

Paid @ \$30 to Septr. 4, 1914

BUREAU OF PENSIONS,
Office of the Disbursing Clerk,
DEC 14 1914

To the Chief, Finance Division:

You are hereby notified that check No. *6333259*, for \$ *90*
dated *DEC 4 1914* in favor of *JOHN WALL*
post-office Certificate # *3342071*
MAYNARD MASS
16 ACTON ST

Class *Civil War*

Section *SECTION 7*

Postmaster, with the information that the pensioner died *Sept 7 - 1914*
and said check has this day been canceled.

Very respectfully,

(D-3) *GUY O. TAYLOR,*
Disbursing Clerk.

PLATE DESTROYED

MANN

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

JAN 4 - 1915

Certificate No. *334207*, 191

Class *GENERAL LAW.*

Pensioner *John Wall*

Soldier

Service *B. 40 Mass. Inf.*

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ *30*, to *Sept. 4, 1914*
has this day been dropped from the roll be-
cause of *death, Sept. 7 1914*

Very respectfully,

Wm. M. Russell

Chief, Finance Division.

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

I. John Wall of Weymouth in the County of Middlesex, and Commonwealth of Massachusetts, late of Co B. 40. Regt Mass. Vols. Infantry, in the matter of my claim for Invalid Pension, No 441.800 first having been duly sworn depose and say,

I lost sight of my right eye in 1872, it having been very weak from the time the splinter of shell was removed from it at Morris Island S.C. Immediately after losing the sight of my right eye the left eye commenced growing weak and continued to grow worse until the present time, at present I can do no work.

From June 1865. to June 1866. I lost about two months, from June 1866. to June 1867. believe I lost no time, from June 1867. to June 1868 lost about three months, from June 1868. to June 1869. lost about three months, 1869 to 1870 about two months, from '70 to '71 about two months, '71 to '72 four months, from 1872. to 1873 lost six months, from 1873 to 1874 lost five months, from 1874 to 1875 lost ten months, from 1875 to '76 lost eight months, from 1876 to '77 lost six months, 1877. to '78. lost six months, 1878. to '79 lost five months, from 1879 to 1883 lost six months each year, from 1883 to the present

Time I have performed no manual labor, the time set forth as lost between the within named dates is the time I have not been able to perform manual labor on account of the injury done my Eyes by the splinter from shell as set forth in my original declaration.

Dr Brewster was Surgeon of the 40. Regt, and personally operated on my Eyes, he died some time ago, I think in 1872 or '73.

Dr Andrew Mc Smithe now of Williamstown Massachusetts, was assistant Surgeon, he is now living, and remembers the time and the circumstances of my injury but does not remember names of parties, other than Lieut. Webb who was killed at the time.

Dr Bigelow of Bolton Mass treated my Eyes after discharge, after him, Dr Ramsdell of Maynard, treated me. They are both dead.

John Wall

Commonwealth of Massachusetts
Middlesex. Maynard April 22. 1884

The foregoing Affidavit taken, signed, and
sworn to by said John Wall, whom is well
known to me to be a respectable person and
entitled to credit and belief, before me

Thomas Hillis

Justice of the Peace

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 Essex } ss.

In the matter of the claim for a pension
of John Wall
late of Company B, Fortieth Regiment, Massachusetts Volunteers,
Personally came before me, Clerk of the Superior Court in and for aforesaid County
and State, Benjamin S. Gush, aged 64 years,
and _____, aged _____ years,
resident of Salem, in the County of Essex, State of
Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

I hereby certify that John Wall a member of Company B, 40th Regiment Mass Vols. was wounded in the face and right eye by a splinter from a shell while on duty in front of Fort Wagner on the morning of August 20th 1863. The splinter was removed and the wound dressed by Dr. Brewster Reg. Surgeon.

I have a personal knowledge of said Wall being wounded in the face and right eye as I was with him in the same company at the time and place and being 1st Sergeant of the company at the time it was my duty to know and report all killed, wounded or missing. And I would also state that John Wall was a good soldier ready and willing to do his duty at all times and is deserving of a Pension as by the loss of his sight he is unable to do any thing for his own support.

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

Affiant's Signature, Benjamin S. GushP. O. Address, Salem Mass.

Affiant's Signature, _____

P. O. Address, _____

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

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 Essex } ss.

In the matter of the claim for a pension
of John Wall
late of Company B., Fortieth Regiment, Massachusetts Volunteers,
Personally came before me, Clerk of the Superior Court in and for aforesaid County
and State, John H. Russell, aged 39 years,
and _____, aged _____ years,
resident of Salem, in the County of Essex, State of

Massachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:
This is to certify that at the time Aug 20th
1863 of the explosion of the shell from
the enemy that came through the
bomb proof on Morris Island S. C.
in front of Fort Wagner where
John Wall was wounded in face and
eyes. I was within ten feet of him
and went immediately at the bomb
proof. saw the injury done which
was one killed, Lieut A. G. Webb and
several wounded among the latter being
the claimant John Wall as above
described and was aware of the fact
that Dr. Brewster then Surg. of the Regt.
removed some splinters from his face
and eyes. The result of this wound is
that he has entirely lost the use of one
eye and almost entirely the other so
that he can do nothing for his support.
but is doomed to darkness all the
remainder of his days. This is an honest
claimant who had pride enough not to
ask for help until he was beyond helping
himself. He was also a good soldier
never neglecting his duty and I am
glad to testify in his behalf.

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

Affiant's Signature, John H. RussellP. O. Address, Salem Mass

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

Affiant's Signature, _____

P. O. Address, _____

BOSTON,

3-402.

Certificate No. 394 207 Department of the Interior,
 Name, John Wall BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

W. C. Bryant

Commissioner of Pensions.

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

Answer. No

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

Answer. _____

Third. What record of marriage exists?

Answer. _____

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. _____

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

Answer. _____

Date of reply, June 13, 1898

John Wall
 (Signature.)

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ORIGINAL INVALID PENSION.

Claimant,

P. O.,

County,

State,

Attorney,

Fee, \$

Rate, \$

Rank,

Company,

Regiment,

State,

per month, commencing

Disabled by shell wound of face and right eye and resulting blindness
 Submitted for adm. June 24, 1884, by Geo Jennings, Examiner.
 Re- " " August 10, 1885 " " " " " "
 Approved for _____

Approved for _____

, 188

, Reviewer.

, 188

, Med. Referee.

Enlisted

August 7, 1867.

No other

service from _____

Mustered

, 18

18, to _____

, 18

, in

Discharged

June 16, 1865.

Declaration filed

Feb 28, 1882.

Not in military or naval service since

June

Last material evidence filed

, 18

16

, 1865, when discharged.

Declaration

BASIS OF CLAIM.

Alleges in declaration filed

that at Fort Wagner S. C.

August 19, 1863 he was struck in the
face by two pieces of shell, one piece
cut the upper part of the nose and the other
struck the lower and inner corner of the
right eye. That in consequence he has totally
lost the sight of the right eye and the left eye is
weak and greatly impaired.