

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

JUL 1 - 1919

191

Certificate No. 653857

Class ACT MAY 11, 1912.

Pensioner Addison B. Wheeler

Soldier

Service

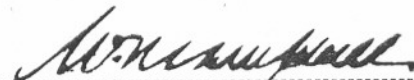
The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 40, to MAR 4 - 1919

has this day been dropped from the roll be-
cause of death Apr 29-1919

Very respectfully,



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.

6-2249

Cert. No. 653867

Name, Addison B. Wheeler

Rank, Pvt.; Service, Co. E. 26th Mass.
Vol. Inf.

Original Roll: Boston

Agency. Transf'd _____, 18____, to _____

" _____, 18____, to _____

Issued Sept. 3rd, 1891Mailed " 1st, 1891Rate and Period, \$ 8, from Aug. 9th, 1890

Deductions: _____

Disability: Malarial poisoning and

varicose veins of right leg

Issued Oct 23 1907

Mailed OCT 25 1907

Rate and Period, \$ 12, from Mar 8, 1907

Deductions: 0

Disability: A

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Disability: _____

Issued _____, 18____

Mailed _____, 18____

Rate and Period, \$ _____, from _____, 18____

Deductions: _____

Disability: _____

INDORSEMENTS.

Sec 4/199. To Atty J. W. Parsons
Unit rolled date and cause
of repic. under act June
27/90. A.H.
May 11. 03. To Atty Hannington
Unit rep. J. W.
Mar 2/04. Atty Hannington again unit
rep. of Inc. under June Act.
mmc

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }
County of Middlesex } ss.

On this 16th day of Nov, A. D. one thousand nine hundred and fourteen, personally appeared before me, a Notary Public within and for the county and State aforesaid, Addison B. Wheeler, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Lowell Acton county of Middlesex, State of Massachusetts, and that he is the identical person who was ENROLLED at Lowell Mass under the name of Addison B. Wheeler on the 29th day of September, 1861, as a private, in Co 26th Mass. Inf
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Lowell Mass, on the Seventh day of November, 1864.
(State name of war, Civil or Mexican.)

That he also served _____
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 1/2 inches; complexion, Dark; color of eyes, Grey; color of hair, Black; that his occupation was Farmer; that he was born August 30, 1839.

That his several places of residence since leaving the service have been as follows: at Lowell Mass for about two years and Acton Mass since
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 653,867

That he has _____ applied for pension under original No. _____

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Lowell R.F.D. county of Middlesex State of Massachusetts

Attest: (1) Bessie K. Emerson (Claimant's signature in full.)
(2) Addison B. Wheeler
Charles W. Wilkins

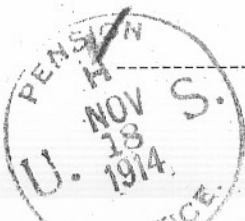
SUBSCRIBED and sworn to before me this 16th day of Nov, A. D., 1914, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Declaration accepted as a claim under the act of May 11, 1912.

Chief, Law Division

per Yaste



Henry W. Emerson
(Signature.)
Notary Public
(Official character.)

DECLARATION FOR INCREASE OF PENSION

Under the Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Massachusetts, County of Middlesex, ss:

ON THIS 15 day of Sept A. D., one thousand nine hundred two, personally appeared before me, a Justice of the Peace, within and for the County and State aforesaid Addison B. Wheeler aged 63 years, a resident of Acton County of Middlesex State of Mass, who being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the Boston Pension Agency at the rate of Eight dollars per month, Certificate No. 653 807; by reason of disability from
[Here name the disability for which pension was granted.]

Malarial poisoning, and varicose veins of right leg
That he was a Private in Co. E 26 Reg't Mass Vols.
[Here state rank, company and regiment, if in the army; vessel, if in the navy.]

That he believes himself to be entitled to an increase of pension on the ground that the rate allowed him is too low and not commensurate with extent of his present disability. He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890.

Increased disability from varicose veins, Rheumatism, heart disease, curvature of spine and resulting neuralgia, and fatty tumor on back

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

He hereby appoints, with full power of substitution and revocation Herman P. Harrington of Waltham Mass, his true and lawful attorney, to prosecute his claim and receive a fee of \$. His post-office address is Addison B. Wheeler Acton Mass.

H. E. Clough
Olive M. Zigler
(Two witnesses who can write sign here.)

Addison B. Wheeler
(Signature of Claimant.)



ATTY FILED

3-173.

EAST. DIV.

OCT 12 1898

RECEIVED

J. P. J., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., September 28, 1898

SIR:

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

Very respectfully,

*Mr. Addison B. Wheeler,
Acton
Mass*

Commissioner.

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

Answer: *Yes. Berintha W Wheeler, nee W. Hood*

No. 2. When, where, and by whom were you married? Answer: *Sept 2 1869*

Lowell Mass Frank B. Morse Clergyman

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

Record.

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

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

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

birth. Answer: *No*

Date of reply, *October 5*, 1898

Addison B. Wheeler
(Signature.)

ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 653 + 67 Department of the Interior,
Name, Adison B. Wheeler 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. Evans
Commissioner of Pensions.

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

Answer. Yes Brintha W. Wheeler Brintha W. Wood

Second. When, where, and by whom were you married? In 1869 Sept 2

Answer. _____

Third. What record of marriage exists? Records of Westford Mass

Answer. Records of Concord also

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. No

Answer. _____

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

Answer. No

Date of reply June 9, 1898
Adison B. Wheeler
(Signature.)

East Div. *F. P. T.*, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Sept 28* 1898.

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier

No other report on file.

Claim No. *653,867*

Name *Addison B. Wheeler*
Co. *E*, 26 Reg't Mass. Inf.

W. H. Brown
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Addison B. Wheeler
Co. *C*, 26 Reg't Mass. Inf.
was enrolled *Sept 9*, 1861,
and *M. O.* with *Co* *Nov 7*, 1864.

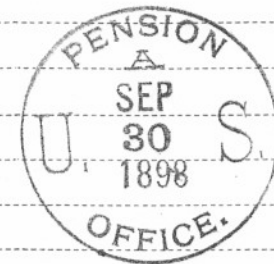
From *Eu*, 1861, to *M. O.*, 1864,
he held the rank of *Private*

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

Aug 31/63 Absent sick in
Hospt. at New Orleans since
Aug 28. 1863.
Oct 31/63 Absent sick in
Hospt. at New Orleans La
since *Sept 13/63.*
So born to *Dec 31/63.*

Apr 30/64 Absent Detailed by
D.O. No 61 defences M.O.
Aug 31/64 Absent sick in
Hospt. at Washington D.C.
since *Aug 13/64.*

The medical records show him treated as follows:
as *Addison B. Wheeler C.*,
Co. *E*, 26 Mass. *Aug. 26 to Dec.*
4, 1863. Diarrhoea act., ret'd
to duty; as *A. B. Wheeler &c.*,
Aug. 14, 1864. Diarrhoea;
as *Addison B. Wheeler*
&c., *Aug. 14 to Oct. 18, 1864.*
Bill. Diarrhoea, ret'd to duty.
Nothing additional found.



ST. DIV.
SEP 30 1898
RECEIVED

BY AUTHORITY OF THE SECRETARY OF WAR:

W. H. Brown

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

Per *SEP 29 1898*

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

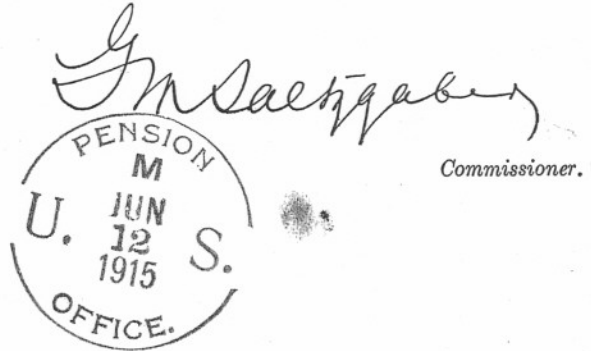
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

ADDISON B. WHEELER,
CONCORD, MASS.
653867 ACT MAY.
R. R.



Commissioner.

- No. 1. Date and place of birth? Answer. *Acton Mass. August 30th 1839*
The name of organizations in which you served? Answer. *Co. E. 26 Regt. M. V. M.*
- No. 2. What was your post office at enlistment? Answer. *Acton Mass.*
- No. 3. State your wife's full name and her maiden name. Answer. *Rintha W. Hood*
- No. 4. When, where, and by whom were you married? Answer. *Sept. 2. 1869. Lowell Mass.*
Frank R. Morse.
- No. 5. Is there any official or church record of your marriage? *Yes*
If so, where? Answer. *Lowell Mass.*
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *No.*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *Andrew J. Sawyer*

- No. 8. Are you now living with your wife, or has there been a separation? Answer. *No.*
died January 5th 1905
- No. 9. State the names and dates of birth of all your children, living or dead. Answer. *No.*
died January 5th 1905

Date *June 7. 1915*

(Signature)

Addison B. Wheeler