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.

Bof 39736

Cert. 365439

Sally Veazey

No. 996 Boston Inc Cfur Cert. 996

(3-146) Reissue to correct name & allow increase

INVALID PENSION.

~~Sally Veazey and Terminate pension~~ and pay to widow

Claimant, Daniel L. Veazey, decd, ~~and pay to widow~~ Sally Veazey

P.O., Widow Concord
County, Middlesex
State, Mass

Rank, Pvt
Company, A
Regiment, 1 Mass Vol Infy

Rate, $24 per month, commencing April 30, 1892
Rd Ending September 6, 1892
In lieu of Cert dated Oct 3, 1884, Increased
rendered our payment
resulting disease of heart

Disabled by Chronic rheumatism and

RECOGNIZED ATTORNEY:

Name, P. J. Lindlmund
P.O., City

Fee $ 10, Agent ..... to pay.
Articles filed ....., 18 .

APPROVALS:

Submitted for Admission Feby 13, 1893
Approved for Chronic rheumatism
Rd Sept 6 1892
date of death. Pay to
widow as above.
Reissue to correct name and
allow increase
Feb 16, 1893 Albright, Legal Reviewer.

Edwin M. Clarke, Examiner.
Approved for chronic rheumatism
and resulting disease of
heart.
Third Grade from Apr. 30.
1892.
Guss. McK
Feb. 21, 1893 Thos. A. Dugan, Medical Referee.

Enl Aug 14 62

Discharged November 15, 1863. Last paid to ....., at $16

Pensioned from November 15, 1863, at $8, for Chr Rheumatism

Original declaration filed Feby 20, 1864, alleged Diarrhoea & Rheumatism
Inc to $10 from Sept 19, 1873 Inc to $12 from Nov 21/77
" " $14 " Feby 11/80 " " $16 " July 30/84
" Rej Mar 10/89, Inc Rej. Nov 6/85, Inc Rej Mar 10/89,
Inc Rej Feby 20/90

Arrears allowed from ....., 18 , to ....., 18 , at $.....

PRESENT CLAIM.

Declaration filed June 28, 1890. Always disease of heart.

Non Sherman Roan

6—2-1

Nicks

9740 b—75 m

(3—128.)

WIDOW'S PENSION.

Claimant Sally Veazey

P. O. Concord

County Middlesex, State Mass

Soldier Daniel L. Veazey

Rank Pvt, Co. A

Regiment 1st Mass, V. I.

Rate, $12 per month, commencing Sept 7, 1892, and

and two dollars a month additional for each child, as follows:

By former marriage.	Born, ____, 18 . / Sixteen, ____, 18 .	Commencing ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
By last marriage.	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .
	Born, ____, 18 . / Sixteen, ____, 18 .	" ____, 18 .

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

All pension to terminate ____, 18 , date of ____

RECOGNIZED ATTORNEY:

Name Albin W. Saunders

P. O. Concord Mass

Fee $ 10 Agent ____ to pay.

Articles filed ____, 18 .

APPROVALS:

Submitted for Admission, July 13, 1893, Elmer M. Clarke, *Examiner.*

Approved for Admission, origin of Rheumatism accepted, Albright Feb 16, 1893, Legal Reviewer.

____, *Re-Reviewer.*

Approved for admission; death resulted from disease of heart due to cause which has been legally accepted, Geo. M. Lee Feb. 21, 1893, Medical Reviewer.

Thos. D. Lingram, *Medical Referee.*

IMPORTANT DATES:

Enlisted	Aug 12, 1862	Invalid application filed	July 20, 1864
Mustered	" " , 18 "	Invalid last paid to	____, 18 .
Discharged	Nov 15, 1863	Former marriage of soldier	unk, 18 .
Died	Sept 6, 1892	Death of former wife	unk, 18 .
Declaration filed	Oct 10, 1892	Claimant's marriage to soldier	July 24, 1847

(5152—25,000.) 6—581

Rheumatism Heart

(3—145.)

(1) Inc.

INVALID PENSION.

Claimant, Daniel L. Veasey

P.O., Concord
County, Middlesex
State, Mass

Rank, Pvt
Company, A
Regiment, Mass Vol. Inf.

REJECTED MAR 27 1890

Rate, $ ..... per month, commencing .....

Disabled by chr. rheumatism

RECOGNIZED ATTORNEY:

Name, C. J. Lockwood
P.O., City

Fee $ 10, Agent ..... to pay.
Articles filed ....., 18 .

APPROVALS:

Submitted for Feby 13, 1890
Approved for Mod. Rheumatism

J. F. WILKES., Examiner.
Approved for no increase
age a factor

A. B. Scriggell, Legal Reviewer.
Feby 19, 1890.

Feb 20, 1890 Thos. D. Ingram, Medical Referee.

Discharged Nov. 18, 1863. Last paid to ....., at $ 16
Pensioned from " " ....., 18 " , at $ 8, for pvt

Original declaration filed Feby 20, 1864; alleged Diar. & rheumatism

Inc to 10 $ for Sep 19 - 73
" " 12 " " Nov 21 - 77
" " 14 " " Feby 11 - 80
" " 16 " " July 30 - 84
" " 18 " " Mch 10 - 87
" " 20 " " Nov 6 - 85

Arrears allowed from ....., 18 , to ....., 18 , at $

PRESENT CLAIM.

Declaration filed June 11, 1889 rheumatism being near the heart. Dyspnea

No P.M.C.

Physician's Affidavit.

STATE OF Mass., COUNTY OF Middlesex, SS:

In claim No. 60996 of Daniel L. Veasy, of Co. A of the 12th Regt. of Mass. Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Geo. E. Pitcomb aged 35 years, whose P. O. is Concord, County of Middlesex State of Mass, who being duly sworn, states in relation to said claim as follows to wit:

And affiant further states that he has no interest in this claim.

I have known Daniel L. Veasy for eight or nine years & during all of this period he has suffered from rheumatism & at various times I have attended him for this & other troubles. For the past four or five years he has been unable to perform any manual labor because of Rheumatism, weakness & an organic affection of his heart. The heart, in my opinion, is dilated & a valvular lesion exists, which it is quite probable is the result of Rheumatism. As a result of the heart affection his legs are edematous & at times there is dullness at the base of the lungs.

81

90

Geo. E. Pitcomb M. D.
Affiants Signature.

If affiant signs by mark two witnesses sign here

SWORN to and subscribed before me on the 9th day of May 1890, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

John S. Keyes
Official Signature
Justice of District Court
of Central Middlesex.

C. F.

Medical Evidence.

D. L. Neary Applicant,

Co. A — V Regiment of

Mass. Volunteers.

Inv. Off. No. 60,996

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C.

(3—428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C., Dec. 16, 1892.

No. Claim 60,996.

Claimant

Soldier Daniel L. Veasey.

Co. A, 1 Reg't Mass. Vols.

Respectfully returned to the Chief of the Eastern Division with the opinion that, judging from the evidence and the latest certificate of medical examination in this case, claimant is entitled to Third Grade for pensioned disabilities and results from date of last examination

MTB

P. E. Nagle,
Medical Examiner.

Approved:

Medical Referee.

o 6-030.

10805 b—20 m

DECLARATION FOR THE INCREASE OF AN INVALID PENSION

The Pension Certificate should be Forwarded with the Application.

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 Massachusetts
County of Suffolk, } ss:

On this 11th day of December A. D. one thousand eight hundred and seventy-nine, personally appeared before me, a Commissioner for the District of Columbia, within and for the county and State aforesaid, Daniel L. Veasey, aged ____ years, a resident of Concord, county of Middlesex, State of Mass, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Boston Mass Pension Agency at the rate of 12 dollars per month, by reason of disability from Chronic Rheumatism — (Here name the disability for which pension was granted.) incurred in the Military (Military or Naval) service of the United States while a Private in (Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.) Co A. 1st Mass Infty Vols

That he believes himself to be entitled to an increase of pension on account of the aforesaid Disease which affects him (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.) so severely that he is unable to perform any manual labor — He has not done any active work for over a year — The disease badly affects his lower limbs — He is obliged to use a crutch or cane in walking — He desires to be examined by a Board of Surgeons that he hereby appoints with full power of substitution and revocation Frank T. Noble of Boston Mass his true and lawful attorney, to prosecute his claim. That his Post Office address is Concord, county of Middlesex, State of Mass

Daniel L. Veasey
(Claimant's Signature.)

Attest: J. W. Chapman

Also personally appeared Joseph Nash, residing at Boston, and Schabod Samson, residing at Boston, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Daniel L. Vasey, 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.

Joseph Nash
I Samson
(Signatures of Witnesses.)

(Attest if witnesses sign by mark.)

Sworn to and subscribed before me this 11th day of December, A. D. 1879, 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. S.]

Jas. W. Chapman
(Signature.)
Commissioner for the District of Columbia
(Official character.)

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.

INVALID.

CLAIM FOR INCREASE.

Daniel L. Vasey, Applicant.
Pvt. Co., A, 1st Regt.
Mass. Vols.
(Pension Certificate No. 609996, inclosed.)

FILED BY
Frank J. Noble
Boston
Mass.

Printed at the Office of the U. S. RECORD AND GAZETTE, Washington, D. C.

(3—232.)

No. 365459

Sally Veazey

Widow of

Daniel L. Veazey

Rank Pvt.

Company A.

Regiment 1 Mass. Vol Inf

Rate per Month, $ 12

Commencing Sept. 7 1892

Ending

Boston Agency.

Issued Mch. 10, 1893

Mailed " 16, 1893

Fee, $ 10.

DEAD.

Fed. Inv. Def. No. 60996

DROPPED

Dec 7 1909

Auditor advised of Death.

DEC 13 1909

Claimant's Affidavit

STATE OF Massachusetts COUNTY OF Middlesex SS:

In claim No. 60996 of Daniel L. Veasy of Co. A of the 1st Regt. of Mass. Vols. personally appeared before the undersigned authority, duly authorized to administer oaths within and for said County, the above named claimant, who, being duly sworn, states that he contracted disease of heart about the 1st day of October 1863

and have suffered since with it at times

for which he makes claim for pension while a member of said Co. and Regt. in the line of his duty. I appoint O. F. Lockwood to prosecute his claim.

Geo E Walcott
If affiant signs by mark two witnesses sign here

Daniel L. Veasy
Affiants Signature.

SWORN to and subscribed before me on the 18th day of June 1890, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

Geo E. Walcott
Official Signature
Justice of the Peace

Mass.

Claimant's Affidavit.

D. L. Ivasy Applicant

Co. A Regiment of

Mass. Volunteers,

No. 60 996

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C.

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

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

Insert character and number of claim. Increase [State above whether for original, increase, or restoration.] Pension Claim No. 60,996

Name and rank of claimant. Daniel L. Veasey, Rank, Pvt.

Company A, 1 Reg't Mass. Lowell Mass. [Post-office address of the Board.] State,

Claimant's post-office address. Concord, Mass. April 20 [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: Chronic Rheumatism, Heart Disease and Dropsy

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 16 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 not done a day's work for ten years; has not left his home for eight months; obliged to use crutches; has not worn stockings & coat for 12 years; part of time cannot feed himself; back and hips mostly affected; joints sometimes swell; two years ago had dropsy; not much of present; heart palpitates; heights faint; loses eyesight. Fair appetite

Upon examination we find the following objective conditions: Pulse rate, 100; respiration, 20; temperature, 98½; height, 6 feet — inches; weight, 180 pounds; age, 76 years. Feeble claimant on crutches; has a muscular tremor of both arms; appearance cachectic and anæmic. Hips cannot be flexed only a third, and then with pain both in hips and back; flexion of knees made with difficulty and pain in back; cannot bend back only a few degrees; fingers and ankles not swollen but motion impaired; cannot raise arm over head or behind back.

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

Slight oedema of lower extremities; heart's impulse one inch inside nipple, follows murmur over apex with first sound; pulse very weak, regular, 100 when lying, 112 sitting, 120 after walking across room with crutches. Muscular system flabby, abdominal walls fairly nourished but soft, tongue coated, liver and spleen normal; bladder is very feeble and liable to die most any time. He not only is incapacitated from the performance of any manual labor but needs the partial assistance of another person on account of Rheumatism. Pedema is the result of cardiac disease. Without these diseases, claimant would not need [illegible]. He is, in our opinion, entitled to a 1st Grade (over) rating for the disability caused by Rheumatism, 2nd Grade for that caused by Old Age & Palsy, and 12/16 for that caused by Heart Disease

Rate for EACH cause of disability.

[illegible], Pres. Henry J. Smith, Sec'y. [illegible], Treas.

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

(7157—10,000.) 6—552

ord of examination here.

assistance of another person, but would still be unable to do much manual labor on account of old age and shaking palsy. I should vote for Rheumatism alone 1st Grade; Heart Disease ($\frac{12}{12}$) Twelve Eighths; Old age with Palsy 2nd Grade

Apr 7. Class

MAY 1

SURGEON'S CERTIFICATE

IN CASE OF

Manuel B. Vasey

Co. A, 1 Reg't Mass

Applicant for Increase

No. 60,996

DATE OF EXAMINATION:

April 30, 1892

Pres.,

Sec'y, } BOARD.

Treas.,

Post office Lowell

County, Middlesex

State, Mass.

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

Remove

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.*]

4 **DUPLICATE.** 4

SURGEON'S CERTIFICATE

OF

BIENNIAL OR ANNUAL EXAMINATION ON WHICH THE PENSIONER DRAWS HIS PENSION.

Office of the Board of Pension Examining Surgeons,

Boston, Mass., Sept. 21, 1875.

We hereby certify, *That we have carefully examined* Daniel L. Veazey, *who was a* Pvt. "A" 1 Mass C *in the war* Rebell, *and was granted an Invalid Pension under Certificate No.* 60996, *to be paid now at the Agency in* Boston, *by reason of alleged disability resulting from* Rheumatism, *which he states to have been received in the line of duty while he was in the military service of the United States.*

Pensioner's service.

Be particular to give Certificate No.

Agency where to be paid.

In our opinion the said Pensioner's disability, from the cause aforesaid, continues at 2nd Grade = $24.00 per mo.

ate whether y con- nd, if resent

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

Height, 6; *weight,* 190; *complexion,* Lt; *age,* 54; *respiration,* ; *pulse,*

r de- scription.

He says can not work at all and that he has rheumatism constantly in the back, arms & legs. We find that he requires a crutch to walk & that his genl. health is miserable. He is in good flesh, but can not move around enough to prevent growing stiff. A letter from his employers well known to the Board, favorably states that he is wholly unable to work, and has not worked a day the last year.

G. G. Faxon
C. B. Porter
Azel Ames Jr.

Board of Examining Surgeons.

4 **DUPLICATE.** 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Daniel L. Vasey

Co. A, 1 Reg't, Mass.

No. 60996

DATE OF EXAMINATION,

Sept. 21-1877

Benn Pitman

Examining Surgeon.

Re-issue to Include Resulting Disease.

STATE OF Massachusetts COUNTY OF Middlesex SS.

On this 4th day of June A. D., 1888, personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, David L. Geasey (The claimant's name here.) aged ..... years, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the rate of 16 dollars per month, under Pension Certificate No. 60996 by reason of a disability from rheumatism (Here state the disability for which your pension was allowed.)

..... incurred in the service of the United States while a ..... in Co. A, of the 1 Regiment of Mass Vols. That he believes himself to be entitled to an increase and re-issue of pension on the account of Entire disability, and being wholly unable to do work of any kind Rheumatism being near the heart.

all of which he believes resulted from said pensioned cause and for which he should also be pensioned.

That he appoints P. J. Lockwood, of Washington, D. C., his attorney to prosecute this claim; that his P. O. is Concord County of Middlesex State of Mass.

Claimant Sign here, David L Geasey

Also personally appeared Silas H Nobles residing at Concord Mass and Waldo Flint residing at same place whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw D. L. Geasey (Claimant's name here.), 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.

Silas H Nobles
Waldo Flint
Two witnesses 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 applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

Geo. E. Walcott
Signature.
Justice of the Peace
Official Character.

L. S.

Rej.

RE-ISSUE ON RESULTS.

D. L. Vasey Applicant,

Co A — 1 Regiment of

Mass Volunteers.

No 60996

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C

CIVIL WAR.

3—1081.

PENSIONER DROPPED.

United States Pension Agency,
BOSTON, MASS.

Dec. 7, 1909

Certificate No. 365439

Class Widow

Pensioner Sally Veazey

Soldier Daniel B.

Service Pvt. Co. 1 Mass. U.S.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at $12, to June 4, 1909 has been dropped because of REPORTED DEATH. Sept. 4. 1909

Very respectfully,

United States Pension Agent.

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

o-9

DECLARATION FOR WIDOW'S PENSION.

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

State of Massachusetts, County of Middlesex } ss.

On this 15th day of September, A. D. one thousand eight hundred and ninety two personally appeared before ~~me~~ the District Court of the Central Middlesex, a court of record within and for the County and State aforesaid Sally Veazey, widow of Daniel L. Veazey, aged 69 years, who, being duly sworn according to law, makes the following declaration in order to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of Daniel L. Veazey, who, under the name of Daniel L. Veazey, was enrolled in Company A, of the 1st Regiment of Mass. Infantry Vol, on or about the 12th day of August, 1862, who was discharged on or about the 18th day of November, 1862, who died on the 6th day of September 1892, at Concord, in the State of Mass, his death resulting from disability contracted in the service aforesaid; (that he was a pensioner of the United States under Certificate No. 60,996, or, he was an applicant for ~~invalid pension~~ Invalid No. 60,996.); that she was married under the name of Sally Robbins to said Daniel L. Veazey, on the 24th day of February, A. D. 1847, at Acton Mass, by Rev. William P. Rikell there being no legal barrier to such marriage; that neither she nor her husband had been previously married ——

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

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

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

~~of soldier by ....., born ..... 18 , at .....~~

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

(For such children as are not under her care claimant should account.)

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

That she hereby appoints, with full power of substitution and revocation, Ashley W. Saunders of Concord, Mass, her true and lawful attorney to prosecute the above claim.

That her residence is No. ....., Bedford, Street, in Concord, Mass, and that her Post-Office address is Sally Veazey, Concord, Mass.

ATTEST: John S. Keyes, Charles H. Bunford, George B. Cummings, Mass

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

Sally Veazey
Claimant's Signature.

appeared George B. Cunningham residing at No. ....., in Bedford Street, in Concord and Charles M. Lawford residing at No. ....., in Stow Street, in 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 Sally Veazey, the claimant, sign her name, ~~(or make her mark)~~ to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

John S. Keyes

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

George B. Cunningham
Charles M. Lawford
Signatures of Witnesses.

Sworn to and subscribed before me this 15th day of September 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.

[SEAL.]

John S. Keyes
Signature.

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

Justice of District Court of Central Middlesex
Official character.

Claim for Pension.

ORIGINAL.

Sally Veazey, Applicant,
Widow of Samuel L. Veazey
Late Private Co. C, 1st Reg't,
Massachusetts Infantry, Vols.

FILED BY
Wm. W. Gardner
Concord, Mass.

Sold by T. H. Ball, Law Stationer, 49 Court St., Boston.

Act of June 6, 1896
Navy 530,
WIDOW.

[3—560.]

APPLICATION FOR ACCRUED PENSION.

(WIDOWS.)

State of Massachusetts, County of Middlesex SS:

On this tenth day of October, 1892, personally appeared Sally Veasey, who, being duly sworn, declares that she is the lawful widow of Daniel L. Veasey, deceased; that he died on the sixth day of September, 1892; that he had been granted a pension by Certificate No. 60996 which is herewith returned (or if not, state why not) Certificate has been returned to Pension Agent Boston; that he had been paid the pension by the Pension Agent at Boston up to the fourth day of June, 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 Daniel L. Veasey on the twenty fourth day of February, 1847, at Acton, in the State of Massachusetts; that her name before said marriage was Sally Robbins ; 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. Bedford Street, City of town Concord, County of Middlesex, State of Massachusetts, and her Post-office address is Concord Massachusetts

(Widow's signature.) Sally Veasey

Also personally appeared Caleb H Wheeler, residing at Concord Massachusetts, and Bessie F. Foss, residing at Hamilton Mass., who, being duly sworn, say that they were present and saw Sally Veasey sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Daniel L Veasey, who died on the Sixth day of September, 1892; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows: Said Wheeler has been acquainted with the deceased Veasey and his wife thirty years, Bessie F. Foss has known said deceased and wife many years, and said witnesses know of their own knowledge that said Veasey died at the time above stated

(Signature of witnesses.) Caleb H Wheeler
Bessie F Foss

Sworn to and subscribed before me on this tenth day of October, 1892 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.) Asa Jacobs,

(Official character.) Justice of the Peace

6—280

5634 b—10 m

Certificate of Asa Jacobs authority to administer oaths on file at the Pension Bureau Indexing for Not filed
Jany 13/93. M

State of _____, **County of** _____, *ss:*

I, _____, Clerk of the _____ Court of the County and State aforesaid, do hereby certify that _____ is _____, duly commissioned and qualified; that his commission was dated on the _____ day of _____, 18 , and will expire on the _____ day of _____, 18 , and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this _____ day of _____, 188 .

_____

Clerk.

When the amount of accrued pension is large, the following evidence of marriage should accompany the application for accrued pension:

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye-witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce from the same must be proved.

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

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

APPLICATION FOR ACCRUED PENSION.

WIDOWS.

Certificate No. _____

Pensioner _____

Marriage Record of
Harriet D. Vaizey &
Sally Robbins.

Certificate of Marriage between Daniel L Veazey + Sally Robbins

I William D Tuttle of Acton depose and say that I held the office of Town Clerk of Acton County of Middlesex and Commonwealth of Massachusetts and have the care and custody of the records of said Town: and that the following is an exact transcript from Vol 3rd of Marriages, of the Marriage of Daniel L Veazey and Sally Robbins

Name and Surname of Groom & Bride	Age of Each	Occupation	Date of Marriage	Place of Birth
Daniel L Veazey	30 years	Stone Cutter	February 24th 1847	
Sally Robbins	23 yea			

Name of Person by whom married	Residence of the
Rev William P. Russell	Act
	Ac

Commonwealth of Massachusetts

On this nineteenth day of September 189 [illegible] named William D Tuttle well known to me [illegible] oath to the above certificate by him sig[illegible]

Commonwealth of Massachusetts.

Office of the Secretary, Boston, Oct. 6. 1892.

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

Charles B. Sanders was

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

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

Wm. M. Olin

Secretary of the Commonwealth.

Certificate of Marriage between Daniel L Veazey & Sally Robbins

I William D. Tuttle of Acton depose and say that I hold the office of Town Clerk of Acton County of Middlesex and Commonwealth of Massachusetts and have the care and custody of the records of said Town: and that the following is an exact transcript from Vol 3rd of Marriages, of the Marriage of Daniel L Veazey and Sally Robbins

Name and Surname of Groom & Bride	Age of Each	Occupation	Date of Marriage	Place of Birth
Daniel L Veazey	30 years	Stone Cutter	February 24th 1847	—
Sally Robbins	23 years		" " "	Acton

Name of Person by whom married	Residence at time of Marriage	Names of Parents
Rev William P. Russell	Acton	Daniel & Eliza Veazey
	Acton	Abel & Mary Robbins

William D. Tuttle
Town Clerk of Acton

Commonwealth of Massachusetts County of Middlesex

On this nineteenth day of September 1892 personally appeared before me the within named William D. Tuttle well known to me as the Town Clerk of Acton and made oath to the above certificate by him signed: I have no interest in this case

Charles B. Fuller
Justice of the Peace

Approved March 31 1866

WAR OF 1861.
ACT JULY 14, 1862.

Brief in case of Daniel L. Veasey a Pt of Company A., 1st Regiment Mass vols

POST OFFICE ADDRESS OF APPLICANT:

South Acton Middlesex County Mass.

Enlisted Aug 12, 1862; Discharged Nov 18, 1863.

CLAIM FOR AN INVALID PENSION.

DECLARATION AND IDENTIFICATION IN DUE FORM.

PROOF EXHIBITED.

St Wm P. Drury Co A. 1st Mass vols on Oath attests that said Veasey about July 3/63 during the battle of Gettysburg had a severe attack of Rheumatism & was sent to Hospital

The Certificate of disability for his discharge says Paralysis of right leg since Battle of Gettysburg Dis total

Dr Henry A. Barrett on oath attests that said Veasey was Examined by at the time of enlistment - He was a sound & healthy man did not have Rheumatism or other disease nor was he subject to rheumatism.

Dr Josiah Hutchinson Family Physician of said Veasey was subject neither to Rheumatism or Chronic Diarrhoea

Examined in 63 by Dr Jones and disability rated total

Dr J. L. A. McCollister Examining Surgeon finds Feby 13/66 Veasey has the appearance of a broken Constitution has a large frame but is now Emaciated Complains of great pain in right leg along the course of the sciatic nerves Has had diarrhoea at times since his discharge. I observe an intermission in pulse but do not detect organic disease of the heart.

Degree of disability total

Semi annual Examination

Admitted March 29th, 1866, to a Pension of $ 8. per month, commencing Nov 18th, 1863.

Disability total temporary Disabled by Rheumatism & Occasional diarrhoea

Josiah Fletcher
Boston Mass
Name and Residence of Agent.

R. B. Crippen *Examining Clerk.*

[3—011.]

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Massachusetts County of Middlesex, ss.

On this 12th day of June, A. D. one thousand eight hundred and eighty-four personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Daniel L. Veasey, aged 65 years, a resident of the City of Concord, county of Middlesex State of Massachusetts, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Boston Mass. Pension Agency at the rate of fourteen dollars per month, by reason of disability from Chronic rheumatism. [Here name the disability for which pension was granted.] incurred in the military [Military or Naval.] service of the United States while a Private Co. A. [Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.] 1st Regt Mass. Vols.

That he believes himself to be entitled to an increase of pension on account of chronic [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.] rheumatism + the results from same. Disability total.

Certificate No. 60,996.

he appoints Himself. of

City of , State of , his true and lawful attorney to prosecute his claim. That his POST OFFICE ADDRESS is Concord county of Middlesex, State of Massachusetts.

Claimant's Signature: Daniel L. Veasey

Attest: Geo E. Walcott.
Frank R Garfield

Also personally appeared Geo E Walcott, residing at Concord and Frank R. Garfield, 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 Daniel L Geasey, 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.

Geo E Walcott

Frank R Garfield

Signatures of Witnesses.

SWORN to and subscribed before me this 12th day of June, A. D. 1884, 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. S.]

Chas. Thompson

(Signature.)

Justice of the Peace

(Official character.)

B INVALID. B

CLAIM FOR INCREASE.

Daniel L Geasey, Applicant,

Pvt. Co. C, 1st Regt.,

Mass. Vols.

(Pension Certificate No. 607996

FILED BY

Claimant

Printed and Sold by W. H. Moore, 511 Eleventh street, Washington, D. C.

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.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

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.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

Declaration for the Increase of an Invalid Pension. B

State of Massachusetts } SS.
County of Suffolk

On this 31st day of October, A. D. one thousand eight hundred and seventy-three, personally appeared before me, Asst Clerk of the Municipal Court of the City of Boston the same being a court of record within and for the County ~~and~~ in the State aforesaid, Daniel H. Veasey aged 55 years, a resident of Concord County of Middlesex State of Massachusetts, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston Mass., Pension Agency at the rate of Eight dollars per month, by reason of disability incurred in the military service of the United States while (1) serving as a Private Co. "A" 1st Mass. Vols.

that his present physical condition is such that he believes himself entitled to receive an increased pension; and that he herewith returns his present pension certificate, No 60.996.

He further declares that he is disabled in the following manner, to wit: (2) Chronic Diarrhoea and Chronic Rheumatism — That from these causes combined, he is totally incapacitated for manual labor; that the diarrhoea has increased somewhat but his principal disabling cause is rheumatism; that the seat of said disease appears to be in his hips where he has great pain especially in damp weather; that a large part of the time he is obliged to resort to the use of a cane and sometimes to crutches in order to get about.

that he appoints GARDINER TUFTS, Massachusetts State Agent, Boston, Massachusetts, his true and lawful attorney to prosecute his claim; that his residence is No. ——, in —— street, of Concord County of Middlesex, and State of Mass; and his post office address is Concord Mass.

(Attest.)

Daniel H. Veasey
(Claimant's signature.)

Also personally appeared Albert E. Wood, residing at Concord, Mass., and Rockwood Flint, residing at Concord Mass., persons whom I ~~certify~~ believe to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Daniel H. Veasey, 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.

Albert E. Wood
Rockwood Flint
(Signatures of Witnesses.)

Witness my hand and the seal of said Court.

Sworn to and subscribed before me this Thirty first day of October, A. D. 1873, 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 "bond" "certify" erased, and the words "in the" "believe" added; and that I have no interest, direct or indirect, in the prosecution of this claim.

O. G. Sleeper
(Signature.)
Asst Clerk of said Court.
(Official character.)

1. Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.

B B

INVALID.

CLAIM FOR PENSION.

INCREASE.

Daniel S. Veasey, Applicant.

Private Co., A 1st Regt.

Mass. Vols.

No. of Pension Certificate, 60,996

FILED BY

MASSACHUSETTS STATE AGENCY,

STATE HOUSE,

BOSTON, MASS.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This Affidavit should, if possible, *be in the handwriting* of the Affiant; *the marginal instructions should be carefully observed before writing out the statement.* All the facts in possession of Affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the Affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

NOTES.

The Physician's Affidavit should set forth:—

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

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

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

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

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

In the matter for the Claim for Pension No. 60,996,

of Daniel L. Veazey,
Claimant's name.

late of Company A, 126 Regiment, Mass. Volunteers,
Company and regiment of service, if in the Army; or name of vessel, if in the Navy.

I, Geo. E. Titcomb a resident of Concord
Physician's name.

County of Middlesex, State of Massachusetts, on oath declare:—

That I am a practising physician; and that I have been acquainted with said soldier for about ten years, and that I did not know the said Daniel L. Veazey
Affiant should here embody all the facts known to him in accordance with the marginal instructions.

prior to enlistment. I have known him as his medical adviser for about ten years. I have lived about two miles from him during that time. I first treated the said soldier about ten years ago & frequently since. I have treated him during that time for Rheumatism Heart disease & malaria. During the last year of my treatment of said soldier he was able to be about but I think not able to labor. For the past few years he has been confined to the house the greater part of the time. He has organic heart disease with oedema of the legs & at times ascites. He is obliged to take heart stimulants & diuretics nearly all of the time. He requires the attendance of a person all of the time. There is no possibility of his ever being materially improved. I have felt that he might die at any time. I have no notes of his case but think that his feebleness is increasing both as a result of Rheumatism & heart disease. His condition is such that in my opinion, it would be unwise for him to attempt to leave town for an examination.

[OVER.]

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

My Post-office address is Concord Mass.

Geo E Tolcomb M.D.
Affiant's Signature.

Give rank and service, if in Army or Navy.

State of Massachusetts
County of Middlesex } ss.

On this fourteenth day of March 1892, personally appeared before me the above-named George E. Tolcomb M.D. to me well-known as a reputable physician in good professional standing, and made oath that the foregoing statement by him subscribed is true.

I certify that the words ago was interlined ~~were erased, and the words~~ ~~were added~~ before execution, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L.S.]

Henry C. Merwin
Magistrate's Signature.

Special Justice, ~~District~~ Court of Central Middlesex
Official Character.

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

NOTE.—This may be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If sworn before a Notary or Justice, then the official character and signature of such officer should be verified by certificate of the Clerk of Court on the form which follows:—

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

Witness my hand and the seal of said Court, this ..... day of ..... 189 .

..... Clerk.

[L.S.]

Proved
Nature of Claim. Increase of Original
No. Pension No. 60.996
Claimant Daniel L. Nagy
Concord Mass.
Rank Private Co. A 12th Reg't, Massachusetts Vols.

MEDICAL EVIDENCE.

AFFIDAVIT OF
George E. Tolcomb M.D.
Concord Mass.

FILED BY
Chas. M. Saunders
Concord
Mass.

SOLD BY
ALFRED BALL, Law Stationer,
49 Court St., Boston, Mass.

Aug 10. 1892

I George E. Titcomb of Concord Massachusett, physician, hereby make oath and say that, to the best of my knowledge and belief, ~~that~~ Daniel O. Reasey of said Concord, to me personally known, will never recover from the disease from which he is now suffering and that, while he may live some little time longer, his end cannot be very far distant

Geo. E. Titcomb M.D.

4

Aug. 13 92

Return this letter
Pension

Mass.
Concord, Dec 30. 1891.

President Harrison
Dear Sir.
I have been trying to get my Pension increased for this two years.
I have proved by my doctor all my disabilities.
and I had my papers sent back today and they wanted me to prove when I first had the heart trouble.
and that is more then I can do. I haven't walked a half mile.

for five years. And
now I am not able
to leave the house.
I have got to be an old
man. I voted for General.
Harison in 1840.
And I voted for you
and I hope I shall
be spared to vote for
you again, but I
dont think I shall.
I am in a great need
of an increase.
all I have written
here is true. and
I can prove by my
neighbors that I am
a perfect invalid.
the Hon Mr Sherman
hour. the representive.
knowe that what I
have stated here

is true. and I appeal to your honor if I haven't proved all that is necessary.

Yours with respect.

Daniel L. Veazey.
Concord
Massachusetts.
Middlesex Co. ~~M~~

...nwealth of Massachusetts.

...'s Office, Boston, Feb. 22 1866.

I Hereby Certify, That at the date of the attestation s hereto annexed

Aden Fuller and
Joseph Reynolds
were

Justice of the Peace for the County of Middlesex, in the said Commonwealth, duly commissioned and constituted; and that to their acts and attestations, as such, full faith and credit are and ought to be given, in and out of Court.

I believe their signatures to be genuine

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

Oliver Warner

Secretary of the Commonwealth.

...ertify
...Surgeon
...amined
...n Camp.
...he was
...t he died
...er disease
...nation
...en no
...which

Been made & signed before me
Feb 1 1866 Aden Fuller Justice of the Peace

he now complains he contracted
in the Service

Very respectfully
Henry A. Barrett M.D.

West Acton Jany 31 1866) Mass. Jan. 6 1866

This is to certify that Daniel
Creazie of Acton late of Co A
the 1st Mass Infantry Discharged
from the Service in consequence
of rheumatism & Chronic Diarrhoea
was never subject to those
difficulties to my knowledge
prior to his entering the United
States Service

Jacob Hutchins M.D.
His family Physician

Middlesex ss

Then personally appeared the
aforesaid Jacob Hutchins and made
oath that the foregoing statement by
him made & signed is true
Feb 1 1866 Milton Fuller Justice of the Peace

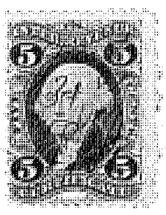
Dale Surgeon
fully examined
in Acton Mass.
ment he was
ran, that he died
, or other diseases
Rheumatism
I can no
of which
he now complains he contracted
in the Service

Very respectfully
Henry A. Barrete M.D.

Middlesex ss.

Then personally appeared the aforesaid Henry A Barnett and made oath that the foregoing Statement by him signed is true. Joseph Reynolds

Jan. 31. 1866. Justice of the Peace,



Additional Evidence
in No. 40.879
Daniel L. Veasey
Cpl. 1st Mass. Infy.

Filed by
Josiah Fletcher
35 Court St
Boston
Mass

Office for the Collection of Government Claims,

No. 35 COURT STREET,

Boston, Mar 20 1865.

Hon Joseph H. Barrett.

Sir -

Please

inform me if any objection exists to issuing a Pension Certificate to Daniel L. Veasey Co Massachusetts vols whose application for Pension has been on file at this office for several months. I believe I have long since furnished evidence has been called for.

Yours

Wm Fletcher.

Lone L Ceway

No. [redacted]

ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page .....

Daniel L Veasey
So Acton
Middlesex Co Mass,
Pvt Co A 1st Mass Vols.

Discharged Nov 18, 1863

Ad. March 29/66 at $8. per mo
from Nov 18/63

R. B. C. CR

Joseph H. Barrett

Commissioner.

Received, Feb 20, 1864
Josiah G Fletcher
Boston
Mass,
Cpl Dr McCollister Attorney.
Satisfactory evidence as to
Rheumatism prior to enlist

Cm to Pres to atty 4/25/64
Ch to atty Mch 20 1865
Evid as to health Jany 27/66
Dr McCollister Feby 6 a

(3—530.)

Bureau of Pensions.

This slip should be attached to brief in admitted cases that have been called up by members of present Congress

By direction of Commissioner:

A. W. FISHER,
Chief Clerk.

Earl *Division,*

Widows *Claim,*

No. 561,663 *, of* Sally Veazey

P. O. Concord Mass

Hon. Duncan Kern

called up this case Dec 7, *18* 97

and should be informed of its adjudication.

E. M. Claude
Examiner,

o 6-032.

5875 b - 25 m

(No. 84.)

Act of July 14, 1862.

INVALID PENSION.

Special for
Hon. B. F. Butler,
House of Rep's
March 27th, 1874.

War of the Rebellion, and 18

Claimant, Lemuel L

P. O. Concord

County, Me

State, 1st Mass Cal's

Att'y, Gardiner Lyons & Co. Boston, Mass. Fee, $

Disabled by Rheumatism ~~Inguinal Hernia~~

Rate of pension, $ 10 per month, from Sept 19, 1873, deducting subsequent payments.

Submitted for March 6th, 1874.

J. A. McCondy, Ex'r.

Discharged Nov 18th, 1863. Original application filed Feb 20th, 1864

25

March 9/74

(No. 4.)

War of the Rebellion. Act of July 14, 1862, and ....., 18..

Increase INVALID PENSION.

Board 2/25-2/74 for Increase

Claimant, Lemuel L. Veasey

P. O. Concord. Rank, Pvt

County, Middlesex Company, "A"

State, Mass. Regiment, 1st Mass Cav's

Att'y, Gardiner Lewis & A. Boston, Mass. Fee, $ →

Disabled by Rheumatism ~~[illegible]~~

Rate of pension, $ 10 per month, from Sept 19, 1873, deducting subsequent payments.

Submitted for March 6, 1874.

J. A. McCandy, Ex'r.

Discharged Nov 18, 1863. Original application filed Feb 20, 1864.

Examining Surgeon's Certificate.

Boston Junction Feb. 18th, 1866

I hereby Certify, That I have carefully examined

Applicant's service. Daniel L. Vasey, late a private in Co. (A) 1st Regt Mass Vols Co. 879

in the service of the United States, who was discharged at Boston, on the 18th day of November, 1863, and is an applicant for an invalid pension, by reason of alleged disability resulting from Rheumatism.

In my opinion the said Daniel L. Vasey

Degree of disability. is wholly 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 occurred in the service aforesaid in the line of duty.

Probable duration. The disability is not permanent.

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

Particular description. Said Veasey has the appearance of a "broken" constitution. Has a large frame but is now emaciated. Complains of great pain in right Lt leg along the course of the sciatic nerve. Has had diarrhoea at times since his discharge. I observe an intermittent pulse but do not detect organic disease of the heart

J. L. A. McCollester Examining Surgeon.

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

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

Insert character† and number of claim. — Increase Pension Claim No. 60,996

Name and rank of claimant. — David L. Veasy, Rank, Pvt.

Company A, 1 Reg't Mass. | Lowell Mass. State,
(Post office address of the Board.)

Claimant's post office address. — Concord, Mass | July 8, 1890
(Date of examination.)

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

Cause of disability. — Chronic Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of 16 dollars per month.

Pulse rate per minute, 100; respiration, 24; temperature, 98½; height, 6 feet — inches; weight, 190 pounds; age, 71 years.

Here give the claimant's statement as briefly and as compactly as possible. — He makes the following statement upon which he bases his claim for† Increase

Much worse than at previous examinations. Unable to walk except with a cane, and then only a short distance. Can dress himself except putting on coat and shirt. Pain is severest in hips and small of back, running up to spine to neck. Joints do not ache much at present. Gets out of breath easily. Can do no work whatever.

Here give a full symptom picture of the case embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. — Upon examination we find the following objective conditions:

Soldier is very much crippled and very feeble. Walks with great difficulty and only with a cane. Has paralysis agitans of rt. arm and leg. Sits and rises with great difficulty. Motions of all joints stiffened, left knee one half inch larger than right. Heart weak but irritable, no valvular murmur. Pulse regular, and increased to 120 on exercise.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 2nd Grade rating for the disability caused by Rheumatism (chronic) for that caused by ____, and ____ caused by ____

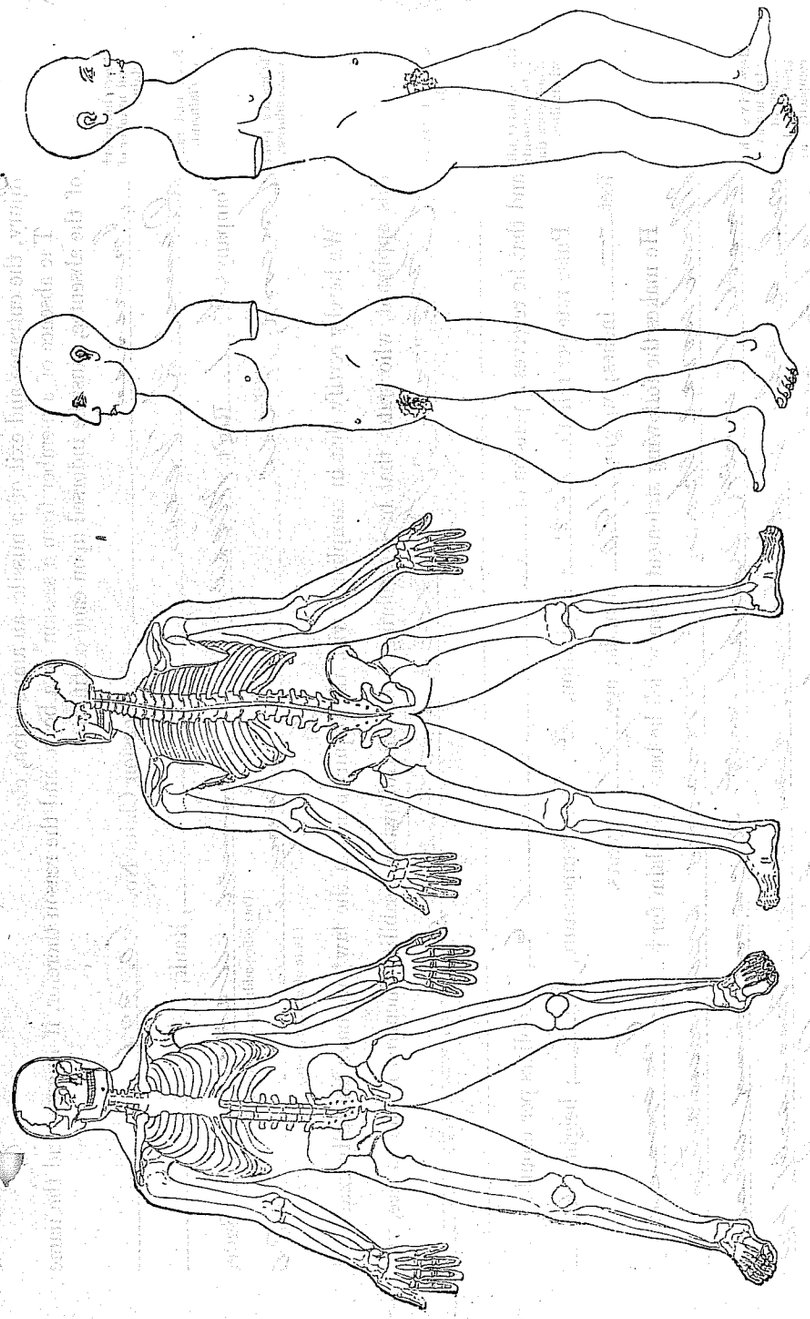
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a rerating.

L. M. Pike, Pres. Norman J. Smith, Sec'y. Geo. E. Williams, Treas.

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

(15762—100,000.) 6—427



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.

SURGEON'S CERTIFICATE

IN CASE OF

Samuel L. Gray

Co. A, 1 Reg't Mass

Applicant for Increase

No. 60,996

DATE OF EXAMINATION:

Jan. 8, 1890

Cyrus A. Fife, Pres.,
Herman J. Smith, Sec'y, } BOARD.
Geo. E. Pinkham, Treas.,

Post office, Stoneham

County, Middlesex

State, Mass

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.*]

Examining Surgeon's Certificate.

Boston, Nov 23 1863.

I hereby certify, That I have carefully examined

Applicant's service.

Danl L. Peazey late a private in Co (A) 1st Regt Mass Vols

in the service of the United States, who was discharged at Boston Mass on the 18th day of November, 1863, and is an applicant for an invalid pension, by reason of alleged disability resulting from "Chronic diarrhoea and rheumatism".

Degree of disability.

In my opinion, the said Danl L. Peazey is totally 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 not permanent.

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

Particular description.

He now has chronic diarrhoea and rheumatism. He is debilitated, and very lame, requiring the aid of a crutch in walking.

Geo. Stevens Ives M. D.

Examining Surgeon.

Earl L. Veazey.
1st Regt Mass Vols.
Co

Josiah Fletcher.
Attorney,
Boston - Mass.

(No. 5.)

FORMER ACTION.

Pensioned April 3", 1866, from Nov 18", 1863, at $ 8 per month,

on account of Rheumatism & occasional Diarrhoea

PRESENT ACTION.

Alleges disability from Chronic Diarrhoea & Chronic Rheumatism

Increase application filed Nov 7", 1873; last paid Sept 4", 1873.

Certificate surrendered " " " no reduction

MEDICAL TREATMENT AND EXAMINATIONS.

The Surgeon General reports treatment in hospital for

Discharged on account of Paralysis of right leg. Dis. Total

Ex. Surg. Jones, Nov 23" 1863. } Finds Chronic Diarrhoea & Rheumatism Dis. Total

Ex. Surg. McCollester, } Finds Rheumatism

Declaration For An Increase Of Invalid Pension.

STATE OF Massachusetts COUNTY OF Middlesex, SS.

On this 9th day of November A. D. 1886 personally appeared before me the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Daniel L. Veasy (The claimant's name here.) aged 69 years, a resident of the County and State aforesaid, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 16 dollars per month, under Pension Certificate No 69996 by reason of a disability from Rheumatism (Here state the disability for which your pension was allowed.) incurred in the service of the United States while a Private in Co. A, of the 1st Regiment of Mass. Vols. That he believes himself to be entitled to an increase of pension on the account of his rate now being unjustly low and disproportionate to his degree of disability.

That he appoints P. J. Lockwood of Washington, D. C. his true and lawful attorney, to prosecute his claim; that his Postoffice is Concord County of Middlesex State of Mass

☞ Claimant sign here. Daniel L. Veasy

Also personally appeared Adams Tolman residing at Concord Mass and William Barrett residing at Concord Mass, persons whom I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw Daniel L. Veasy (claimant's name here.) 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.

Adams Tolman
William Barrett
(Two witnesses 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 applicant and witnesses before swearing, and that I have no interest, direct or indirect in the prosecution of this claim.

L. S.

Rich. L. Barrett
(Signature)
Justice of the Peace
(Official Character.)

B B

I N K A L I D.

CLAIM FOR INCREASE OF PENSION.

Dan'l. L. Veasy Applicant,

Co. a 1st Regiment of

Mass Volunteers.

No. 60,996

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C.

(3-145.)

INVALID PENSION.

Claimant, Danial L. Peasey

P. O., Concord | Rank, Pvt

County, Middlesex | Company, A

State, Mass | Regiment, 1st Mass Cold

Attorney, None | Fee, $

Rate, $ per month, commencing

Disabled by Chr Diarrhoea

Submitted Nov 3, 1885, by McCurdy, Examiner.

Approved for | Approved for Increase

Approved

E.A.B. John Campbell Med Ref.

NOV 11 1885

, 18 , Reviewer. | Nov 6th, 1885, George F. DuBrul Med. Referee.

Discharged Nov 18, 1863 | Certificate surrendered —, 18 .

Original application filed Feb 20, 1864 | Last paid at $ 16, to , 18 .

Increase application filed July 10, 1865

Pensioned Apr 31, 1866 from Nov 18, 1863 at $ 8 per month

for Diarrhoea

Inc to 10 for Sep 19-73

" " 12 " Nov 21-74

" " 14 " Feb 11-80

Claims for Chr Diarrhoea

Chr Diarrhoea Inc to 16 " July 30-84

[1957—50 M.] Signs Dram

[3—126.]

Pow / Increase **INVALID PENSION.**

Claimant, Daniel L. Veasey

P. O., Concord | Rank, Corp

County, Middlesex | Company, A

State, Mass | Regiment, 1st Mass Vols

Attorney, Non — | Fee, $

Rate, $ 16. per month, commencing July 30 1884

Disabled by Chr Rheumatism ✓

Submitted Sep 6, 1884 by W. Hunt, Examiner.

Approved for Chr. rheumatism

Sep 18, 1884, W. Hunt Reviewer.

Approved for Chronic rheumatism ~~resulting in total disability such as to render incapacity to perform manual labor equivalent to the loss of a hand or foot. 3d grade~~ 16/18. from July 30th 1884

Sept. 19th, 1884, ACG Med. Referee.

P.N.C.

Discharged Nov 18, 1863 | Certificate surrendered ——, 18 .

Original application filed Feb 20, 1864 | Last paid at $ 14, to , 18 .

Increase application filed Jun 17, 1884

Pensioned , 18 ; from Nov 18, 1863 at $ 8. per month

for Rheumatism & diarrhoea

Inc to 10 from Sep 19-73

" " 12 " Nov 21-77

Claims " " 14 " Feb-11-88

Sam S for Chr Rheumatism

Signature

[12.43—50 M.]

Boston

[3—126.]

Increase **INVALID PENSION.**

Claimant, Daniel L. Veasey

P. O., Concord | Rank, Private

County, Middlesex | Company, A

State, Mass | Regiment, 1 Mass Vols

Attorney, F. T. Noble Esq Boston, Mass ~~Fee $~~

Rate, $ 14. per month, commencing February 11, 1880

Disabled by chronic rheumatism

Submitted Feby 28, 1880, by Milton D. Dent, Examiner.

Approved for chronic rheumatism.

W. A. Denison,

Feb. 28, 1880. Reviewer.

Approved for chronic rheumatism 14/18 from Feby 11, 1880.

Feby 28, 1880, Med. ~~Referee.~~ Re

Discharged Mar 18, 1863. | Certificate surrendered May 18.

Original application filed Feby 20, 1864. | Last paid at $12.00 to , 18.

Increase application filed Dec 18, 1879. | Not reduced

Pensioned , 18 ; from Nov 18, 1863; at $ 8.00 per month

for rheumatism and occasional diarrhea.

Increased to 10.00 from Sept 19, 1873

Increased to 12.00 from Nov 21, 1879

Claims Increase. does not active work

Boston

Increase INVALID PENSION.

Claimant, Daniel H. Veasey,

P. O., Concord | Rank, Pri.

County, Middlesex | Company, A

State, Massachusetts, | Regiment, 1st Mass. Vols.

Attorney, J. E. Butler, Boston Mass Fee, $10.00 Pd

Rate, $10 per month, commencing Sept. 4, 1877

$12 " " " Nov. 21, 1877

Disabled by Rheumatism

Submitted Nov. 27, 1877, by G. R. Milbary, Examiner.

Approved for rheumatism

Dec 1, 1877. Reviewer.

Approved for Rheumatism 12/18 From Nov 21-77 Gen Gen Reg

Dec 3, 1877. J. J. Bridgman Med. ~~Referee.~~ Rev

Discharged Nov. 18, 1863. | Certificate surrendered Oct. 15, 1877.

Original application filed Feb. 20, 1864. | Last paid at $10.00, to 4 Sept. 1877.

Increase application filed Oct 15, 1877.

Pensioned April 3, 1866; from 18 Nov, 1863; at $8.00 per month

for Rheumatism and occasional Diarrhoea.

Increased Mch 31, 1874; from 19 Sept '73; at $10.00 p. mo.

Claims Rheumatism and results.

3 Examining Surgeon's Certificate 3

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 60.996

State: Massachusetts County: Middlesex,

Post Office: Lowell Nov. 21st, 1877

It is hereby certified That Daniel L. Veasey formerly a of Captain "A" Company, in the 1st Regiment of Mass. Vols, in the war of Rebellion, who is now paid at Boston, Mass, Agency at the rate of Ten dollars per month, on account, as he states, of Rheumatism, contracted,

while in the line of duty in the military service of the United States, on or about the 10th day of July, 1863, at a place called Sharpsburg, in the State or Territory of ~~Virginia~~ Md. and is still suffering in consequence of said Rheumatism,

Here specify the particular disease or injury.

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

Height, 6 feet; weight, 200; complexion, Dark age, 59; respiration, 21; pulse, 84.

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.

Veasey, exhausted by the battle of Gettysburg, upon a march the night week to Sharpsburg, became sick with Diarrhea and Rheumatism, and after some months of severe sickness, came home, much disabled with Rheumatism, settled in his back, hips and limbs generally. Dr. Bartlett - aged about 80 - his family physician - whose testimony can be depended upon, writes me, that Veasey has gradually grown worse - now bedridden. So that he can do no work, and no other cause for it. He was examined by Surgeon General Dale of the State Home who advised increase from $8, to $10, several years since, but is more disabled now. He is very weak, but little - depending upon a cane; can't stoop down - finds much difficulty in getting about - stiffness, lameness, weakness in his back and limbs. habits good, and no prospect of improvement.

I find his disability, as described above, to be equal to, and entitling him to: Third Grade - of Pension - of $12, if not $14, per month.

Nathan Allen

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

Daniel L. Veasey

Co. A., 1st Reg't, Mass. Vols

APPLICATION FOR INCREASE

No. 60.996.

DATE OF EXAMINATION,

Nov. 21st 1877.

N. Allen, *Examining Surgeon.*

(3—110.)

3 **EXAMINING SURGEON'S CERTIFICATE** 3

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 60.996

State: Mass. County: Suffolk

Post Office: Boston. Feby. 11, 1880.

It is hereby certified That Daniel L. Feasey formerly a Priv. of Captain A Company, in the 1 Regiment of Mass., in the war of Rebel who is now paid at Boston Agency at the rate of 12 dollars per month, on account, as he states, of Rheumatism

while in the line of duty in the military service of the United States, on or about the day of , 18 , at a place called , in the State or Territory of

Here specify the particular disease or injury.

is still suffering in consequence of said Rheumatism

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

Height, 6; weight, 200; complexion, Dk age, 61; respiration, 18; pulse, 100

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.

He says cannot work at all and that he suffers constantly in back, arms & legs. We find that he has now a cough instead of his cough as at last exam. His gen'l. appearance is not changed from last exam. except that he is a little ~~elder~~ and more unwieldy, and back and knees are stiff. He evidently cannot do anything for himself and we know his statements that he cannot and does not work much to be true.

We find his disability, as described above, to be equal to, and entitling him to 3d Gr. = $18. per mo.

Geo. G. Turbee
C. F. Tosh
Azel Ames Jr.
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

Daniel L. Tracy

Co. A, 1 Reg't, Mass.

APPLICATION FOR INCREASE.

No. 60,996

Date of Examination: Feb. 11-'80

Boston Bd

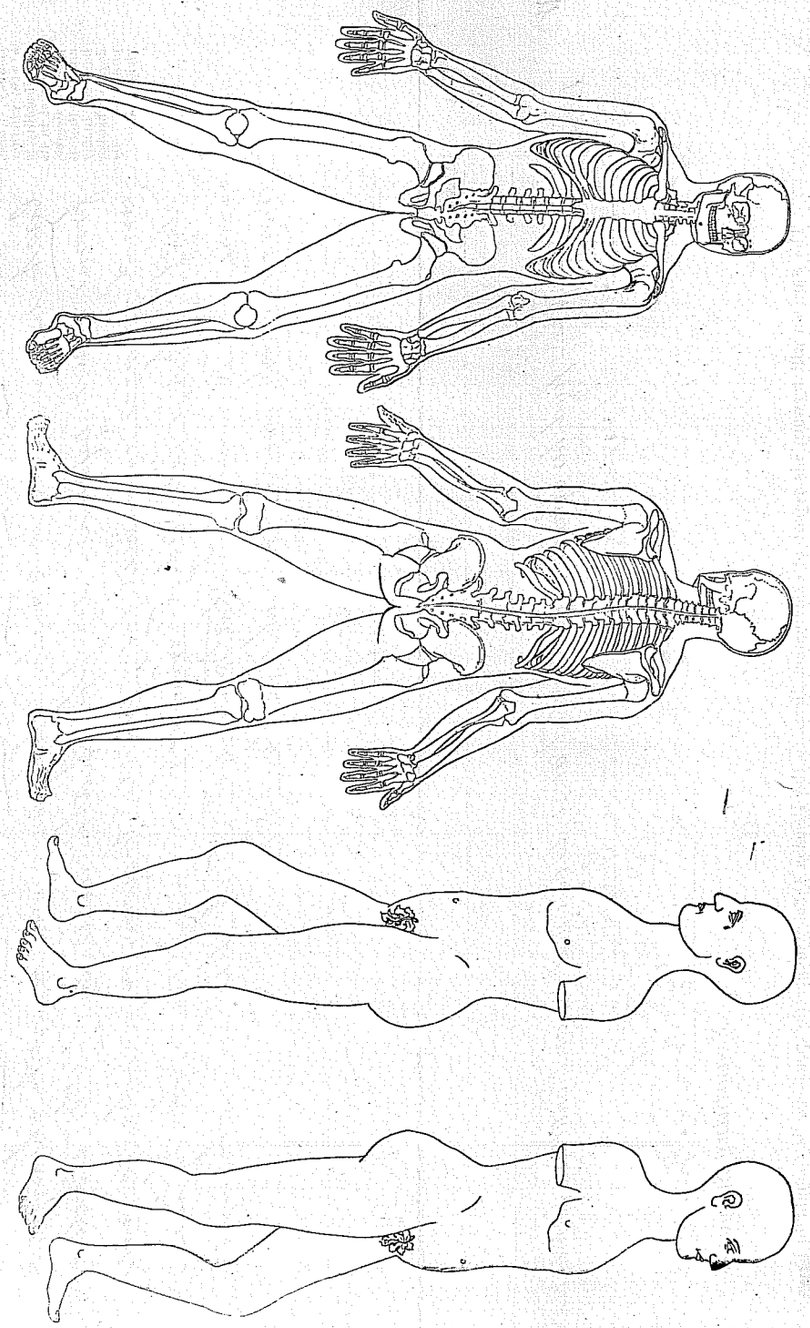
Examining Surgeons

Post Office,

County,

State,

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



(3—145.)

Invalid

INVALID PENSION.

Claimant, Daniel L Drasey

P. O., Concord
County, Middlesex
State, Mass

Rank, Corp
Company, A
Regiment, 1st Mass Vol Infty

Rate, $ ..... per month, commencing .....

Disabled by Chr Rheumatism

RECEIVED MAR 1887

RECOGNIZED ATTORNEY:

Name, C. J Lockwood
P. O., City

Fee $ 10, Agent ..... to pay.
Articles filed ....., 18 .

APPROVALS:

Submitted for Nov 2, 1887.
Approved for Chronic rheumatism

Examiner: J Lewis
Approved for No increase
app'd.
GPS.
Age is largely a factor in the disability

Mch 9, 1887, [illegible], Legal Reviewer.

Omsby Gray M.E. R H Barton
Mch 10, 1887, [illegible], Medical Referee.

Discharged Nov 18, 1863 Last paid to ....., at $ 16
Pensioned from " 18, 1863 at $ 8, for Chr rheumatism
Diarrhoea
Original declaration filed Feb 20, 1864 alleged Diarrhoea & rheumatism
Inc to 10 from Sept 19 - 73
" " 12 " Nov 21 - 77
" " 14 " Feb 11 - 80 - Chr rheumatism
" " 16 " July 30 - 84
Dn ny Nov 6 - 83

Arrears allowed from ....., 18 , to ....., 18 , at $ .....

PRESENT CLAIM.

Declaration filed Nov 16, 1886 Chr rheumatism

(7280—75,000.)

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. 64996.

Name of claimant, Daniel L. Veasey.

Rank, Private

Company, A

Regiment, 1

State, Mass

EXAMINING SURGEON'S ADDRESS:

Post office, Lowell

County, Middlesex.

State, Mass

Date of examination, July 30, 1884.

Present rating. *The applicant states that he is now paid at the agency for a* 14/18th 3 Grade *disability, on account of* Chronic Rheumatism, *and that he applies for increase on the ground that* The disability has increased.

That the present rating is unjustly low, or that there has been actual increase of the disability.

Particular description. *He states that he is* 66 *years of age, that he weighs* 180 *pounds, and that he is* 6 *feet* ..... *inches in height.*

His pulse-rate per minute is 80, *his respiration* 18, *and his temperature* 98½.

The surgeon should not recommend increase excepting for one of two reasons—that the present rating is unjustly low, or that the disability has really increased. In either case the reasons for changing the present rating should be clearly set forth, and should include a full statement of the physical and rational signs.

The examination reveals the following conditions:

Claimant says on account of Chronic Rheumatism he has not done a days work for five years—cannot even say this town Greenwood and has not earned a dollar for Eight years—

Examination shows no swelling of muscles, joints or tendons, but tenderness over lumber region on pressure and says pain runs down thru hip & calf of leg—then the pulses coll thus pain running down outside of leg. He believes me to be very much disabled and I find statements are true regarding his disability was rate ~~Total~~ Third grade

Judging from the condition and history of the claimant, it is our *opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.*

We *find the disability as above described to entitle him to a* Total Third grade *rating.*

Nathan Allen
Simeon L. Smith
Cyrus Clafflin
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.

SEC. 4, Act July 25, 1882. * * * * * * "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 structural changes. The fee for such examination and *satisfactory certificate* thereof, shall be two dollars," &c., &c. *No certificate will be considered satisfactory, or such examination paid for, unless the above requirements of the law are satisfied.*

2 2

SURGEON'S CERTIFICATE

IN CASE OF

Daniel L. Tracy

Co. C, 1 Reg't Mass

Application for Increase.

No 60996

Date of Examination: July 30, 1884.

Nathan Allen
Cyrus M. Fiske
Herman J. Smith

Examining Surgeon.

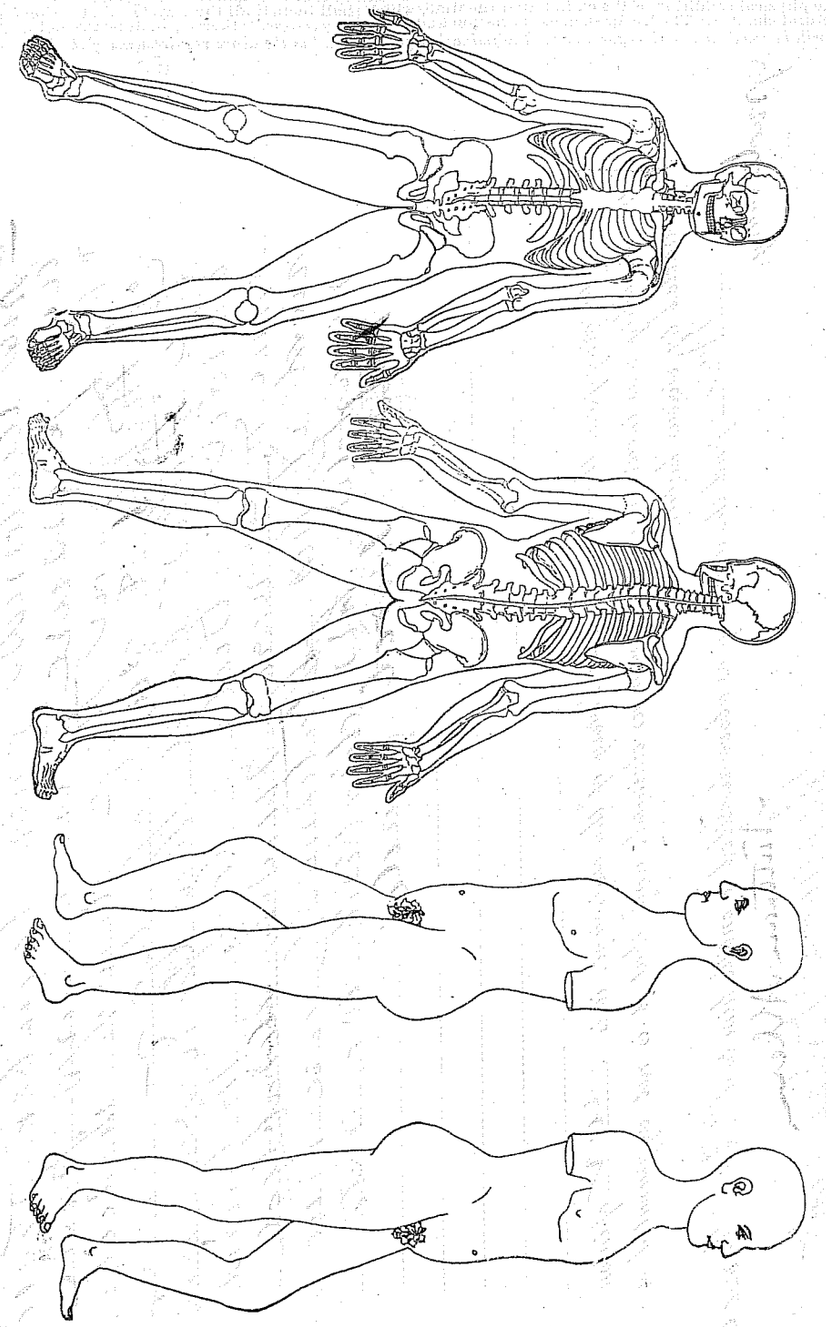
Post Office, Lowell

County, Middlesex

State, Mass.

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

(11156—100 M.) ELECTRO'S.



No. 2. (3—110.) No. 2.

INCREASE OF PENSION.

(FOR A BOARD.)

Claim No. 60996

Name of claimant, Paul L. Veazey

Rank, Pri.

Company, A.

Regiment, 1 Mass.

Post-office address, Mass.

ADDRESS OF THE BOARD:

Post office, Boston

County,

State, Mass.

Date of examination, Sep. 9, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is now pensioned at a 16/18 3d gr. disability on account of Ch. Rheumatism and that he claims an increased rating for the reason that dis. inc., and that he is now disabled to tot at degree for earning his subsistence by manual labor.

(Degree now paid and for what disability.) (Reason for claiming increase and degree claimed.)

His pulse-rate per minute is 108 intermittent, his respiration ; his temperature ; his height is Ro bowed could not be taken feet and inches; he weighs 233 pounds, and he states that he is 66 years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement: has not done a days work the past 5 yrs.; at present is hardly able to walk on acct. of the increase of rheumatism in head chest arms shoulders back & legs.

(Here give the claimant's statement of his reasons for claiming an increased rating as fully and as compactly as possible.)

SUBJECTIVE SYMPTOMS.

Upon examining this applicant we find the following objective conditions which, in our judgment, do entitle him to an increased rating: well developed, complexion florid, muscles firm & hard, no abnormal heart sounds, no enlarged joints, spine flexed in lumbar region. There is paralysis agitans — the palms of hands indicate the absence of manual labor. & in our opinion he is unable to perform any manual labor. If his present condition is due to army service we rate at 2d grade.

(Here give a full description of the conditions by which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.)

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 2d gr. rating for the disability caused by Rheumatism, for that caused by , and caused by , the sum of which aggregates 2d grade.

(Rate for *each* cause of disability, and state the aggregate.)

* See the back.

A. Gaston Roddis, Pres.,
Geo. P. Sanford, Sec'y,
E. A. Thomas, Treas.,
BOARD.

2 2

SURGEON'S CERTIFICATE

(FOR A BOARD)

IN CASE OF

Dand. L. Vracey

Co. a, 1 Reg't Mass

Application for Increase.

No. 60996

Date of examination: Sep. 9 1885

Brin Bd.

Examining Surgeon.

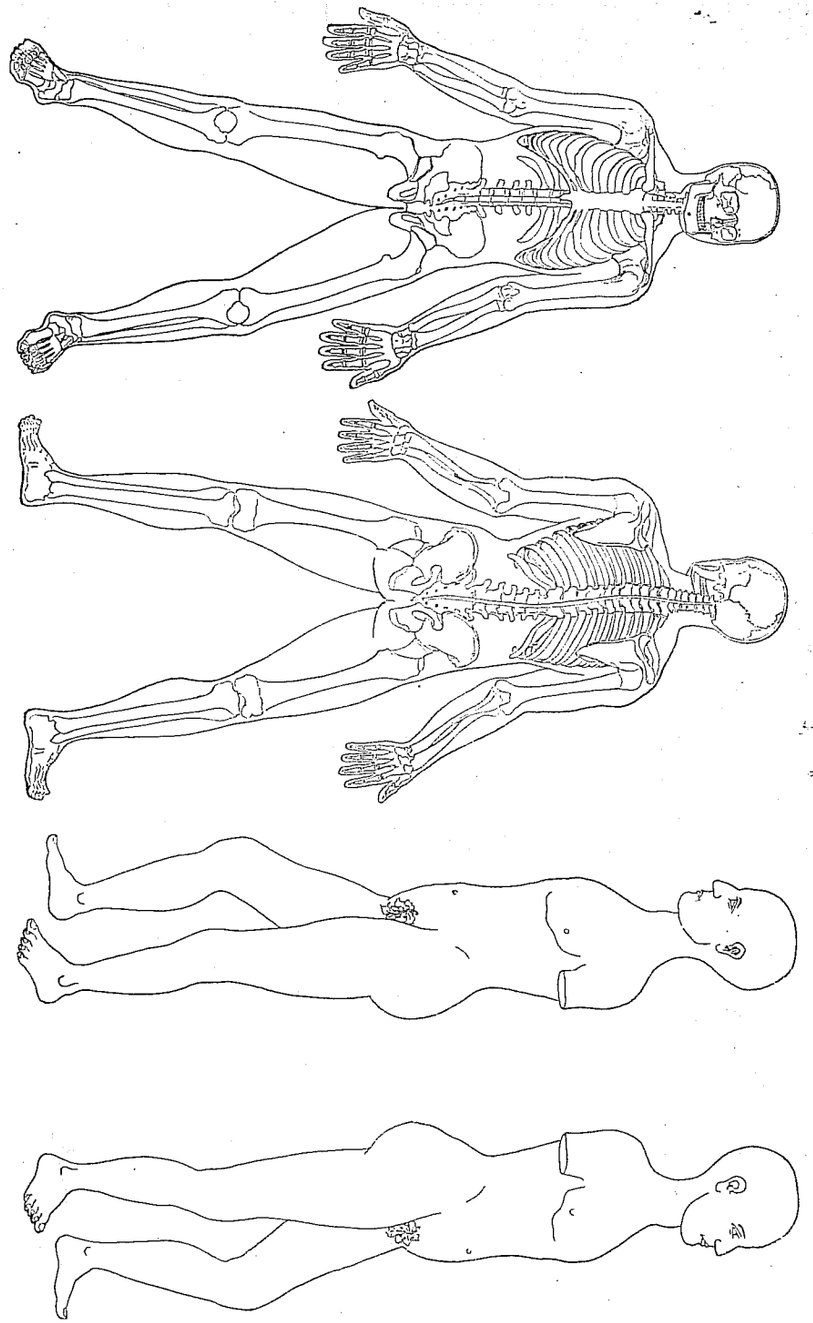
Post office,

County,

State,

P. S.—Write your Post-office address plain 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.*]



General Affidavit.

STATE OF ....., COUNTY OF ....., SS:

In claim No. 60996 of Daniel L Geasy of Co. A of the 1 Regt. of Mass Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, ...

aged ..... years, whose P. O. is ....., County of .....

State of ....., who being duly sworn, states in relation to said claim as follows to-wit:

I am a close neighbor of, and intimate acquaintance of claimant and see him very frequently, from my own personal knowledge and observation I know that, on account of a disability from Rheumatism he is totally unable to and does not perform any manual, professional, or skilled labor whatever.

And affiant further states that he has no interest in this claim.

Enoch Garfield Jr
Affiants Signature.

If affiant signs by mark two witnesses sign here.

SWORN to and subscribed before me on the 11th day of June 1889, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

Geo. E. Walcott
Official Signature
Justice of the Peace

Mass.

Additional Evidence.

D. L. Tracy Applicant.

Co. A Regiment of

Mass Volunteers

No. 60996

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C

Feb 13", 1866.

Ex. ~~Surg.~~ Board Boston Mass, Finds Some

Sept 19", 1873. (Disabilities

Ex. Surg. _____, Finds _____

_____, 18 .

Ex. Surg. _____, Finds _____

_____, 18 .

Commonwealth of Massachusetts,
Suffolk, ss. Clerk's Office of
SUPERIOR COURT.

I, Jos A Willard Clerk of the Superior Court for said County, the same being a court of record, do hereby certify that Chas Thompson Esq., whose name is subscribed to the proof or acknowledgment of the annexed instrument in writing, was at the time of taking such proof or acknowledgment a Justice of the Peace in and for the ~~said~~ County, of Minnesota duly commissioned, sworn and authorized to take the same; and further, that I am well acquainted with his handwriting, and verily believe that the signature to the said proof or acknowledgment is genuine; ~~and further, that the annexed instrument is executed and acknowledged according to the laws of said Common-wealth.~~

Witness my hand, and the seal of said Court, at Boston, in said County and Commonwealth, this 12th day of June eighteen hundred eighty four

Jos A Willard Clerk

General Affidavit.

STATE OF Massachusetts, COUNTY OF Middlesex, SS:

In claim No. 60996 of Daniel L. Geasy of Co. A of the 1 Regt. of Mass Vols. Personally appeared before the undersigned duly authorized to administer oaths within and for said County, ...

aged ..... years, whose P. O. is ....., County of .....

State of ....., who being duly sworn, states in relation to said claim as follows to-wit:

I am a near neighbor of the Claimant & see him every day & live within three minuts walk of him and know from personal knowledge that he is totaly Disabled from Rheumatism and its results to perform manual or performed labor of any of any kind & it is with great Difficulty he is able to get about the house and yard & am often called upon to assist him as carry him when he is obliged to go from home
it is utterly impossible for him to go 1/2 mile a lone
it is my Duty as one of the ward G A R relief Committee to look after him so & have full knowledge of what I have in asert

Daniel

And affiant further states that he has no interest in this claim.

If affiant signs by mark two witnesses sign here

Waldo Flint
Affiants Signature.

SWORN to and subscribed before me on the 10th day of June 1889, and I hereby certify that the contents of this affidavit was fully made known to the affiant before signing and I have no interest in this claim or its prosecution

L. S.

Geo. C. Walcott
Official Signature
Justice of the Peace

Mass.

Additional Evidence.

D. L. Veasy Applicant.

Co. A Regiment of

Mass Volunteers

No. 60796

FILED BY

P. J. LOCKWOOD, WASHINGTON, D. C

[3—218.]

Clarke Ex'r.

No. 56663

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

Sally Veazey
Bedford St. Concord Mass.
Widow
Daniel L. Veazey
Pvt. A 1" Mass. Inf

Died at

1/2

No other claim. than

Inv. ctf 60996

10-26, 1892 T.B.F.
Clerk.

Application filed: Oct-10, 1892

Attorney: Abbie M. Saunders

P. O. Concord
Mass.

ATT'Y FILED.

P.

(13514—10,000.)

N 10/26-92 N 8

ME.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Jany 18/93 Lr atty for clr to state whether she has filed any orth. claim & forwd marriage

Jany 16, The above re-peated clr. thinks Hon S Hoar & Hopkins

Jany 20/93 Reported the case to atty

Feby 1/93, atty note.

No.

Increase INVALID PENSION.

Claimant, Daniel L. Weasey

P.O., Concord
County, Middlesex
State, Mass.

Rank, Private
Company, A
Regiment, 1 Mass. Vol. Inf.

Rate, $ ..... per month, commencing .....

Disabled by .....

RECOGNIZED ATTORNEY:

Name, P. G. Lockwood
P.O., Washington, D.C.

Fee $ 10, Agent ..... to pay.
Articles filed ....., 18 .

APPROVALS:

Submitted for ~~admn. Nov. 1, 1892~~

Approved for .....

....., 18 , ..., Legal Reviewer.

Chas. R. Cleaves, Examiner.

Approved for .....

....., 18 , ..., Medical Referee.

Discharged November 18, 1863. Last paid to ....., at $ 16

Pensioned from November 18, 1863, at $ 8, for chr. rheumatism

Original declaration filed Feb. 20, 1864, alleged Diarrhoea and rheumatism.
Inc. to $10 from Sept. 19/73. Inc. to $12 from Nov. 21/77.
" " $14 " Feb. 11/80. " " $16 " July 30/84.
" rej. March 10/87. Inc. rej. Nov. 6/85. Inc. rej.
March 6/87. Inc. rej. Feb. 20/90.

Arrears allowed from ....., 18 , to ....., 18 , at $.....

PRESENT CLAIM.

Declaration filed ....., 18 .

5497 b—75 m

Write nothing above this line.

(3—060.)

Clarke, Jan 31, 93

Widows

Div.

Ex'r.

No. 576,663

David L. Veazey

A. 1 Mass V. I.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., July 1, 1893

SIR:

It is alleged that David L Veazey enlisted Aug 12, 1862 and served as a pvt in Co. A, 1 Reg't Mass V. I.

also as a ..... in Co. ....., ... Reg't .....

and was discharged at Boston Mass, Nov 18, 1863

It is also alleged that while on duty at .....

on or about Oct, 1863, he was disabled by Rheumatism Diarrhea, Malaria and bronchial disease

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

No other data

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Green B Raum

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

o-2

19413 b—50 m

(3—060.)

No. 561.663

WAR DEPARTMENT,

RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner of Pensions.

Daniel L. Veazey

Co. A, Reg't 1 Mass. Inf.

was enrolled Aug. 12, 1862

and Disch'd on S.C., 1D. Nov. 18, 1863

From Aug. 12, 1862, to Nov. 18, 1863

he held the rank of Pvt.

and during that period the rolls show him present except as follows: Apr. 30/63. Absent sick at Div. Hospital. Aug. 31/63. Absent sick in Mass. Oct. 31/63. Absent sick in Mason Genl. Hospital. Boston Mass.

Write nothing to the left of this line.

The medical records show him treated as follows: as Daniel L. Veasey, Priv. Co. A, 1st Mass. Inf. in "Mason" Hosp. Boston, Mass. from Oct. 12 to Nov. 18, 63 for Chronic diarrhoea; discharged from service Nov. 18, 63. Cause — paralysis of leg from rheumatism + Name also shown as Daniel L. Veasey.

Nothing additional found.

Write nothing to the left of this line.

By authority of the Secretary of War:

J. C. Ainsworth

Colonel ~~Captain and Asst. Surgeon~~ U. S. Army.

Per m.

FEB 2 1893

Date

(COMMISSIONER OF PENSIONS.)

Roll No.

[3–280]

Magistrate and pensioner before executing this voucher should read carefully the special instructions on face and back of same.

A **INVALID.** A

Be it known, *That I,* Daniel L. Veasey, *do solemnly swear that I am the identical person named in pension certificate in my possession, No.* 60996, *dated* 3 *day of* Oct, *18* 84, *and whose name is inscribed on the rolls of the* **BOSTON** *Agency at the rate of* 16 *per month,*

*

That I have not been employed or paid in the Army, Navy, or Marine service of the United States from[1] 4 *day of* SEPT., *18* 92, *to the present time, and that my present P. O. address is*

County of _____, *State of* _____

(If pensioner signs by mark, two witnesses who can write.)

(*Pensioner's signature:*) _____

Signature must be written letter for letter as it is in pension certificate.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

STATE OF _____, *COUNTY OF* _____, *ss:*

Subscribed and sworn to before me this _____ *day of* _____, *189* ; *and I certify that the pensioner above named has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.*

(The magistrate must certify to any erasures or alterations.)

(*Magistrate's signature:*) _____

Official character: _____

1. If the first payment, insert the date of the *commencement of the pension.* If not first payment, the *date from which the payment is* claimed.
* When there is a change in the rate, either by an increase, re-issue, etc., note the former rate at which paid.

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

ORIGINAL.

$ 48 ——— _____, *189* .

Received of WM. H. OSBORNE, U. S. Pension Agent at BOSTON, MASS.,

FORTY EIGHT ——— X/100 *dollars by check No.* _____

dated _____, *189* , *being for* 3 *months' and* _____ *days' pension due me on pension certificate No.* 60996, *from the* 4 *day of* SEPT., *189* 2, *to the* 4 *day of* DEC., *189* 2, *for which I have signed duplicate receipts.*

(*Witness who can write:*)

_____ _____

Sign name as above.

DUPLICATE.

$ 48 ——— (A.) _____, *189* .

Received of WM. H. OSBORNE, U. S. Pension Agent at BOSTON, MASS.,

FORTY EIGHT ——— X/100 *dollars by check No.* _____

dated _____, *189* , *being for* 3 *months' and* _____ *days' pension due me on pension certificate No.* 60996, *from the* 4 *day of* SEPT., *189* 2, *to the* 4 *day of* DEC., *189* 2, *for which I have signed duplicate receipts.*

(*Witness who can write:*)

_____ _____

Sign name as above.

☞ See to it that your Post Office address is PLAINLY written on the FACE of this voucher giving in full your STREET and NUMBER, POST OFFICE, COUNTY, and STATE, as your check will be mailed as the law directs, to the SWORN ADDRESS ON FACE OF VOUCHER and none other.

(4495—3,135,000.)

ALSO INSERT POST OFFICE ADDRESS ON BACK OF THIS VOUCHER.

Roll No. _____

(A.)

ARMY VOUCHER No. _____

PENSION OFFICE U.S. OCT 12 1892

INVALID.

Daniel L. Veasey

_____ Dec., 1892

$ 48 ==

Return this voucher for payment to

Wm. H. Osborne,
U. S. Pension Agent,
Boston,
Massachusetts.

State of _____, County of _____, ss:

I, _____, Clerk of the _____ Court of the _____ County and State aforesaid, do hereby certify that _____, duly commissioned and qualified; that his commission was is _____ 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.*

[3—011.]

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Massachusetts County of Middlesex, ss.

On this Ninth day of July, A. D. one thousand eight hundred and eighty-five personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Daniel L. Veasey, aged 66 years, a resident of the town of Concord, county of Middlesex State of Massachusetts, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Boston Mass. Pension Agency at the rate of sixteen dollars per month, by reason of disability from Chronic rheumatism [Here name the disability for which pension was granted.] incurred in the military [Military or Naval.] service of the United States while Private Co. A. 1st [Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.] Reg't Mass. Vols.

That he believes himself to be entitled to an increase of pension on account of chronic [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.] rheumatism & resulting total disability from any & all manual labor, far greater than would be loss of leg.

Certificate No. 60,996.

that he appoints Himself, of county of _____, State of _____, his true and lawful attorney to prosecute his claim. That his Post Office address is Concord county of Middlesex, State of Massachusetts.

Claimant's Signature: Daniel L. Veasey

Attest: _____

Also personally appeared George E. Walcott, residing at Concord and Frank R. Garfield, 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 Daniel L. Veasey, 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 E. Walcott
Frank R. Garfield
Signatures of Witnesses.

SWORN to and subscribed before me this 24th day of July, A. D. 188[illegible], 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 "city" "or make his mark" erased, and the words town added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Lohen Thompson
~~Geo E. Walcott~~
(*Signature.*)
Justice of the Peace
~~Frank R. Garfield~~
(*Official character.*)

Left on file.

B INVALID. B

CLAIM FOR INCREASE.

Daniel L. Veasey, Applicant,
Private Co., A. L. Regt.,
Mass. Vols.
(Pension Certificate No. 60996.

FILED BY
Claimant

Printed and Sold by W. H. Moore, 511 Eleventh street, Washington, D. C.

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.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

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.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

81

[illegible]H OF MASSACHUSETTS,
Suffolk, ss. SUPERIOR COURT.

I HEREBY CERTIFY, That Richard Barrett

was at the date of the within attestation a Justice of the Peace, within and for said County of Middlesex, duly commissioned and sworn, that due faith and credit are and ought to be given to his official acts, that he is duly authorized to administer oaths and take acknowledgments, that I am well acquainted with his signature and verily believe the same to be genuine, and that I am duly authorized to certify as aforesaid:

~~I FURTHER CERTIFY, that the within instrument is executed and acknowledged according to the laws of said Commonwealth.~~

Witness my hand, and the seal of said Court at Boston, in said County, and Commonwealth, this 12th day of October A. D. eighteen hundred seventy-seven

Edwin A. Wadleigh Asst Clerk.

~~Pennsylvania Co. ss.~~

that he appoints J. E. Butler of Boston Mass., his true and lawful attorney to prosecute his claim; that his residence is No. ..... in ..... street, of Concord County of Middlesex, and State of Massachusetts; and his post office address is Concord Mass.

Daniel L. Veazy
(Claimant's signature.)

(Attest,)—Two witnesses who can write:

Waldo Flint
Richard F. Barrett

Also personally appeared Waldo Flint, residing at Concord Mass and Richard F. Barrett, residing at Concord Mass., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Daniel L. Veazy, 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.

Waldo Flint
Richard F. Barrett
(Signatures of Witnesses.)

Sworn to and subscribed before me this 11th day of October, A. D. 1877, 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.

~~[SEAL.]~~

Rich'd Barrett
(Signature.)
Justice of the Peace
(Official character.)

1. Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Massachusetts } ss.
County of Middlesex

On this 11th day of Oct, A. D. one thousand eight hundred and seventy-seven, personally appeared before me a Justice of the Peace ~~the same being a court of record~~ within and for the County and State aforesaid, Daniel L. Veasey aged 59 years, a resident of Concord County of Middlesex State of Mass, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston Mass Pension Agency at the rate of Ten dollars per month, by reason of disability incurred in the military service of the United States while (1) Private in Co. "A" 1st Regt Mass Vols that his present physical condition is such that he believes himself entitled to receive an increased pension; and that he herewith returns his present pension certificate.

He further declares that he is disabled in the following manner, to wit: (2) Rheumatism and results

Certificate No 609 66

that he appoints J. E. Butler of Boston Mass, his true and lawful attorney to prosecute his claim; that his residence is No. ..... in ..... street, of Concord County of Middlesex, and State of Massachusetts; and his post office address is Concord Mass

(Attest,)—Two witnesses who can write:

Waldo Flint
Richard F. Barrett

Daniel L Veasey
(Claimant's signature.)

Also personally appeared Waldo Flint, residing at Concord Mass and Richard F. Barrett, residing at Concord Mass, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Daniel L. Veasey, 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.

Waldo Flint
Richard F. Barrett
(Signatures of Witnesses.)

Sworn to and subscribed before me this 11th day of October, A. D. 1877, 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.

~~[SEAL.]~~

Rich. Barrett
(Signature.)

Justice of the Peace
(Official character.)

1. Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.

B

INVALID.

CLAIM FOR PENSION.

INCREASE.

Charles L. Clark, Applicant.

Pat. H. 1st Co., 1st Regt.

Massachusetts Vols.

No. of Pension Certificate 60,966

FILED BY

L. C. Butler & Co.

Pension Agents

, and sold by W. H. Moore, 511 11th st., Washington, D. C.

All the blanks in this form should be carefully filled and the requirements of the NOTES strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

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

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

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

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

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

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

The statements of claimants, unless duly corroborated, are not accepted as evidence.

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.

Persons desiring to complete claims pending at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension certificate must be returned, or explanation of its absence must be given under oath.

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

4 SURGEON'S CERTIFICATE 4

OF

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

3,486
7-78
2.96

State: Mass County: Suffolk

Post Office: Boston Sept. 19, 1873.

We hereby certify, That we have carefully examined

Pensioner's service. Daniel L Veasey, who was a Pvt. Co. A 1 Mass Vols in the war 1861

Be particular to give Certificate No. and was granted an Invalid Pension under Certificate No. 60996

Agency where to be paid. to be paid now at the Agency in Boston

by reason of alleged disability resulting from Rheumatism and Diarrhoea, 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 Total 8 v Jn Mth.

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

Particular description. Height, 60; weight, 190; complexion, Fair; age, 55; respiration, 19; pulse, 88

Has rheumatic twitches of his joints. Movements of his arms restricted and shifting of joints. He is very lame.

Has rheumatic mitral regurgitant and aortic obstruction dis. of heart with compensating murmurs and dyspnea and tachycardia Total 8 v Jn Diarrhoea has ceased

[signature]

[signature]

[signature]

Examining Surgeon.

SURGEON'S CERTIFICATE 4

DUPLICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Daniel L Veasey

Co. a, 1 Reg't, Mass Vols

No. 60996

DATE OF EXAMINATION,

SEP 19 1873
EXAMINING BOARD OF SURGEONS, BOSTON
ARMY & NAVY PENSIONS

Examining Surgeon.

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

BIENNIAL OR ANNUAL EXAMINATION ON WHICH THE PENSIONER DRAWS HIS PENSION.

Office of the Board of Pension Examining Surgeons,

Boston, Mass., Sept. 16, 1875.

We hereby certify, *That we have carefully examined* Daniel L. Veasey, *who was a* Priv

Pensioner's service. les A. 1st Mass *in the war* Rebell, *and*

Be particular to give Certificate No. *was granted an Invalid Pension under Certificate No.* 60,996, *to be paid*

Agency where to be paid. *now at the Agency in* Boston, *by reason*

of alleged disability resulting from Rheumatism and effects, *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* 10

at 5/93d grade = $10.00 per mo. as comp. with loss foot.

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

Particular description. *Height,* 6 –; *weight,* 225; *complexion,* Dk; *age,* 57;

respiration, 18; *pulse,* 84.

Has all motions very stiff and awkward especially at hips and knees walks with difficulty and with aid of cane. His great weight probably aggravates rheumatism.

G. G. Tutble
C. B. Porter
Azel Ames Jr.
Board of Examining Surgeons.

5

4 **DUPLICATE.** 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

Daniel L. Veasey

Co. 'a', 1st Reg't, Mass

No. 60,996

DATE OF EXAMINATION,

Sept. 16. 1875

Boston Board

Examining Surgeons

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

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

Insert character† and number of claim. Increase Pension Claim No. 60,996

Name and rank of claimant. Geo. L. Veasey, Rank, Private

Company A Reg't 1st Mass Vol | Lowell Mass State,
(Post office address of the Board.)

Claimant's post office address. Concord Mass | Feb 9th, 1887.
(Date of examination.)

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

Cause of disability. Chronic Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Sixteen ($16.00) dollars per month.

Pulse rate per minute, 60; respiration, 15; temperature, 98½°; height, 6 feet — inches; weight, 220 pounds; age, 69 years.

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

Here give the claimant's statement as briefly and as compactly as possible. That his rheumatism has grown so bad that he can not move without crutches. Has been unable to perform any manual labor for 5 years. He complains most of pains across his back, and hips.

Upon examination we find the following objective conditions:

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

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, 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.

Claimant is in an infirm condition — has "shaking palsy" to a considerable degree. Has tenderness in the lumbar regions and over both sciatic nerves. While we find no swelling of any joints, they are in a rather stiffened condition, and he walks with some difficulty. Heart normal, but its action weak. His disability is equivalent to loss of hand or foot and our rating is 3rd Grade

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 3rd Grade rating for the disability caused by Rheumatism, for that caused by, and caused by

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

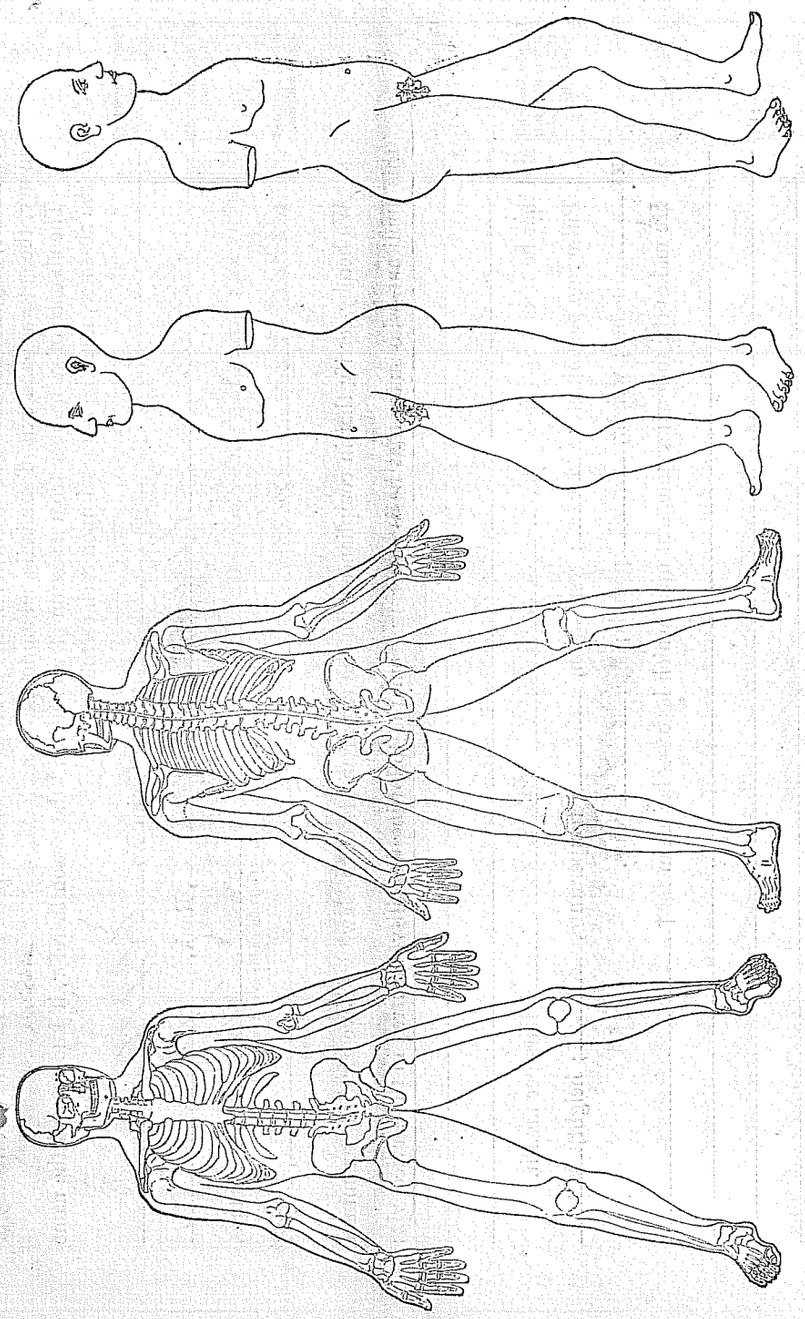
* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

*, Pres. Simeon G. Snow, Sec'y, William H. Foss, Treas.

On Tod account on Case

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

(6127—100,000.)



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.

SURGEON'S CERTIFICATE

IN CASE OF

Daniel L. Tracy

Co. A, 1 Reg't. Mass Vol.

Applicant for Increase

No. 60,996

DATE OF EXAMINATION:

Feb 9, 1887.

_____, Pres.,
Herman J. Gridley, Sec'y, } BOARD.
William M. Hoar, Treas.,

Post office, Lowell

County, Middlesex

State, Mass

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.*]

JMR

Sold by HALLGREEN & WARREN, Stationers, and Publishers of Law Blanks, 14 Exchange St., Boston.

Officer's Certificate to Disability of Soldier.

Chelsea

January 17th 1866

I, Wm P. Drury do hereby certify that I am 2d Lt of Company A of the 1st Regiment of Massachusetts Volunteers, and am acquainted with Daniel L. Veazey who was a member of my Company, and, as I am informed, is an applicant for an Invalid Pension. That the said Daniel L. Veazey was mustered into service on or about the Twelfth day of August 1862 and discharged for disability about the Eighteenth day of November 1863 having become disabled from doing duty as a soldier from on or about the Third day of July 1863 while in the service of the United States, and in the line of his duty as a soldier, in the manner and at the place as follows: Having had a severe attack of Rheumatism during the battle of Gettysburg and being unable to perform the duty of a Soldier was duly sent to Hospital from which place I was duly notified that said Daniel L. Veazey was discharged from the Service of United States by reason of said Rheumatism

That the said soldier was in good health at the time he entered the service, and the disability above referred to affected him while in the service and at his discharge, as follows: That he is at present totally unfit to work at his business being entirely disabled

William P. Drury Late 2d Lt
Co A 1st Regt Mass Vol Infy

State of Massachusetts
County of Suffolk January 17th 1866.
Personally appeared the above named Wm P. Drury and made oath that the foregoing statement by him subscribed is true
before me
Hamlet Bates,
Justice of the Police Court of the city of Chelsea, in said County.

OFFICER'S CERTIFICATE

To Disability of Soldier.

Act of ..... A. D.

Co. ..... Reg't. ..... Volunteers.

State of Massachusetts County of Middlesex Town of Concord

(a) Daniel L. Veasey, of Concord, married, died at Concord, on the sixth of September in the year eighteen hundred and ninety-two, of Anaemia, Heart Disease, Atrophy of liver and Chronic rheumatism, complicated, aged Seventy six years, three months and eleven days.

I CERTIFY that the above is a true copy of the record of ..... with the exception of the date which is expressed on the record in fair legible figures, as follows:—(b)
Date " September 6th 1892
age. 76. years 3 months. 11 days

Geo. Heywood Town Clerk.

I, George Heywood above named, depose and say, that I hold the office of Town Clerk in the Towu, County and State aforesaid, and that the above is a true copy from the records of said town, with the exception above named as certified by me.

Geo. Heywood. {

Subscribed and duly sworn to before me, this twenty-second day of September A.D. 1892. I have no interest in this case.

Charles Fay Heywood
Justice of the Peace.

(a) — Here fill in an exact transcript of the record, except that, instead of copying figures, the date must be written out in full.
(b) — Here give the date exactly as it is in the record.

Death Record of Daniel L. Hagey.

Soldiers' Claim for Pension.

Daniel L. Tracy

Co A 18th Reg't.

Mass Vol Infantry

JOSIAH FLETCHER,

ATTORNEY,

35 Court Street, Boston, Mass.

Application for Invalid Pension.

STATE OF Massachusetts
COUNTY OF Suffolk } TO WIT:

On this Nineteenth day of November A. D. 1863 personally appeared before me, Jos. H. Willard Asst Clerk Superior Court within and for the county and state aforesaid, Daniel L. Veasey aged 45 years a resident of South Acton county of Middlesex in the State of Massachusetts who, being duly sworn according to law, declares that he is the identical Daniel L. Veasey who enlisted in the service of the United States as a Private in company C, commanded by Capt Lawrence in the 1st Regiment of Volunteers of the State of Massachusetts in the war for the suppression of the Rebellion in the Southern States; and was honorably discharged on the 18 day of November, in the year A. D. 1863 that while in the service aforesaid, and in the line of his duty, he was disabled as follows, to wit: Received a chronic diarrhea & chronic rheumatism in all on about the 15th of October of July 1863 while engaged in fatigue labor, since his discharge has resided in South Acton and that ~~his occupation~~ has been unoccupied; and that he hereby constitutes and appoints JOSIAH FLETCHER, of Boston, Massachusetts, his attorney, with full power of substitution to prosecute this his claim for Pension, and to receive the certificate to be issued therefor.

[Signature of Applicant.] Daniel L. Veasey [L. S.]

Also personally appeared before me C. M. Wheeler and John L. Miles residents ~~of~~ the town of Waltham ~~county and State of~~ the latter of Boston Mass persons of lawful age, whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Daniel L. Veasey sign his name (or make his mark) to the foregoing declaration and power of attorney; 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; and that they are neither of them interested in this application.

Charles M. Wheeler
[Signature of Witnesses.] John L. Miles

Sworn to, subscribed, and acknowledged before me, the day and year above written, and I hereby certify that I have no interest in the prosecution of this claim.

Jos H. Willard
Asst CLERK OF COURT.

Pensions must be sworn to before the Clerk of a Court of Record.

Surgeon U.S. Army
Medical Director

Approved. A.M. M. Green

ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

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

Daniel L. Vleagey private of Captain Company, (a) of the First Regiment of ~~United States~~ Mass. Vols Inft, was enlisted by Captain Chamberlain of the Regiment of at Boston Mass, on the twelfth day of August 1862, to serve three years; he was born in Bridgewater in the State of New Hampshire is Forty five years of age, six feet ~~inches high~~, Light complexion, Blue eyes, Brown hair, and by occupation when enlisted a Stone Mason During the last two months said soldier has been unfit for duty days. *(Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)*

STATION:

DATE:

Commanding Company.

I CERTIFY, that I have carefully examined the said Daniel L. Vleagey of Captain 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.)*

Paralysis of right leg since Battle of Gettysburg
Not fit for Invalid Corps
Totally disabled

W. E. Townsend
Act. Asst. Surgeon. U.S.A.

DISCHARGED, this Eighteenth day of November 186 3, at Boston Mass

F. H. Lamb
~~Commanding the Post.~~
Maj U.S. Arty
Mil Cond.

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—*

[GOV. PRINT. OFF., Mar. 28, 1862.]

(DUPLICATES.)

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

Daniel L. Veazey

a Private Co. A

1st Infty Reg't of Mass Vols

Adjutant General's Office,

Dec 17 1863.

Duplicate for the Pension Office

Sam Breck

Asst. Adjt. Genl

Received (A. G. Office) Dec. 5, 186[illegible].

GENERAL AFFIDAVIT.

State of Massachusetts, County of Middlesex, ss:

In the matter of Claim for Pension, No. 561.663, of Sally Veazey Widow of Daniel L. Veazey, who served as a Private in Co. A. 1st Regt. Mass Vol

ON THIS 19 day of February, A. D. 1895, personally appeared before ~~me~~ The District Court of Central Middlesex in and for the aforesaid County duly authorized to administer oaths Sally Veazey aged 70 years, a resident of Concord in the County of Middlesex and State of Massachusetts well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

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

This is to Certify that I Sally Veazey Widow of Daniel L. Veazey have never filed any other claim for Pension than the one Numbered 561.663 and for accrued Pension, I also state that Daniel L. Veazey or I had never been married prior to our Marriage February 24th 1847.

Her Post-office address is Concord Middlesex Co Massachusetts

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

Sally Veazey
(Signature of Affiant.)

Bessie Hoar
(If affiant signs by mark, two persons who write sign here.)

STATE OF Massachusetts, COUNTY OF Middlesex, ss:

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

..... erased, and the words .....

..... added, and acquainted .....

with its contents before She 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 She is a credible person.

John S. Keyes
(Official Signature.)

[L. S.] Justice of District Court of Central Middlesex
(Official Character.)

I ....., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .....

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

Witness my hand and seal of office, this ..... day of ..... 189 .

.....

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

☞ To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Claim No. 561.668. Wal. Com.

ADDITIONAL EVIDENCE.

CLAIM OF Sally Vogey, widow of Daniel D. Vogey, who served as a Priv. in Co. A, 1st Regt Mass. Vol.

AFFIDAVIT OF Sally Vogey
Concerned ..... Mass.

Ohio. M. Saunders

FILED BY PENSION OFFICE JAN 25 1893

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., 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 Massachusetts }
COUNTY OF Middlesex } ss.

In the matter of the claim for Pension
of Sally Veazey, widow of Daniel S. Veazey,
late of Company C, 1st Regiment, Massachusetts Infantry, Volunteers.

Personally came before ~~me,~~ the District Court of Central Middlesex in and for aforesaid County and State, George B. Cunningham, aged 48 years, and Charles W. Sanford, aged 35 years, residents of Concord, in the County of Middlesex, State of ....., who being duly sworn, declare in relation to aforesaid case, as follows:

We, the undersigned, have known Sally Veazey, Widow of Daniel S. Veazey, for 20 years and have lived close beside her, nearly all that time. She has not re-married and has no means of support, as she is aged, ~~and~~ infirm, and unable to work

..... further declare that We no interest in said case, and are not concerned in its prosecution, and not not related to said claimant.

John L. Keyes

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

Affiant's Signature, George B Cunningham
P. O. Address, Concord Mass

Affiant's Signature, Charles W Sanford
P. O. Address, Concord Mass

Sworn to and subscribed before me this day by the above-named affiant~~s~~ ; and I certify that I read said affidavit to said affiant~~s~~ , and acquainted them with its contents before they executed the same; that said affiant~~s~~ are personally known to me; that they are credible persons and so reputed in the community in which they reside . I further certify that the words and was sworn

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 15th day of September 1892.

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.

John S. Keyes
Magistrate's Signature.

Justice of the District Court
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 ..... 189 .

..... *Clerk.*

[L. S.]

Nature of Claim. } Increase under Act of 1890

No. .....

Claimant, Sally Vaughn Widow of Joseph L. Vaughn

Late Private Co. D, 1st Reg't, Massachusetts Heavy Artillery Vols.

AFFIDAVIT OF
Geo. B. Cummings & Co.
Chas. W. Langdon

FILED BY
Geo. M. Converse
Washington, D. C.

Sold by T. H. BALL, Law Stationer, 49 Court Street, Boston.

GENERAL AFFIDAVIT.

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

STATE OF Mass.
COUNTY OF Middlesex. } ss.

In the matter of the claim for Increase of Original Pension
of Daniel L. Teagey.
late of Company A, 1st Regiment, Mass. Volunteers.

Personally came before me, a Justice of the Peace in and for aforesaid County and State, Waldo Flint, aged 56 years.
and George B. Cunningham, aged 48 years,
residents of Concord, in the County of Middlesex, State of Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

This is to certify that we, the undersigned have known the claimant, Daniel L. Teagey who served in Co. A. 1st Reg. Mass. Vol. for the last 20 or 30 years, and have lived close beside him nearly all the time, see him nearly every day, and know he has been a great sufferer from Rheumatism, Heart Disease and Malaria. For the past 5 yrs. he has been confined to his bed the greater part of the time. His Physician and Neighbors are surprised at his living so long in his condition. He requires the regular attendence of one person, and has no means of support for himself and wife, but his Pension. We do not able to go before a Medical Board, we think his claim a just one.

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

Affiant's Signature, Waldo Flint
P. O. Address, Concord Mass

Affiant's Signature, George B. Cunningham
P. O. Address, Concord Mass

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

Sworn to and subscribed before me this day by the above-named affiant~~s~~ ; and I certify that I read said affidavit to said affiant~~s~~ , and acquainted ~~them~~ them with its contents before ~~they~~ they executed the same; that said affiant~~s~~ ~~are~~ personally known to me; that ~~they~~ they are credible person and so reputed in the community in which ~~they~~ 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 Seventeenth day of March 1892

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. }

Chas Thompson
Magistrate's Signature.

Justice of the Peace
Official Character.

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

I, John L. Ambrose, Jr. Clerk of the Superior Court, in and for aforesaid County and State, do certify that Charles Thompson Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a Justice of the Peace 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 twenty first day of March 1892.

John L. Ambrose, Jr. Clerk.

[L. S.]

Nature of Claim. } Succession of Original Pension No. 60,996.

No.

Claimant, Merrill L. Wagg

Rank Corporal, Mass.

Late Private Co. C, 1st Reg't, Massachusetts Vols.

AFFIDAVIT OF Widow, Heirs, Guardian, Surviving Partner.

FILED BY Office of Pensions, Washington, D. C.

GENERAL AFFIDAVIT.

State of Massachusetts, **County of** Middlesex, **ss:**

In the matter of Claim for Pension of Sally Veazey widow of Daniel L. Veazey, W.S. 564.663 Under Act Law,

ON THIS 2nd day of December, A. D. 18 92, personally appeared before me A Justice of the Peace, in and for the aforesaid County, duly authorized to administer oaths Waldo Flint, aged 56 years, a resident of Concord, in the County of Middlesex, and State of Massachusetts, whose Post Office address is Concord, Mass. George B. Cunningham, aged 46 years, a resident of Concord, in the County of Middlesex and State of Massachusetts, whose Post Office address is Concord Mass

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

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

This is to certify that we, the Undersigned, have known Sally Veazey, Widow of Daniel L. Veazey, and lived close beside her for the past 15 yrs. She is in feeble health and obliged to have some one to take care of her. She has no means of support and unless her Pension is granted at once, she will be obliged to live on Charity. On account of her age, feeble condition and lack of means, we hope her claim may be made Special.

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

Waldo Flint

Geo B Cunningham

(Signature of Affiants.)

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

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.

STATE OF Massachusetts, COUNTY OF Middlesex, ss:

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

erased, and the words

added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution ; and that said affiants are personally known to me and that they are credible persons

George Harry Hoskins.
a Justice of the Peace at Concord Mass
(Official Signature.)

[L. S.]

(Official Character.)

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Office of the Secretary, Boston, Dec. 3, 1885.

I hereby certify that at the date of the attestation hereto annexed

To the Justices of the Peace, within and for the said Commonwealth, such commissions and qualifications, as aforesaid, have been made and constituted; that to the names of all persons appointed to take depositions, affidavits, oaths and take acknowledgments of deeds to be filed in this office, in and for said Commonwealth; and that said Justices of the Peace are authorized to administer oaths and affirmations, and to do all other acts and things appertaining to the office of Justice of the Peace, according to the laws of said Commonwealth.

Francis M. Rotch
Secretary of the Commonwealth.

OFFICE OF THE SECRETARY OF THE COMMONWEALTH DEC 3 1885

PENSION BUREAU DEC 8 1885 OFFICE

Pension Law.
Oct. 27 June 27, 1890.
Claim No. 561.663.

ADDITIONAL EVIDENCE.

CLAIM OF
Dillon Vasey, Widow
of Daniel L. Vasey.
Co. A. 12th Regt. Mass. Vol.

AFFIDAVIT OF
George R. Cunningham.
Waldo Flint.

FILED BY
Chas. M. Gardner.

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