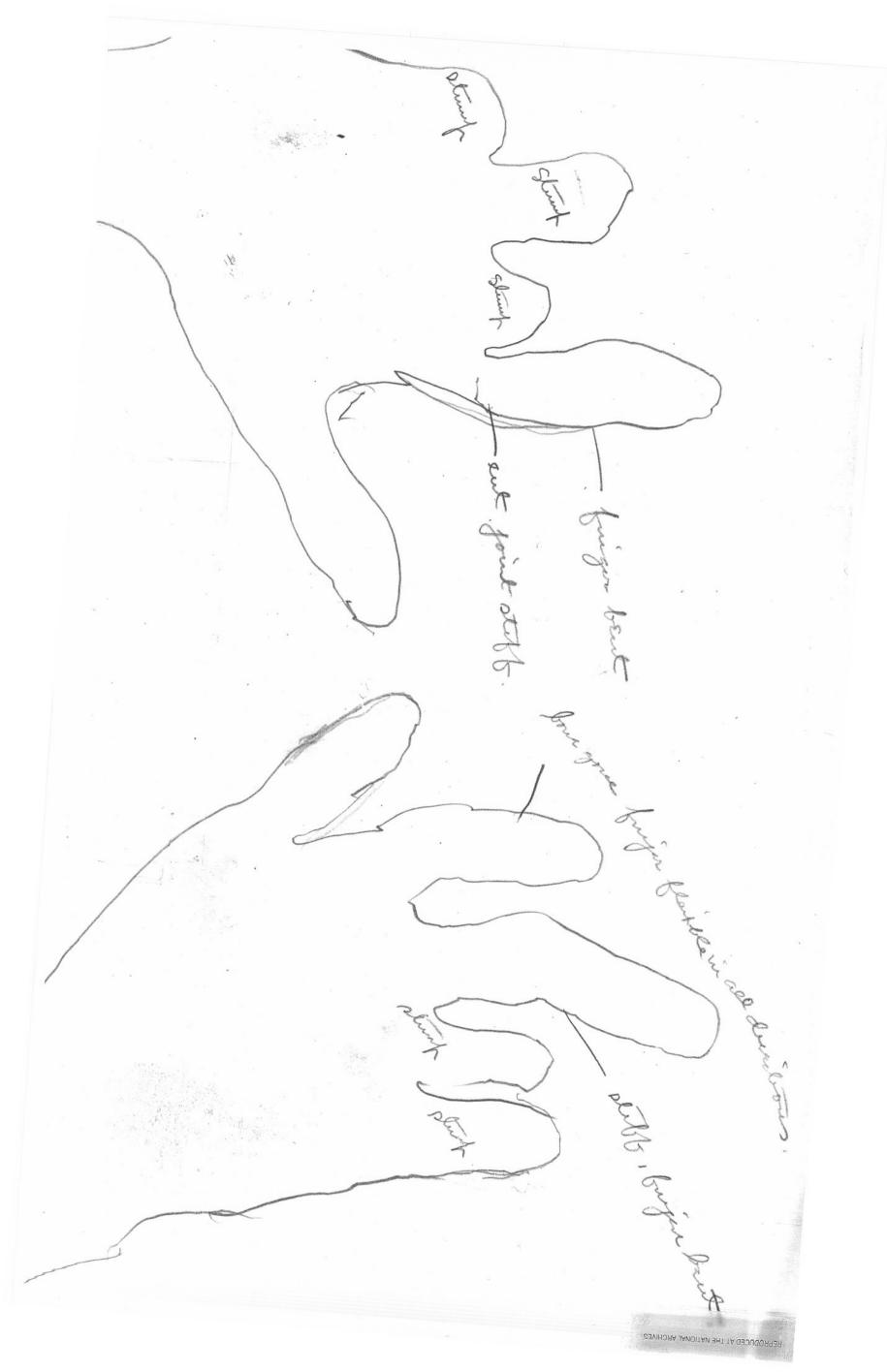
Declaration for Invalid Pension.

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.

personally appeared before me. a. Natury Public within and for the County and State aforesaid Line of Bauler & Muller aged 45. years, a resident of the of Bauler & Muller aged 45. years, a resident of the of Bauler & Muller aged 45. years, a resident of the of Bauler & Muller county off Middle 45. State of Mass who, being duly sworn according to law, declares that he is the identical Line Cole. & Metaler who was BREALER On the 15th day of October 18th in 10th Green that the state rank, company The war of the rebellion, and served at least and years, and was HOVERBEH BISCHARDED at on the 25th day of Call of a cole of the manual labor by godson of Mass Cole of the manual for some of the rebellion, and served at least the state of the same the disease or injuries from Jude, disabled: Massaria for some years of the cole of the same the disease or injuries from Jude, disabled: Massaria for some years of the cole of the same than the disease or injuries from Jude, disabled: Massaria for some years of the cole of the same than the disease or injuries from Jude, disabled: Massaria for some years of the cole of the same than the best of his knowledge and belief permanent. That he has applied for pension under application No. That he is a pensioner under Certificate No Af S & I HA
aged. 48 years, a resident of the of Bauchred gefror. County of Middle Land. State of Mass who, being duly sworn according to law, declares that he is the identical Living also & Meelen who was ENROLLED on the 186 in Mo. & ompany who was ENROLLED on the 186 in Mo. & ompany who was ENROLLED on the 186 in the war of the rebellion, and served at least an antregiment, in Military service, or vessel, if in the Navy of the rebellion, and served at least an in the war of the rebellion, and served at least an inety days, and was 1000 RABLY DISCHARGED at
County of Middley State of Mash who, being duly sworn according to law, declares that he is the identical wing also a Medical Solution who was ENROLLED on the 1811 day of October 1861, in 1862, in 1861, in 1862 and regiment, in Military service, or vessel, if in the Navy of the rebellion, and served at least ainety days, and was HONORIBET BISCHARGED at in the war of the rebellion, and served at least ainety days, and was HONORIBET BISCHARGED at the served of the rebellion, and served at least ainety days, and was HONORIBET BISCHARGED at the war of the rebellion, and served at least ainety days, and was HONORIBET BISCHARGED at the served was a support by manual labor by reason of chroming the diseases or injuries from middle disabled. Mas about the community of the rebellion, and served at least the charged from the diseases or injuries from middle disabled. Mas about the community of the charged from a service of the community of the charged from the charged
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he has
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under Certificate No. 4, 8, 9, 0, 4,0
and the state of t
former application if one was made.)
That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provi-
sions of the Act of June 27, 1890. He hereby appoints
his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorney
That his post office address is Coultridge for the difference of the countries of the c
County of
go how Il Lanthy Lincoln & Theeler
Thilip Carturiefet

Excellent character, no habits, and our whood proselle not a tought of any me, and is thereby totally disabled. brun so multiplied by various acceptent that he has package For some any manual labor. should be peded in every wa Sin, Below is a count traceing of both hause of hunder 2. whenhe of it columbia so count wors. It's hause have whom Persons Woodington Die OFFICE



Mey 11/12, That he should state gath, whether the seleged rheum. ective eyesight are st server in the discoping the wind testimony by doorigin in testimony by the presence of his inselfcert. No. 486,040 Nosen E. Whieler Noblimbialt. Combridge, cation filed May 27, 1912. nex, F. A. Bicknell Comic, state, Margachusett. Kot of May 11/12 , 8/14, Olt sained that infine nquessional uds being a dimittedly of post-service 9/14 Sully by Son 7 5 connot be considered under the Had Doithick MO SECTION H. EXR Cowan White House, Wooders INCREASE (No. Claim) , State, Mass. lefte a trad of weeks ego I sent an your factor of the Barran of the Bar we sply and thought " " Watertown, house feeling that you he commissioner of Edward for here would like you must be to go Dear Euro Sich and like to go Dear Euro Chart close about aleven

SECTION H. EXR. Cowan act of May 11/12 INCREASE (Dis, Claim) cert. No. 486,040 Lincoln E. Whieler P. O. 16 Columbia St., Cambridge, County, Middlesox, State, Marsachusetts. Application filed May 27, 1912. Service, Pot. E, 26 Mass. Vetta hands being admittedly of post-service origin cannot be considered under the ich testimony sy loorigin in ice veine of stuty revistence at has reont since, or his ina , State, Mass.

Cambridge, Mass., Jan. 31, 1928

The Commissioner of Pensions;-

Sir;-

SUBJECT

I.C.486,040 Lincoln E. Wheeler, Co.E 26th Mass. Vet. Inf.

REFERENCE

to determine merits of claim under the first section of the act of July 3,1926,-see Exhibit A.

ACTION

The address of the pensioner as given in instructions was Mt.Hermon School, Mt.Hermon; Mass. This was based upon report as to last payment face B.J. It was noted that pensioner had lived at 12 Upland Road, Watertown, Mass. and apparently at 54 Lexington Ave., Cambridge, Mass. within last two months. I telephone Dr. McKenzie, whose office is only two blocks from my domicile, and was by him advised that the pensioner had died about middle of December 1926 at the Cambridge Relief Hospital.

Herewith will be found a copy of the Death Return in instance of the pensioner. Said return shows that he was a widower, and Dr. McKemzie informed me that he lived with his daughter wife of W.S. Yeager, a professor at Tufts College, Somerville, Mass. who had formerly been a teacher at the Mt. Hermon School, but who removed here last September.

Mr. Yeager has just telephonically informed me that the address of pensioner has never been changed in the matter of his pension checks but that information was sent to the Bureau in December that pensioner had died, and that he presumes check for January payment was returned from Mt. Hermon, Mass. He states that pensioner left ample assets to meet expenses of his last sickness and burial and that no reimbursement claim would be filed.

RECOMMENDATION

Consideration of the Medical Referee,

Respectfully submitted, Chas. G. Courseud

Summary Page 3

Case of LINCOLN E.WHEELER

I.C. No.486,040

	Case of LINCOLN E.WH	EELER	1.c; No.486,040
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6 g			
୍ଥ	COPY	DEATH RECO	R D
68	Deaths at Cambridge, I	Mass vear 1926	
84	Number1644	DateDecemb	per 14,1926
ୃତ୍	Name Deceased	- Lincoln E. Wheeler	(Civib War)
e <u>6</u>	Color	- White	
€ଝ	Social condition	- 84- 9	
୍ଷ		- Acute bronchitis; en - 54 Lexington Avenue,	
- 68	Occupation Place death	- Retired - Cambridge Relief Hos	pital
<u>1</u> 0	Birthplace		- ····································
14		Betsey Brooks; born d - Woodlawn Cemetery, Ac	.0
12	11000 001 131	"Toodiawii oemetely, ao	COLLY , MASS
13	Record deaths 1926	Cambridge, Mass. page 2	49 A TRUE COPY
14		1	Ohan La Par
15	Cambridge, Mass	/	Thas G. Counseud
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J. ROBERT McKENZIE, M. D. 897 MASSACHUSETTS AVE. CAMBRIDGE, MASS.

TEL. UNIVERSITY 0315

October 26,1927.

Mr.Winfield Scott.

Commissioner.

At the request of Mr.Lincoln E.Wheeler, 54 Lexington Avenue, Cambridge, Mass. I.C. 486040 E. 26 Mass. Vet. Inf. I submit the following report of his present physical condition.

A feeble old man of 85 yrs. Heart - Slightly enlarged. Rythm regular, but weak. No murmurs. Pulse 84. Blood pressure Systolic. I32- diastolic 90-General Arterio-sclerosis. Marked dyspnoea and cyanosis.

Oedema of feet and legs.

Hands- Due to accidents while formerly running an irregular moulder,

(wood working machine) he has lost 3 fingers from left hand, and 2 fingers from right hand. The remaining fingers are distorted.

Vision- Patient is very nearly blind. Walks with a cane and never goes out alone.

He feeds himself but has needed and received constant assistance in dressing during the past five years. His appetite is poor and he says he sleeps very little. He is extremely nervous.

Very truly yours.

County of Middlesex State of Massachusetts

Personally appeared before me, the above J. Robert McKenzie, and made oath that the foregoing statements by him subscribed, are true to the best of his knowledge and belief.

Avene It Trainington Notary Public.

I. Robert by Kenzie

DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

STATE OF Mass., COUNTY OF Middlesey SS:
On this day of March A. D. 1922 personally appeared before me, at otany tuble
within and for the county and State aforesaid Lincoln & Mielle, who, being duly
sworn according to law, declares that he is
county of Middles , State of Mass ; and that he is the
identical person who was ENROLLED at Actor Century, Mass, under the name
of Lincoln & Milling, on the Sight day of 7 the 186
as a final (Here state rank, and company and regiment in the Army, or vessels if my the Navy.)
in the service of the United States, in the
war, and was HONORABLY DISCHARGED at Boston, Maso, on the 26 day of Aug. 1865
That he also served (Here give a complete platement of all other services, if any.)
no other service
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: Heightfeetinches; complexion feetinches; color of
eyes the ; color of hair bown; that his occupation was founder;
that he was born March 16 1843, at Concord Mass
(State in this space the nature of the disability by reason of which the regular personal aid and attendance of another person is required.)
os of three fingers on left hand and right hand socrifile
That his several places of residence since leaving the service have been as follows: (State date of each change, as nearly as possible.)
most of the lime.
He hereby appoints R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (without fee);
That he is a pensioner under Certificate No. 486040. That he has applied for pension under original
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 1, 1920.
(1) Alloweth. The same Leaveston William (Signature of first witness.)
(Address of first witness)
(2) CLarlen Blan Dan Cambridge Mass
(Signature of first witness.) (Address of first witness.) (Diametric March Mars.) (Address of first witness.) (Signature of second witness.) (Address of second witness.) (Address of second witness.)
Subscribed and sworn to before me this 8 to day of March 1923, and I hereby
certify that the contents of the above declaration were fully made known and explained to the
applicant before swearing, including the words Pashington
[L. s.] erased, and the words Austin
and that I have no interest, direct or indirect, in the prosecution of this claim.
Declaration accepted Casery 1922
as a claim under Sec. 2, act of May 1, 1920. (Signature.) OFFICE
Total ubles (Official character.)

My Commission Expire Sept 8-1922

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

6

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,

LINCOLN E WHEELER
CAMBRIDGE, MASS.
486040 ACT MAY.
I6 COLUMBIA ST.

MAR S. Commissioner.

U. 1915

OFTICE:

	· bish march 16th
	No. 1. Date and place of birth? Answer. 1843, Concord magachusette.
	The name of organizations in which you served? Answer. 26. Regiment of Infantry
	Company & maseachusetts Voluntus.
	No. 2. What was your post office at enlistment? Answer Octor Center mark.
	No. 3. State your wife's full name and her maiden name. Answer. Lettie S. While, "haiden Brown
	No. 4. When, where, and by whom were you married? Answer. Married himetunth day of October
1	869. In Boston mass by S. H. Winkley Chergyman.
	No. 5. Is there any official or church record of your marriage?
	If so, where? Answer.
	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
RE.	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer
표	
FOLD	I have never been married but once.
	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 miltary 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. My frustent and only wife was
	answer include all former husbands. Answer. My prisent and only wife was
	No. 8. Are you now living with your wife, or has there been a separation? Answer. Heart arm now living
	win my wife
ERE.	No. 9. State the names and dates of birth of all your children, living or dead. Answer.
H O	- Induch do Wheeler born april 5th 1871. Dead.
FOL	George E. Wheeler _ February 22 and 1873. Dead
	No. 9. State the names and dates of birth of all your children, living or dead. Answer. Frederick Lo. Wheeler born april 5th 1871. Dead. Grorge E. Wheeler - February 22 and 1873. Dead. David Wheeler - ang 3th 1876. Dead.
	Camellie F. Wheeler. bom December 25. 1883. Living.
	Date march 18th 1915- (Signature) Lincoln & Wheeler
	Date March 18th 1915? (Signature) Loincoln & Wheeler
	Camouajemana

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE	FORWARDED WITH THE APPLICATION.
State of Mass, County of	Suffolk, ss:
	nousand nine handred and thirteen, personally
appeared before me, a Sunal Commis	within and for the county and State aforesaid,
Lincoln / E Theeler who,	being duly sworn according to law, declares that he is
years of age, and a resident of Cambridge	-, county of Madlesy,
State of; and that he is the ident	tical person who was ENROLLED at
Mage, under the	he name of Junolin & Miellin,
on the day of September, 186	, as a fruite, in
les E 26"/ Mass. On	
(Here state rank, and company and regiment in the service of the United States, in the	in the Army, or vessels it in the Navy.)
(State name of war,	Civil or Mexican
at July on the	day of Autacy, 1867.
That he also served (Here give a complet	te statement of all other services, if any.)
of Calisted Jan 1869	, []
That he was not employed in the military or naval service of the Un	nited States otherwise than as stated above. That his personal
That he was not employed in the military or naval service of the Ur description at enlistment was as follows: Height,	// 2 inches; complexion, fair ; color of
avec the color of heir thorner that his acc	cupation was farmer ; that he
Was born March 16th, 1843, 1	at Clobrord Mass.
0	,
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<u> </u>	
was born March , 1843, a That his several places of residence since leaving the service have	1
That his several places of residence since leaving the service have	scepting one year at slow
That his several places of residence since leaving the service have	scepting one year at slow
That his several places of residence since leaving the service have	of State Aid and Pensions, State House, Boston,
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner	as hearly as possible.)
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No.	of State Aid and Pensions, State House, Boston,
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No.	of State Aid and Pensions, State House, Boston, That he has applied for pension under original
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That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. 1	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Lambudge Middlesey 1 Lambudge Middlesey
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. 1	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Claimant's signature in full.) day of March A. D. 1913, and I hereby
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. 1	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Claimant's signature in full.) day of A. D. 1913, and I hereby to declaration were fully made known and explained to the applicant
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. 1	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Claimant's signature in full.) day of A. D. 1913, and I hereby to declaration were fully made known and explained to the applicant of the specific and the sp
That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. That he makes this declaration for the purpose of being placed the act of May 11, 1912. That his post-office address is State of Attest: (I) State of Attest: (I) Contact of the above before swearing, including the words Example Ribert State of the above before swearing, including the words That his several places of residence since leaving the service have leaving the service has leaving the service have leaving the service have leaving the service has leaving the service have leaving the service has leaving the service have leaving the service has leaving	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Claimant's signature in full.) day of A. D. 1913, and I hereby to declaration were fully made known and explained to the applicant of the specific and the sp
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That his several places of residence since leaving the service have (State date of each change, He hereby appoints F. A. BICKNELL, Commissioner his true and lawful attorney to prosecute his claim (without fee); That he is a pensioner under certificate No. That he makes this declaration for the purpose of being placed the act of May 11, 1912. That his post-office address is State of Attest: (I) State of Attest: (I) Contact of the above before swearing, including the words Example Ribert State of the above before swearing, including the words That his several places of residence since leaving the service have leaving the service has leaving the service have leaving the service have leaving the service has leaving the service have leaving the service has leaving the service have leaving the service has leaving	as hearly as possible.) of State Aid and Pensions, State House, Boston, That he has applied for pension under original on the pension roll of the United States under the provisions of Claimant's signature in full.) (Claimant's signature in full.) day of A. D. 1913, and I hereby a declaration were fully made known and explained to the applicant of added, and a signature in s



Commonwealth of Massachusetts.

PENSION DEPARTMENT, STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Myssiphusetts, Country of Suffice Section of Survey of Suffice Section Secti	AFFI	DAVII.
In the matter of the claim for Justiase Pension let \$4,56040 of Lincoln E. Wheeler of Company E. 26 Regiment Mass. Vols:— Personally came before me, a Special Dogungarour in and for aforesaid County and State, Lincoln C. Maller and many form of Maddiself, State of Masse, who being duly sworn, declargs in relation to aforesaid claim, as follows:— On the 26th of Cambridge food rocking, on the 36th of Cambridge food rocking, and owing the adjust in the continuous of the joyahr he was working on his hand bring for the joyahr he was working on his hand bring for the was working on his hand bringer with a different formation of the forgate how for any formation of the forgate how for any formation for the forgate how for any formation for the forgate how for his second formation and has not health get for any formation for the second than and the work of the forgate for any formation for the second than and the work for any formation for the second thank and the work for any formation. Finally Signature, Signature, Signature, St. Maller Signature, P. O. Address, Affinities Signature, P. O. Address, [Description of the second for the second of th	State of Massachusetts,	
of Company & , 36 Regiment Mass		
of Company & , 36 Regiment Mass	In the matter of the claim for	rease Lension let # 486040
of Company & , & 6 Regiment Maca. Personally came before me, a Spellial Dynguigatorier in and for aforesaid County and State, Little & Dynguigatorier in and for aforesaid County and State, Little & Dynguigatorier in and for and in the County of Middlesey, State of Maca. , who being duly sworn, declars in relation to aforesaid claim, as follows:— On the 26th of Celebra 1924, he was nothing on the word northway, and owney for a defent year the contraction of the joint he was northway on the hand bright hand mas agrain who the the authority for the third and lettle fungers have forward for the second former forward for the second for the second for the second for the second for the former funger and has not to that second for the former funger and has not to that second for the second former and lock the second third and fourth a similar alcident limit the same machine funger is the former and lock the second third and fourth and lock the second third and fourth for the second former and lock the second third and the index for the funder of the second for	10 1 1 1	· lec
Personally came before me, a Special Donningsword in and for aforesaid Country and State, Livelle Sheller and processed Country and State, Liveler & Meller and in the Country of Middlesly, State of Mass. The being duly swom, declares in relation to aforesaid claim, as follows:— On the 36 th of Clother 1904, he was nothing our and irregular moulder, mood working, and swings for as defect in the continection of the joint he was a grown whateve the author that third and little fingers have forward for forman for a forther finger surfaces of the second formation of the fraction and is so stiff in course to be further finger forms and has not healed yet. Joint and has not healed yet a surface of the second for the second finder of the second for the second third and fourth and look the second third and fourth finger in his proceeding. Gurlhee declare that no interest in said claim, and not opnowing the last hand and file under finder in the proceeding. Gurlhee declare that no interest in said claim, and not opnowing the last hand and file under for the second third and fourth finder when the same was filed than and file under the same of the second third and fourth fileder and so the second third and fourth second fileder. Gurlhee declare that no interest in said claim, and not opnowing the second fileder. Affinit's Signature, Liveller Banks and Mass. P. O. Address, 16 both which the Sambulgethat. Affinit's Signature, Court Mass.	01	
and reside county and State, Livelin E. Miller and resident of Cambridge foot in the County of Middleself, State of Mass. , who being duly sworm, declares in relation to aforessid claim, as follows:— On the 36 th of Clothen 1904, he was nothing our are irregular moulder, wood working, and sworms to as defect in the contraction of the joint he was nothing on his hand bright hand was aparm white the attention of the print and lettle fungers have forward for the second fourt. The second fourt the cutter of the second fourt of the second fourt of the second fourth of the second fourth of the second fourth of the second for the forest funger and is something and has not health yeth and have not health yeth and look the second third and fourth funger on his fifth hand and fourth funder of the second third and fourth funger is stiff. Belle I Mi Seon. Affant's Signature, Liveolin & Much Schulber Mass. P. O. Address, Hololumbia St., Course I Mass. P. O. Address, P. O. Address, [Douge I	1 0 ,	
in the Country of Middlesey, State of Mace. , who being duly sworn, declargs in relation to aforesaid claim, as follows:— On the 26 th of leither 1944, he was working on the action of the graph the made moulder, wood working, and owing to a defect in the contraction of the graph hand I was working on his hand I was a drawn white the atternance of the third and lettle fugers have form and furger extrained a double factor and is fourth for cannot be fault. The first finger has the source taken out to the second fourth and has not healed yet with a similar attident lim the same machine and lost the second third and fourth furgers on his left hand and fourth fungers on his left hand and the under fungers on his left hand and the under the second third and the mark fungers on his left hand and the under the second third and the mark fungers on his left hand and the mark P. O. Address, I blockenbia St., P. O. Address, I blockenbia St., Macs. Affiant's Signature, Cambridge had. Affiant's Signature, Macs. P. O. Address, I blockenbia St., Macs. P. O. Address, I blockenbia St., Macs.		
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Attest-when any affiant signs BY MARK two persons sign here. Affiant's Signature, P. O. Address,	E- (B H 101 - 1)	Affiant's Signature, work CX Mueller
P. O. Address,	Ova Co. do occorre	P. O. Address, Jack for for
P. O. Address,	Belle J. Mr. Keon	Combridgehach
(COVER]	Attest — when any affiant signs BY MARK two persons sign here.	Affiant's Signature, Mass
4-11-1904, 2,000.	1	P. O. Address,
	4-11-1904. 2,000.	[OVER.]

Cambridge Dort March th 10 1890 I got home from The War In Liptembre 1865. Resided No 16 Gesenth It East Combridge I Doctored With Ansel tooker 57 Otis East Combridge bor four or fine years or thereabouts He is now Deceased . Began Doctoring With A. L. Noris No 674 Maine It Cambridge port about 1870 and untill The Present Time, my Occupation since My Dirscharge have been a Mill hond I have Lost a great Deal of Time Each year cant tell how much Some years more Some less, moud from East Combridge to Combridge front have resided at 113 Hampshire St. also at 231 Broadway and at present my Post office delrese is at the 19 Cherry It Combridge Fort Mass Lincoln & Mhaeler

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(3-464.)
Eastern DIVISION.
DIVISION.
CD.
Department of the Unterior,
6 BUREAU OF RENSIONS,
Washington, D. C, Keley 14, 1890
Respectfully returned to the
adjutant General It Sa.
for further report
storing when soldier
was trated for measles
March 5 15 May 7 1863
and whether The
records of Marine Hospital
Uswolleano, La, Junish
any information Fraing
upon the care
#740,196.
Sincoln E. Wheeler,
E26 Maso tal.
Jun / Carm.
Commissioner.

War Department,
Record and Pension Division,
Washing Bn, 18 1890 , 18 .
Respectfully returned to Commissiones of Susions With the information that the medical records show the within named man freated in Marine Veril Glosp., New Orleans, La., Meh. 5 to May 7'63, Measles, ro- - hurned to duly.
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13,10
7,590

BY AUTHORITY OF THE SECRETARY OF WAR:

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

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(o 6-059)

	(3-060.)	
- 7	Ex'r. Department of the Interior	9
14819 incolu E. 1 E 26 "Mas	heeler BUREAU OF PENSIONS,	6
SIR: It is alleged that	incoln E. Washington, D. C., January 31",	
nd served as a	in Co. E , 26 Reg't Man. Suy	
lso as a	in Co. , Reg't	The opposite Management States
	Varannah, Ja,, Aug 26, 18.6 t while on duty at New Esland, Ja,	65
n or about Och	of Jacuson or It Phillips has	
malari	Lever Chronic diankor	a
Marie	tals of which the names, locations, and dates of treatment are as follows:	,
July	end August 1887 or 1883	
	e-named soldier the War Department is requested to furnish an official statemen	

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.

The Officer in Charge of the Record and Pension Division,

War Department.

Very respectfully,

0-2

11.

-	AFFIDAVIN FOR OFFIGER OR COMRADES.
	State of Massachusetts
	County of Middle Sss.
	In the Pension Claim of Juliumy Cl. Vi Julium (Name of Claimant.)
	personally came before me a Strotice of the Place
	in and for aforesaid County and State (Jugice, Notary Judge, Clerk, or Deputy Clerk,)
,	late a Galat in Co. Co of the Storage of affiant Massachusetts
	Volunteers, whose Post office address is (Give, City, Village or Town; if in city, give name of street and No. of house.)
-	County of Middlesex State of Massachusette and who being
	duly sworn, declares in relation to the aforesaid case as follows: That said These while in the military service of the
	United States, in the line of his duty, and without fault or improper conduct of his, on or about the day of 1862, at # or ft.
	in the State of Louisiana, did Land thills and of the State of disability, and if by wound in battle state
	name of battle; if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease, and a full description thereof? Inalaria fiver and also that about the set out the set out the set of the set out
	The Marine Hospital where he was very four from the following
	Throughout the term of his survice he was
	Severely troubled with chile malarie ferry and was
i.	above statement from personal knowledge the to the fact that dad (State now you know these facts to be true. If present, in command or otherwise, when the distibility was incurred, so state.)
	they had tolk lived logether from boyhood.
	The may worked have been exceed in these property constructions.
	Dymark'd I hereby certify that the contents of the foregoing allidavit were fully made known and explained to the uthant before swearing thereto, including the words (Viguat sign perc.)
	(Name of one witness) Chiped before me this farmers why of
	Zetter Of (Name of other witness.)
