

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.

State of Massachusetts, County of Middlesex, ss:

ON THIS 21st day of December, A. D. one thousand eight hundred and ninety one

personally appeared before me, a Natary Public

within and for the County and State aforesaid Lincoln E. Wheeler

aged 48 years, a resident of the Cambridgeport

County of Middlesex State of Mass, who, being

duly sworn according to law, declares that he is the identical Lincoln E. Wheeler

who was ENROLLED on the 18th day of October, 1861, in Co. E.

26th Mass Regt Infy Vol
and regiment, in Military service, or vessel, if in the Navy.

in the war of the rebellion, and served at least
ninety days, and was HONORABLY DISCHARGED at Ga. on the 25th

day of August, 1861. That he is unable to earn a support by

manual labor by reason of chronic diarrhoea & Epilepsy
(Here name the diseases or injuries from which disabled.)

Malarial poisoning, results of Malaria &
disability of left hand from a serious
cut with circular saw & from heart
disease also from injury to right hand by
being cut badly

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

he has applied for pension under application No. 486940 That he is a pensioner

under Certificate No. 486940
(If a pensioner, Certificate only need be given. If not, give the number of the

former application if one was made.)

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

L. C. Morse of Liberty Maine

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 Cambridgeport

County of Mass State of Mass

John W. Farthy Lincoln E. Wheeler
Signature of Claimant.

Philip Easton left
(Two witnesses who can write, sign here.)

Commissioner Pension Washington D.C.

Sir, - Below is a court tracing of both hands of
 number 2. number 9 is Columbia St Court man. His hands have
 been so mistreated by various accidents that he has practically
 not a finger of any use, and is thereby totally disabled
 for doing any manual labor.
 His general health also is very poor. It is a man of
 excellent character, no habits, and one who if possible
 should be aided in every way.

Signed

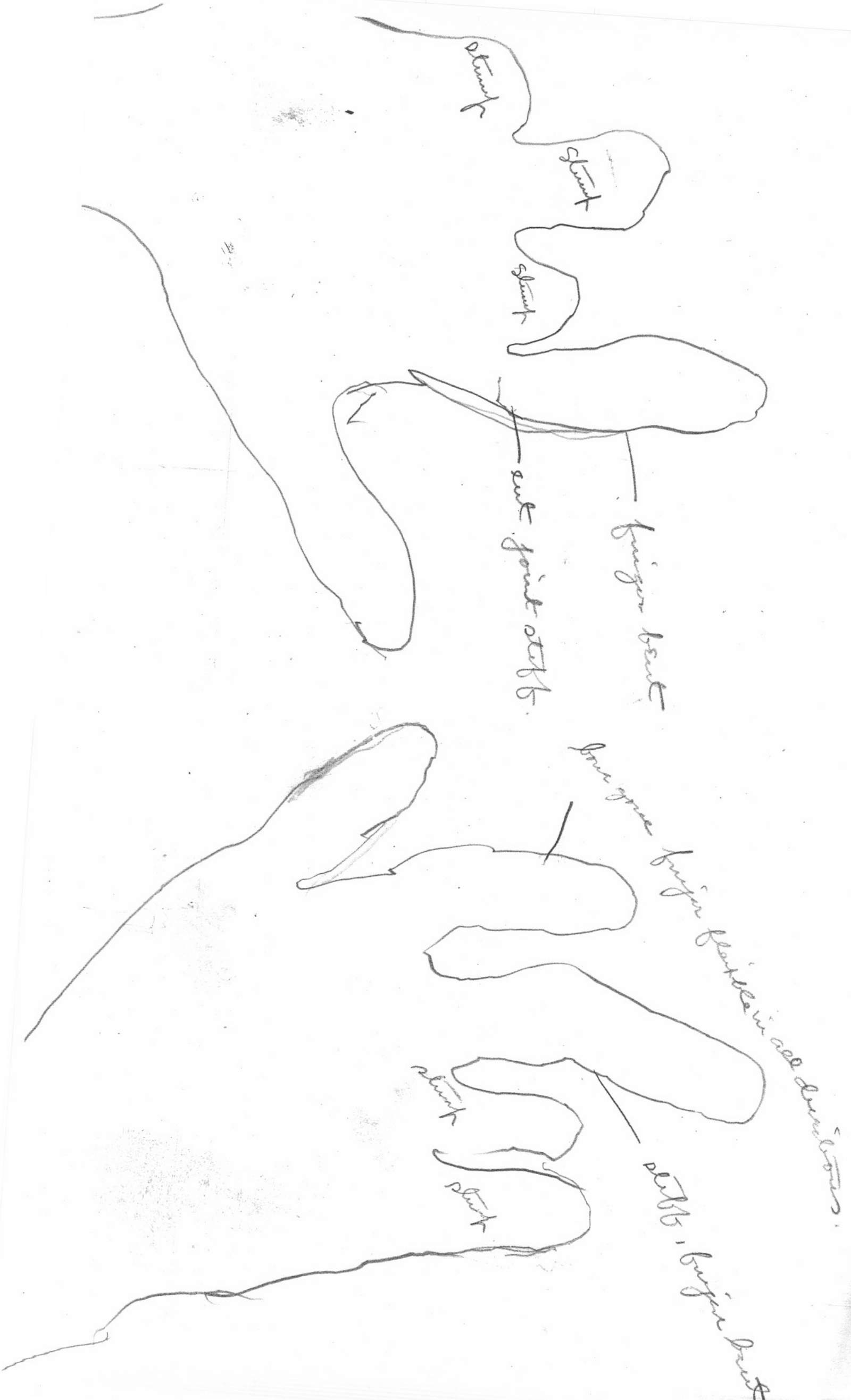
William E. F. Hartman

9 Columbia St

Cambridge Mass



Thank you



Total May 11/12

3-1638.

INCREASE

(His Claim)

Cert. No. 486,040

Lincoln E. Wheeler

Cambridge,

Middlesex,

State, Massachusetts.

May 27, 1912.

Pet. E. & A. Mass. Pet. 8.

May 14. It is advised that inquiry
into being admitted of past service
cannot be considered under theMay 11/12, that he should state
out, whether the alleged claim,
active or extinct, were of service
in the line of duty. If so, the
will testimony by his origin in
the line of duty, residence of
age & credit, under, or this initial-
pledget.

9/11/12 Lulu & Ben 7, 1

with 3/12

New, F. H. Dietrich Corni,

State House, Boston

by, State, Mass.

Inguarantional

at 41 Northwick MO

I have received
no reply and thought
perhaps that you
would look up my
letter for me, as I
shamed like to go
before a board of
examiners.

Thanking you, I am
Faithfully yours

Lincoln E. Wheeler

(Per C. W. G.) 20, 486,040

E 26 Marchy
or

12 Highland Road
Watertown, Mass.
23 February, 1912

The Commissioner of Pensions,
Washington, D. C.

Dear Sir,

About eleven
weeks ago I sent an
affidavit to the Bureau of
Pensions from my doctor,
Dr. Webster, for the
increase of my Civil
War Pension to twenty
dollar a month.

CIVIL WAR DIVISION,
SECTION H. EXR. *Cowan*

Act of May 11/12

3-1638.

INCREASE (Dis. Claim)

Cert. No. 486,040
Lincoln E. Wheeler
P. O., 16 Columbia St., Cambridge,
County, Middlesex,
State, Massachusetts.

Application filed May 27, 1912.
Service, Regt. E, 26 Mass. Vet. Inf.
July 9/14. Clk. advised that inquiry
of hands being admitted, of post service
origin cannot be considered under the
Act of May 11/12, & that he should state
under oath, whether the alleged rheum.
& defective eyesight are of service
origin in line of duty. If so, to
furnish testimony as to origin in
service & line of duty & existence at
discharge & cont. since, or his instabil-
ity affidavit.

Cowan.
July 9/14 Letter to Hon F. S.
Debrick Esq
Attorney, F. A. Picknell Comr,
P. O., State House, Boston
County, _____, State, Mass.
Congressional

DEAD
FEB 7 1940
Act of March 2, 1899 explained
L.H. R.
Finance Division
December 14, 1927.

Preson
Washington, D.C.
486,040
Lincoln E. Wheeler,
did

am returning to you
the last specimen
check, not knowing
whether I am allowed
to keep it or not.
Will you let me know?

DROPPED AND REPORTED

Joseph Wheeler W. S. Yeager
Oct 27 1897-27
Washington Ave.

Cambridge
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 telephoned 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. McKemie 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. Townsend
Inspector

3-289b

Case of LINCOLN E. WHEELER

I.C. No. 486,040

Deposition of

, continued, sheet

GOVERNMENT PRINTING OFFICE 6-5120

C O P Y D E A T H R E C O R D

Deaths at Cambridge, Mass year 1926

Number-----1644 Date-----December 14, 1926

Name Deceased----- Lincoln E. Wheeler (Civil War)

Sex----- Male

Color----- White

Social condition----- Widower

Age----- 84- 9

Cause death----- Acute bronchitis; endocarditis

Residence----- 54 Lexington Avenue, Cambridge.

Occupation----- Retired

Place death----- Cambridge Relief Hospital

Birthplace----- Concord, Mass

Name of paernts----- John Wheeler; born Concord, Mass

Betsey Brooks; born do

Place burial----- Woodlawn Cemetery, Acton, Mass

Record deaths 1926 Cambridge, Mass. page 249 A TRUE COPY

Chas. G. Townsend
Inspector

Cambridge, Mass

Jan. 31, 1928

Dep. *A*

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. 132- 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.

J. Robert McKenzie

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.

Laurence H. Harrington
Notary Public.



ACT OF MAY 1, 1920

DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

STATE OF Mass. COUNTY OF Middlesex ss:
 On this 8th day of March A. D. 1922, personally appeared before me, a Notary Public
 within and for the county and State aforesaid Lincoln E. Wheeler, who, being duly
 sworn according to law, declares that he is 78 years of age, and a resident of Cambridge
 county of Middlesex, State of Mass.; and that he is the
 identical person who was ENROLLED at Acton Center, Mass., under the name
 of Lincoln E. Wheeler, on the Sept day of 7th 1861
 as a private, in Leo E 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
 (State name of war, Civil or Mexican.)
 war, and was HONORABLY DISCHARGED at Boston, Mass., on the 26 day of Aug. 1865
 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 6 feet _____ inches; complexion fair; color of
 eyes blue; color of hair brown; that his occupation was farmer;
 that he was born March 16 1843, at Leicester, Mass.
Double rupture, very weak heart, stomach trouble
 (State in this space the nature of the disability by reason of which the regular personal aid and attendance of another person is required.)
loss of three fingers on left hand and right hand so crippled
he cannot use fist. cannot dress himself. Cambridge Mass
 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 time.

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
 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 1, 1920.

(Two attesting and identifying witnesses.)
 (1) Arthur Phelan Lincoln E. Wheeler
 (Signature of first witness.) (Claimant's name in full.)
113 Arthur St. Camb. Mass. 47 Austin St.
 (Address of first witness.) (Claimant's address in full.)
 (2) Charles T. Boy Cambridge, Mass.
 (Signature of second witness.)
57 Prince St. Cambridge Mass.
 (Address of second witness.)

SUBSCRIBED and sworn to before me this 8th day of March 1922, 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 Washington
 [L. S.] erased, and the words Austin
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Declaration accepted
 as a claim under Sec.
 2, act of May 1, 1920.
 OFFICE, LAW DIV.
James Casey
 (Signature.)
Notary Public
 (Official character.)



3-389

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,

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



- No. 1. Date and place of birth? *Answer. Birth March 16th 1843, Concord Massachusetts.*
The name of organizations in which you served? *Answer. 26 Regiment of Infantry Company E Massachusetts Volunteers.*
No. 2. What was your post office at enlistment? *Answer. Acton Center Mass.*
No. 3. State your wife's full name and her maiden name. *Answer. Hettie S. Wheeler, "Maiden" Brown.*
No. 4. When, where, and by whom were you married? *Answer. Married nineteenth day of October 1869 in Boston Mass. by S. B. Winkley Clergyman.*
No. 5. Is there any official or church record of your marriage?
Answer. If so, where?
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.*

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 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. My present and only wife was never married but once.*

- No. 8. Are you now living with your wife, or has there been a separation? *Answer. Yes. I am now living with my wife.*

- No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

Frederick L. Wheeler	Born April 5th - 1871.	Dead.
George E. Wheeler	February 22nd 1873.	Dead.
David Wheeler	Aug 3th. 1876.	Dead.
Camille F. Wheeler.	Born December 25. 1883.	Living.

Date *March 18th 1915.*
Cambridge Mass.

(Signature) *Lincoln E. Wheeler*

ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass, County of Suffolk, SS:
 On this 17 day of March, A. D. one thousand nine hundred and thirteen, personally appeared before me, a Special Commissioner within and for the county and State aforesaid, Lincoln E. Wheeler who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Cambridge, county of Middlesex, State of Mass; and that he is the identical person who was ENROLLED at Acton, Mass, under the name of Lincoln E. Wheeler, on the 10 day of September, 1861, as a private, in Co E 26" 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 New Iberia, La on the 1st day of January, 1864.
 That he also served in Co E 26" Battery Vol. Reserve Vols.
 (Here give a complete statement of all other services, if any.)
Enlisted Jan 1, 1864
Discharged Aug 26, 1865

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, fair; color of eyes, blue; color of hair, light brown; that his occupation was farmer; that he was born March 16th, 1843, at Concord, Mass.

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

Cambridge, Mass excepting one year at Stone
 (State date of each change, as nearly as possible.)

He hereby appoints **F. A. BICKNELL**, Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (without fee); \$19.

That he is a pensioner under certificate No. 486040. That he has applied for pension under original No. 19.

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 16 Columbia St, Cambridge, county of Middlesex, State of Mass.

Attest: (1) Lincoln E. Wheeler
 (Claimant's signature in full.)

S. A. CODY
 Chief, Law Division
 [L. S.]
 MAR 19 1913
 OFFICE.

Subscribed and sworn to before me this 17 day of March, A. D. 1913, 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 erased, and the words and that I have no interest, direct or indirect, in the prosecution of this claim.

Belle J. McKeon
 STATE COMMISSIONER,
 PENSION DEPARTMENT,
 (Official character.)
 STATE HOUSE,
 BOSTON, MASS.

CERTIFICATE ON FILE

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

certified date.

per MDA
 Chief, Law Division
 added to execution
 S. A. CODY



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of

Suffolk

ss.

In the matter of the claim for
of

Lincoln E. Wheeler

Increase Pension let. #486040

of Company

E

26 Regiment

Mass.

Vols. : —

Personally came before me, a
aforesaid County and State,

Special Commissioner
Lincoln E. Wheeler

in and for

and

resident of Cambridgeport

in the County of

Middlesex

State of

Mass.

, who being

duly sworn, declares in relation to aforesaid claim, as follows: —

On the 26th of October 1904, he was working on an irregular moulder, wood working, and owing to a defect in the construction of the joint he was working on his hand (right hand) was drawn under the cutter. The third and little fingers have been amputated to the second joint. The second finger sustained a double fracture and is so stiff it cannot be bent. The first finger has the bone taken out to the second joint and has not healed yet. About 14 years ago he met with a similar accident in the same machine and lost the second third and fourth fingers on his left hand and the index finger is stiff.



further declare that
in its prosecution.

no interest in said claim, and not concerned

Eva B. Holbrook
Belle J. M. Keon

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

Affiant's Signature,

Lincoln E. Wheeler

P. O. Address,

16 Columbia St.,
Cambridgeport,
Mass.

Affiant's Signature,

P. O. Address,

me
no 740124

Cambridge Port

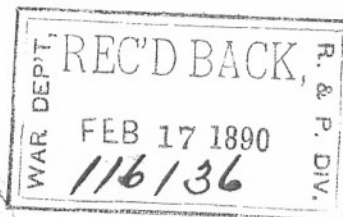
March th 10 1890

I got home from The War In
September 1865. Resided No 16 Seventh
St East Cambridge I Doctored With
Ansel Hooker 57 Otis St East Cambridge
for four or five years or thereabouts
He is now Deceased. Began Doctoring
With A. L. Norris No 674 Maine St Cambridge
port about 1870 and untill The
Present time, my Occupation since
My Discharge have been a Mill hand
I have Lost a great Deal of time
Each year cant tell how much
some years more some less. Moved
from East Cambridge to Cambridge
port have resided at 113 Hampshire St,
also at 231 Broadway and at present
my Post Office Address is ~~at present~~
19 Cherry St Cambridge Port Mass

Lincoln E Wheeler

Li Br

2



(3-464.)

Eastern DIVISION.

C. D. J.
Department of the Interior,

6
BUREAU OF PENSIONS,
Washington, D. C., *Feb'y 14, 1890*

Respectfully returned to the
Adjutant General M. A.
for further report
stating where soldier
was treated for measles
March 5 to May 7 1863
and whether the
records of Marine Hospital
New Orleans, La. furnish
any information bearing
upon the case.

740,196.
Lincoln E. Wheeler,
"E" 26 "Mass. Vol.
Gen. B. Raum.
Commissioner.

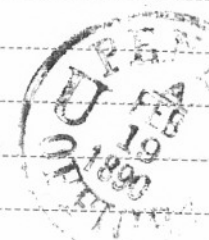
War Department,

Record and Pension Division,

Washington, FEB 18 1890, 18 .

Respectfully returned to Commissioner
of Pensions

With the information that the medical
records show the within-named
man treated in Marine Genl
Hosp., New Orleans, La., Mch.
5 to May 7 '63, Measles, re-
-turned to duty.



BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Amos

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

(323) *Per*

(3-060.)

Eastern Div.
C. D. J. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *January 31*, 18*90*

Sir:

It is alleged that *Lincoln E. Wheeler* enlisted *October 18*, 18*61*
 and served as a *Private* in Co. *E*, *26* Reg't *Mass. Inf.*
 also as a _____ in Co. _____, Reg't _____

and was discharged at *Savannah, Ga.*, *Aug 26*, 18*65*

It is also alleged that while on duty at *New Orleans, La.*
 on or about *October*, 18*67*, he was disabled by *measles*.
Also at Fort Jackson or St. Phillip had
malarial fever, Chronic diarrhoea
and piles

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

Marine Hospital, New Orleans, La.,
July and August 1867 or 1868

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,

Guerr B. Rains

Commissioner.

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

AFFIDAVIT FOR OFFICER OR COMRADES.

State of Massachusetts } ss.
 County of Middlesex
 In the Pension Claim of Lincoln E. Wheeler
 late Private Co. E 26th Reg't Mass. No. 740,196
 personally came before me a Justice of the Peace
 in and for aforesaid County and State Wm. H. Chapman
 late a Capt. in Co. E of the 36th Reg't of Massachusetts
 Volunteers, whose Post office address is Box 110, Everett
 (Give, City, Village or Town; if in city, give name of street and No. of house.)

County of Middlesex State of Massachusetts and who, being
 duly sworn, declares in relation to the aforesaid case as follows:

That said Lincoln E. Wheeler 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 1st
 day of June 1862, at Fort St. Phillip
 in the State of Louisiana, did have chills and
 (State time and place 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.)
malaria fever and also that about the 1st
day of July 1862, when the regiment was relieved
from duty he went with the regiment to Conva-
lescent Camp in Lafayette Square in New
Orleans. Furthermore, in the season of 1863 he was
taken sick with the measles and sent to
the Marine Hospital where he was very
sick and was blind because of his sickness.
Throughout the term of his service he was
severely troubled with chills malaria fever and

And he further declares that he has no interest, direct or indirect, in this claim, and that he makes the
 above statement from personal knowledge. due to the fact that said
Lincoln E. Wheeler came into action with himself where
they had both lived together from boyhood.
 (State how you know these facts to be true. If present, in command or otherwise, when the
 disability was incurred, so state.)

W. H. Chapman
 (Affiant sign here.)

Two persons who write their names, **MUST** sign here, as witnesses to affiant's signature, if he signs
 by mark.

(Name of one witness.)
 (Name of other witness.)

Opun 4