress in stomach, sourness, sick headache, vomiting, gas, constipation and diarrhoea. Pain in left shoulder blade; Fractured rib has not troubled for several years; has had running.

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98 1/2*; height, *5* feet *5* inches; weight, *120* pounds; age, *56* years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Liver and spleen normal, abdomen flat, walls very thin, tenderness of epigastrium, yellow. Skin conjunctival normal, mucous system rather poorly nourished, tongue coated, heart normal, but weak, actual weight 116 lbs., sph. and fem., no piles.

On lower sternal end of 8th rib, is a scar, one inch in diameter, not depressed, slightly adherent, not tender. No evidence of fracture except the scar. Some dragging, slight, on the scar when arms are raised above head. No other disability.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *4/18* rating for the disability caused by *Dyspepsia*, *18* for that caused by *Fractured Rib*, and *0* for that caused by *all other disabilities*

Wm. F. Fitch, Pres. *Amos J. Smith*, Sec'y. *Geo. E. Prichard*, Treas.

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



THE CAST OF

Joseph Swett
Co. 35 Reg't Mass

Applicant for Erasmus

No. 856, 342

DATE OF EXAMINATION:

Mar. 25 - 1891.

1

Cyrus M. Fiske Pres.,
 Herman J. Smith Secy.,
 Geo. S. Pondhagen Treas.,

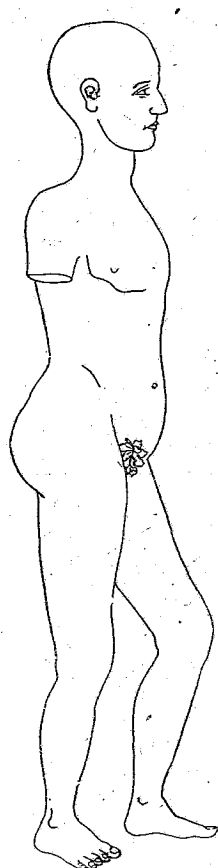
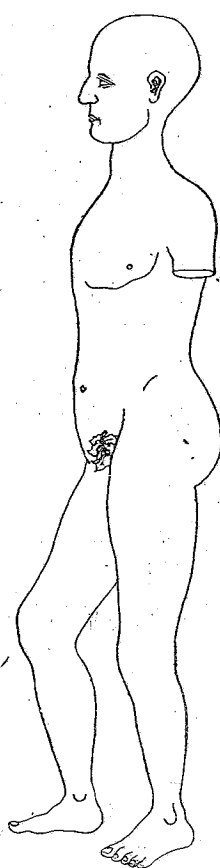
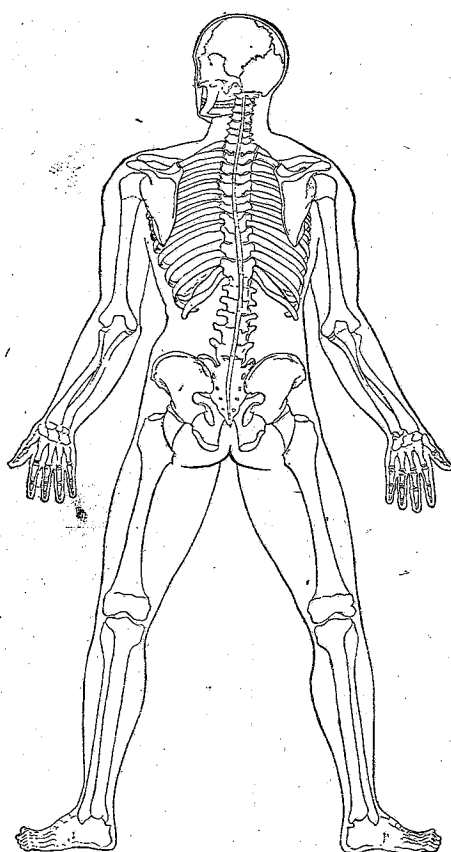
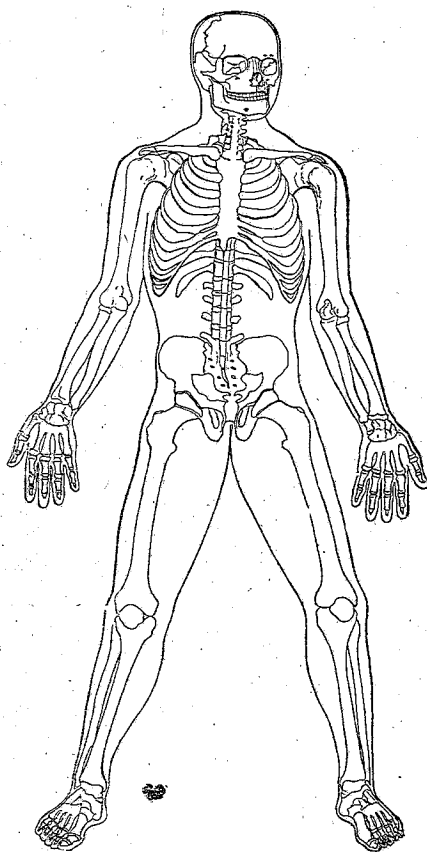
BOARD.

Post office, _____

County, Shoshone

State, _____

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



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

VOLUNTEER SERVICE.

(Civil War or War with Spain.)

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE.

Returned to

Commissioner of Pensions.

Joseph Truett
Middlebury Co.
Co. *Miners* *Regt* *3 Regt. Md. Inf.*
age *28*, height _____ feet, _____ inches,
complexion _____,
eyes _____, hair *found*,
place of birth *not found*,
occupation _____;
was enrolled *Jan. 1*, 18 *62*,
and *M.O. with Co. Feb. 17, 18 62.*

From *M.I.*, 18 _____, to *M.O.*, 18 _____,
he held the rank of *private*

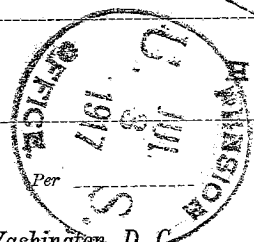
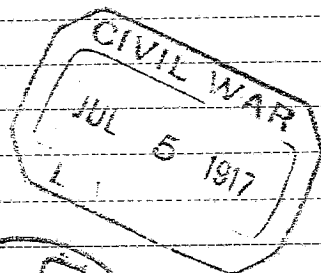
and the rolls on file for that period do not show him
absent ~~except as follows:~~ *M.O. only roll*
on file

This company was M.O.
of service by reason that
it was raised without prop-
er authority, the men were

enlisted upon fraudulent
representations on the part
of the officers, and because
they subsequently refused
to obey orders.

Name Joseph Tunitte
not found on rolls of any
Co., 3 Md. Inf.

No medical record found.



H. P. McCain
per

The Adjutant General.

Washington, D. C.

(Commissioner of Pensions.)

CIVIL WAR
6-3364 3-094.

6 C. S.
Sec B.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C.

June 27, 1917

Respectfully referred to
the Adjutant General
War Department
for the full military
and medical history
of this soldier and
of Capt. Middleton's.
Es. Suppers and Minors
3. Md. Inf; enlisted
Jan'y - 1862 - discharge
date not stated; also
personal descrip-
tion of soldier,
2 Enclosures

No. 389,506

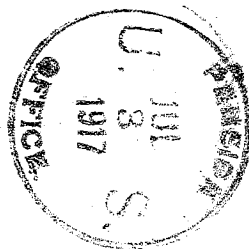
Joseph Truette
Co. C. 38 Mass. Inf.

E. C. Sieman

Received A. G. O.,

JUN 29 1917

Acting Commissioner



Act of Feb. 6, 1907.

3-1081.

PENSIONER DROPPED.

DEPARTMENT OF THE INTERIOR

UNITED STATES PENSION AGENCY

BOSTON, MASS.

JUL 25 1912, 191

Certificate No. 70335

Class

Pensioner

Sewall H. Hasty

Soldier

Service

Priv. G. 5 ms. V. I.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$20, to Dec. 4, 1911.
has been dropped because of REPORTED DEATH.
Unknown.

Very respectfully,

A. J. Holt

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.



FINANCE DIVISION
JUL 27 1912
BUREAU OF PENSIONS

Jan 11. 94

964537

1894

Eastern DIVISION

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Jan 12, 1894

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive

of the soldier.

Mr. Truett's medical history
Please examine all records likely to afford

any information as to diseases, wounds, or injuries incurred by him while in the service.

Claim No. *574.130.*

Name *Joseph Truett*

Co. *E* Regt. *38 Mass Vol Inf*

Spur Lockman

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.

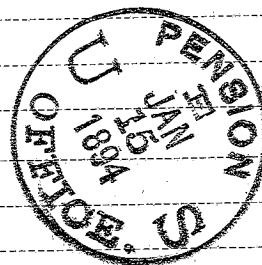
Joseph Truett
Capt. Allen
Co. C, 38 Regt Mass. Infy
was enrolled *Aug 1*, 1862,
and *M. O. June 30*, 1865,
with Company

From *En*, 1862, to *M. O.*, 1865,
he held the rank of *Capt.*

and during that period the rolls show him present
~~except as follows~~

The medical records show him treated as follows

No record found.



BY AUTHORITY OF THE SECRETARY OF WAR:

Wainwright

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

Per *m*

Washington, D. C., JAN 13 1894

(COMMISSIONER OF PENSIONS.)

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Joseph Brunelle

E

Div.

M B H

Ex'r.

Bureau of Pensions,

No. *856342*

March 10 1891

SIR:

It is alleged that the above-named man enlisted *Aug*
1, 18*62* and served as a *Private*
in Co. *B*, 38 Reg't *Mass. vols*
also as a _____ in Co. _____, Reg't

_____, and was discharged at
Savannah Ga
on *June 30 1865*

No. of prior claim _____

The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,

Gen B Ramm

Commissioner

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

Write nothing above this line.

MAR

207629

1891

War Department,

Record and Pension Division,

MAR 11 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

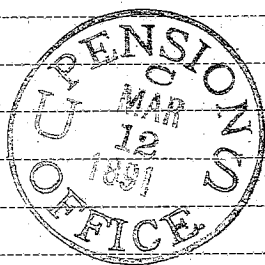
The rolls show that

Joseph Smith

mentioned in the preceding indorsement, was enrolled

Aug, 186 *2*, and *m*

June 30, 186 *5*



BY AUTHORITY OF THE SECRETARY OF WAR:

H. Ainsworth

Colonel and Asst Surgeon, U. S. Army.

Major

cmg
Civil War Division.

June 28, 1917.

Hon. John Jacob Rogers,
House of Representatives,
Washington, D. C.

My dear Mr. Rogers:

In response to your communication relative to the claim for pension under the Act of September 8, 1916, certificate number 389,506, Emma M. Hasty, R.F.D., Concord Junction, Massachusetts, formerly widow of Joseph Truette, Co. C, 38th Massachusetts Infantry, I have the honor to advise you that said claim requires evidence, record if possible, showing date of claimant's marriage to her second husband, Sewall H. Hasty.

The claimant has been advised of this requirement.

The number of the claim and name and service of the soldier should be inscribed upon each piece of evidence filed.

Very truly yours,

E. C. TIEMAN

Carbon copy
for your files.

Acting Commissioner.

Civil War Division.
Wid. Ctr. 389,506,
Emma M. Hasty, formerly widow of
Joseph Truette,
Co. C, 38th Mass. Inf.

EAS - L T

E. C. Tieman

June 27, 1917.

Mrs. Enna M. Hasty,
R. D., Concord Junction,
Massachusetts.

Madam:

In your above cited claim for renewal of pension, the date of your marriage to Sewall H. Hasty should be shown by certified copy of the public or church record; or, if no such record exists, by testimony of the person who performed the ceremony or of witnesses thereto. The testimony of Lydia T. Emery and Cora E. Robbins is not satisfactory on this point for the reason that they failed to state whether they were present at the marriage, or their means of knowledge of the fact.

Do not fail to inscribe upon each piece of evidence filed the name and service of the soldier and the number of your claim.

Very respectfully,

E. C. TIEMAN

Acting Commissioner.

(3-562)

3 ~~sent~~

ACCRUED PENSION.

Under Section 1718, R. S.

Certificate No. 736.526 Last Issue Nov 3rd 1892.

Name of pensioner, Joseph T. Tnette.

Date of death, July 19th, 1893.

Payable to Emma T. Tnette,

P. O., East Acton,
Middlesex Co. Mass.

Accrued Pension Certificate and Order.

☒ Pension Certificate and Voucher herewith.

Issued Jan 23rd, 1894

Mailed Jan 29th, 1894

Payable to Widow

Relationship to pensioner shown by Record evidence.

Prior marriage of soldier.

Shown by copy of decree of divorce from former wife.

Fact and date of pensioner's death shown by affidavit of the attending physician.

Submitted for ad Jan 17th, 1894

Approved for Jan 19th, 1894

For

E. H. Gay, Examiner. C. A. M.

Rev by and voucher herewith.

(3-560.)

APPLICATION FOR ACCRUED PENSION. (WIDOWS.)

State of Massachusetts, County of Middlesex ss:

On this 17 day of March, 1893, personally appeared Emma M. Truette, who, being duly sworn, declares that she is the lawful widow of Joseph Truette, deceased; that he died on the 19 day of February, 1893; that he had been granted a pension by Certificate No. 736, 526 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 4 day of December, 1892; after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, except _____ ; that

she was married to the said Joseph Truette on the Seventh day of November, 1892, at Boston, in the State of Massachusetts; that her name before said marriage was Emma M. Lamson; 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 had accrued on aforesaid certificate to the date of death; and that her residence is No. _____

Street, City of East Acton, County of Middlesex, State of Massachusetts, and her post-office address is East Acton

(Widow's signature.) Emma M. Truette

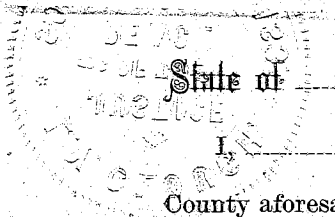
Also personally appeared Luke J. Robbins, residing at East Acton, and Susie A. Clough, residing at South Acton, who, being duly sworn, say they were present and saw Emma M. Truette sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Joseph Truette, who died on the 19 day of February, 1893; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

They were near neighbors and tenants of first witness and known as husband and wife to the second witness, being residents of the same Town

(Signature of witnesses.) Luke J. Robbins
Susie A. Clough

Sworn to and subscribed before me on this 17 day of March, 1893, and I certify that the 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.

(Signature.) L. F. Clough
(Official character.) Justice of the Peace



State of _____, County of _____, ss:

I, _____, Clerk of the _____ Court of the County aforesaid, do hereby certify that _____

is _____, duly commissioned and qualified; that his commission was dated on the _____ day of _____, 18____, and will expire on the _____ day of _____, 189____, and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this _____ day of _____, 189____

Clerk.

Evidence upon the following points should accompany the application for accrued pension:

1st. Proof of marriage.

2d. Proof that the widow and the pensioner had never been married before, or if they had been married to other persons, proof of the death of such person, or proof of divorce.

Proof of marriage should be made by copies of any public records of that fact if in existence; if this can not be had, then the sworn statement of the clergyman or magistrate who performed the ceremony, or of two persons who were present at the ceremony; if this proof can not be made, then the evidence of length of time parties lived together as husband and wife and the testimony of two or more neighbors who know the parties lived together as husband and wife and the testimony of two or more neighbors who know the parties lived together and were recognized as husband and wife.

Proof should be made in the order named above, or satisfactory reason given why the best evidence can not be furnished.

~~This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.~~

It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.

(3-560.)

Emma M. Truette

APPLICATION FOR ACCRUED PENSION.

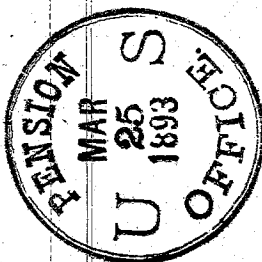
(WIDOWS.)

Certificate No.

736526

Pensioner

Joseph Truette



Patrick J. Carroll

Act of June 27, 1890.

69 H. 736, 526

(3-145 b.)

(C) Increase ^{and} *Star Dis.* INVALID PENSION.

Claimant, *Joseph Thuette (Dec'd) Emma W. Thuette (Wid)*
P. O. of *Ma. East Acton.* Rank, *Private,*
County, *Middlesex.* Company, *"C"*
State, *Mass.* Regiment, *38th Mass. Vol Inf.*

Rate, \$ _____ per month, commencing _____

Disabled by *Dyspepsia. and fractured rib of right side.*

RECOGNIZED ATTORNEY:

Name, *Patrick O'Harell,* Fee \$ _____, Agent to pay.
P. O., *city.* Articles filed _____, 189 _____

APPROVALS:

Submitted for *Bej Jan. 19th, 1894*
Approved for *Rejection on the ground of* Approved for *E. M. Gay*, Examiner.
soldier's death, and no one entitled
to complete the claim.

Jan. 19, 1894, *Ford*, Legal Reviewer. _____, 189 _____, Medical Referee.

Enlisted *Aug 1st*, 186 *2* Honorably discharged *June 30th*, 186 *5* Last paid
to _____, at \$ _____, for _____

Pension under other laws at \$ *X*, for _____

Original declaration, act June 27, 1890, filed *August 7th*, 189 *0*; alleged *Malaria.*
dyspepsia, and fractured rib.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *April 8th*, 189 *2*, alleges *Malaria, rheumatism,*
defective eyesight, nervous prostration, and general
debility.
Comes writes. *Soldier died July 19th 1893*
C. M. G.

(3-145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.

736
Boston

Claimant, Joseph Brunette
P. O., East Acton
County, Middlesex
State, Mass
Rank, Private
Company, 100th
Regiment, 38th Mass vol. Inf
Rate, \$ 6., per month, commencing Aug 7 1890

Disabled by Dyspepsia & fractured rib right side

RECOGNIZED ATTORNEY.

Name, Patrick O'Sullivan Fee, \$ 10 Agent to pay.
P. O., city Articles filed, _____, 189__

APPROVALS.

Submitted for ad July 10, 1891,
re-Submitted for adms Feb 19, 1892.
Approved for adms since

A. Q. Bress, Examiner.
J. W. Moore, Examining Surgeon.
Approved for dyspepsia and

fractured rib right side
\$6.

No other notable disability shown

Chambers, Medical Referee.
July 25th, 1892

Bates
Legal Reviewer.

July 24, 1892

now pensioned under other laws. Last paid to _____, 18____, at \$_____

Pensioned from _____, 18____, at \$_____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Aug 1, 1862, and honorably discharged June 30, 1865

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

Declaration filed Aug 7, 1890, alleges permanent disability, not due to vicious habits,

from malarial dyspepsia and fractured rib in statement filed January 6, 1892. Explains the incurrence of fractured rib.

Writes to H. L.

Board finds dyspepsia and fractured rib and rates for same.

Comrade.

Declaration for Invalid Pension.

(Act of June 27, 1890.)

To be executed before a Clerk of a Court of Record or a Notary Public or Justice of the Peace having a Seal.

State of Massachusetts, County of Middlesex, ss:

On this 4 day of August, A. D. one thousand eight hundred and ninety
personally appeared before me, a Justice of the Peace in and for the county and State
aforesaid, duly authorized to administer oaths, Joseph Truette aged 34
years, a resident of the town of Acton, county of
Middlesex, State of Mass, who being duly sworn according to law, declares
that he is the identical Joseph Truette who was enrolled on the 1
day of Aug, 1862, in C. C. 38 Mass
(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 in the service of the United States; and was
honorably discharged at Savannah Ga
on the 30 day of June, 1865

That he is 12 unable to earn a support by manual labor, by reason of Malaria
Chronic Dyspepsia, Liver Complaint
of the disability.) and fractured Rib of right side
(Here state the name and nature of the disability.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief per-
manent. That he has not applied for pension under application No. . That he is a
pensioner under certificate No.
(If a pensioner, the certificate number only need be given; if not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the U. S., under the
provisions of the act of June 27, 1890. He hereby appoints **PATRICK O'FARRELL**, of Washington, D. C.,
his lawful attorney, to prosecute his claim, and agrees to allow him a fee of ten dollars. His postoffice
address is East Acton, Mass.

Attest:

Luke J. Robbins
John Bruce

Joseph Truette
(Claimant's Signature.)

This Blank is for the Exclusive use of CAPTAIN PATRICK O'FARRELL'S Clients.

Also personally appeared Lenke J. Robbins, residing at East Acton, and John L. Bruce, residing at Concord, persons whom I certify to be respectable and entitled to credit, and

who, being by me duly sworn, say they were present and saw him 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 10 years and 5 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Lenke J. Robbins

John L. Bruce

(Signatures of witnesses)

STATE OF Massachusetts COUNTY OF Middlesex, ss:

Sworn to and subscribed before me this 4 day of August, A. D. 1890 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Filed coming from
from 29 April 1889 to 29 April 1896. J. M. L. Ex Justice of the Peace
Lo V. Delange
(Signature)
(Official Character.)

Execution not good unless Seal is attached.

Not filed May 11/91

286233

Act of June 27, 1890.

Soldier's Application.

Name Joseph Guette
Service B. Co 88 Mass

Address B. Co 88 Mass

Date of execution 1 AUG 5 7 1890

FILED BY
PATRICK O'FARRELL,
ATTORNEY AND COUNSELOR-AT-LAW,
Washington, D. C.

W. R. No claim.
He

DECLARATION FOR THE INCREASE FOR AN INVALID PENSION.

State of Massachusetts County of Middlesex ss.

On this 5 day of April, A. D. one thousand eight hundred and eighty two

personally appeared before me, a Justice of the Peace
within and for the County and State aforesaid, Joseph T. Tnette, aged 57
years, a resident of the town of East Acton, county of Middlesex
State of Mass, who, being duly sworn according to law, declares that he is a pensioner

of the United States, Certificate No. 736526 enrolled at the Boston Pension Agency
at the rate of ten dollars per month, by reason of disability from syphilis
and fractured rib of right side incurred
pension was granted.]

~~in the~~ service of the United States while serving as ~~in~~
[Military or Naval] Co. C - 68 Rgt Mass Inf 10th [Here state rank, company, and
regiment, if in the Army—vessel, if in the Navy.]

That he believes himself to be entitled to an increase of pension on account of the present rating being too
low for the degree of his disability He claims that he should
[Here give a plain statement of why you should have a higher rate of Pension.]

have a higher rating for by reason of said
disability he is a great sufferer, greatly dis-
abled for the performance of manual
labor and as he grows older his condition
get steadily worse. He therefore requests
another examination so that he may be
rated according to the degree of his disabil-
ity.

He claims additional pension for mala-
ria, rheumatism, defective eyesight, nervous
prostration & general debility.

~~He also claims a re-rating, as the rate originally allowed him, was too low and not commensurate with~~
~~the extent of his disability which has existed permanently since discharge. He hereby appoints, with full~~
~~powers of substitution and revocation,~~

PATRICK O'FARRELL, Attorney-at-Law, WASHINGTON, D. C.,
his true and lawful attorney to prosecute his claim.

His post office address is East Acton
(State your address in full.)

Mass
Joseph T. Tnette
(Claimant's Signature.)

Also personally appeared S. A. Delongh, residing at South Acton
and Cora A. Delongh, residing at So Acton, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

_____, 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 witnesses sign by mark, two persons who can write sign here.)

S. A. Delongh
Cora A. Delongh
Signatures of Witnesses.

SWORN to and subscribed before me this 5th day of April, A. D. 1892

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

[L. S.]

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

L. V. Delongh
(Signature.)
Justice of the Peace
(Official character.)



Additional

Act of June 27, 1890,

INVALID.

CLAIM FOR INCREASE.

Applicant.

Reg't.

Vols.

Pension Certificate No. 736,526

PENSION CERTIFICATE NOT REQUIRED.

FILED BY

PATRICK O'FARRELL.

ATTORNEY AND COUNSELOR-AT-LAW.

WASHINGTON, D. C.

PRINTED AND FOR SALE BY E. J. GRAY, 1924 PA. AVE. WASHINGTON, D. C.

3-437.

CLAIM No.

Examiners are required to keep the unimportant papers in this wrapper.

**PAPERS NOT
BRIEFED.**

I certify that the inclosed papers are of no value in determining the merits of this claim.

6-2089

....., Examiner.

DISCHARGE CERTIFICATES, POWERS OF
ATTORNEY, AND CONTRACTS FOR
FEEES NOT TO BE INCLOSED.

EMMA M HASTY
CONCORD JUNCTION MASS
389506 ACT APR
R R

SECTION W

8-1081

DROP REPORT—PENSIONER

_____ Cert. No. _____
Pensioner _____
Soldier _____
Service _____
Class _____

LAW DIVISION

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

Per _____ Chief, Law Division.

FINANCE DIVISION

NOV 9 1925 _____, 192

The name of the above-described pensioner who
was last paid at the rate of \$ 30 per month
to OCT 4 1925, 19____, has this day
been dropped from the roll because of death

Oct. 31, 1925


Chief, Finance Division.

counted
Remarried Widow

Act of September 8, 1916.

3-1638.

INCREASE

Cert. No.

389506

Emma M. Hasty
P. O., *Joseph Street*

County,

W. D. Concord Junction

State,

Mass.

Application filed

Sept 25, 1916

Service,

Wadsworth Co. Lappers & Miners

3rd Inf

638 Mass Inf & G

5th Me Inf

6736526

March 1-1917 test showing

clerk for all and says -

death or div all and husbands

residing & cohabit with

Demall H. Hasty

1917 June 27. At my

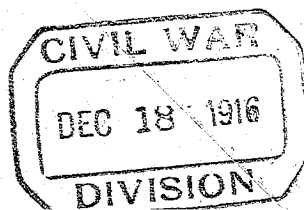
Attorney, wife to the above

P. O. (Concord) at P.

+ also with for all

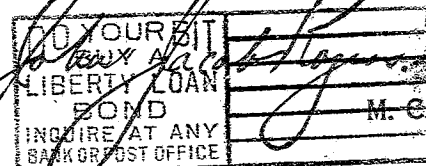
County, Service State

June 28 - 1917 -
Hon. J. J. Rogers
in ~~to~~ ~~to~~ ~~to~~
Cmty - C. M. A. C.



~~House~~ of Representatives U. S.

OFFICIAL BUSINESS—FREE.



Commissioner of Pensions,

Washington, D. C.